

# ADVOCACY TOOLKIT FOR CIVIL SOCIETY AND YOUTH

IN SUPPORT OF THE GFF RESOURCE  
MOBILIZATION EFFORT



Global Civil Society  
Coordinating  
Group for the GFF

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# ACKNOWLEDGMENTS

The Global Civil Society Coordinating Group (CSCG) for the Global Financing Facility (GFF) would like to acknowledge civil society (CS) and youth for the important role they play in both advocacy and accountability, driving progress in line with vital country needs. This toolkit was developed from CS and youth documentation, including case studies and reports, as well as consultation on the CS statement of support for the resource mobilization effort. The GFF Secretariat, the CS and youth *Investors Group* representatives, and Global Health Visions (GHV) also provided important support in developing this toolkit for use during the GFF resource mobilization effort.

# ACRONYMS & ABBREVIATIONS

<b>ACT-A</b>	Access to COVID-19 Tools Accelerator
<b>CS</b>	Civil Society
<b>CSCG</b>	Civil Society Coordinating Group
<b>CSO</b>	Civil Society Organization
<b>GFF</b>	Global Financing Facility
<b>IDA</b>	International Development Association
<b>IG</b>	Investors Group
<b>MSCP</b>	Multi-Stakeholder Country Platforms
<b>NGO</b>	Non-Governmental Organization
<b>PMNCH</b>	Partnership for Maternal, Newborn, and Child Health
<b>RBF</b>	Results-Based Financing
<b>RMNCAH</b>	Reproductive, Maternal, Newborn, Child and Adolescent Health
<b>RMNCAH+N</b>	Reproductive, Maternal, Newborn, Child and Adolescent Health + Nutrition
<b>SDGs</b>	Sustainable Development Goals
<b>SGM</b>	Small Grants Mechanism
<b>SRHR</b>	Sexual Reproductive Health and Rights
<b>WCA</b>	Women, Children, and Adolescents

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# 1 INTRODUCTION

## A. PURPOSE AND VISION FOR SUCCESS

This toolkit is designed to guide and equip the GFF civil society (CS) and youth constituency to meaningfully and effectively engage in the Global Financing Facility (GFF) resource mobilization campaign in support of the [GFF Case for Investment](#). The toolkit provides a suite of tips and illustrative examples to adapt and or learn from to support the various global and local events and other critical parts of this campaign.

The [Civil Society Coordinating Group \(CSCG\)](#) for the GFF, including its 370+ civil society (CS) and youth members, indicated its early support through a [statement on the resource mobilization effort](#) delivered by the CS and youth Investors Group members at the March 2021 Investors Group Meeting. The GFF CS and youth statement set an ambitious but achievable **Vision for Success** that seeks to support the realization of a fully funded GFF resource mobilization campaign “ask” of USD 1.2 billion in 2021, as well as the larger USD 2.5 billion investment needed from donors between 2021 and 2025. Alongside this resource mobilization target, CS and youth further commit to working with the GFF, country governments, donors, and other partners to realize a collective vision for success, which includes the following:

- Effective, inclusive multi-stakeholder country platforms (MCPs)
- Robust, transparent data/information sharing and accountability
- Sustained, increased efficient domestic resources for health
- Gender-transformative approaches
- Effective, meaningful CS and youth engagement

To realize these important goals, the full constituency of CS and youth engaging, particularly in GFF countries, are called upon to:

- Advocate to GFF country governments and donor countries to commit the USD 1.2 billion by the end of 2021;
- Coordinate and elevate voices of the constituency to share lived experience in support of the resource mobilization campaign at national, regional, and global levels;
- Serve as and mobilize champion speakers in support of donor and domestic resource mobilization efforts;
- Synthesize and share country evidence, lessons, and on-the-ground realities to ensure the GFF and partners continue to learn and improve, in alignment with best practices and response to community needs; and

- Drive monitoring and accountability in countries, including budget tracking, to ensure that resources are disbursed and utilized effectively, and reach communities with the greatest needs—supporting the journey towards self-reliance.

This toolkit provides illustrative examples and advocacy best practices to complement other constituency practices to facilitate effective engagement.

## B. BACKGROUND AND CONTEXT: WHAT IS THE GFF AND WHY IS NOW THE TIME FOR A RESOURCE MOBILIZATION CAMPAIGN?

### What is the GFF? How does it work?

The Global Financing Facility (GFF) is a country-driven partnership that aims to accelerate efforts to end preventable maternal, newborn, child, and adolescent deaths and improve the health and quality of life of women, adolescents, and children. The GFF supports countries in developing a prioritized plan (the Investment Case) for a health sector that matches the resources available in the short term and strengthening their health financing systems to achieve efficiencies and more sustainable domestic financing. The GFF promotes an integrated health system approach and facilitates partnership and alignment among country governments, external donors, multilaterals, the private sector, CS and youth, and other stakeholders, in a synergistic way. It is critical to note that the GFF model is, above all, country owned and country driven—a key reason why the resource mobilization campaign must be driven by country needs and voices.

The GFF Secretariat is responsible for supporting the activities of the member partnerships, including managing the GFF Trust Fund and supporting the GFF Investors Group and Trust Fund Committee, as well as the governance mechanisms for the GFF. *The Secretariat coordinates the day-to-day operations of this resource mobilization campaign under the overall leadership of the Investors Group (IG) and diverse partners, including CS and youth.*

#### GFF Support for Civil Society and Youth Engagement

In October 2020, the GFF Investors Group approved an updated **CS and Youth Engagement Framework**, which builds on the **GFF Civil Society Engagement Strategy** and **Adolescent and Youth Addendum** (which was endorsed by the Investors Group in 2017 and 2018), by specifically clarifying the role of the GFF Secretariat in supporting implementation of the strategy. USD 6M over two years was approved in support of CS and youth engagement in the GFF, starting in FY2020.

The Secretariat supports a liaison officer in each of the GFF investing countries to enable governments and all key stakeholders to realize an effective and inclusive partnership. A designated focal point in the GFF Secretariat also supports each GFF country. The CS and youth constituency is supported and coordinated by the CSCG and the [CSO GFF Hub](#), as well as CS and youth focal points and coalitions in most GFF countries.

These coordination and support structures are critical for this GFF Resource Mobilization campaign to facilitate alignment and leverage collective efforts of different stakeholders, including CS and youth, in support of common goals.

### Why is a GFF resource mobilization campaign needed now?

As outlined in the [GFF Case for Investment](#): “with support from governments and global health partners including the GFF, there had been years of significant improvements in health for women, children and adolescents—including improved access to family planning, child immunizations, safe births with a skilled attendant, access to safe drinking water, and [child nutrition]”... But the COVID-19 pandemic has put these remarkable health gains at grave risk—exacerbating persistent equity gaps. **Due to severe disruptions in essential health services, 36 GFF partner countries have seen up to a 25% drop in coverage of lifesaving health interventions for women, children and adolescents in 2020 as compared to pre-pandemic levels.**

The urgency of this resource mobilization campaign is real. Governments need to consider additional costs related to COVID-19, including diagnostics, treatment, infection prevention and control and vaccine procurement costs. This entails difficult trade-off decisions and makes it more important than ever to ensure appropriate financing for reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N), including delivery systems needed for new vaccines as well as existing essential services. The GFF has the potential to ensure that essential services for women, children, and adolescents are restored and maintained so that the hard-earned health gains are not erased by the COVID-19 pandemic.

It is crucial for the GFF to [“Reclaim the Gains”](#) achieved until this point, a key reason why the GFF CS and youth constituency supports the campaign. A critical number of this constituency is comprised of members from the GFF investing countries who possess lived experience of what the global community stands to lose. The constituency is, therefore, a firsthand beneficiary that has been directly impacted by the service disruptions, making its support of the GFF resource mobilization effort a personal incentive.

The campaign’s rationale and the expected payoff are illustrated in the graphic below, starting with the GFF resource mobilization in 2021. The voices of CS and youth are essential to ensure its success!

**RECOMMENDED TOOLS & RESOURCES:**

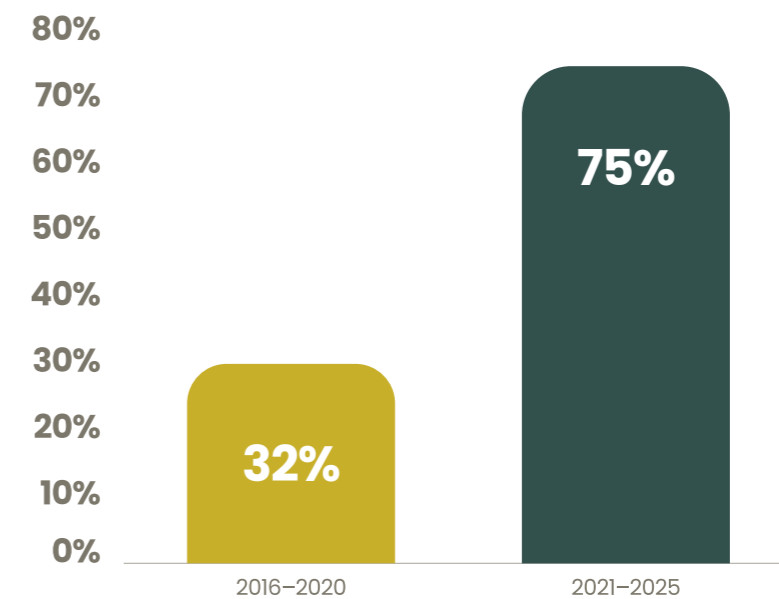
- CSCG for the GFF **Civil Society Engagement Strategy** (2017) and **Adolescent and Youth Addendum** (2018)
- GFF **What is the Global Financing Facility?** (2019)
- GFF **CS and Youth Engagement Framework**, (2020)
- GFF **Case for Investment** (2021)
- GFF **Reclaim the Gains Resource Mobilization PowerPoint** (2020)
- GFF **Civil Society and Youth Statement on the GFF Resource Mobilization Effort** (2021)

**FIGURE 1A. Driving Impact Through Country-Led Partnership:**  
The GFF Offers Donors a Powerful Return on Investment



GFF 2021 Resource Mobilization Campaign

**FIGURE 1B. Driving Impact Through Country-Led Partnership:**  
Share of GFF Countries with Investment Cases Funded More Than 50 Percent by Domestic Resources

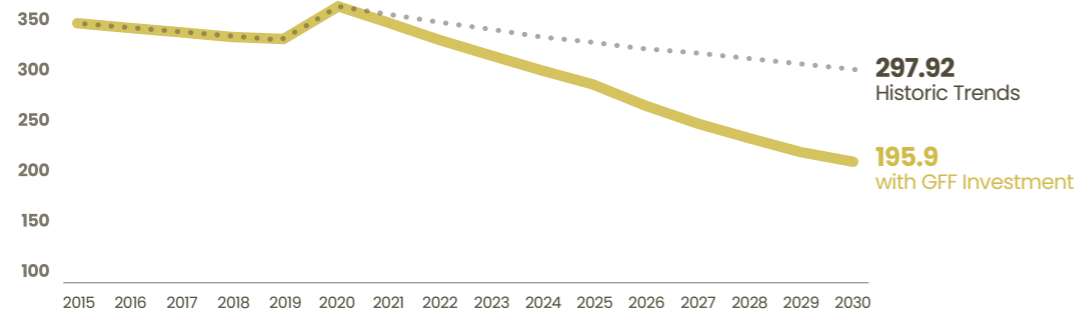


GFF 2021 Resource Mobilization Campaign

**FIGURE 1C. Driving Impact Through Country-Led Partnership:**  
New Investments in the GFF Will Help Countries Achieve Large  
Reductions in Maternal and Child Mortality

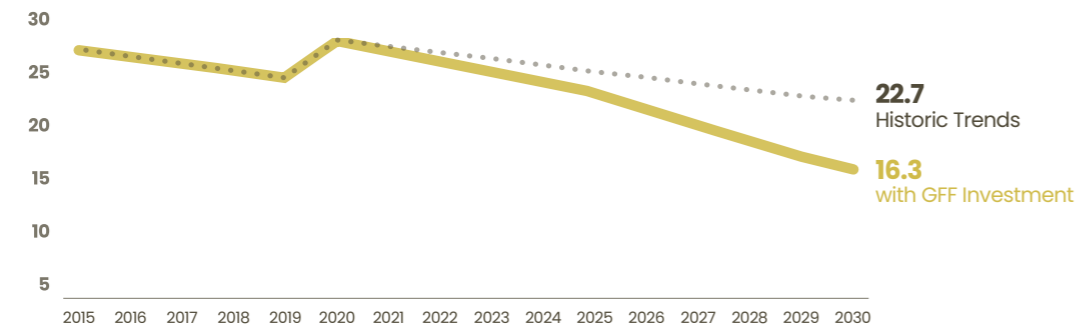
### Maternal Mortality Ratio

(Deaths Per 1,000 Live Births)



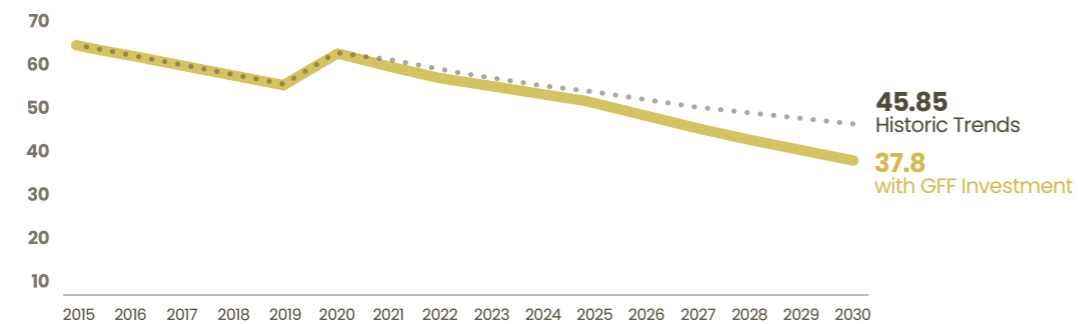
### Neonatal Mortality Ratio

(Deaths Per 1,000 Live Births)



### Under-Five Mortality Ratio

(Deaths Per 1,000 Live Births)



GFF 2021 Resource Mobilization Campaign

“Working with the GFF shows what’s possible when young people’s voices are heard and they are given the opportunity to shape, implement and monitor the policies that will impact their families and communities.”

**Aminata Badiane Thioye**  
Advocate, Senegal

RECLAIM  
THE  
GAINS





# 2 QUALITY INGREDIENTS FOR RESOURCE MOBILIZATION ADVOCACY ENGAGEMENT: PRACTICAL TIPS, APPROACHES, MESSAGES, AND TOOLS

## A. PRINCIPLES OF STRATEGIC ADVOCACY ENGAGEMENT

Advocates must align engagement strategies and action with the current realities of a COVID-19 pandemic world amidst other pre-pandemic competing priorities. The daily demands affect the decision makers' context significantly, necessitating a change of plans for advocates. This GFF resource mobilization campaign comes at a time when competing priorities, for health and beyond, are many.

To succeed, there should be a clear, compelling case that supports CS, youth, and other stakeholders in explaining to donors and country governments why this resource mobilization effort is a "best buy now." To achieve success, the GFF CS and youth constituency must reach the right decision makers with the right message and at the right time. Below is a collection of useful principles that may complement other tactics in the GFF resource mobilization effort during this challenging time:

1. Constantly track the decision-making environment to analyze opportunities for engagement and adapt accordingly;
2. Develop a fast, but flexible schedule to accommodate unforeseen shifts;
3. All resources are limited. Be realistic with your "asks," especially now when donors and country governments are faced with many resource "asks";
4. Prepare for success. Do not make a move if you are not well prepared with all you need to support your "ask" in a winning environment;
5. Set up your gold star advocates team, articulate members' roles, and secure their commitment to act and embrace flexibility. Pay attention to inclusive and adequate representation;
6. Provide effective moderation/facilitation to coordinate and respond to different team needs and priorities, while aligning around a set of common goals;
7. Communicate outcomes and measure satisfaction; and
8. Speed and tact are critical. The window of opportunity lasts a short time.

### RECOMMENDED TOOLS & RESOURCES:

- Johns Hopkins Bloomberg School of Public Health [The Power of Advocacy](#) (2019)
- UNICEF [Advocacy Toolkit](#) (2010)

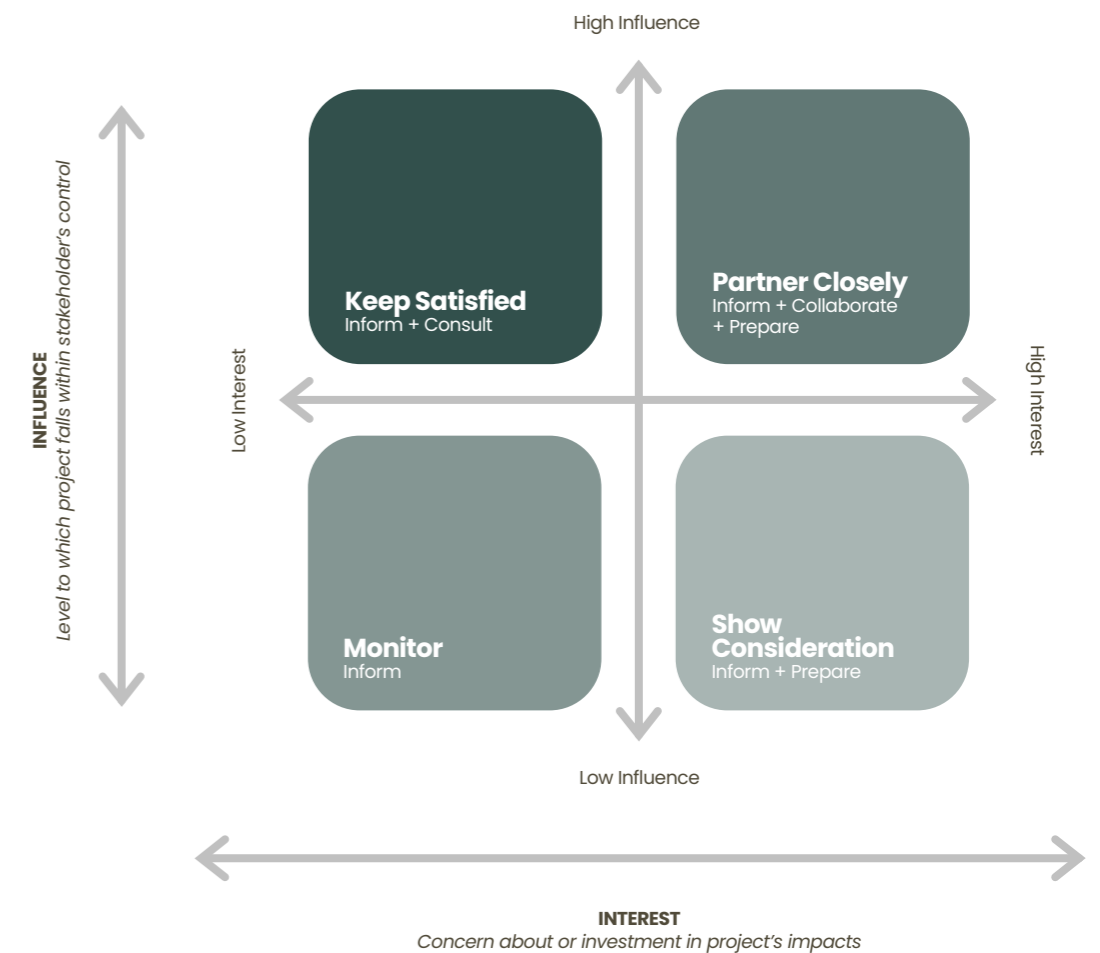
## B. UNDERSTANDING AND IDENTIFYING DECISION-MAKERS FOR EFFECTIVE RESOURCE MOBILIZATION

### Audience analysis to understand the engagement space

An audience analysis (or stakeholder mapping) provides a starting point for advocacy outreach. This audience analysis allows advocates to look at potential allies and decision-maker(s) with a broad perspective, understand how to engage with the overarching sphere in question, and what level of engagement might be required depending on the audience/decision-maker(s).

The “model for audience analysis” (below) is a useful advocacy tool that suggests assigning each audience/decision-maker(s) to one of four categories that—based on level of interest and influence—should be monitored, considered, satisfied, and/or kept closely involved in the process.

FIGURE 2. GFF Advocacy Toolkit Audience Analysis



SOURCE: Adapted from Imperial College London (2017). [Stakeholder Management](#).

### Decision-maker analysis to identify your advocacy targets

To identify the appropriate decision makers, certain overarching questions should be utilized to drive the process. In the context of the GFF's resource mobilization efforts, these questions may include:

- How are decisions made on mobilizing funds for the GFF's priority areas? What historical considerations are worth noting?
- Who is in the best position to help maintain the GFF's momentum on women, children, and adolescent health equity? Who can help to avert roadblocks?
- Who has the power to influence other critical stakeholders?

- Given the high-level nature of the GFF's resource mobilization efforts, is it more sensible to focus directly on the decision maker, or are there lower-level support staffers (aides, assistants, etc.) that would be more beneficial to engage with?
- Does the identified decision maker(s) operate within a specific context (e.g., Ministry of Health, Ministry of Finance, etc.)? Would a broad strategy that encompasses a systems-level approach be effective?
- How many decision makers can assist in achieving the GFF's outcomes? Is one decision maker sufficient, or are there multiple that will require outreach and engagement?

While identifying a decision maker(s) is a crucial first step, it is equally important to **know** the decision maker(s) in question. To advocate successfully, it is necessary to collate as much potentially relevant information on the decision maker(s) as possible, particularly information that relates to the GFF's priorities in mobilizing resources. On decision maker identification, a number of questions will drive this part of the process:

- What is the professional background of the decision maker(s)? What is their current role? What past roles may be relevant?
- Does the decision maker(s) have any experience that is specific to the proposed resource mobilization objective(s)? Does the decision maker(s) have a history with the GFF?
- Does the decision maker(s) have connections (political, social, professional, etc.) that are important to leverage in driving the GFF's resource mobilization goals?
- Does the decision maker(s) seem willing to act on behalf of the GFF's resource mobilization efforts?
- Are there political considerations (e.g., upcoming elections) that could impact the predetermined goals of the GFF in eliminating the present funding gap? Will these considerations impact the way an identified decision maker(s) approaches the GFF on the topic of resource mobilization?

Additionally, it is imperative to understand what issues/concerns are the most pertinent to the decision maker(s). In the context of the GFF, some decision makers may focus on different areas (e.g., women's health, youth engagement, sexual and reproductive health and rights, nutrition, etc.). This calls for thinking outside the box, e.g., linking to other initiatives that might be presently funding to show complementarity and the strategic return on investment.

### RECOMMENDED TOOLS & RESOURCES:

- Advance Family Planning (AFP) [Develop a Strategy](#) (2013)

## C. EVIDENCE PACKAGING AND APPROACH: HOW BEST CAN ADVOCACY OBJECTIVES BE SUPPORTED WITH CLEAR DATA, LIVED EXPERIENCE, AND THOUGHTFUL DELIVERY?

### Messaging and message delivery

Key messages will clearly illustrate the GFF's resource mobilization objectives (the "ask") and the data and evidence behind them. Key statistics embedded within the messages support the reason, the sense of urgency, and the long-term payoff for this campaign in order to make the case for the GFF among decision-makers. These messages should be simple and consistent, and use appropriate, tailored language. Messages should be evidence-based and must be flexed depending on the intended audience. Sample messages are provided below, which can be used by advocates as they are, or adapted to your local context and needs. Supplemental statistics are provided to support you in crafting additional messages, as needed.

**Since the onset of the COVID-19 pandemic, coverage of lifesaving health interventions for women, children and adolescents in 36 GFF countries has dropped up to 25 percent. This is the equivalent of:**

 **82 million**  
children not receiving oral rehydration.

 **4 million**  
pregnant women losing access to childbirth care.

 **17 million**  
children missing DPT vaccinations (diphtheria, pertussis and tetanus).

## KEY MESSAGES TO SUPPORT THE GFF RESOURCE MOBILIZATION EFFORT

- @theGFF needs \$1.2B by the end of 2021 to maintain essential services in the wake of #COVID19. This funding will save lives, catalyze health system improvements to end the pandemic, and accelerate progress toward the Sustainable Development Goals (SDGs). [www.globalfinancingfacility.org/reclaimthegains](http://www.globalfinancingfacility.org/reclaimthegains)
- Don't let #COVID19 turn back progress on the health of women, children and adolescents. Urgent investment in @theGFF is needed to #ReclaimTheGains. [www.globalfinancingfacility.org/reclaimthegains](http://www.globalfinancingfacility.org/reclaimthegains)
- @WHO data from 105 countries show that 90% of countries have experienced disruptions in health services, due to #COVID19. Join the CS and youth constituency to support the @theGFF's \$1.2 billion resource mobilization "ask" for 2021. <https://tinyurl.com/GFFRM>
- Supporting governments to address inequalities not only saves lives but protects decades of investments that the world cannot afford to lose. Lend your voice to support @theGFF resource mobilization effort! <https://tinyurl.com/GFFRM>
- Fully funding @theGFF resource mobilization effort (\$1.2 billion by the end of 2021 and \$2.5 billion by 2025) will help ensure that the GFF and partners can build on recent progress and realize new strategies & commitments. <https://tinyurl.com/GFFRM>

## CRAFT YOUR OWN MESSAGES – SUPPLEMENTAL STATISTICS

The **GFF Case for Investment** prioritizes support to countries to address the most urgent needs as a result of the COVID-19 pandemic.

- The COVID-19 disruption of essential services continuity has resulted in a **25% decrease in lifesaving health interventions** for women, children, and adolescents in 36 GFF countries
  - This is equivalent to **82 million** children missing oral rehydration treatments, **17 million** children missing DPT (diphtheria, pertussis, and tetanus) vaccinations, and **4 million** pregnant women losing access to childbirth care
- Projections also show that more than **150 million** people will fall into extreme poverty by the end of 2021

The GFF is primed to ensure that the most marginalized women, children, and adolescents worldwide are not left behind and that the decades of gains made continue to gain momentum and save lives. To facilitate this, the GFF needs to eliminate a **US \$1.2 billion funding gap by the end of 2021 and acquire a total funding portfolio of US \$2.5 billion by 2025.**

- If this gap is eliminated, the GFF estimates that **five million lives can be saved**

• Other benefits include:

- **Reclaiming the pre-COVID-19 gains** in access to essential health services;
- **Assisting the Access to COVID-19 Tools Accelerator (ACT-A)** in delivering safe and equitable COVID-19 tools;
- Helping more than **56 million women achieve access to skilled birth attendants** to ensure they survive childbirth, and their babies are delivered safely;
- Ensuring that **3.5 million more women can access safe emergency caesarean services** (if needed);
- Providing oral rehydration treatment to an additional **458 million children** suffering from diarrheal diseases; and
- Expanding access to modern contraception methods to an additional **25 million women and girls.**

In addition, with future funding, the GFF projects that investments made by 2030 will result in:

- A reduction of current newborn and child (under five years) by **one-third, saving approximately 13.5 million lives;**
- A reduction of maternal mortality by **one-third, saving more than one million lives;** and
- Preventing **3.5 million stillbirths.**

Another messaging imperative is a focus on **delivery**. Message delivery involves paying attention to who and what will convey the message (the messenger) and how the information will be transmitted (through which medium). For starters, the messenger should be someone who has some level of influence or power over the key targets, thus bringing about the desired change—this can include a champion or a “secondary” target audience that can assist in influencing the realization of the advocacy objective(s) at the highest level.

## Stories and case studies from the field

Stories will serve as powerful advocacy tools to complement hard statistics, because stories make a compelling case for the GFF resource mobilization effort. Stories have the capacity to provide a human lens to reality on the ground, and potentially capture the decision makers’ attention in a new and compelling way. Storytelling is a popular communications and advocacy tool across all advocacy areas, and literature supports the effort by providing stories when advocating for a cause or objective.

For advocacy stories to be effective, *Living Proof Advocacy* suggests that stories embody the following characteristics:

- **Relatability**, meaning that the audience will be able to identify with the story/storyteller;
- **Transportation**, meaning that the audience can become absorbed in the story; and
- **Emotionality**, meaning that the storyteller uses descriptive, visual language to capture the emotion of the narrative.

To understand the potential impact of storytelling on proposed objectives, advocates should also ensure that an evaluation process is in place, to learn how storytelling is received and what potential impact it has on proposed outcomes. This can occur in a number of ways, including observing the decision maker(s) as they interact with GFF-specific content to gauge influence and impact. This, in turn, will allow advocates to more easily shift their focus and edit/adapt the storytelling approach accordingly.

Case studies can also be powerful tools for showcasing both the process and results of the GFF in countries. CS and youth partners have developed a number of key country case studies that detail the specific role of this constituency in driving progress, in partnership with the government and other key stakeholders. These case studies also highlight valuable lessons about what works and areas for improvement in successfully implementing the GFF.

For specific stories and case studies from the field, see below and Annex 3.

## RECOMMENDED TOOLS & RESOURCES:

- CSCG for the GFF **Case Study: Senegal, The Experience of Civil Society Engagement in the GFF** (2018)
- Wemos/Malawi Health Equity Network **The Global Financing Facility in Malawi** (2019)
- Wemos/Health Promotion Tanzania **The Global Financing Facility in Tanzania** (2019)
- Wemos/WACI Health **The Global Financing Facility in Kenya** (2019)
- CSO GFF Hub **Civil Society Engagement in Côte d’Ivoire’s GFF Process** (2020)
- Health Promotion Tanzania **Report: Increasing GFF Impact on RMNCAH in Tanzania** (2020)
- Liberia Health CSOs Network **COVID-19 Health Facility Readiness Scorecard** (2020)
- WEMOS/CEHURD **“The Global Financing Facility in Uganda – A Brief Summary”** (2020)

## Short video memos

Due to their interactive nature that brings the human lens, statistics, and graphics packaged into concise and compelling messages, short video memos provide another means of communicating your GFF resource mobilization priorities. This is a powerful tool that “brings it all together”; it is a simple and efficient way of conveying the main takeaways of a campaign and supporting messages and stories.

In approaching short video memo creation, the intended audience should be mapped out and known because the GFF resource mobilization messaging must be appropriate and understood by this audience. As such, a test audience (to test content before it is released) may be beneficial.

Benefits of using videos for advocacy include:

- Having the ability to transcend literacy barriers;
- Having the ability to provide language-specific closed captioning, for different audiences;

- Verbalizing a “call to action” to ensure that advocacy objective(s) materialize; and
- Having a clear vision in approaching cultural differences and finding ways to transcend cultural barriers.

Furthermore, given the rapid pace of technological change—and the continued rise of global mobile telephony—video production and distribution is an accessible method of communication. Examples of select video memos are in the toolbox links below.

During this GFF resource mobilization campaign, the GFF Secretariat may be able to offer technical support for the CS and youth constituency (where needed) to ensure timely and quality outputs in both English and French.

### RECOMMENDED TOOLS & RESOURCES:

- New Tactics in Human Rights [Video Advocacy Tools](#) (2008)
- MamaYe [How Can Civil Society Organizations Play a Role in the GFF](#) (2018)
- GFF [Investing in Women, Children, and Adolescents in Mozambique](#) (2018)
- MamaYe [Youth Engaging with the GFF](#) (2019)
- GFF [Innovative Financing and the Global Finance Facility](#) (2019)
- GFF [Nigeria: Putting Maternal, Newborn and Child Health First](#) (2019)
- GFF [Civil Society in Zambia and COVID-19: Countdown to #InvestInHealth with Amos Mwale](#) (2020)

### Elevator pitch statements

The “elevator pitch” is a quick way of conveying the overarching message of the advocacy objective(s) being sought through a brief “speech.” It is intended to spur decision makers to action. It should be short, specific, and memorable. Therefore, it is often advised to rehearse an elevator pitch (to gauge timing, practice cadence, etc.) to ensure that it is efficient. The ultimate goal of the elevator pitch is not to provide detailed information, but to excite the decision maker, thus leading to a longer, deliberative meeting.

Given the shortened nature of the elevator pitch, “leaning into” an evidence-based approach is paramount. Advocates should ensure that the pitch includes powerful, illustrative statistics that identify gaps, outline the progress, and interest the decision maker(s) in question with clear solutions and action steps. It would be beneficial to proactively prepare the elevator speech and include it as an intentional part of your advocacy tactics and resources.

The guidelines (below) were developed by the American Library Association and adapted for this advocacy toolkit.

## ILLUSTRATIVE “FOUR STEPS” FOR CRAFTING AN ELEVATOR PITCH

**Step 1:** Explain who you are and what you do.

- *Example:* “My name is John, a maternal and child health advocate and one of the GFF CS and youth constituency members from [country].”

**Step 2:** Explain the features of your “product” or “service.”

- *Example:* “With support from governments and global health partners, including the GFF, for years significant improvement in health for women, children, and adolescents – including access to family planning, child immunizations, and safe births with a skilled attendant – were recorded. However, as a result of the COVID-19 pandemic, there has been a 25% decrease in lifesaving health interventions for the same groups in 36 GFF countries. This equates to **82 million** children missing oral rehydration treatments and **17 million** lifesaving vaccinations, and **4 million** pregnant women losing access to skilled childbirth

care. These countries require urgent support. The GFF seeks to mobilize a **US \$1.2 billion** funding gap by the end of **2021** and acquire a total funding portfolio of **US \$2.5 billion by 2025.**”

**Step 3:** Explain the benefits of your “product” or “service.”

- *Example:* “If the above funding gap is eliminated, the GFF estimates that **five million lives** can be saved, and a number of additional positive outcomes can be achieved.”

**Step 4:** Explain the hopeful future people can expect.

- *Example:* “Overall, decades of pre-COVID-19 investments in women, girls and children’s health will be saved. We need your support to make essential services accessible and to safeguard the hard-earned gains that you have been part of over the years. Would you have some time for us to speak to you more about what you can do to help?”

### RECOMMENDED TOOLS & RESOURCES:

- American Library Association [The Elevator Speech](#) (2016)

## Letters and op-eds

Letters and/or op-eds are powerful tools to gain the attention of a wide, far-reaching audience. Both tools can be used to inform community members about the GFF's successes and resource mobilization goals, thus serving as a "call to action." While they are not a replacement for direct contact and engagement with a decision maker(s), letters and op-eds can help provide appropriate pressure (by gaining a groundswell of general support). If the decision maker(s) in question works in a representative political capacity, these tools can also help build support among constituents.

Tips for writing a successful letter or op-ed include:

- Ensuring brevity; op-eds should generally be between 600–800 words, while letters should not exceed 500 words;
- Leveraging local/regional relevance, thus strengthening the advocacy case. If there is a clear local or regional focus, the piece is more likely to be published;
- Making it personal by using a discernible "voice"; and
- Making it action oriented. This could include sharing content on social media, suggesting feedback to local representatives, crowd-sourcing funds (if applicable), etc.

### RECOMMENDED TOOLS & RESOURCES:

- World Vision Advocacy [Writing an Op-Ed or Letter to the Editor](#) (2016)
- *The Telegraph* GFF Op-Ed [Don't let COVID-19 turn back progress on the health of women and children](#) (2021)
- Sample "Letter to the Editor" (see annex)
- Sample "Letter to a Decision Maker" (see annex)

## Media and social media

Media engagement is the process of leveraging the media (e.g., news media, broadcast media, social media, etc.) to disseminate key information relating to the GFF's resource mobilization campaign. Advocates typically engage with the media at key moments and milestones to attract publicity, with the goal of informing the public and encouraging interested individuals to share knowledge and get involved (in whatever capacity is needed). Identifying the most effective form of media to engage with depends on a number of factors, including the intended outcomes/objectives, audience demographics, and the role of the identified decision maker(s).

Given the specific considerations of the GFF's resource mobilization campaign, the following milestones would present a clear opportunity to engage with the media:

- During any announcements around the GFF resource mobilization efforts at-large;
- When the GFF's resource mobilization efforts can be effectively tied to local/regional news (e.g., if there is an opportunity to clearly tie GFF efforts with local occurrences);
- When overarching publicity is needed (e.g., around a GFF meeting or event, etc.);
- When an opportunity exists to reference the GFF resource mobilization efforts during larger conversations on health and wellness, particularly in the context of equity and the global response to COVID-19; and
- When the GFF achieves a noteworthy result during the resource mobilization efforts (e.g., if there is a policy victory worth noting, if a large donor earmarks funds toward the GFF, etc.).

In order to do this effectively—and particularly when dealing with traditional news media and web-based outlets—relationship-building is crucial. Establishing contacts at each respective media outlet is a smart tactic; that way, if there are updates worth reporting, outreach can be streamlined.

Social media provides a universal opportunity for all CS and youth advocates to "raise our voices!" It can be used to share personal stories and lived realities, and to disseminate key evidence to a wide range of stakeholders, including the public and decision-makers. To leverage social media as an advocacy tool, refer to the [GFF Resource Mobilization Social Media Toolkit](#), which includes a number of pre-made infographics, tweets, etc. and to the key messages above.

### RECOMMENDED TOOLS & RESOURCES:

- University of Kansas [Working with the Media Toolkit](#) (2014)
- Global Health Advocacy Incubator [Public Health Media Advocacy Action Guide](#) (2019)
- Devex [Opinion: How to advocate effectively in the age of COVID-19](#) (2020)
- RESULTS [Media Tools](#) (2021)
- GFF Resource Mobilization [Social Media Toolkit](#)
- Key messages and supplemental statistics (above)

## Engaging with champions

Champion engagement is a cross-cutting advocacy strategy that may apply to any number of thematic areas. Champions work at different levels (local, regional, national, global), and each may require a unique, context-specific approach.

### What is a “champion”?

A champion is someone that is highly engaged on a specific issue or someone with a level of notoriety/celebrity that has a passion for a specific area and could be groomed to serve as a vocal supporter of your issue.

To engage with champions, [Save the Children](#) suggests considering the following components:

- Consider whether the specific advocacy objective(s) and target audience merit the use of a champion and, if so, what purpose they could serve;
- Identify the appropriate champion(s) that meet a predetermined criterion, tied to the advocacy objective(s);
- Approach, recruit and establish relationships with potential champions to understand whether a person is well-suited to be a champion, if they are an emerging champion that requires training, or if they are ill-suited to serve as a champion;
- Continue to cultivate and support champions that leverage increased engagement and influence, thus leading to a sustainable relationship;
- Monitor and evaluate champion work to understand and improve the effectiveness; and
- Leverage champion work in the media.

Ultimately, champions must be linked with particular advocacy objective(s), so the intended role is clearly understood. Given the goals of GFF’s resource mobilization efforts, champions could exist in the realm of women’s health, children’s health, equity, inclusion, or any other area that relates to the GFF’s work. A champion may exist at the intersection of all the relevant issue areas, or each area may require multiple specific champions.

### RECOMMENDED TOOLS & RESOURCES:

- Saving Newborn Lives [Champions Toolkit](#) (2016)

“The urgency and need to ensure continuity of health services at all levels cannot be underscored. This must be a fully financed priority in order to reduce preventable deaths of women, children and adolescents. We can work with the GFF to ensure that this is the case.”

**Amos Mwale**  
Executive Director,  
Centre for Reproductive  
Health and Education,



RECLAIM  
THE  
GAINS



# 3 ALL HANDS ON DECK: DELIVER YOUR "ASKS" AND CLOSE THE DEAL

Now that you have everything packaged, how do you make smart moves to engage effectively and with a winning spirit?

## A. MAP AND LEVERAGE KEY EVENTS

At the global level, the goals and the overarching calendar for the GFF resource mobilization effort are already set, including the mapping of key events in 2021 against the campaign objectives and phases, as illustrated in the graphic below. The GFF resource mobilization effort aims to align with and support mutually reinforcing initiatives such as: the recent [Partnerships for Maternal, Newborn, and Child Health \(PMNCH\)](#) and partners COVID-19 Call to Action; the [Access to COVID-19 Tools Accelerator \(ACT-A\)](#); the [Generation Equality Forum](#); and the [Nutrition for Growth Summit](#).

**FIGURE 3.** 2021 Roadmap: Reaching 1.2 BN with your Support to Save 18 Million Lives



At the same time, historically, resource mobilization efforts are positively impacted when other events are also leveraged to create a “surround sound” of voices around a common resource mobilization goal. These other events may include existing regional, country or sub-national meetings, virtual gatherings and webinars, or decision-maker specific events and meetings.

CS and youth advocates in GFF countries are encouraged to lend their voices to global, regional, national, and sub-national events in support of the GFF. It may be helpful to map out upcoming global and local opportunities where government leaders, donors, private sector, or other decision-makers may be present (in-person or virtual, given COVID-19 realities), where CS and youth can add their voice to the discussion.

#### RECOMMENDED TOOLS & RESOURCES:

- [PMNCH and partners COVID-19 Call to Action](#)
- [Access to COVID-19 Tools Accelerator \(ACT-A\)](#)
- [Generation Equality Forum](#)

## B. SET UP YOUR MEETINGS AND PREPARE THE TEAM

Considering local and global events, opportunities, and meetings, set your own calendar to identify when you can connect directly with specific, identified decision-makers.

- Is your meeting the first in a series of future meetings? If yes, what package of materials and messages will you provide first, and which meeting will provide the best opportunity to deliver your “ask”?

## C. PREPARE MEETING AND EVENT MATERIALS

Consider the key messages, evidence, stories from the field and other materials you will use to support your meetings and events.

- Does your decision maker like to read materials in advance? Ensure the pre-reads are ready and avoid overwhelming the decision maker—striking a careful balance. Begin with enough information to provide a brief, but necessary background to set up your “ask,” while being ready to provide additional information, as needed.

- Do not underestimate the need to prepare materials in advance and ensure your advocacy team knows them thoroughly. The message delivery team must own well-packaged and compelling messages.

## D. IDENTIFY YOUR MESSENGER(S)

Always remember that the messenger is as important as the message.

- Let the right team or person that most appeals to the decision maker take the lead.
- In addition to a messenger, a champion or influencer may be needed in some instances. Who fits the bill and how do you mobilize them?

## E. CLOSE AND OUTLINE NEXT STEPS

Reference to your notes or key takeaways is crucial in preparing a deal closure. Anecdotes and profound statements from the decision maker can encourage the decision maker to think differently, even when the first meeting is unsuccessful. Sample advice includes:

- Thank-you notes are a useful tactic to keep the door open and should follow after every decision maker engagement opportunity—virtual or in person. For engagements needing repeat meetings, repeat thank-you notes after every meeting (with confirmation for the next meeting) are highly effective;
- During this campaign, advocates should refer to the decision maker analysis at all times, irrespective of the stage of the advocacy cycle. What do they care most about? What is happening right now in their environment? How do they like to be appreciated/thanked? This ensures that the thank-you notes are personalized and relatable;
- Whether you succeed or fail, always ask your decision maker if they would like to be kept updated with the progress of your initiative. Remember, they may not have resources at the moment but could provide massive leverage opportunities that far outweigh financial contributions. Being tactical to close the deal is as important as all the other steps above; and
- To be consistent, since this is a global campaign, it is recommended that advocates use the campaign branding and avoid self-promotion—individual or your organization—at the expense of losing the big picture where the group identity should take prominence.

# ANNEX SUPPORT RESOURCE MATERIALS: GUIDING TEMPLATES, ENGAGEMENT PATHWAYS, & SAMPLE MESSAGES AND STORIES

## ANNEX 1: ILLUSTRATIVE ENGAGEMENT PATHWAYS FOR GFF RESOURCE MOBILIZATION, BY TARGET AUDIENCE

TARGET AUDIENCE	ADVOCACY/ COMMUNICATION TOOLS OR APPROACHES	EXAMPLES OF GFF RESOURCE MOBILIZATION "ASKS" AND "CALLS FOR ACTION" BY TARGET AUDIENCE
GFF Country Ministers of Health, Finance, Gender, Social Security	Letters, face-to-face meetings, briefs, ad hoc advocacy materials	<ul style="list-style-type: none"> <li>• Request information on key public health objectives within national contexts; identify alignment with GFF goals</li> <li>• Highlight successes in domestic resource allocation and successful policies for women, children, and adolescents to-date; push for increased domestic investment and efficiency in support of essential services for women, children, and adolescents</li> <li>• Advocate for increased transparency on the public health realities facing women, children, and adolescents; request accurate data, and use this data to bolster the GFF resource mobilization case</li> </ul>
Donors	Letters, face-to-face meetings, briefs, ad hoc advocacy materials	<ul style="list-style-type: none"> <li>• Request investment into GFF to eliminate the existing funding gap and maintain essential services for women, children, and adolescents</li> <li>• Push for continued coordination and alignment among donors and global health initiatives in support of country-led plans and goals</li> </ul>
Private Sector Leaders	Letters, face-to-face meetings, advocacy materials	<ul style="list-style-type: none"> <li>• Request improved coordination between donors and funding platforms to maximize GFF resources</li> <li>• Advocate for improving public-private partnerships to drive GFF objectives, including funding pledges</li> </ul>

NGOs	Briefs, policy discussions, social media, community events	<ul style="list-style-type: none"> <li>• Advocate for increased engagement in the GFF, including through coordination, partnerships, and alignment with other NGOs and CSOs</li> <li>• Advocate for increased attention to health care concerns that respond to community needs specific to women, children, and adolescents</li> </ul>
Community, Youth, and Religious Leaders	Letters, face-to-face meetings, infographics, social media, community events, champions	<ul style="list-style-type: none"> <li>• Leverage religious leaders to serve as intermediaries between religious practice and public health; work alongside religious leaders to train on GFF priority areas</li> <li>• Incorporate community, youth, and religious leaders in advocacy materials to bolster investment cases (highlighting the local level realities)</li> <li>• Center youth leaders and organizations in dialogues at the community level; urge community leaders to advocate on behalf of GFF priorities</li> </ul>

## ANNEX 2: SAMPLE LETTERS AND OP-EDS

### A. SAMPLE LETTER TO A DECISION MAKER

To [PLACEHOLDER for name of Decision Maker],

On behalf of the constituents of [PLACEHOLDER for country/region], we would like to thank you for your ongoing commitment to ensuring a healthier future for us all.

While there are numerous challenges that we must face in our efforts to achieve health equity, the COVID-19 pandemic has been overwhelming; the strain on our health system is not only impacting those suffering from COVID-19, but also threatening the gains we have made at-large, particularly those made for women, children, and adolescents.

With help from the **Global Financing Facility (GFF)**—the multi-stakeholder global partnership that is committed to ensuring success for women, children, and adolescents – the global community has achieved a number of positive health-related outcomes, including:

- Doubling the coverage for four prenatal care visits in Tanzania from 42% to 80% in 2019;
- Increasing the rate of safe childbirth deliveries in health care facilities in Liberia from 56% in 2013 to 80% in 2019;

- Reducing stunting among children under five years old in Indonesia from 30.8% to 27.7% between 2018 and 2019, and wasting from 13.5% to 10.2% between 2013 and 2018;
- Reducing the death rate among children under five in Afghanistan by one-third from 2015 to 2018;
- Increasing the number of women and girls seeking family planning support in Sierra Leone by 14%;
- Training 4,000 community health workers in Uganda from 2016 to 2019, leading to a 60% increase in adolescents seeking family planning;
- Increasing the total share of health expenditures in the national budget of the Democratic Republic of the Congo, from 7% to 10.7%;
- Increasing health budgets in 43 of 47 counties in Kenya; and
- Increasing budget efficiency in Senegal from 80.5% to 90%.

Unfortunately, given the ongoing pandemic, a number of these successes are in danger of being reversed. Since COVID-19 began, coverage of lifesaving interventions for women, children, and adolescents in 36 GFF countries **has dropped by up to 25%**. This is the equivalent of **82 million children** not receiving oral rehydration treatment, **4 million pregnant women** losing access to childbirth care, and **17 million children** missing diphtheria, pertussis, and tetanus (DPT) vaccinations. These losses will continue to gain speed—unless GFF can close a **USD 1.2 billion funding gap**.

With proper funding, GFF can save **five million lives by 2025**. These funds will protect and promote essential services, address the secondary health impacts on women, children, and adolescents, and stimulate rapid recovery from the pandemic. However, none of this will be possible without a **collective, global effort**.

We are hoping to call on your support to fill the USD 1.2 billion GFF funding gap by the end of 2021 and would welcome the opportunity to speak with you further. Together, we can help change these outcomes for my country and the world.

Thank you for your consideration.

Sincerely,

## B. SAMPLE LETTER TO THE EDITOR

Dear Editor:

The world is at a turning point. COVID-19 has illustrated the deep-rooted global inequities that exist around us, and we can't ignore them any longer. Do we allow things to return to how they once were? Or do we focus our efforts on a more equitable future?

The most marginalized communities—those that suffered the most in the pre-COVID era—are the ones that continue to suffer and feel the impacts of the COVID-19 pandemic the most. This is especially true when discussing health outcomes. Women, children, and adolescents in lower- and middle-income countries stand to lose out on the access to essential, lifesaving health services that took decades to achieve.

The Global Financing Facility (GFF)—a multi-stakeholder global partnership, hosted by the World Bank and led by governments in 36 countries—is committed to a better future for women, children, and adolescents. To ensure that countries can preserve essential, lifesaving health interventions, they need to close a USD 1.2 billion funding gap—and fast.

[PLACEHOLDER for country/region specific data points]

The GFF is a unique partnership mechanism that is expected to save five million lives by 2025 by bringing together diverse donors and partners around common, country-led goals for women, children, and adolescents and building stronger, more sustainable health systems. We call on our community here in [PLACEHOLDER for country/region], and the world over, to support this critical resource mobilization campaign.

Sincerely,

[PLACEHOLDER]

## ANNEX 3: SAMPLE GFF CIVIL SOCIETY AND YOUTH STORIES

### Civil society is mobilizing funding and ensuring it is well spent

**a. In Côte d'Ivoire**, civil society's engagement in the GFF process contributed to an increase in the government's budget for health. Members of The National Federation of Health CSOs in Côte d'Ivoire (FENOS-CI) contributed greatly to the country's investment case and had a strong presence in the lead up to and during the week-long 2018 National Dialogue on Health Financing, a pivotal moment in Côte d'Ivoire's GFF process. As a result of their engagement, in fiscal year 2020 the government made a 16.5% increase in the health budget.

**b. In Tanzania**, civil society's actions helped avoid a missed opportunity to invest in PHC. Through budgetary and financial analysis, Health Promotion Trust and the CSO health coalition revealed that disbursement was lagging in the GFF Trust Funded project, intended to improve maternal and child health through strengthening primary health care. Deeper analysis showed that the government had not met key indicators necessary to unlock the remaining \$106 million of the GFF project funds. This was holding up the release of money from the World Bank.

The findings and pressure from the CS advocacy community led the government to request a no-cost extension from the World Bank and take necessary actions to meet the performance indicators. The CSO coalition is now working with the government to plan for how to use the remaining USD 106 million to strengthen primary health care in Tanzania.

**c. In Kenya**, sustained civil society engagement contributed to GFF funds reaching local health departments in a timely manner. In 2016, civil society, led by the Health NGOs Network (HENNET), became aware of chronically delayed disbursement of GFF/IDA loan funds for the reproductive, maternal, newborn, child, and adolescent health plus nutrition (RMNCAH+N) Transforming Health Systems for Universal Care Project from the National Treasury to the county governments, and on to the point of health service delivery. Through advocacy and budget tracking, CSOs found that health funds were reaching the counties but being spent on other non-health priorities. In 2018, CSOs adapted their advocacy to work with the county governments, National Treasury, and the World Bank to figure out a way to overcome these challenges.

Following this dialogue, in early 2018 the World Bank added a Results-Based Financing (RBF) indicator to monitor timely disbursement of funds to local health departments. With the implementation of this RBF, funds for counties are reduced if they are not disbursed to health departments in a timely manner. This has led to a significant improvement in

the disbursement of funds, now swiftly reaching local health departments responsible for service delivery. (Note: The dialogue meeting was funded by the Small Grants Mechanism [SGM], and likely other funders contributed, as well as HENNET's own resources.)

### Civil society engagement in the GFF is facilitating community and country ownership – critical to transforming PHC and community health systems

a. In **Senegal**, the GFF has provided an opportunity for CSOs to advance community accountability and ownership, and thereby maintain improvements in community health systems to live beyond the project lifecycle. The Kolda and Tambacounda regions have the poorest RMNCAH health outcomes in the country; as such, they have been identified as priority regions for the country's GFF funded project. A youth-led project (led by the *Alliance Nationale des Jeunes pour la Sante de la Reproduction*), which monitors the quality of health services through community engagement, has changed attitudes toward adolescent health and built community capacity and ownership over local health priorities. As a result of this project, community members are engaging with health workers and district health management teams to ensure married women and adolescent girls have access to RMNCAH services, including family planning, and to ensure girls stay in school and do not marry early.

The last year has seen a surge in community ownership of the GFF project as they monitor its implementation through joint social accountability, including families, youth, traditional and religious leaders, community health workers, and the entire district health management team.

### Building the capacity of CSO coalitions set the stage for health system preparedness and resiliency amidst COVID-19

a. In **Côte d'Ivoire**, the GFF CSO coalition (FENOS-CI) is made up of CSOs from across health issue areas, and across global health initiatives (e.g., Gavi, Global Fund, FP2020); through the coalition, they have built strong systems, trust, and communication channels for sharing information, aligning around common advocacy priorities, and accountability. When COVID-19 hit, the government tapped into this successful CSO network to reach remote communities with accurate information about prevention and to reassure communities to keep attending health services, following a drastic drop of RMNCAH+N services utilization.

b. In **Zambia**, when COVID-19 hit, the CSO community mobilized quickly to maintain essential health services, particularly for youth. People were reluctant to go to health facilities for fear of contracting COVID-19; and many youth-friendly health centers even shut down. Center for Reproductive Health and Education (CRHE) worked with the private sector to map out where youth friendly SRHR services were still available and launched a social media and flyer campaign to share this information with youth. This contributed to a smaller decrease in health seeking behavior in the facilities that were mapped out, than would have been without the campaign.

## ANNEX 4: TEMPLATE TO MAP KEY EVENTS & MEETINGS

A simple illustrative matrix of mapping events and meetings, key decision makers, advocacy priorities, and CS and youth roles for this GFF resource mobilization effort is outlined below.

EVENT OR MEETING	DATES	TARGETED DECISION MAKER(S)	ADVOCACY OPPORTUNITY AND "ASKS"	CS AND YOUTH ROLE/SPEAKER(S)
<b>REGIONAL, COUNTRY, OR LOCAL EVENTS OR MEETINGS – VIRTUAL OR IN PERSON</b>				
<b>GLOBAL / VIRTUAL EVENTS</b>				



Global Civil Society  
Coordinating  
Group for the GFF