

## GFF PORTFOLIO UPDATE APRIL 2019

### OVERVIEW

This paper provides an update on the GFF country portfolio. It outlines implementation progress, as well as a description of how the GFF is supporting key areas such as health systems strengthening, maternal, newborn, child and adolescent health and nutrition, sexual reproductive health and rights and civil registration and vital statistics (CRVS), and particularly how to strengthen results monitoring in-country. It also presents briefly the actions planned to operationalize the expansion to additional countries. Annex 1 provides a summary of the GFF value added, as well as progress achieved over the last 12 months and the prospects for the next 6 months in the initial 16 GFF countries. Annex 2 provides similar updates for the new 11 countries.

### SUMMARY OF FINDINGS

Countries have significantly accelerated the implementation of their GFF engagement, including more recently, the few countries which had a slower initial start in defining their GFF engagement. We see progress on the GFF key principles and approaches across the portfolio, including: support to countries to prioritize RMNCAH+N investments and health financing reforms to enable progress on UHC and the SDGs, country coordination and alignment of stakeholders to get better results for RMNCAH+N from existing and additional health resources, and strengthening systems to track progress. Key lessons have emerged in areas such as the investment case preparation process, the development of the country platform, the mobilization of domestic resources and complementary financing. These implementation lessons have formed the backdrop for knowledge and learning between countries (e.g., a Launch Workshop for 10 countries that joined the GFF in 2017, held in February 2018, Country Implementation Workshop held in September 2018 with 7 countries which are at more advanced stages of GFF supported implementation) and within the GFF Secretariat (retreats for the Focal Points and for the recently-hired Liaison Officers). The recently issued GFF Country Implementation Guidelines also build on these lessons and aim to address key implementation constraints.

### ACTION REQUESTED

The Investors Group is requested to take note of this information and to use it to further enhance in-country alignment and support.

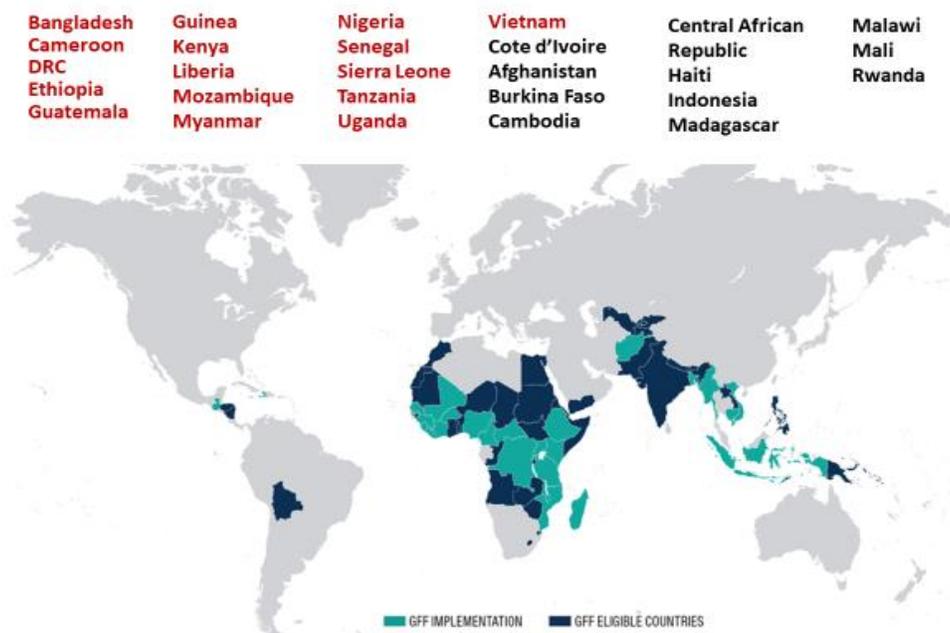
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## GFF PORTFOLIO OVERVIEW

The GFF is currently active in 27 of the 67 GFF-eligible countries (Figure 1). The portfolio can be separated into two broad categories: A first set of 16 countries that are at various stages of implementation of their investment cases and an additional 11 new countries which joined the GFF in November 2017<sup>1</sup> and are developing their investment cases. Nine of these 11 countries already have GFF co-financed projects that have been approved by the World Bank Board. This portfolio update covers all 27 countries in the GFF portfolio.

**Figure 1. Map of Current GFF Countries**



The GFF supports countries across Africa, Latin America, and the East and South Asia regions. Nineteen of the countries are in Sub-Saharan Africa and 2 are in Latin America, 2 in South Asia and 4 in South East Asia. Approximately 81 percent (by value) of GFF Trust Fund resources are allocated to countries in Sub-Saharan Africa, 11 percent in South Asia, 6 percent in South East Asia and 2 percent in Latin America.

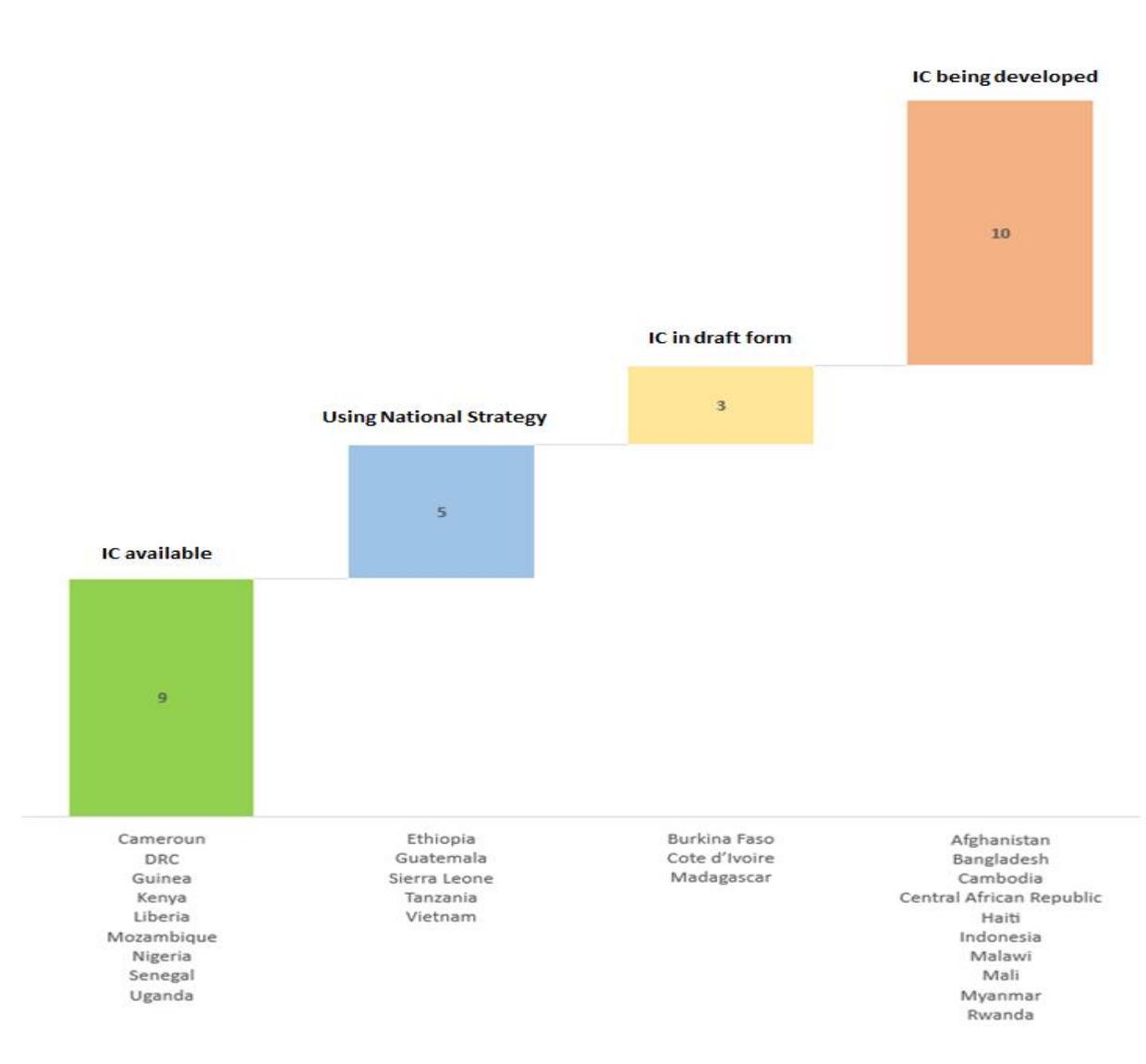
The GFF portfolio is more focused on countries which the World Bank classifies as “low income” (17 countries) than on countries classified as “lower middle income” (10 countries). More than a third of the countries (10) in the portfolio are classified as fragile states by the World Bank, notably: Afghanistan, Central African Republic, Cote d’Ivoire, Democratic Republic of Congo, Haiti, Liberia, Mali, Mozambique, Myanmar, and Sierra Leone. Twenty-one of the 27 countries are eligible to access IDA resources only, whereas three can access both IDA and IBRD (Cameroon, Kenya and Nigeria) and three can access only IBRD resources (Guatemala, Indonesia, Vietnam).

<sup>1</sup> Mali joined in June 2018.

## GFF INVESTMENT CASES

The country-led and iterative manners in which the GFF process was developed, with the 4 front-runner countries (DRC, Ethiopia, Kenya and Tanzania) leading the way in defining the process, has meant that somewhat different approaches have been adopted by countries with regards to their GFF planning process, including the investment case. Five countries, i.e., Ethiopia, Guatemala, Myanmar, Sierra Leone and Vietnam, decided not to develop separate GFF investment cases, opting instead to use their existing health or RMNCAH-N plans (Figure 2). The remaining countries in the first wave of 16 GFF countries have all completed their investment cases except Bangladesh and Myanmar. Good progress has been achieved in developing the investment cases in the 11 countries which most recently joined the GFF, with 3 of them already having prepared draft documents.

**Figure 2. Status of Investment Case Development**



Several lessons relating to the development of the investment cases have emerged from the experience in the 16 initial countries, which are being applied in the cohort of the 11 new countries which are currently preparing investment cases, notably:

- **Government leadership.** Strong government leadership and ownership is essential for the successful development and implementation of an investment case. This leadership tends to be stronger – with lower fragmentation within government – when the government focal point is a senior official, for example an Advisor to the Minister.
- **Early involvement of financiers.** A strong involvement from the Ministry of Finance and external financiers in the early design process is essential for full ownership and subsequent allocation decisions.
- **Roadmap.** A clearly articulated “roadmap” which outlines the process and the roles of each partner in developing the investment case has proven to be a useful approach to create a common vision and to create efficiency and ownership for the investment case. It also enables those partners who do not have a country presence to plan their missions to coincide with key milestones in the investment case development process.
- **Results monitoring.** Most of the results frameworks and monitoring systems to support the implementation of the investment cases have required additional work. The GFF Secretariat has increased its capacity, including through partnerships and consultants, to provide rapid and timely support to countries in this area. All countries which have weaker results monitoring systems to support the implementation of the investment case are currently receiving support from the GFF Secretariat.
- **Investment case boundaries.** Different approaches were used to define the boundaries of the investment cases. In some cases, a large financing gap was identified (indicating either insufficient funding by financiers or the need for further prioritization to ensure affordability). In other cases, it was difficult to set clear boundaries and to identify which financiers to include in the investment case resource mapping, indicating that more clarity is required to define what constitutes a contribution to the investment case priorities.
- **Private sector.** The initial set of investment cases had limited success in harnessing of private sector capacity, the notable exception being the role of private providers in service delivery under performance-based financing schemes. Over the last six months, however, the GFF Secretariat has received increasing requests from GFF countries to support them in engaging more effectively with the private sector.

These lessons and others led to the further articulation of the concept of a **quality investment case** which is a key starting point for the new countries, and which forms the basis of the current revision of the GFF Investment Case Guidelines.

## GFF CONTRIBUTES TO HEALTH SYSTEMS STRENGTHENING

The GFF contributes to strengthening primary health care systems, by supporting country-led approaches to advance on the path to universal health coverage, with a focus on enabling the government to strengthen its leadership to achieve health results in a number of ways. Some examples of the range of specific health systems strengthening activities are highlighted, below:

- **Human resources.** Using disbursement linked indicators to incentivize availability of midwives (Bangladesh), review of midwife program (CAR), reforms on task shifting (Cote d'Ivoire), improving the efficiency of spending on human resources (Haiti), introduction of Human Development Workers that coordinate between sectors for the delivery of services (Indonesia), expansion of community health worker program (Mozambique), incentivizing facility workers to deliver nutrition-sensitive pre-natal visits (Nigeria).
- **Front-line service delivery.** Expansion of community based maternal and child nutrition services (Bangladesh, Cambodia, Malawi, Rwanda), development of new community health strategy, often with emphasis on counseling and support for family planning (Burkina Faso, Guinea, Haiti, Kenya, Sierra Leone), piloting of community health approaches in fragile settings (Central African Republic), community based services incentivized through performance based financing (Cote d'Ivoire), coordination of NGOs and financiers working with community health workers (DRC, Liberia, Uganda), strengthening government capacity to manage contracts with non-state actors to deliver facility and community-based services (Afghanistan, Nigeria).
- **Procurement and financial management.** Use of information technology to improve procurement (Bangladesh), analysis of procurement and financial management bottlenecks (Cote d'Ivoire), strengthening of financial management system (Bangladesh), improvement of budget planning and allocation (Bangladesh, Guatemala, Guinea), improved coordination amongst financiers on procurement and financial management reviews (Mozambique), treating health centers as cost centers with enhanced financial autonomy (Tanzania).
- **Health information systems.** See section below.
- **Civil registration and vital statistics.** Support to various aspects of CRVS systems strengthening in Burkina Faso, Cameroon, DRC, Ethiopia, Guinea, Kenya, Liberia, Mozambique, Rwanda, Uganda, Vietnam.
- **Supply chain.** Various aspects of supply chain strengthening including estimation, ordering, receipt of stocks, storage, inventory management, etc. (Cameroon, DRC, Kenya, Malawi, Nigeria, Uganda), institutional reform (Kenya), increasing domestic resource allocations for essential commodities (Kenya), using performance-based financing in supply chain and reforms to enable facilities to purchase locally to avoid stock outs (Tanzania).
- **Planning and budgeting.** Support to the preparation of decentralized micro-plans for immunization (Bangladesh), strengthening the annual planning and budgeting process, including operational plans at regional and district levels (Burkina Faso), identification of the poor to enable better targeting of services (Cote d'Ivoire, DRC, Rwanda), support for local planning (Guatemala).
- **Governance and coordination.** Strengthening referral systems (Guatemala), capacity building of planning and coordination units (Guinea), strengthening capacity for costing and prioritizing (all countries which have developed investment cases), introduce performance assessment of (large scale) fiscal transfers to districts and villages (Indonesia), strengthening the capacity of counties to monitor and review occurrences and causes of maternal and perinatal deaths (Kenya), direct support to the government for donor coordination (Liaison Officers in all countries), supportive supervision and quality audits (Tanzania).
- **Health financing.** Health financing planning capacity, including approaches to increase domestic resource mobilization (Bangladesh), development of health financing strategies (Sierra Leone), build capacity for strategic purchasing (several countries including Cameroon, Central African Republic, DRC, Liberia, Mali, Nigeria (North East), support for policy reforms for removal of user

fees (Burkina Faso), resource mapping and tracking (several countries including Afghanistan, Nigeria, Liberia), innovative financing approaches such as social impact bonds (Cameroon), linking investment cases to national budgets (Cote D'Ivoire, DRC), support for costing and prioritization (all countries which have developed investment cases), supporting approaches for financial protection of the poor (Afghanistan, Ethiopia), development of sub-national expenditure tracking systems (Indonesia), establishing incentives for domestic resource mobilization at national (Mozambique, Tanzania) and sub-national (Kenya) levels.

- **Private sector.** Private sector capacity building and analytical work (e.g. private sector assessments) to support governments in developing strategic and effective approaches for engaging the private sector (Bangladesh, DRC, Cote d'Ivoire, Ethiopia, Myanmar) supporting the private sector to organize for more effective public-private dialogue (Cote d'Ivoire, Ethiopia), private sector innovations for more effective supply chains (Mozambique), enabling private sector innovations to be tested and scaled up (Nigeria), enabling the production of locally based products (Cambodia), food fortification (Indonesia).
- **Citizen engagement and social accountability.** Engaging communities for counter-verification of results as part of performance-based financing (several countries including Cameroon, Central African Republic, DRC, Liberia, Mali, Nigeria (North East), Sierra Leone, Tanzania, Uganda), participation of civil society groups in national platforms (all GFF countries), advocacy strategies.
- **Multisectoral coordination.** Building district capacity to manage multisectoral programs (Indonesia), engaging multiple sectors to address fertility (Bangladesh, DRC, Mozambique), facilitating multisectoral coordination for nutrition (DRC, Rwanda, Nigeria).
- **Social determinants of health.** Demand creation for services and behavior change interventions for nutrition and family planning (Afghanistan, Cambodia, DRC, Nigeria).

## IMPROVING MATERNAL, NEWBORN AND CHILD HEALTH

Within the overall GFF focus on the RMNCAH-N continuum, an examination of the Investment Case portfolio to date elucidates several common MNCH-relevant themes, both *what* MNCH results the Investment Cases are focusing on and financing, including specific MNCH interventions and cross-cutting approaches, and *how* they are investing to achieve those results:

- The prioritized MNCH investments have for the most part been well-informed by globally-recommended practices and priorities. The country-level prioritization of the Investment Cases has been informed by relevant tools (e.g. Lives Saved, EQUIST, One Health Tool).
- The geographic/sub-national focus in the Investment Cases allows for more efficient allocation and use of limited resources for MNCH results (e.g., Cameroon, DRC, Guinea, Nigeria, Uganda).
- Several Investment Cases have prioritized strengthening the community health platform as a key delivery mechanism for critical MNCH interventions, such as integrated Community Case Management, promotion of care-seeking for childhood illnesses, and hygiene and sanitation promotion (e.g. Cameroon, Liberia, Mozambique, Uganda).
- Investment cases include a focus on facility-level service delivery for improved maternal and neonatal outcomes around the time of birth through targeted improvement in critical interventions (e.g. neonatal resuscitation, Kangaroo Mother Care, post-natal care), and expansion of Basic and Comprehensive Emergency Obstetric and Neonatal Care (BEmONC, CEmONC), while appropriately including a systems focus on supporting improved quality through strengthened

human resources and improvements in supply chain for critical MNH commodities (e.g. Guinea, Kenya, Liberia, Mozambique, Tanzania, Uganda).

- For immunization, several Investment Cases have included a focus on improvements in full immunization coverage for children, which can help provide more insights on gaps and inequities than DPT-3 coverage alone (e.g., DRC, Kenya, Mozambique, Tanzania).
- Most Investment Cases effectively connect the MNCH continuum (from prenatal care to delivery care to postnatal care for mothers and newborns to child health) to the full RMNCAH-N continuum, including reproductive health/family planning, adolescent health, and nutrition.
- Several Investment Cases effectively connect MNCH-specific health sector investments to investments in other sectors that are also important to MNCH outcomes. For example, the role of improved hygiene, sanitation, and water supply at community level is highlighted in several countries (e.g. DRC, Guinea, Liberia, Uganda).
- The three cross-cutting systems functions that are most commonly identified in the Investment Cases to achieve the intended results include improving MNCH commodity supply chains, such as more efficient and effective procurement (almost all Investment Cases); strengthening the health workforce, through training, mentoring, supportive supervision, etc. (almost all Investment Cases); and variants of performance-based financing (e.g., Mozambique, Nigeria, Uganda).

In addition, the GFF partnership has been developing approaches to consider MNCH innovations as part of the Investment Cases or, where the orientation towards innovation needs to be further developed in the country-level GFF partnership, through complementary investments that lay the groundwork for uptake as part of an evolving Investment Case. In the latter scenario, in mid-March 2019 the GFF launched with partners, the Innovation-to-Scale Call for Proposals to support up to five country-level grants focused on innovations for reducing maternal and neonatal mortality at birth and in the immediate post-natal period.

## PUTTING FINANCING TO WORK FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Across the GFF portfolio, countries are prioritizing sexual and reproductive health and rights (SRHR). Three broad categories describe GFF's efforts to support country progress in this space that compliment efforts by other partners:

**Support for strategic purchasing reforms to ensure they are responsive to SRHR.** Purchasing is a core health systems function. Using data to increase the efficiency and effectiveness of this function is referred to as strategic purchasing. Ensuring the packages of services that will be purchased are developed using best-available evidence is a core part of GFF support to countries. Additionally, the GFF focuses on understanding and improving how sexual and reproductive health perform in the context of strategic purchasing reforms.

For example, facility-level results-based financing (RBF) programs in GFF countries all provide subsidies for family planning (FP) counselling and contraceptive provision in addition to a package of comprehensive services for women during pregnancy, childbirth, and in the post-natal period. Cameroon, Democratic Republic of Congo, Tanzania, Liberia, Guinea, Nigeria and Uganda are examples where RBF benefits packages include FP and other SRH services.

In Afghanistan, the GFF is supporting the implementation of the basic package of health services (BPHS) and specifically supporting efforts to make the contracting instrument more responsive to the national

family planning costed implementation plan (CIP). Similarly, the GFF is supporting countries like Nigeria, Cote d'Ivoire, and Burkina Faso to implement national health sector reforms that include changes to the way health services are purchased. Given the SRH priorities emerging investment cases discussion in these countries, inclusion of these services in these reforms is a priority.

For some countries, purchasing efforts are currently focused on inter-governmental transfers. For example, the GFF and World Bank investment in the RMNCAH Investment Framework in Kenya is supporting a county resource allocation formula that includes both skilled birth attendance performance and family planning.

Each of the programs described above factor quality into purchasing decisions. The GFF is supporting an effort in Cameroon to improve on the quality elements of RBF through two different strategies. Cameroon is piloting the use of a tablet-based counselling support tool to improve the quality of family planning counselling. Additionally, the program will seek to validate measures of client experience that assess quality and rights domains against outcomes like contraceptive continuation. Improving quality measurement will be key to making and monitoring strategic purchasing decisions.

**Support for contraceptive security and other SRH supplies.** Several countries have chosen to prioritize their IDA and other financing to address acute contraceptive supply gaps. These include DRC, Kenya, and Uganda. Other countries like Mozambique, Ethiopia, and Bangladesh all factor SRH services into IDA disbursements at the national level. These concessional sources of financing are flexible and unearmarked but indirectly link contraceptive security (ability to achieve FP related disbursement-linked indicators) and the delivery of a package of maternal health services to the flow of these funds.

This is in addition to efforts described elsewhere in the report to strengthen overall supply chain reforms.

**Supporting multi-sectoral strategies to address individual and social determinants of SRH outcomes.** Given the importance of social and gender determinants to SRH and particularly ASRH outcomes, this will be a key area of focus in the next phase of the GFF expansion and as countries re-visit their investment cases during midterm reviews. Examples include Bangladesh where investment in education and WASH facilities at schools have been prioritized to reduce girls' drop-out rates and improve adolescent SRH outcomes. More information on GFF strategic thinking in this area can be found in the accompanying paper on Adolescent Sexual Reproductive Health and Rights.

## SUPPORTING COUNTRIES TO IMPROVE NUTRITION

Nutrition plays a fundamental role in the health and well-being of women, children, and adolescents and represents a strong area of interest and investment to deliver on the GFF's mission. Nutrition is a dominant thematic area in more than half of the 11 GFF co-financed operations that have been approved since April 2018 (Rwanda, Indonesia, Nigeria, Burkina Faso, Malawi and Cambodia).

At the 2018 April IG meeting, the GFF Secretariat presented areas of focus going forward in the second wave of GFF countries. These included: (1) scale-up of cost-effective nutrition-specific interventions; (2) evidence-based interventions for maternal nutrition and expanded implementation-based learning on adolescent nutrition; (3) integrated and multisectoral approaches; and (4) double-duty actions for nutrition. In addition to these specific areas of investment, the GFF has also been: (1) leading a global discussion on growth monitoring and promotion; and (2) is exploring how to engage with the private sector to improve nutrition outcomes.

***Scale-up of cost-effective nutrition-specific interventions and evidence-based interventions for maternal nutrition.*** In Burkina Faso, as part of the country's effort to expand universal health coverage, the GFF country engagement is prioritizing investments in the quality and coverage of nutrition-specific services within the broader realm of the RMNCAH-N package. Interventions include iron and folic acid supplementation and intermittent presumptive treatment of malaria for pregnant women attending ANC, promotion of improved infant and young child feeding (IYCF) practices, therapeutic zinc and ORS for diarrhea in children, and routine vitamin A supplementation.

A comprehensive list of nutrition-specific activities has also been incorporated into Cambodia's draft investment case, and GFF co-financed operation aims to increase the coverage, access to, quality, and quantity of nutrition services to mothers and children. Services that are being prioritized include maternal nutrition promotion and support during ANC and PNC, particularly for rural and urban poor communities, and child nutrition services such as increased screening, management, and treatment of severe-acute malnutrition, and availability of growth monitoring and promotion in health facilities and communities, among others.

***Expanded implementation-based learning on adolescent nutrition.*** Although some GFF countries have begun implementing projects that specifically address adolescent nutrition such as Nigeria, greater demand for technical support in this area is foreseen due to increased attention to the topic and anticipated expansion of various regional initiatives in Africa. In Nigeria, the investment case focuses on areas where adolescent pregnancy and child undernutrition are highest.

To meet the increased demand for technical and operational support to integrate adolescent health and nutrition interventions in upcoming projects, particularly in Africa, the nutrition team is engaged in the GFF-led *Adolescent Sexual and Reproductive Health Outcomes* study that includes implementation-based learning. Support will be provided to task teams to understand the contribution of nutrition to adolescent health, and to think creatively about ways in which nutrition services can be integrated into existing platforms and service delivery packages addressing sexual and reproductive health and rights.

***Integrated and multisectoral approaches.*** Many of the new GFF country engagements in the last year include integrated and multisectoral approaches (Cambodia, Malawi, Rwanda, and Indonesia). In Indonesia, the \$420 million Program for Results supports the implementation of National Program to Accelerate Stunting Reduction (*StraNas Stunting*), which aims to drive convergence of priority interventions for nutrition across 10 line ministries and levels of government (national, local). The project is addressing management and system problems, strengthening citizen engagement in the frontline service delivery and oversight of the program and plugging critical gaps in the current mix of sector programming.

Rwanda is following a similar approach where the government is being supported to scale up its multisectoral program to enhance human capital outcomes through reductions in stunting in targeted districts. The GFF engagement includes social protection and health sectors. Interventions thus combine financial support (cash transfers) to pregnant women and young children under two years, with community-based approaches to improve the delivery of high-impact nutrition and health interventions, incentivize frontline community health workers and health personnel, and strengthen accountability mechanisms.

**Double-duty actions for nutrition.** Over the last year, GFF initiated a partnership with WHO and UNICEF to explore how “double duty” actions -- to address both under- and over-nutrition -- could be incorporated into operations. Although WHO has supported the creation of technical briefs on double duty actions, there is limited experience in operationalizing them. This creates major missed opportunities in countries when investments focus solely on undernutrition despite the growing burden of overweight, obesity, and chronic diseases. Planning is underway for a meeting with a small group of technical experts, H6 and other agency representatives to discuss: (1) what operationalizing double duty actions might mean in pragmatic terms; (2) examination of current experience with programming for double duty actions; and (3) next steps to identify a set of interventions for piloting in several countries to address the double burden of malnutrition.

**Growth Monitoring and Promotion.** From October 24-26, 2018, the GFF, in collaboration with a small technical advisory group composed of key members from the Bill & Melinda Gates Foundation, The Manoff Group, UNICEF, and the World Bank, hosted a convening on growth monitoring and promotion in Washington, DC. This convening included over 60 participants and 11 country teams (Cambodia, Ethiopia, Guatemala, India, Indonesia, Madagascar, Nepal, Peru, Rwanda, Senegal, Tanzania). It served as a starting point for a process to revisit the role and value of GMP and to discuss and promote an evolution of GMP designed to better use data for decision-making at all levels, and to move beyond growth to an approach that also promotes child development. A range of technical documents and products are results of the convening: (1) two background papers that summarize the evidence of GMP globally; (2) a summary report that presents top-line reflections and conclusions from the meeting; (3) a *Viewpoint* publication that is targeted to a peer-reviewed journal to continue the discussion on GMP and the need for a paradigm shift; (4) several “High-Impact Case Studies” that highlight some of the exciting programmatic and technological innovations that were featured during the convening; and (5) public commentary and inputs into the DHS 8 Questionnaire review process, specifically on the need to measure the coverage of growth monitoring and promotion activities.

**Private Sector Engagement for Nutrition.** Nutrition has been identified as an area in which the private sector can play an essential role in meeting public-health needs. In the last year, the GFF nutrition team has engaged with several private sector entities (Mars, DSM, BASF, Unilever, Orange, and the SUN Business Network) to identify possible areas where partnerships could be leveraged to deliver on GFF investment case and nutrition objectives. Two proposed partnership areas show promise: (1) double salt fortification (iron and iodine) in Indonesia; and (2) production of fortified fish powder for use in supplementary foods for infants and young children in Cambodia.

## STRENGTHENING CIVIL REGISTRATION AND VITAL STATISTICS (CRVS)

The GFF supports the strengthening of CRVS systems as one of the components of countries’ health information systems through which indicators for monitoring and evaluating RMNCAH programs can be derived reliably at national and subnational levels. Well-functioning CRVS systems are also a useful tool to strengthen the protection of human rights and privileges for children, women and adolescents; and to improve governance and public administration services.

Financing provided from the GFF Trust Fund, linked with IDA, to support CRVS strengthening ranges from \$1million to \$20 million in the following countries: Burkina Faso, Cameroon, Democratic Republic of Congo, Ethiopia, Guinea, Kenya, Liberia, Mozambique, Rwanda, Uganda. Vietnam received a grant to

support analytic and advisory services (ASA). The GFF supported CRVS activities in these countries in collaboration with the Centre of Excellence for CRVS Systems and other partners include UNICEF, UNFPA, WHO, the World Bank, Global Fund, Gavi and Bloomberg Philanthropies Data for Health Initiative. Key CRVS priority areas include:

**Expansion of civil registration (CR) services:** To improve coverage of CR, support is provided for countries to increase the number of service delivery points, use mobile registration, recruit additional staff; introduce CR services in health facilities; and provide equipment to support registration services. For example, plans are underway to use mobile vans for registration in hard-to-reach areas in Uganda and Kenya; additional CR staff has been recruited in Liberia to provide decentralized registration services at district level and in hospitals; and district offices have been established in Uganda. In the Democratic Republic of Congo, birth registration and issuance of birth certificates will be strengthened through catch-up campaigns in schools. To accelerate the completeness of birth registration, outreach services will also be supported in Uganda, Liberia, Kenya and the Democratic Republic of Congo.

**Computerization and development of integrated systems:** In many countries, CR is paper-based and in some cases related systems are not interoperable and thus affecting the efficiency of systems and limiting availability of data. The GFF is supporting the development and/or scale-up of electronic CR systems in Burkina Faso, the Democratic Republic of Congo and Ethiopia; the establishment of integrated CR and ID management systems in Rwanda and Uganda; the development of a death registration system linked to the existing birth registration system in Liberia; and support for linking DHIS-2 with the CR system to report causes of death in Guinea.

**Recording of causes of death:** Death registration and recording of causes of death is very low in many GFF-supported countries and some countries do not use the international WHO standard medical certificate of causes of death (MCCD). Through the support of the GFF, Kenya, Liberia, Mozambique and Uganda will build capacity in cause-of-death certification and coding using the international classification of diseases (ICD10 or Startup Mortality List). For Vietnam, technical assistance was provided to the Ministry of Health to develop an action plan to implement the national CRVS Action Plan, focusing on death notification, registration and recording of causes of death. Kenya, Liberia and Vietnam will also be supported to adopt the WHO MCCD.

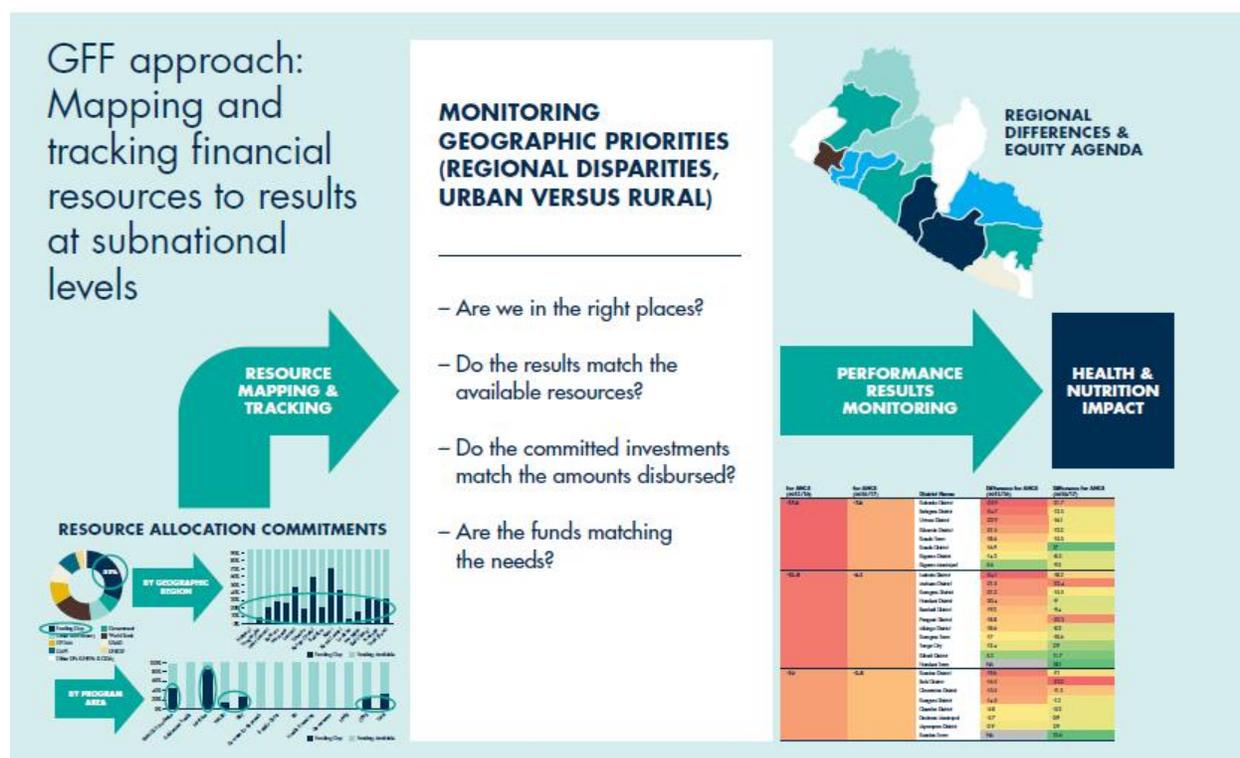
**Advocacy, awareness creation and sensitization:** Completeness of both birth and death registration remains low in many low- and lower-middle income countries mainly due to lack awareness of the importance of civil registration at different levels (e.g. public and policy makers). Several countries will be supported for awareness raising activities including Rwanda (design and roll out social and BCC campaigns and training and sensitization of the government officials on their roles and responsibilities and the importance of the CRVS), Democratic Republic of Congo (communication campaigns), Liberia (public awareness campaigns), Uganda (development of a communications strategy) and Kenya (sensitization of community health management teams on notification of births).

**Capacity building in registration processes and supervision:** A key component to strengthen CRVS in many countries is capacity building of civil registrars, notifiers and data processors in CRVS processes. Uganda, Guinea, Kenya, Liberia, Mozambique, Rwanda and Uganda will be supported in different areas of the CR processes. Similarly, support will be provided to facilitate monitoring and supportive supervision at subnational level, mainly in Kenya, Liberia and Ethiopia to improve quality of services and data.

## SHARPENING THE FOCUS ON RESULTS MONITORING

Through routine engagement with GFF supported countries, the GFF Secretariat has identified and prioritized critical areas of support that leverage innovative approaches for the use of information to identify efficiencies in both service delivery implementation and health financing. The GFF Approach to Monitoring (Figure 3), which focuses on performance indicators in conjunction with the funding flow entering the health care system, highlights the strategic use of information to inform both the development and monitoring of the investment case.

**Figure 3. GFF Approach to Monitoring**



- Assessments of theory of change, results framework, health management information systems (HMIS) and data use and quality assessments in Cameroon, CAR, Guinea, Madagascar, Tanzania
- Digital Health, endorsement of the Donor Principles for Digital Health and focus on digital health investment example countries
- Resource mapping in an increasing number of countries including Afghanistan, Nigeria and Liberia
- Capacity building and assistance to in-country monitoring working groups in Central African Republic, Cote D'Ivoire, Guinea, Kenya, Liberia, Madagascar, Myanmar, Nigeria and Tanzania

Ensuring that countries have access to routine programmatic and financial data, the ability to visualize this data and are strengthening health information systems remains a primary focus of the GFF results monitoring team to assist countries in coordinating the RMNCAH-N response. Following a landscape analysis and informed by country feedback, the GFF identified critical gaps in availability and access to health financing data and systems to integrate program and financial data. In response, the GFF is currently in the process of developing the following tools to support countries:

1. Resource mapping tool: The GFF is developing a standardized resource mapping tool; the blueprint will be piloted in several countries and the use cases will inform the final tool. Establishing a systematic approach to resource mapping enables countries to strengthen the tracking of finances and strengthen analysis to determine allocative efficiencies.
2. Resource tracking: The GFF is supporting Liberia in developing a real-time HMIS system for tracking public and donor financing for health (RMNCAH-N) investments. The use case in Liberia will be reviewed for further development and use in additional GFF countries.
3. Exemplar countries: Two countries will be supported for a complete HMIS assessment to understand the different core elements needed to demonstrate an ideal end-state multi-sectoral system that links financial inputs to improved health outcomes. Establishing use case examples of a demonstrated multi-sectoral HMIS will strengthen the GFF learning agenda and enable other countries to apply an innovative data use strategy to policy, programmatic and budget decision making with a focus on efficiency and improved health outcomes.

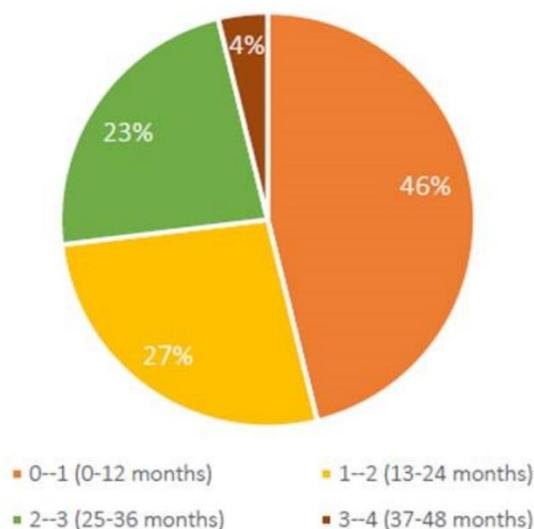
The GFF is working closely with partners to:

- Strengthen DHIS2: support is being provided to University of Oslo with a focus on improving the core program, system checks related to data quality and the DHIS2 release process.
- Systematize the use of existing applications for the development of country-specific RMNCAH-N scorecards in GFF countries (UNICEF app for DHIS2)
- Perform and utilize HMIS assessments/landscape analyses in GFF countries to inform the decision-making process for HMIS interoperability and system strengthening (WHO and Health Data Collaborative)
- Operationalize the Principles for Digital Development, working with a small technical working group to develop guidelines for exemplar country alignment of digital health developments and reviewing existing digital health public private partnerships and mhealth applications to strengthen our support and guidance in these areas
- Establishment of a GFF web-based portal to develop dashboards and serve as a decision support system for the GFF
- Implement the approach developed with Countdown to 2030 to support countries with data analytics for their annual and mid-term reviews of their RMNCAH-N Investment Case

## GFF TRUST FUND COMMITMENTS

The portfolio of projects that are co-financed with the GFF trust fund remains relatively young (Figure 4). One quarter (27 percent, representing 7 projects) of the portfolio was approved more than 2 years ago, while 27 percent (7 projects) were approved 1-2 years ago. There has been an increase in the pace of annual approvals of GFF co-financed projects, with 46 percent of the portfolio (12 projects) approved in the last 12 months. The pace of implementation is good: the GFF projects which have been effective for more than 24 months on average have disbursed 30 percent of the grant amount.

**Figure 4. Portfolio Composition by Maturity Level**



The GFF trust fund links with World Bank financing in all countries. As Figure 5 shows, there are currently in 21 countries in which the GFF trust fund co-finances with World Bank resources (all of them IDA resources, except for Guatemala and Indonesia which are IBRD loans). This amounts to a total GFF trust fund commitment of \$532 million to co-finance \$3.8 billion of IDA/IBRD resources, a matching ratio of \$7.1 IDA/IBRD for every \$1 of GFF trust fund co-financing. By the end of August 2019, it is anticipated that all 27 GFF countries except Madagascar and Sierra Leone will have had their GFF co-financed project approved by the World Bank Board of Directors.

In four countries – Bangladesh, DRC, Nigeria and Rwanda – the GFF trust fund is co-financing more than one IDA project. In Bangladesh, this has enabled the GFF to leverage the capacity of two sectors (health and education) to support the government’s objective of improving services for adolescent girls. In Rwanda, the GFF trust fund is co-financing health and social protection projects to address both the supply and the demand side of the government’s priority to accelerate the reduction in child stunting. In DRC, the trust financing is enabling collaboration between the education, health and social protection sectors in thematic areas such as reproductive health, adolescent health, and CRVS.

**Figure 5. GFF Co-Financing of World Bank Projects as at April 4, 2019**

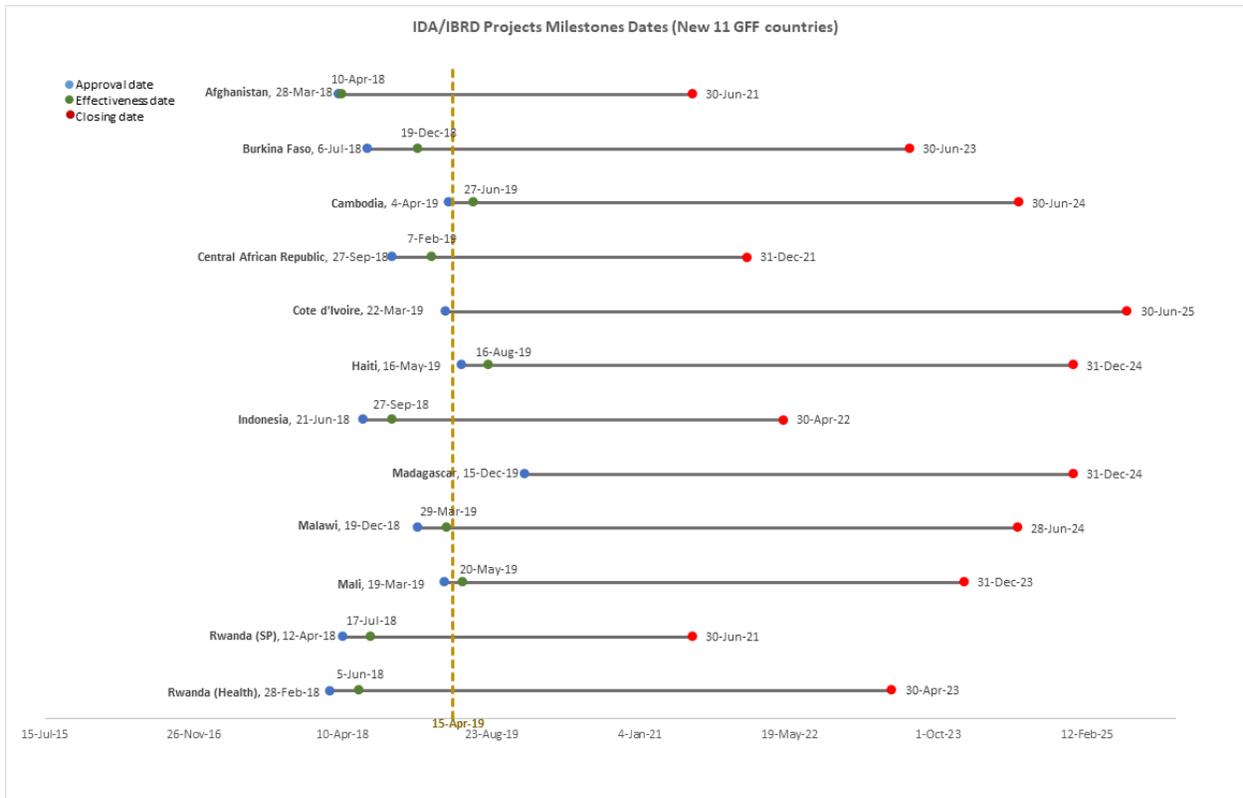
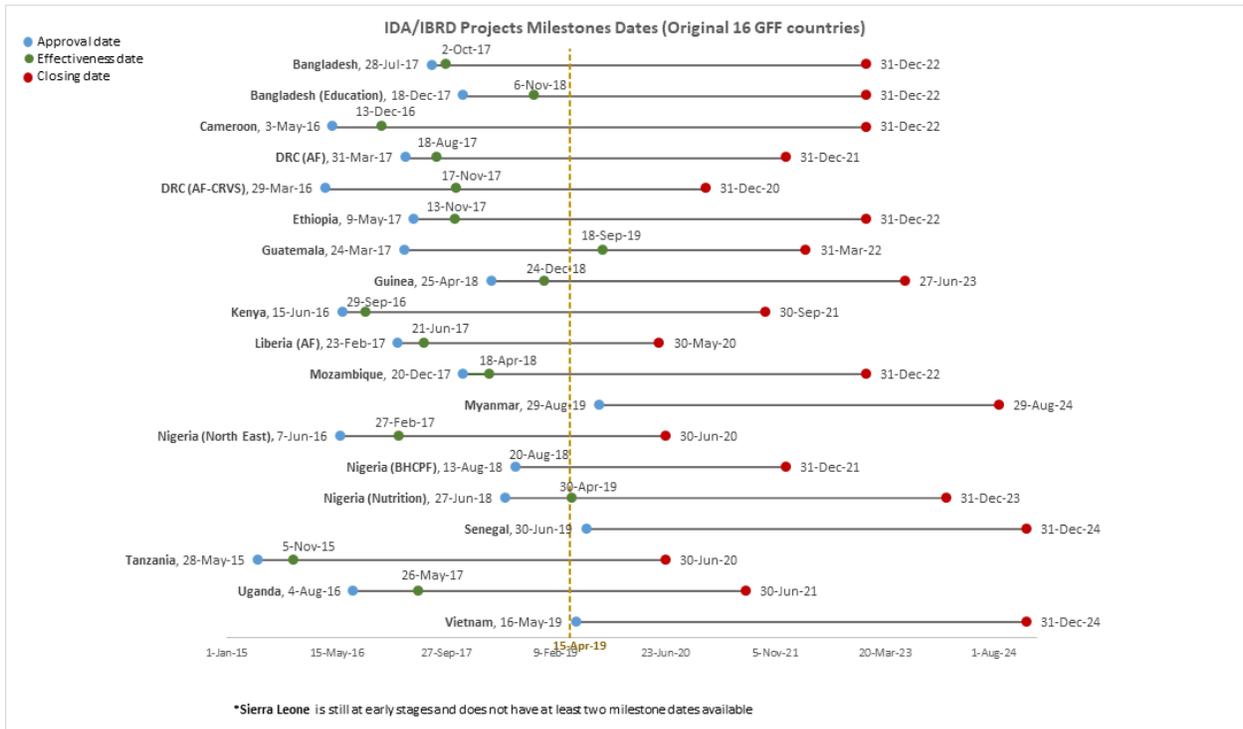
| Country                    | Approval Date | GFF          | IDA            | IBRD         |
|----------------------------|---------------|--------------|----------------|--------------|
| Tanzania                   | 5/28/2015     | \$40         | \$200          |              |
| DRC (CRVS)                 | 3/29/2016     | \$10         | \$30           |              |
| Cameroon                   | 5/3/2016      | \$27         | \$100          |              |
| Nigeria (North East)       | 6/7/2016      | \$20         | \$125          |              |
| Kenya                      | 6/15/2016     | \$40         | \$150          |              |
| Uganda                     | 8/4/2016      | \$30         | \$110          |              |
| Liberia                    | 2/23/2017     | \$16         | \$50           |              |
| Guatemala                  | 3/24/2017     | \$9          |                | \$100        |
| DRC                        | 3/31/2017     | \$40         | \$320          |              |
| Ethiopia                   | 5/9/2017      | \$60         | \$150          |              |
| Bangladesh (Health)        | 7/28/2017     | \$15         | \$500          |              |
| Bangladesh (Education)     | 12/18/2017    | \$10         | \$510          |              |
| Mozambique                 | 12/20/2017    | \$25         | \$80           |              |
| Rwanda (Health)            | 2/28/2018     | \$10         | \$25           |              |
| Afghanistan                | 3/28/2018     | \$35         | \$140          |              |
| Rwanda (Social Protection) | 4/12/2018     | \$8          | \$80           |              |
| Guinea                     | 4/25/2018     | \$10         | \$45           |              |
| Indonesia                  | 6/21/2018     | \$20         |                | \$400        |
| Nigeria (Nutrition)        | 6/27/2018     | \$7          | \$225          |              |
| Burkina Faso               | 7/6/2018      | \$20         | \$80           |              |
| Nigeria (BHCPF)            | 8/13/2018     | \$20         | \$0            |              |
| CAR                        | 9/27/2018     | \$10         | \$43           |              |
| Malawi                     | 12/19/2018    | \$10         | \$50           |              |
| Mali                       | 3/19/2019     | \$10         | \$40           |              |
| Cote d'Ivoire              | 3/21/2019     | \$20         | \$200          |              |
| Cambodia                   | 4/4/2019      | \$10         | \$30           |              |
| <b>TOTAL</b>               |               | <b>\$532</b> | <b>\$3,283</b> | <b>\$500</b> |

The World Bank-GFF co-financed projects have all employed various results-based tools and approaches to link financing to results at various levels in the system. Examples include:

- **Program for Results/Disbursement Linked Indicators (DLIs) (e.g., Bangladesh, Cote d'Ivoire, Ethiopia, Kenya, Tanzania, Mozambique, Indonesia, Nigeria (Nutrition))** – this approach reimburses the government based on results (policy objectives, service provision, etc.) which are independently verified. As noted earlier, in some cases, DLIs have been used in the GFF portfolio to incentivize the mobilization of domestic resources.
- **Performance Based Financing (e.g., Cameroon, Central African Republic, DRC, Liberia, Mali, Nigeria (North East), Sierra Leone, Tanzania, Uganda)** – this approach focuses on service delivery, reimbursing health facilities for quantity and quality of services, which are verified by the health system and counter-verified by civil society actors. The approach which is widespread in the GFF portfolio, is one of the strongest ways in which the GFF harnesses the capabilities of the private sector and constitutes a very practical way to engage with civil society in the accountability for RMNCAH-N results.
- **Performance Based Contracting – (Afghanistan, Nigeria)** – this approach involves the government contracting out the delivery of services to non-state actors. In Afghanistan these are both facility-based and community-based services. In Nigeria, the GFF investment will be catalyzing the introduction of this approach for community-based services, initially for nutrition but could be expanded to other community-based services.

The GFF and World Bank co-financed projects are at different stages of preparation or implementation. A typical project period is 5 years, although some (e.g., Afghanistan) are shorter. As Figure 6 illustrates, there are also varying time frames between when a project is approved by the Board of Directors of the World Bank and when it has gone through the formal review by the national authorities (each country with its own process which often includes ratification by National Assemblies or Parliaments) which then enables the World Bank to declare the project to be “effective” and to allow the disbursement of funds to begin.

Figure 6. Portfolio Timelines for GFF-World Bank Co-Financed Projects



## KNOWLEDGE, LEARNING AND FACILITATION SUPPORT

The GFF Secretariat has been supporting GFF countries through a GFF Secretariat Focal Point who is assigned to each country, as well as by organizing learning events, and appointing Liaison Officers.

**Learning events.** In addition to the usual technical support provided by the GFF Focal points to countries, a workshop was organized in September 2018 to support 7 of the countries that are at more advanced stages of implementing their investment case. A report from that workshop is available at [[this link](#)]. The GFF Secretariat has also been organizing monthly south-to south learning and knowledge sharing through webinars with country teams on topics such as results and data systems, communications, lifesaving commodities, etc.

**Liaison Officers.** The GFF Secretariat is in the process of hiring a Liaison Officer in every GFF-supported country. The full list of GFF Liaison Officers and their contact details is available at [[this link](#)]. The main objective of the Liaison Officer role is to support the Government Focal Point in the process of development and implementation of the country's investment case and to facilitate information sharing and to strengthen in-country communication among partners. To date, Liaison Officers have been recruited for 22 out of the 27 GFF countries and the remaining 5 are expected to be recruited by end of June 2019. In February 2019, the Liaison Officers which had been hired at the time met in Washington, DC for a week of training and other learning events. Other learning events and systems (e.g., whatsapp group) have been put in place to enable them to work as a community of practice and to facilitate learning and information exchange between GFF countries.

## EXPANSION TO ADDITIONAL COUNTRIES

A group of 8-10 new countries will be proposed to the GFF Trust Fund Committee in the Spring of 2019 for approval. In anticipation of this expansion, the GFF Secretariat is planning the following actions:

- **Initiation visit.** A visit will take place in all new countries to discuss the country-specific GFF value added and theory of change, and to support the government in identifying an appropriate government focal point and to identify the structure that would serve as the platform to coordinate the GFF engagement. Some government may choose to use this opportunity to officially launch the GFF process in the country and to draw attention to it through mass media.
- **Introduction workshop.** The new countries will be invited, soon after they have been selected to a workshop in which the basics of the GFF model will be explained and country multi-stakeholder delegations will work on starting to define the GFF value added in their country.
- **Investment case guidelines.** Revised guidelines are under preparation and will be completed by end of June 2019, in time to be used by the cohort of new GFF countries.
- **Results monitoring.** The GFF Secretariat has strengthened its capacity to advise countries on their results frameworks and monitoring systems and has developed deeper partnerships with Investor group members in this area. New countries will be supported from the start on results monitoring, to assist them in developing strong results monitoring frameworks, to strengthen the data systems for tracking the investment case implementation and to develop a culture of using data for decision-making and mutual accountability.
- **Liaison Officers.** Liaison Officers will be hired as soon as the new 8-10 countries are announced.

## Annex 1. Country Profiles and Progress Updates – 16 Initial Countries

### BANGLADESH

|                              |   |
|------------------------------|---|
| <b>IC period</b>             | Health, Nutrition and Population Strategic Investment Plan (HNPSIP) – 2016 to 2021 in support of the 4 <sup>th</sup> Health, Population and Nutrition Sector Program. |
| <b>IC Financiers include</b> | Government of Bangladesh, GFF, IDA, Netherlands, DFID, Sweden and the Government of Canada  |
| <b>Key technical areas</b>   | full sector program, including RMNCAH-N<br>With special focus on school-based adolescent health   |
| <b>Liaison Officer</b>       | Israt Jahan Baki (gff.bangladesh@gmail.com)   |

#### 1. Value-added of the GFF

The GFF adds value in Bangladesh by contributing to the improvement of: (i) adolescent health and nutrition services, through a cross-sectoral interventions in health and education; (ii) RMNCH-N services in lagging divisions: Sylhet and Chittagong; and health systems, particularly fiduciary systems (public financial management and procurement).

Through support to the government’s programs in both the health, nutrition and population (HNP) and education sectors, GFF is catalyzing coordinated impact of international financing of over US\$1 billion and influencing domestic government spending of US\$30 billion in the two sectors over five years; US\$ 15 million for health and US\$ 10 million for education. The Health Sector Support Project (HSSP), co-financed by US\$15 million from the GFF (of which US\$ 5 million have already been disbursed), US\$500 million from IDA, US\$23 million from Sweden, US\$13 million from the Netherlands, US\$ 22 million from the Government of Canada, US\$ 56 from DFID (and proposed co-financing from other partners), contributes to the government’s Fourth HNP Sector Program through a results-based strategy. The project supports development of health system governance, management and service delivery capacities, implementation of an Essential Services Package that includes key RMNCAH-N services, and a focus on lagging regions, particularly Sylhet and Chittagong Divisions.

Among the factors thought to have contributed to improvements in HNP outcomes in Bangladesh despite very low public spending on health services are female education and labor force participation which have contributed to empowering women and girls to delay marriage, reduce fertility, and take more control over their own and their children’s health and nutrition. However, there has been insufficient attention paid to adolescent health, while retention of girls in secondary education has been identified as a key challenge. The Transforming Secondary Education for Results Program is co-financed by US\$10 million from GFF and US\$510 million from IDA, as well as parallel financing of US\$225 million from the Asian Development Bank. The GFF is catalyzing collaboration between the HNP and education sectors to develop and implement school-based services to improve adolescent health. The GFF is supporting technical work and policy development to shape the efficiency and impact of the government programs in the HNP and education sectors. This includes work on health financing, strategies and interventions for adolescent health, and equity and the health of tribal and hill populations.

As part of moving towards increased government health spending, the GFF, through HSSP, supports improvements in budget planning and allocation, as well as increased efficiency in spending using results-based financing and development of core management systems, including financial management, procurement and human resource management. The GFF is supporting to improve the knowledge base for implementation of Bangladesh's Health Care Financing Strategy for 2012-32, including analysis of health equity and financial protection, diagnosis of public financial management bottlenecks, engagement with the private sector, and dialogue on domestic resource mobilization.

## **2. Progress in the last year**

In accordance with Bangladesh's Sector Wide Approach (SWAp), the government has aligned domestic and international public financing in support of its US\$14.7 billion Fourth HNP Sector Program for 2017-22. The program, developed on the basis of wide stakeholder consultation, has been adopted through detailed plans and budgets for specific technical objectives and programs. The government's sector program includes activities and budgets necessary to achieve RMNCAH-N results supported by GFF through HSSP. In the last six months the program, under implementation since January 2017, has achieved several planned results in strengthening fiduciary systems, planning and budgeting process, as well as improved service coverage in Sylhet and Chittagong Divisions. These include the expansion of information technology to strengthen procurement systems; the preparation and approval of operational plans including activities and budgets aimed at improving RMNCAH-N outcomes; the creation of 2,500 midwives posts whose recruitments in phases have been completed and their deployments in batches are going-on; and activities aimed at supporting the expansion of maternal and child nutrition services at the community level through the development of reporting and quality assessment guidelines.

In addition, the GFF has catalyzed cooperation between the HNP and education sectors on development of technical strategies and interventions to maximize secondary schools as platforms to improve adolescent health services and outcomes. With support from GFF, the Ministries of Education and Health and Family Welfare have formed a working group to jointly develop an Adolescent Students' Program (ASP). The ASP includes incentives for poor girls to stay in school, investment in separate functional toilets for girls, promotion of facilities for menstrual hygiene, inclusion of adolescent health in the curriculum, teacher training, counseling of girls and boys, and awareness-raising on gender-based violence. GFF, through its support to both sectors, will contribute to introduction and scale-up of these interventions as program implementation moves forward.

## **3. Anticipated results in the next six months**

The government will continue implementation of its Fourth HNP Sector Program, including activities that will contribute to the results to be supported by GFF, through HSSP, during the government's 2019 fiscal year (ending June 2019). Planned results include improvements in expenditures for repair and maintenance at Upazila level and below; increases in the number of Upazila Health Complexes with at least 2 accredited midwives; further increases in the number of normal deliveries in public health facilities; and increases in coverage of measles-rubeola vaccination and in the number of women and children receiving nutrition services in Sylhet and Chittagong Divisions.

Under the SWAp, the Ministry of Health and Family Welfare has formed Task Groups on specific technical issues that bring together the ministry and Development Partners to monitor the HNP Sector Program, as well as provide a dialogue on policy and program issues. The Task Groups have initiated their work which aims at mobilizing and coordinating analytical, technical and financial support to the government to advance its program. Technical work and dialogue to be supported by the GFF on adolescent health will continue, bringing together the Ministries of Education and Health and Family Welfare, and will be initiated on health financing and equity issues. Indeed, as part of this support a cross-sectoral investment case for a school-based adolescent health program will be developed in the coming months.

## CAMEROON

|                               |   |
|-------------------------------|---|
| <b>IC period</b>              | 2017 to 2020  |
| <b>IC Financiers include</b>  | Government of Cameroon, Gavi, Global Fund, World Bank IDA, GFF-TF, UNFPA, UNICEF, BMZ/KfW, AFD, Islamic Development Bank, PEPFAR, UNITAID, WHO, BMGF, ECHO              |
| <b>Key technical areas</b>    | Results-based financing; adolescent SRHR; family planning; MNCH with a focus on ANC, skilled birth attendance, KMC, PMTCT, and malaria Rx for under 5s, MMR vaccination |
| <b>Government Focal Point</b> | Dr. Martina Lukong Baye (tinabayel@yahoo.fr; m.baye@plmi.cm)  |
| <b>GFF Liaison Officer</b>    | Jean Christian Youmba (gff.cameroun@gmail.com)  |

### 1. Value-added of the GFF

Cameroon is moving towards Universal Health coverage (UHC). During her recent visit to Cameroon, the WHO Regional Director for Africa encouraged the Cameroonian authorities to move their agenda towards UHC. A Multisectoral National UHC Technical Group, co-chaired by the Ministers of Public Health and Labor and Social Security, was created in 2015 to lead the process and make proposals to the Government on the different aspects of this system. Much work has been done since, including: (i) the proposal for the universal health coverage system architecture; (ii) the health care and services package; (iii) care protocols; (iv) determination of the contributive capacities of the different categories of the population for equitable financing; (v) the cost estimate; (vi) the beneficiary registration methodology; (vii) the targeting method; and (viii) an analysis of the contributions that can be mobilized for health by source of funding.

The proposed architecture of the UHC system in Cameroon is based, on the one hand on the introduction of a compulsory basic regime for the whole population offering a common basket care, and on the other hand the pooling of resources and certain technical functions within a national management structure with a delegation of proximity and processing functions to specialized institutions. The principle of progressiveness in implementation is put forward by the government. The target groups for starting UHC would be women, children aged from 0 to 5, patients suffering from major pandemics (HIV / AIDS, tuberculosis and malaria) as well as the general population for health promotion. Progressive deployment would be based on mandatory and variable contributions according to the ability of each socio-economic group to pay.

While studying these proposals, the government is pursuing the reform without excluding other models of purchasing services to increase the health coverage of the Cameroonian population.

There are three important themes within GFF efforts in Cameroon that run through the RMNCAH-N investment case. These are: a focus on allocative efficiency, multi-sector focus on addressing adolescent reproductive health, and private sector engagement.

The Government of Cameroon used the Investment Case to inform its 2018 national budget. Despite a decline in the overall budget for 2018 the Government committed to a series of fiscal and policy reforms in the public sector as part of a budgetary support program with the World Bank. The allocative efficiency efforts are multi-layered and focus on two dimensions: rebalancing of public health expenditure between tertiary level and primary/secondary levels (RMNCAH-N service prioritization and the scale up of performance-based financing being part of this effort) and shifting the regional allocation to increase resources to high-burden and low resource parts of the country, namely Adamawa, the Eastern Region, the Northern Region, and the Far North Region.

The adolescent health focus of the investment case seeks to directly address high rates of adolescent fertility (particularly in priority regions) by expanding access to sexual and reproductive health information, access to contraception, and improving educational opportunities for girls. While adolescent fertility is of primary interest, early and mistimed pregnancies and low social service utilization by adolescent mothers are considered in maternal, neonatal, child health, and nutrition outcomes. Indirectly, this strategy is linked to the longer-term opportunity that a rapid fertility decline, and transition could lead to true changes in the population age structure, reducing dependency ratios, and ultimately result in economic gains from the demographic dividend.

Finally, the investment case also has a focus on engagement with the private sector to expand access to services through a mixed model for health service delivery made possible by a results-based financing purchasing system and to mobilize private resources through both traditional (corporate social responsibility) and innovate ways (development impact bond for Kangaroo Mother Care/new-born health).

## **2. Progress in the last year**

The performance-based financing (PBF) program supports the national extension of PBF. Since the last supervision mission in April 2018, the population covered by PBF has increased from 46% to 78%. The number of covered health districts increased from 78 (at the end of 2017) to 148 (by the end of 2018) out of a total of 189 health districts in Cameroon. To date, the project is located in all 10 regions of the country and 6 of them (Adamawa, East, Far North, Littoral, North and North-West) are covered at 100%. The Southwest region is covered at 80%.

The project also started in the remaining 3 regions (Center, West and South) during the fourth quarter of 2018, with the setting up of Contractualization and Verification Agencies (ACVs) and the recruitment of their staff. The signing of the first performance contracts with health facilities and initial verifications have already taken place in 5 out of 18 districts in the West Region. The first performance contracts with the health facilities in the Centre and South Regions became effective in January 2019.

In addition, RBF has been extended to the central level, with performance contracts established with 10 directorates within the Ministry of Health (out of 14).

There has also been further alignment of IDA financing (without a GFF-TF linked investment) to the investment case through a development policy lending operation approved by the World Bank board in December 2017. While the scope of the overall budget support cuts across sectors, there are specific disbursement triggers related to improving tax efficiency, shifting the allocation of public health expenditure between tertiary and primary/secondary levels, and the implementation of the PBF model in the health sector.

Cameroon is an “exemplar” or model country for the GFF’s results framework, that aims to improve the relationship between financing and health results. Analyses have been conducted that summarize existing data flows in health, health financing and expenditures. Capacity in governance, planning, performance management, and analytics have been assessed. They indicate that governance capacity requires strengthening regarding decisions on funding allocation, planning capacity regarding a focus on efficiency and assessing trade-offs, performance management regarding progress monitoring, identification of taking corrective action, identification of high/low performance areas and best practice amplification, and analytic capacity regarding the identification of intractable problems, allocative efficiency and unit costing.

The design of the CRVS performance-based financing pilot has been finalized during a workshop in Douala. The “Bureau National de l’État Civil” (BUNEC) has also created agencies in each of the regions to coordinate implementation. The GFF is supporting the strengthening of the CRVS system through incentivizing birth registration through PBF.

A bottleneck analysis on the pharmaceutical supply chain has been carried out, that highlighted issues related to needs assessment and ordering, receipt of stocks, stock storage, inventory management, the relationship with LANACOME (Laboratoire National de Contrôle de Qualité des Médicaments et d’Expertise), and transport planning and distribution.

Pre-financed by Grand Challenges Canada, a new \$2.8m Development Impact Bond was launched in February 2019 to run the Kangaroo Mother Care programme in 10 hospitals across Cameroon. The two-year DIB aims to reduce the number of deaths and improve the health and nutrition for low birth weight and preterm infants on the programme. If the programme is successful, which will be independently verified, the Cameroonian Ministry of Public Health (drawing on funds from the Global Financing Facility) and Nutrition International will return the financial outlay to Grand Challenges Canada with a small return.

After a two-year collaboration between the study team and counterparts, including a literature review, 3 workshops to identify policy problems, and discuss intervention design, possible interventions and study regions, a study on adolescent health is ready to kick off in 2019. The preparatory work identified supply side barriers, including lack of formal family planning (FP) training, poor FP service quality and provider bias against providing long acting reversible contraceptives (LARC), as well as demand side barriers, including negative experiences with FP services, cost of FP and waiting times. It was decided that the study, a randomized controlled trial (RCT) in 200 PBF supported health facilities involving distribution of contraceptives, will first focus on supply side barriers, and questions such as “Is improving the quality of FP services effective to increase uptake of more reliable contraceptive methods (MC) among adolescent females?”, “Are increased payments to clinics for the provision of LARC to adolescents effective to increase uptake?”, and “should FP services be free for adolescents?”.

### **3. Anticipated results in the next six months**

The country platform is planning a midterm review of the investment case before the end of the third trimester 2019. By the end of the year, it is anticipated that all the ten regions will have full coverage of results-based financing.

Regarding the improvement of data systems, further integration and alignment of existing data systems, and emphasizing data quality and use are anticipated. Expanding registration centers for CRVS and human resources for civil registration, improving interoperability of the CRVS, health and other related systems, and advocacy for CRVS are being planned.

The interventions within the RCT on adolescent family planning will commence in 2019, while data collection will continue into 2020. Results are expected in the third quarter of 2020. The study is expected to contribute to increased access to modern methods of contraception, diversify the method mix and improve access, including financial access to contraception among adolescent girls, as well as streamlined counselling, and training of nurses on FP.

## DEMOCRATIC REPUBLIC of CONGO

|                               |  |
|-------------------------------|--|
| <b>IC period</b>              | 2017-2021  |
| <b>IC Financiers include</b>  | USAID, WB, GAVI, Global Fund, Canada, UNFPA, UNICEF  |
| <b>Key technical areas</b>    | RMNCAH-N package; Medical and Counselling interventions against SGBV; Health Systems Strengthening including RBF; CRVS |
| <b>Government Focal Point</b> | Dr. Sylvain Yuma (sylvainyuma@gmail.com)   |
| <b>GFF Liaison Officer</b>    | Under recruitment  |

### 1. Value-added of the GFF

The GFF provides added-value to DRC by:

1. Supporting the expansion of the RMNCAH-N package in the 14 provinces prioritized in the IC (*Priority 1 of the IC*)
2. Funding medical and psychosocial services to support individuals affected by sexual- and gender-based violence (*Priority 1 of the IC*)
3. Improving DRM, with a strong focus on efficiency reforms (*Priority 1 to 9 of the IC*)
  - Efficiency reforms are the focus of GFF in the short to midterm and include: a) PBF; b) Cost-effective RMNCAH-N interventions; c) Implementing the RMNCAH-N through community and multi-sector approaches; d) Scaling-up a single contract approach; e) Efficient HR reforms; f) Efficiency of supply chain; g) Leveraging the private sector to improve effective coverage and efficiency
  - Supporting several analytics related to DRM as part of the IC and HFS to attempt to raise additional revenue for health in the mid to long-terms
  - Overall, linking the IC to the health financing strategy and providing policy options to generate new resources for health as well as freeing existing resources for the implementation of the RMNCAH-N package
4. Improving Governance of the health sector and data use to better monitor RNMNAH-N outcomes. This implies modernizing the CRVS system to promote good governance and provide vital statistics and information on causes of deaths in a multi-sector and sustainable manner (*Priority 10-12 of the IC*)

### 2. Progress in the last year

The Health System Strengthening for Better Maternal and Child Health Results Project (PDSS) is a program of the Government of the DRC for which the Ministry of Health is the project owner and has ensured the pooling of resources in the framework of the donor harmonization including: the World Bank Group, GFF, the Global Fund, USAID, Unicef, UNFPA and GAVI. This government program supports the implementation of the national health development plan (PNDS) 2019-2022 and GFF IC and effectively ensures the strategic purchase of quality basic health services in the context of universal health coverage in the DRC. The PDSS is active in 14 out of the 26 provinces, of which 11 are in the GFF IC. The PDSS is implemented in 11 provinces including 156 Health Zones (ZS), serving approximately 30 million people, or 38% of the population of the national population<sup>2</sup>. Most of these provinces are part of the IC<sup>3</sup>.

**Governance.** The number of strategic purchasing contracts (RBF) rose from 1,651 in 2017 to 2,105 in 2018 (+27%). USAID funding allowed the addition of new strategic purchasing/RBF contracts in 16 new health zones in Lualaba and Haut Lomami. Furthermore, 9 Single Contracts were signed in Q4 2018 (Sud Ubangi, Lualaba, Mai-Ndombe, Kwilu, Kwango, Équateur, Mongala, Haut Lomami et Tshuapa) compared to 5 in Q1 2018. Single Contract is a vehicle to improve performance of health facilities through better management of financial resources at the provincial level.

**Service Utilization.** As a result of RBF, assisted delivery rose from 65% in Q4 2017 to 90% in Q3 2018, ANC1 from 49% to 67%; VAT2 + from 37% to 60%; ANC4 from 22% to 34%. Note however the low completion rate of CPN4 with a discrepancy with the delivery rate. This means that most women giving birth are not up-to-date with antenatal care because they start late. An upward revision of the scale of the ANC4 benefit will be necessary to increase the incentive of the providers to develop more strategies to boost this service. For FP, despite the explosion of the IUD implant method, the use of this service remains low overall (less than 20%) because women prefer long-term methods; which explains the low rate of use of pills and injections. *Furthermore*, total outpatient utilization increased from 23% in Q4 2017 to 34% in Q2 2018 but was down to 30% in Q3 2018. The utilization rate of the complete vaccination increased from 53% in Q4 2017 to 64% in Q4 2018. This stark improvement is associated with RBF which started in 16 new health zones with very low utilization levels. Furthermore, as a result of RBF implemented in the PDSS/IC regions, the number of poor people exempted grew from 5,248 in Q1 2018 to 33,029 in Q4 2018.

**Medicines and FP supplies.** An initial evaluation revealed that integration of FP services in health facilities was low and that most contracted facilities did not offer family planning (FP) services. This weak integration was, among other things, linked to the low availability of FP inputs. As a result, the PDSS purchased FP input for a value of \$1.1 million in 2018. The RBF impact evaluation also demonstrated a significant increase in availability of family planning products such as birth control pills, injectables and implants as compared to before RBF intervention. Likewise, essential medicines were purchased for a value of \$3 million and delivered via the national pharmaceutical supply system. These medicines and FP supplies are delivered free of charge for the population.

**Policy development.** In July 2018, the Minister of Health seek advice from the GFF and the WB to develop “the Plan National de Développement Sanitaire (PNDS) recadré” following weak implementation results of the existing PNDS. He chose the GFF approach in that the PNDS was prioritized and costed. Additionally,

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<sup>2</sup> Provinces include: Equateur, Mongala, South Ubangi, Tshuapa, Kwango, Kwilu, Mai-Ndombe, Maniema and Upper Katanga, Lualaba and Upper Lomami.

<sup>3</sup>Some provinces were not included in the IC. The reason is that the PDSS started before the GFF IC was validated.

a resource mapping of each priority was conducted at national and provincial levels to ensure its implementation. A very positive breakthrough was the anchoring of the PNDS recadré's priorities into the health budget through the program-budgeting reform, ensuring domestic and international resources go to the priorities identified in the "PNDS recadré". The Ministry of Health and key stakeholders see the GFF IC as a pre-requisite for the successful implementation of the PNDS.

**Health Financing.** WB/GFF/GAVI launched an important health financing analytical work consisting in updating the fiscal space for the health sector and assessing DRM opportunities at national and provincial levels to implement the PNDS recadre, including the GFF IC. The study started in January 2019. The main health financing activity over the last year was the support of the MOH in launching program-budgeting and ensuring that the new priorities of the PNDS 2019-2022 (which are the same as those in the GFF IC) are reflected in the budget. GFF also supported the costing and resource mapping of the new PNDS. These two exercises are final but did not include finance data by provincial level and are still on-going. Once finalized, these pieces of information will fit into the program-budgeting template. This will help determine funding gaps of the PNDS recadre and GFF IC in specific provinces as well as allow to monitor DRM at provincial level. Program Budgeting will contribute to better planning and budget execution, which is at 60% in 2018.

**Civil registration and vital statistics (CRVS).** Through the WB Human Development Systems Strengthening project, a diagnosis of the current CRVS system is currently underway to inform the CRVS systems reform process. This will include a synthesis of good practice in countries studied by the reform teams comprised of several Ministries. A mapping of service providers and census of civil registration facilities is also underway to assess the current cost, efficiency, and volume of registrations.

**Additional investment.** The GFF trust fund will co-finance a new large (\$492 million IDA, \$10 million GFF) project that will scale up a set of basic nutrition and health services to address child stunting (including family planning to address high fertility as a determinant of stunting in 4 of the poorest provinces. The GFF financing will enable deeper and faster preparatory work for social and behavioral change communications and support for implementation research.

### 3. Anticipated results in the next six months

- A mid-term review of the PDSS is planned for July 2019 to review the progress of the PDSS which indirectly implies the review of the GFF IC
- Development of the RNMCAH-N revised strategic plan.
- Strengthening the institutionalization of the GFF platform to monitor the implementation of the IC and PNDS 2019-2021, stepping-stones to UHC and human capital. The MOH is under the process of hiring a GFF liaison officer which will enable the institutionalization of the GFF platform.
- Improved health service coverage in some key provinces of the GFF investment through RBF
- Dissemination of the health financing studies and recommendations to improve PFM and DRM at provincial levels
- Finalization of program-budgeting and resource mapping at provincial level
- Support in the monitoring and evaluation framework of the PNDS recadre and IC.
- Operationalize the investment case in one or two provinces by integrating the IC workplan with existing mechanisms (PNDS recadre, single contract and program budgeting)
- Registration campaigns on birth registration will begin in Kinshasa, with a target of registering 100,000 children older than five years by the end of 2019. This will be expanded nationwide to reach a target of 600,000.

- Finalization of the design of the new GFF co-financed project to address stunting.

## ETHIOPIA

|                               |  |
|-------------------------------|--|
| <b>IC period</b>              | Health Sector Transformation Plan – 2015/16 to 2019/20   |
| <b>IC Financiers include</b>  | Government, WB/GFF, USAID, PEPFAR, DFID, EU, UNICEF, WHO, Global Fund, Gavi and other (CBHI, Households and SHI)   |
| <b>Key technical areas</b>    | RMNCAH programs and Health System Strengthening (Governance/Regulatory system, health infrastructure, health financing, supply chain and logistics management, Quality of Care, HMIS and CRVS) |
| <b>Government Focal Point</b> | Dr. Yekoyesew Worku (yekoyesew.worku@moh.gov.et)   |
| <b>GFF Liaison Officer</b>    | TBD  |

### 1. Value-added of the GFF

**Contributing to improve RMNCAH coverage as stated in the HSTP through DLI. GFF trust fund is purchasing results for a set of RMNCAH achievements**, including assisted deliveries, antenatal care, immunization, contraceptives, adolescent health services, and nutrition services. As one of the GFF front runner countries, Ethiopia has focused on strengthening the utilization and quality of RMNCAH-N services as laid out in the HSTP-2015-2020. A cornerstone of the HSTP is the focus on improving equity, coverage and utilization of essential health services, quality of health care, and enhancing implementation capacity of the health sector at all levels of the system. Certain DLIs purchase results for low-performing regions (Emerging Regions), putting an accent on equity concerns. High impact interventions to address RMNCAH-N and the prevention and control of communicable and non-communicable diseases are prioritized. Making gains in adolescent health, particularly in the context of reproductive health and nutrition, also receive high priority.

**Improving health information systems and data use, including civil registration and vital statistics (CRVS).** The GFF Trust Fund and IDA financing for CRVS is aimed at increasing the coverage, completeness, timeliness, accuracy and confidentiality of civil registration through strengthening the capacity of the Government to establish a centralized electronic civil registration system; carry out supportive supervision at subnational level; and ensure the safety and security of registration documents. The emphasis that GFF places on strengthening data systems to monitor and improve RMNCAH-N outcomes and facilitate access to and coverage of civil registration services led to support for the Federal Vital Events Registration Agency (FVERA). Ethiopia launched the official registration of births, deaths, marriages and divorces in August 2016, having enacted a law that makes registration of these vital events compulsory, permanent and universal in 2012 and subsequently establishing the Vital Events Registration Agency in 2013. An improved CRVS system, together with DLIs related to HMIS reinforcement, will contribute to M&E of the HSTP.

**In a context of multiple TA on health financing, the GFF is to implement 3 key strategies to foster the DRM agenda, aligned with the National health financing strategy** which are: 1) Increasing the allocation of health in the budget by demonstrating improved efficiency of expenditures at decentralized level to the Ministry of Finance; 2) Increasing the allocation of health in the budget by CBHI and SHI seen as a long-

term strategy to improve DRM; 3) improve financial protection through better targeting mechanisms as part of the CBHI strategy. As part of strategy 1, GFF is supporting the FMOH in improving the functionality of its HSTP resource mapping to capture all types of funding at various administrative levels to monitor the implementation of the HSTP. Additionally, the GFF is supporting a feasibility study on result-based financing (RBF) in Ethiopia. As part of strategies 2 and 3, GFF is to finance a study examining the sources of funding to sustain the SHI system, particularly to subsidize the poor through CBHI at Woreda levels. Furthermore, GFF is incentivizing the government in improving the functionality of CBHI and the expansion of its coverage through DLI. CBHI is seen as another stepping-stone reform toward DRM in Ethiopia.

**Private sector engagement is a priority area for Government of Ethiopia across many sectors, including health.** This provides an opportunity for the GFF together with the WB to support the government with private sector analytics and capacity building to enable greater engagement with private sector with a focus on equity and RMNCAH. Recognizing that there is a lack of comprehensive data on the role of private sector in Ethiopia's health system, the GFF Trust Fund is supporting the FMOH with a private sector assessment that maps out the landscape of private health actors, their roles across health system areas, regulatory and policy bottlenecks, and opportunities and challenges related to leveraging private sector. The GFF is also supporting the FMOH with capacity building and technical assistance to develop their planning and strategy process for short, medium- and long-term engagement with private sector, including improving enabling environment policies and regulations, as well as designing priority private sector initiatives. Additionally, GFF will be fostering internal capacity building activities of FMOH to engage with private sector, including a specific focus on PPP unit strengthening in line with global best practices.

## **2. Progress in the last year**

In the last 6 months of implementation, PforR disbursements have been achieved for output DLIs related to RMNCH such as endorsement of equity strategy development of postnatal care strategy, availability of essential drugs, children 0-23 months participating in growth monitoring and promotion, woredas in emerging regions transitioning from EoS (Enhanced Outreach Service) to community health days, woredas in non-emerging regions delivering Vitamin A supplementation to children through routine system. Significant investments (more than \$70 million) is currently being made to the RMNCAH activities from SDGPF for EFY 2011 alone. Over the last 6 months, GFF funded DLIs made the following progresses: 1) the postnatal care service directive and equity strategy DLI were endorsed and verified by Technical Working Group/ relevant technical partners; 2) 86% of health centers reported their HMIS data on time, above the initial target of 80%. Annual data validation (Data Quality Assessment) of HMIS was conducted.

**As for CRVS, several achievements can be noted.** The proportion of Kebeles (lowest administrative level) providing civil registration services increased to 88% in the last financial year; and the number of births and deaths registered increased by 26% and 11%, respectively, most of which were registered within the year of occurrence. Procurement processes to support supervision and the security of registration documents are underway. The Vital Events Registration Agency, to which support for CRVS is directed, has recently been merged with Immigration and Nationality agencies to form a new agency under the newly established Ministry of Peace and processes for organizational arrangements of the new agency are underway. This will likely have significant implications for the program which may lead to a restructuring or disengagement in CRVS, given the challenges the program would face in ringfencing support to CRVS and the sensitivities with supporting immigration and nationality services, which are not part of the program support.

**GFF supported several health financing activities in the last 6 months.** This includes the finalization of a public expenditure review at national level as well as the design of a PER at sub-national levels. These two analytical pieces funded by Gates and managed by the WB with TA support from GFF is key to provide recommendations on the DRM agenda and ensure a more effective implementation of the HSTP (Ethiopia IC). The PER assessment, but also the GFF workshop in September 2018 to which an Ethiopian delegation participated to, led to recommendations to improve the tracking of domestic funding with respect to HSTP priorities. As part of GFF strategy 1 pertaining to foster efficiency, the GFF/WB governance team started updating the existing BOOST dataset<sup>4</sup>. Ultimately, the objective of BOOST application is to contribute to better monitor the funding flows of the HSTP: BOOST allows the FMOH to assess whether the HSTP priorities are being codified in the budget. Furthermore, the GFF/WB team conducted an assessment exploring the political economy feasibility of RBF to incentivize higher productivity of civil servants at various levels of the health system.

**Significant progress was made on private sector engagement in the health sector.** The private sector assessment is currently in the final round of data validation with the FMOH. Additionally, GFF TF has designed and delivered the first phase of the capacity building program for FMOH on foundational concepts such as public-private dialogue, integrating private sector in health data systems, and using financing/regulatory/policy “tools of government” to shape the role of private sector in various health markets.

### **3. Anticipated results in the next six months**

**Health Financing.** GFF will continue to provide TA on on-going health care financing activities (implementation of sub-national PER and dissemination of results of national PER). As agreed during the GFF workshop in September 2018 and as a result of the BOOST assessment in the last 6 months, GFF will provide TA to enhance the functionality of the HSTP resource tracking to analyze both budget and expenditure data at various administrative levels (strategy 1) and ensure domestic expenditures are aligned to priorities of the sector. GFF will also finance a TA examining the sources of funding to sustain the SHI system, particularly to subsidize the poor through CBHI at Woreda levels.

**Private sector.** Building on the findings of the assessment and the initial capacity building, the GFF and WB are now supporting MoH on systemic reforms beginning with identifying private sector initiatives to be included in their upcoming annual plan, as well as to develop a longer term private sector strategy for health (the first for Ethiopia), which would be done in alignment with the development of the next Health Systems Transformation Plan to ensure private sector initiatives are strategically chosen for maximizing impact on health priorities. Finalization of the Private Sector Assessment is expected in the coming months, and the GFF will continue its program on capacity building for Public Private Dialogue and technical capacity in the domains of PPPs and health markets.

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<sup>4</sup> BOOST is a user-friendly platform to access budget and expenditure data for expenditure analysis. It can be used to improve the quality of public expenditures that is based on data obtained directly from finance ministries. The tool is an easy-to-use Excel spreadsheet. Data in the BOOST is taken directly from national integrated financial management information systems (IFMIS), which is cleaned and formatted into a common template for all countries, and then validated against national expenditure and accounting reports. BOOST can also be adapted to expand data availability to sector-specific information, such as sector inputs (health facilities, workers, drug distribution), performance (service provision), and demographics (poverty). For more information: <http://wbi.worldbank.org/boost/tools-resources/topics/general-techniques/how-usebuild-boost>.

**CRVS. Engagement in CRVS may be significantly scaled back or even canceled from the program given the merger of civil registration, immigration and nationality (ID) services.** The ID4D team is working in close collaboration with the task team on identifying implications of the merger and options going forward. Technical assistance will be provided for ongoing activities, including regular monitoring and supportive supervision of registration activities at woreda and kebele levels; and finalization of procurement and distribution of equipment for safeguarding and archiving of registration documents across the country.

## GUATEMALA

|                              |   |
|------------------------------|---|
| <b>IC Period</b>             | National Strategy for Prevention of Chronic Malnutrition – 2016 to 2020 |
| <b>IC Financiers include</b> | Not applicable (see below)  |
| <b>Key technical areas</b>   | Multi-sectoral interventions to improve nutrition                       |
| <b>GFF Liaison Officer</b>   | Virginia Moscoso Arriaza (gff.guatemala@gmail.com)                      |

### 1. Value-added of the GFF

Guatemala is a unique GFF country because it is a lower-middle income country where external financing for health represents a minor proportion of total health expenditures (2 percent). Guatemala also benefits from an existing country platform (that includes CSO and private sector engagement) and Investment Case, so the traditional value added of bringing partners together is less marked in this context. Instead, the GFF contributes to intra-ministerial coordination that is needed for the implementation of this multi-sectoral plan. Also, the GFF has supported the mobilization of IBRD and domestic financing for multisectoral interventions in the social sector, using a results-based mechanism. Investments in the social sectors are typically less common in these types of contexts (LMIC), and the GFF buy-down that brings the loan interest rate to more concessional terms was critical in stimulating interest and investment to address the long-standing and stagnant problem of chronic malnutrition in this country. Other domains in which the GFF brings value in Guatemala is through the technical assistance to improving data systems for evidence-based policy-making for health and nutrition, and an increased focus on results for marginalized populations that bear the greatest burden of stunting. Further, increasing the efficiency and transparency of public spending, and strengthening the implementation and coordination for integrated service delivery networks have been identified by the Ministry of Health as key priority areas that the GFF is actively supporting.

### 2. Progress in the last year

In the last year, GFF engagement in Guatemala was centered on technical engagement, with no project supervision activities given that the project was awaiting congressional approval, which it received in February 2019. The recently approved \$100 million IBRD + \$9 million GFF TF project is financing both supply- and demand-side interventions focused on the reduction of chronic malnutrition in the country's seven departments with the highest burden. On the supply-side, the project is financing interventions that strengthen the health system to improve and deliver high-quality nutrition and health services to mothers and children, and improve access to safe drinking water and sanitation. On the demand-side, interventions include behavior change interventions for optimal infant and young child feeding practices (breastfeeding, complementary feeding) and greater health service utilization (for example for prenatal care), and enhanced coordination across sectors, including strengthening the conditional cash transfer program in program areas.

The GFF has also been supporting many technical activities in Guatemala, which primarily support health systems strengthening efforts, as well as project objectives. The technical areas of focus and progress in each of them over the last year are elaborated on below:

1. **Development of an integrated digital platform for the conditional cash transfer (CCT) program:** The design of the IT system has been finalized (with 11 modules), and modules are under development. Module 1 has been completed and is pending review and approval by the Ministry of Social Affairs (MIDES). Additional funding is being sought to develop additional modules.
2. **SDI Survey:** In the last twelve months, discussions were led with relevant epidemiological teams within the Ministry of Health to develop and refine the study methodology, including review and modification of questionnaires, sampling methodology, and terms of reference for the implementing firm and needed technical experts. A survey planning mission is planned in March 2019, with data collection to be initiated in June 2019.
3. **Public financial management:** In November 2018, a diagnostic of issues of misalignment between Annual Operating Plans (AOP) and Annual Purchasing Plans (APP) was conducted; the report is being finalized and a preliminary version was presented to Government counterparts in January 2019. Recommendations about how to improve alignment of these two plans will be summarized in an action plan, which will be piloted in three health areas, which will then be used to inform the development of a formal Action Plan/Guideline to the Ministry of Health in 2019.
4. **Integrated Service Delivery Networks:** Planning for a three-day workshop (planned for June 2019) has been underway, including the identification of international best-practices in integrated service delivery networks that are relevant to Guatemala and could be highlighted in this workshop. The objective of the workshop is to highlight positive experiences at each of these levels to strengthen the design of the integrated service delivery networks, and to build capacity of key personnel within the Ministry of Health to better implement these networks, beginning with a few pilot areas.
5. **Strategic purchasing of medicines/supply chain management:** The GFF and WB team, including the liaison officer and the secondee to the GFF from MSH, engaged with government counterparts to identify potential areas of engagement that would support improved efficiency in supply chain management and distribution, landing at two potential areas of continued engagement: (i) Validation of tools used for development of distribution routes for medicines; and (2) feasibility study for the use of third-party contracting for the supply and distribution of medicines. The team was leaning towards the second option but since activities in this domain had not been initiated, decided to table any further discussion until there was clarity about whether the Crecer Sano project would be approved.

### 3. Anticipated results in the next six months

In the next six months, Guatemala will prioritize the following activities:

- Launch the implementation of the Crecer Sano project that was approved by the Guatemalan congress in February 2019
- Integrated service delivery network workshop (March or April 2019)
- Carry out the Service Delivery Indicator Survey (June 2019)
- Finalize the diagnostic of the POA-PAC, develop the action plan and launch the pilots in three health areas (March – June 2019)

## GUINEA

|                               |  |
|-------------------------------|--|
| <b>IC period</b>              | 2017-2020  |
| <b>IC Financiers include</b>  | GIZ, World Bank, European Union, UNFPA, UNICEF, WHO, Global Fund, GAVI |
| <b>Key technical area</b>     | Health financing, community health                                     |
| <b>Government Focal Point</b> | Dr. Yansane Lamine (yansanelamine@yahoo.fr)                            |
| <b>GFF Liaison Officer</b>    | Freddy Essimbi (gff.guinee@gmail.com)                                  |

### 1. Value-added of the GFF

In Guinea, the GFF has already demonstrated to have added value, and can add future value, in the following areas:

#### 1. Prioritizing and coordinating investments in RMNCAH service delivery

The Investment Case draws on the National Health Plan (Plan National de Développement Sanitaire – PNDS) and was approved in July 2017. The Investment Case provided the first national level review of the total costs needed to achieve targets for RMNCAH-N intervention coverage. It has already served to bring key Government health, finance, and development partners together, led to regional prioritization, guided the allocation of IDA resources, and could possibly leverage important resources for Civil Registration and Vital Statistics (CRVS).

Coordination remains a challenge. The GFF aims to strengthen coordination capacity within the Ministry of Health and its external partners including Donors. To this aim, the GFF is supporting the Office of Strategy and Planning (“Bureau de Stratégie et de Développement” - with responsibility for strategic and operational planning and aligning those plans within the PNDS and as focal point of the Ministry of Planning and Economic and Social Development “Ministère de la Planification et du Développement Économique et Social”); the national Direction of Family Health and Nutrition (“Direction nationale de la Santé Familiale et de la Nutrition” - responsible for RMNCAH-N services), and the Division of Financial Affairs (“Division Affaires Financières” - responsible for budget execution). The GFF, with support from GAVI, the World Bank and the Global Fund, help put in place a multi-donor Programme Management Coordination Support Unit (“Unité d’Appui à la Coordination de Gestion des Programmes à bailleurs multiples”) headed by the MOH. GFF and WHO are also working on having partners working around the national investment case by strengthening the overall coordination between all the stakeholders.

#### 2. Institutional strengthening in health care financing and planning

More than half of the health expenditure is out of pocket, and affects the poorest families most. Nearly all available Government resources for health cover the human resource needs, and, as a result, few national resources are available for the implementation of the national strategy and key interventions,

which continue to rely on donor support. With weak economic growth the development of a health financing strategy that would help mobilize international resources in the short run and domestic resources in the long run remains very crucial. The current GFF focus of health financing efforts is therefore on strengthening public financial management, efficiency, and identifying ways to reduce out of pocket payments (OOP) by the poor.

Linked to the health financing work, the GFF will finance a supply chain maturity assessment to help the dialog between stakeholders on how to improve the present efficiency, operational and process capability of a supply chain (the As Is). Once determined, it is intended to help stakeholders including the Government to discuss on weak areas that are driving down supply chain performance and to identify savings through great efficiency that could finance more inputs.

### 3. Improving evidence-based decision making through a strengthened HMIS

The GFF and WB are supporting major new investments in the HMIS, and in particular strengthening the implementation of DHIS2 and data use at all levels. The GFF has supported an HMIS assessment, and will also support the strengthening of CRVS through establishing linkages between the CRVS system and DHIS-2 and integration of causes of death recording with the civil registration system; provide technical support for the redesign of registration forms and registers to meet international standards; and facilitate the training and capacity building of officials in civil registration processes.

### 4. Supporting WB/GFF project design and accelerating implementation

The GFF is co-financing a IDA-financed projects that addresses key bottlenecks in the health system. Even before the Ebola crisis, the health sector in Guinea suffered from an extremely low density of health professionals per population, from imbalances in the distribution of health professionals in favour of urban areas, the hospital sector, and private practice (formal and informal), as well as from low levels of motivation and performance (MoH officials and academics, personal communication). Health facilities at the periphery of the health system are often staffed by technical health agents called ATS, a frontline cadre trained over two years in basic service delivery, operating across Guinea. In the absence of other health workers, most ATS take on all functions of a nurse, midwife, or doctor. ATS are sometimes complemented by other auxiliary cadres, as well as by volunteer community health workers at the health post level and in the community itself. Without external support, however, few of these frontline providers receive the funding, supervision, mentoring, and continuous training needed for the appropriate delivery of health services.

The coverage of maternal and child health services (WHO, 2013) ranged between 45 and 54%, with 57% of health facilities being in “poor state” (WHO, 2014). The distribution of human resources is heavily skewed towards urban areas, with 17% of health staff covering 64% of the population in rural vs 83% of health staff taking care of 36% of the population in urban areas. In order to address these inequities and provide better services to the rural population, the GFF is supporting the implementation of the Rural Pipeline strategy (more human resources in the rural health centers) and the community health strategy.

The lack of critical inputs, including pharmaceuticals, micronutrient supplements (vitamin A, iron/folate, zinc), and clean water, add to these constraints in performance of the health system. The Central Medical Store (“la Pharmacie Centrale de Guinée”) seems to function (following support received by the European Union) but delivers only as much supply as can be funded (funding is the main constraint). From the demand side, when supply exists service, utilisation is constrained by issues of financial inaccessibility (by

the poorest of the poor). In theory, the Government supports free antenatal care and delivery in all public health facilities through the provision of delivery kits, including supplies for caesarean section. In actual fact, though, the lack of financing, transparency, accountability, and support to this programme, renders these programmes non-functional. Other demand-side constraints include long distances to health facilities, cultural taboos, and perceptions of bad quality (which grew with Ebola).

## **2. Progress in the last year**

The recent recruitment of a GFF Liaison Officer has accelerated progress on coordination of partners, and ensured their increased buy in. This will pave the way for enhancing Investment Case implementation, health financing strengthening, and the development of a theory of change and results framework.

The GFF and GIZ supported an evaluation, published in December 2018, of the institutional strengths and weaknesses of the BSD, in order to define specific support needs. The Coordination committee of the health sector (Comitee de Coordination du Secteur de la Santé-CCSS) has been identified as the multi-sectoral National Platform around which the GFF will build its strategy. A proposal for the governance of the Investment Case is under discussion with the Ministry of Health and partners.

A resource mapping for the Investment Case done by the Office of strategy and development (BSD) of the Ministry of Health with support from the GFF indicates a significant financing gap. The total financing needs for sexual, reproductive, maternal, newborn, child, and adolescent health and nutrition (SRMNCAH-N) services are estimated to be more than USD 495 million for 2017-2020. An annual financing gap of USD 21 million has been identified to implement high impact SRMNCAH-N interventions in the four priority regions (Kankan, Kindia, Faranah, Labé) for the period 2017-2020.

The GFF supported an assessment of the national HMIS, which has helped the MoH to identify areas where investment in the HMIS is needed, including strengthening documentation and SOPs, rolling out supportive supervision processes and putting in place a range of measures to improve data quality and the effective use of data. This assessment and its recommendations for investment are informing the mid-term review of the MoH's National Health Information System Strategy.

The GFF financed a representative study to assess the supply-side characteristics and preferences of health students and health professionals, supplemented by performance proxies provided by patients and information on working conditions emanating from a facility survey.

## **3. Anticipated results in the next six months**

The GFF focus will remain in areas of greatest needs, such as:

Preparation/dissemination of a short version of RMNCAH investment case document.

- Prioritizing and coordinating investments in RMNCAH-N services, including identifying clear theories of change for new investments, contribution to put in place a Multi donors coordination UNIT headed by the MOH and contribute to the development of a community health strategy.
- Strengthening health financing, including capacity of the BSD and DAF, enhancement of public financial management, production of a Medium Term Expenditure Framework (MTEF) and institutionalize National Health Accounts (NHA).
- Strengthening HMIS by supporting a practical and realistic results monitoring framework for RMNCAH-N and robust data use plans and explore inclusion of CRVS.

- Strengthening results-based management by enhancing WB/GFF project implementation including RBF and pro-poor financing strategies.

## KENYA

|                               |  |
|-------------------------------|--|
| <b>IC period</b>              | 2014 -2020   |
| <b>Key technical areas</b>    | Health Financing, community health   |
| <b>Government Focal Point</b> | Dr. Jackson Kioko ( <a href="mailto:dms@health.go.ke">dms@health.go.ke</a> )                   |
| <b>GFF Liaison Officer</b>    | Sandra Erickson ( <a href="mailto:dphk.secretariat@gmail.com">dphk.secretariat@gmail.com</a> ) |

### 1. Value-added of GFF

RMNCAH-N priorities defined and guided by the GFF and set out in the Kenya RMNCAH Investment Framework (2016) have been integrated into the Kenya Universal Health Care (UHC) agenda and Kenya Health Sector Strategic Plan, and will be implemented as core components of the Kenya Primary Health Care and Community Health Strategic Framework for UHC which is now being finalized. Guided by GFF, key RMNCAH-N indicators have been included in the Kenya Health Sector Strategic Plan (KHSSP) M&E Framework and the UHC M&E Plan and Dashboard.

The GFF continues to work with the Government of Kenya and development partners to: (i) shift the focus from inputs to results; (ii) strengthen county stakeholder coordination; and (iii) increase county domestic resource mobilization.

#### ***Focus on results***

Through the Transforming Health Systems for Universal Care Project (THS-UCP) which is co-financed by the GFF Trust Fund, county governments are shifting their focus from inputs to results as the project utilizes a results-based approach. Each year, county governments receive funding from the project based on improved results which is measured by a composite of key RMNCAH indicators (skilled birth attendance, antenatal care, immunization and use of modern contraceptives). This approach incentivizes county governments to prioritize the delivery of core RMNCAH services and to innovate and think outside the box on how to improve utilization of services.

The RMNCAH scorecard is the monitoring tool for the RMNCAH investment framework. Every quarter, data is automatically uploaded from DHIS2 to the scorecard. The RMNCAH Technical Assistance (TA) Multi-Donor Trust Fund (MDTF) which is co-financed by USAID, DFID and Danida provides TA to county governments to improve the quality of data inputs and use of the data for decision making.

#### ***Strengthen stakeholder coordination***

The RMNCAH TA MDTF began implementation in Q2 of FY 2019/20. The TA focuses on 4 areas: planning and budgeting, supply chain management, monitoring and evaluation, and stakeholder coordination. Complementarity is one of the guiding principles of the MDTF. This is a challenge given the limited stakeholder coordination in most counties. Throughout the county selection process, the MDTF facilitated multiple consultations to map out the gaps in technical assistance and ensure that the TA provided by the MDTF would not duplicate what was already being provided.

### ***Increase county domestic resources for health***

In order to receive funding from the THS-UCP and Danida UHC Programme, county governments must allocate at least 20 percent of the county budget to health, and the allocation must increase from the previous year. As a result, county governments are incentivized to prioritize health in their annual budgets and increase the budgeted allocation each year. Since implementation all 47 county governments have met this condition.

### **2. Progress in the last year**

The GFF RMNCAH-N agenda and Kenya's RMNCAH Investment Framework has helped inform the development of Kenya's new UHC agenda, PHC and Community Strategic Framework and KHSSP, including:

- defining core RMNCAH-N services for inclusion in Community, PHC, and essential referral services, and costing of core services for inclusion in the Health Benefits Package for UHC;
- defining core RMNCAH-N service delivery and results indicators to track progress of UHC in pilot counties (UHC Dashboard) and to include in the UHC M&E Plan and revised M&E Framework for the KHSSP;
- defining core health financing indicators to help inform discussions on domestic resource mobilization and sustainable financing.

THS-UCP and the Danida UHC Programme have made significant contributions to improving PHC/RMNCAH-N service delivery at facility level and building management capacity at county level, and has helped highlight challenges in funding flows to counties and health facilities, accountability issues and capacity gaps that need addressing to enable successful implementation of the new UHC agenda.

In the past year, THS-UCP has procured family planning commodities worth US\$ 7M which has resulted in improved access to FP commodities. Institutional capacity has been strengthened as the project supported rolling out of quality of care tools to counties, development of M&E frameworks for UHC and KHSSP, piloting CRVS tools, and informing discussions on health financing reforms for UHC. THS-UCP is currently supporting roll-out of a Joint Health Inspection Checklist to health facilities in all counties. THS-UCP has prioritized cross-county and intergovernmental collaboration and has made significant contributions to promoting inter-county initiatives and bringing counties together on a regular basis to share experiences and lessons learnt. THS-UCP supports grants for intergovernmental and inter-county initiatives, and so far 6 proposals worth US\$ 1.6 million have been supported in the past year.

The RMNCAH TA MDTF is providing RMNCAH related technical assistance to county governments prioritizing the 20 high burden counties identified in the RMNCAH investment framework. This includes: Planning and budgeting in 18 counties; M&E in 8 counties; SCM in 5 counties, and Stakeholder coordination in 22 counties.

Additionally, the MDTF supported the revision of the government performance review and planning tools and is supporting the development of a public financial management framework to assist county governments to ring fence funds for health.

UNICEF and ALMA are supporting the roll out of the automated RMNCAH scorecard with action tracker to strengthen accountability at sub-county and county level. The THS-UCP and RMNCAH TA MDTF are also supporting workshops or technical assistance to train health workers on using the scorecard to inform decision making.

### **3. Anticipated results in the next six months**

Key priorities for the next six months:

- Continue support to strengthen M&E capacity and systems at national and county levels.
- Finalize and launch the Health Sector Partnership Framework to support regular engagements between all sector partners at national and county levels in order to make best use of all available resources to support the GOK UHC agenda and KHSSP, with a clear focus on PHC and RMNCAH-N results.
- Align to Kenya’s UHC Big Four Agenda

## LIBERIA

|                               |   |
|-------------------------------|---|
| <b>IC period</b>              | 2016-2020   |
| <b>IC Financiers include</b>  | World Bank/GFF Trust Fund, USAID, Global Fund, UNICEF, WHO, UNFPA, Government of Japan, GAVI, BMZ, International Planned Parenthood Federation, Last Mile Health  |
| <b>Key technical areas</b>    | Emergency obstetric and neonatal care (EmONC); Civil registration and vital statistics (CRVS); adolescent health; emergency preparedness, surveillance, and response; community engagement; leadership and governance |
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| <b>GFF Liaison Officer</b>    | Mardieh Dennis (gff.liberia@gmail.com)  |

### 1. Value-added of GFF

Liberia has a strong commitment to improving reproductive, maternal, newborn, child and adolescent health (RMNCAH), which is supported by the Global Financing Facility’s (GFF) pragmatic, results-focused process, to prioritize high-return investments and actions, building on existing national plans. Aligned with the National Health Policy and Plan (2011-2021) goal of improved health status of the population of Liberia on an equitable basis, Liberia’s Investment Case (IC) accelerates strategies to improve essential health services nationally, initially prioritizing six out of fifteen counties with comparatively worse RMNCAH indicators and fewer resources, for phase one implementation.

The GFF in Liberia broadly contributes to building resilience, improving capacity, and establishing strengthened policies and systems. These broader health system impacts are particularly important given Liberia’s fragile context.

IC priorities are: (i) quality EmONC including antenatal (ANC) and postnatal care (PNC) and child health; (ii) strengthening the civil registration and vital statistics (CRVS) system; (iii) adolescent health interventions to prevent mortality and morbidity during antenatal, childbirth, and postpartum periods, unsafe abortion, early and unintended pregnancy and sexually transmitted infections, and gender-based violence; (iv) emergency preparedness, surveillance and response, especially maternal and neonatal deaths surveillance and response (MNDSR); (v) sustainable community engagement; and (vi) leadership, governance and management at all levels.

The GFF adds value in Liberia by: i) strengthening existing mechanisms for coordination between government and non-government stakeholders; ii) improving financial resource mapping and tracking to allow for more efficient resource allocation; iii) engaging civil society to provide accountability and transparency in the implementation of the Investment Case; iv) improving data and analyses for decision

making to help government and partners to prioritize, implement, and course correct; v) contributing to the improvement and expansion of adolescent health services; vi) focusing on underserved counties as there are large geographical disparities in the coverage of quality health services in Liberia;; vii) improving service delivery utilization and quality as well as capacity through GFF TF support for the Community Health Assistants (CHA) program. This support contributes to 1) improving community level service delivery and Results Based Financing (which pays hospitals and counties on RMNCAHN quality and quantity results to improve service delivery); 2) helps the country move towards strategic purchasing as part of support to the government's plan for Universal Health Coverage, the Liberia Health Equity Fund (LHEF); 3) improves facility and county autonomy; 4) develops management capacity; and 5) increases efficiency. GFF TF support for the CHA program and RBF is aligned with support that other partners provide for the CHA program and RBF in complementary geographic areas.

## **2. Progress in the last year**

In line with the investment case objective to improve Quality EmONC including ANC, PNC, and child health, the Ministry of Health, with the support of partners, has implemented key interventions focusing on service quality. With support from UNFPA and USAID, facilities in 12 counties were upgraded with improved infrastructure and equipment for maternal and child health services. With support from partners including UNFPA, USAID, and WHO, the MOH have trained a core team of national and county-level mentors to provide coaching and mentoring to skilled birth attendants on critical lifesaving skills and ensure their compliance with the standards of care for EmONC. Since these trainings, nearly 1000 SBAs have received this coaching and mentoring. With support from USAID, Project Last Mile piloted a new strategy of delivering supplies from the county to facilities, which showed promising results for improving last mile distribution. The MOH launched the Liberia Every Newborn Action Plan, which elaborates priority strategies for reducing stillbirths and newborn deaths. To determine whether the Sayana Press long-acting injectable contraceptive can be distributed within communities, the MOH trained CHAs in Rivercess County to provide the method and launched a one-year pilot in the county.

The GFF TF supports strengthening of the civil registration and vital statistics (CRVS) system. Procurement of ICT equipment, vehicles, and motorcycles to support birth and death registration and to facilitate monitoring and supportive supervision in hospitals and selected counties is underway. Recruitment of the CRVS Project Coordinator is complete and recruitment of district and hospital registrars will be completed soon. The CRVS technical committee has been established to support overall CRVS strengthening activities in the country, including overseeing the implementation of the project. Campaigns for birth registration are also underway.

To improve adolescent health, the MOH, with support from the Clinton Health Access Initiative (CHAI), conducted a Knowledge, Attitudes, and Practice (KAP) survey in six counties to assess the key barriers to adolescents accessing sexual and reproductive health services and to identify potential strategies for addressing these challenges. The country is moving forward with ensuring that adolescents have optimal access to and utilization of health services by integrating adolescent-friendly service provision into existing health facilities. Health providers in six counties were trained to integrate adolescent services into routine service provision. Data on RMNCAH indicators have been disaggregated by age, allowing for collection of information on adolescents and young people. The MOH launched a National Adolescent Empowerment Strategy to outline multi-sectoral interventions for improving the health and wellbeing of Liberian adolescents.

The CHA program is a core part of the government's strategy to implement sustainable community engagement, an investment case priority. As part of coordination, analysis has been conducted of the program's financial sustainability to facilitate the government's policy and programmatic decisions, with an emphasis on program financing after 2020, when current financing commitments end.

Liberia has made remarkable strides in mobilizing domestic resources over the last decade to reach the Abuja target. In 2016/17, the country allocated 14.6 percent of its budget to health, which is likely to reach 15 percent in the coming years. However, allocation of health resources is not optimal as there is currently no correlation between the county's share of country population or health needs and per capita funding received from the MoH. To strengthen the enabling environment component of investment case implementation, the GFF supported the MOH Health Financing unit to conduct resource mapping. The results demonstrated that critical gaps in IC implementation remain, with some priority investments and priority geographic areas not covered by current programs, and some partners not providing complete information on their resource commitments towards the IC. The GFF also technically supports analysis funded through a grant from the Japan Policy and Human Resources Development fund (PHRD) on financial transfers from the central MoH to counties and use of these grants at the county level to better understand current expenditures and opportunities for efficiency improvements, as well as better allocation of resources to the counties in support of the LHEF.

In July 2018 a joint GFF mission with USAID, Global Fund, the World Bank, and GAVI, was conducted, which has led to coordination of project implementation missions and further discussions on aligning partner support. To further support the MOH to oversee investment case implementation and improve coordination, the GFF hired a new Liaison Officer based in the Family Health division.

The Ministry of Health has made important progress in implementing GFF TF- supported RBF to improve the quantity and quality of health services as well as decentralized management. Hospital RBF, which aims to improve RMNCAH service quality in six hospitals, quality scores have steadily improved during the first five quarters of implementation. County-level RBF, which focuses on the quality and quantity of primary RMNCAH services began in October 2018 in three counties, and results from the first quarter of verification are forthcoming. County level RBF includes a performance-based contract for a technical assistance agency developing management capacity at the County Health Team (CHT) Level. The TA agency will be paid in part on management simulations and competency tests and to incentivize the CHT's work in developing their own capacity, CHTs will be paid in part on indicators of management performance aligned with TA agency management capacity indicators. The technical assistance agency who will develop capacity at the county and central levels began supporting the government to develop management capacity in January of 2019.

While Liberia has made substantial strides in Investment Case implementation over the last six months, there have also been delays along the way. In February 2019 a World Bank supported workshop was held with the MoH and partners to identify key binding constraints in RMNCAH Investment Case implementation. Key constraints impacting IC implementation identified in the workshop include challenges with accountability systems, gaps in timely availability of data and reporting, limited transparency in HR systems, and core capacity gaps in management, data use, pharmaceutical quantification, and last mile distribution. The workshop was a starting place for partners and the MoH to discuss how to address the underlying issues. With support from USAID, Global Fund and the World Bank/GFF, the MoH is further exploring key underlying health system challenges such as supply chain improvements and HMIS systems.

### 3. Anticipated results in the next six months

Over the next six months, the GFF will support the MOH to strengthen the country platform. To further strengthen IC governance, the Family Health division will conduct national and sub-national workshops to convene members of the country platform and strategize on how to improve its function. These workshops will be paired with efforts to facilitate greater use of data for decision-making by improving the quality and availability of IC-related data. The GFF has contracted a firm to work with the MOH to develop a user-friendly resource tracking tool that will provide the country platform with important information on available resources and how they are being spent in relation to the IC priorities.

To address substantial gaps in health services geared towards adolescents, the GFF TF supports a baseline ASRH knowledge, attitudes, and practice study in Grand Bassa county, and the implementation of a pilot package of ASRH interventions including: sharing key messages on ASRH through radio, social media, and text messages; establishing youth friendly corners in selected health facilities; and providing comprehensive sexuality education for in- and out-of-school youth. The adolescents and young people will be provided with evidence-based information that will enable them to make informed decisions.

The Global Fund supports technical assistance for the Government's Supply Chain transformation plan to further articulate the plan and improve harmonization and management of support. Priority CRVS activities over the next six months include the development of an integrated CRVS information system; training in death certification and coding; and undertaking advocacy and awareness raising activities in CRVS.

Two hospitals in counties prioritized in the Investment Case are commencing with hospital RBF to complement the county level RBF that is financed by the GFF TF. The Nursing and Midwifery division, with support from the GFF TF, will begin supporting hospitals to train staff and conduct coaching and mentorship to improve the quality of hospital services in RBF hospitals. The first round of county RBF quantity and quality service delivery results and the baselines for county health team's management performance and capacity are anticipated by April 2019. A technical assistance agency has now been embedded to develop capacity of the MoH and county health teams to review results and identify ways to improve performance. Implementation research on RBF in Liberia will begin in the coming months. RBF implementation research will begin in the coming months to generate information on different approaches to RBF in Liberia, including those supported by USAID and the GFF TF to inform the Government's plans to implement strategic purchasing as part of the LHEF.

## MOZAMBIQUE

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|---|--|
| <b>IC period</b><br><b>Primary Health Care</b><br><b>Strengthening</b><br><b>Program (PHCSP)</b><br><b>period<sup>5</sup></b> | <b>2017-2022</b><br><b>2018-2023</b>   |
| <b>IC Financiers</b><br><b>include</b>  | GOM, IDA/GFF, Multi donor TF (Netherlands & Canada & DFID), PROSAUDE (Switzerland, Ireland, UNICEF, UNFPA, Spain) and Single donor TF (USAID). |

<sup>5</sup> This is one of the financing mechanisms for the implementation of the Investment Case.

|   |  |
|---|--|
| <b>PHCSP Financiers include</b>                               | Several partners (including DFID) also channel money through UN agencies and/or NGOs.<br><br><b>GOM, IDA/GFF, Multi donor TF (Netherlands &amp; Canada &amp; DFID) and Single donor TF (USAID).</b>  |
| <b>Key technical areas of PFCSP and operationalize the IC</b> | Supply side of services: increasing the readiness and effectiveness of care providers (particularly at Type 1 health centers and districts hospitals in densely populated districts); scale-up of the Community Health Worker Program; and mobile teams to deliver reproductive, maternal, neonatal, child and adolescent health services and nutrition (RMNCAH-N) in sparsely populated districts. Specific interventions for improved quality of care through score cards at health centers and district hospitals<br><br>Demand side of services: focus on family practices and cultural norms that require a multisectoral approach and community-based interventions to address vulnerable groups (e.g. adolescents), considering inequalities of gender, geography, education, income, and other factors.<br><br>Health financing: increasing share of government budget to health, increase health expenditure in districts and provinces that are lagging behind on health indicators. |
| <b>Government Focal Point</b>                                 | Dr. Marina Karagianis (karagianism@gmail.com)  |
| <b>GFF Liaison Officer</b>                                    | Marcelle Diane Matsika Claquin (gff.mozambique@gmail.com)  |

**1. Value-added of GFF**

Improved aid effectiveness and efficiency by contributing to coordination of development partners around a results-focused IC

More partners have joined the Primary Health Care Strengthening Program(PHCSP),which is directly supporting the priority areas of the IC. This led to an immediate restructuring of the program to accommodate new financing. The additional financing was approved by the World Bank in March 1, 2019 and includes contributions from Canada, the United Kingdom through a multi-donor trust fund. The United States is also joining the program through a single donor trust fund. This is a vote of confidence in the IC, MOH, and the results-focused approach to implementation proposed in the PHCSP.

The dialogue among health partners has also improved. PROSAUDE donors, the partners supporting the PHCSP, Global Fund, Gavi and others are coordinating around both procurement and financial audits. This year, for the first time, a procurement audit that includes all the large financing mechanisms, including government expenditure, will be conducted. There is also a stronger focus on results in the dialogue with Government.

Strengthen and scale-up interventions related to adolescent health services and nutrition and thereby contribute to demographic dividends

Through the evidence-based analysis that accompanied the IC, it became clear that two areas needed much more attention to improve RMNCAH-N outcomes - nutrition and adolescent health. Both areas had not seen improvements in indicators in the last years despite that they are priority areas for the Government. These areas are key priorities in the IC and they also have dedicated Disbursement Linked

Indicators (2, 3, 4, and 10) in the PHCSP. In addition to the interventions in the health sector to fight the high adolescent pregnancy rate, there are also ongoing discussions with the Ministry of Education and Human Development, the Ministry of Youth and Sport, and the Ministry of Gender, Children and Social Action on how to address this issue from a multi-sectorial perspective with new programs. All these proposed multi-sectorial activities aim to reduce premature marriages often accompanied by early pregnancies among young girls with increased health risks both for the young mother and the newborn. Reducing the high adolescent pregnancy rate is an important opportunity to cash in on the Demographic Dividend, by reducing the total dependency ratio combined with other policies to improve the quality of the workforce and employment etc.

#### Improved dialogue with the Ministry of Finance around DRM and commitment to increase the share of expenditure allocated to health/total government expenditure over time

To avoid substitution of domestic financing as external financing towards the Investment Case increased, the Government committed to keep the domestic health expenditures as a percentage of total domestic government expenditures stable initially and increasing over time. By December, the Ministry of Economy and Finance reported that health expenditures as a percentage of the national budget had been 9.0% which is higher than the target for year 1 (8.5%). Verification of achievement of this target is currently taking place.

GFF TF financing contributes to: (i) seed-funding to Capacity Development Fellowship Program to strengthen institutional capacity in planning, health financing & policy evaluation through scholarships to students; (ii) support to Government through capacity building, awareness raising and on-demand operational studies to improve PFM systems, and to recommend required reforms to track expenditures in a more meaningful way; (iii) Improving last-mile delivery of drugs and efficiency in public expenditure by exploring outsourcing to private sector; and (iv) baseline studies to support multisectoral projects to reduce high adolescent pregnancy rate.

## **2. Progress in last year**

While implementation of the IC, through the PHCSP, was slow at first, it has picked up speed in the past six months. In the preliminary assessment in December almost 9 out of the 11 disbursement linked indicators had already been achieved, and 2 will not be achieved. These achievements do not just reflect an effort by MOH to implement key activities but also a change in culture towards a stronger focus on results. Notably progress has been noticed in nutrition, quality of care (quality of care score-cards have been developed and piloted both for health centers and hospitals) and in human resource for health with the placement of more staff at the primary care level.

On the analytical/technical assistance side, there has been progress on various GFF TF supported initiative and executed by the World Bank/GFF Secretariat. The piloting of a **Fellowship program** has been conceptualized and a firm that will implement the program is currently being hired. The Fellowship program aims to create a more sustainable model for technical assistance, where stronger links between GOM and local as well as international universities are formed, and local academics and experts can be leveraged. Work to **improve the Public Financial Management (PFM) system**, by developing approaches for better integrating the IC priorities in the budget and to track expenditures related to IC priorities, is moving forward. Furthermore, the GFF is supporting ongoing studies in key areas, e.g. feasibility studies for **outsourcing of non-medical services (e.g. catering) as well as last-mile distribution of drugs and supplies to private sector** and a study on the **impact of vouchers to adolescent girls on drop-out rates, progress and pregnancy rates**.

### 3. Anticipated results in the next six months

Areas that need strengthening include the formation of a properly functioning coordination platform (Country platform). The GFF Secretariat and the World Bank have contributed to the ongoing revision of the SWAP led by MISAU with financial support from the WHO. Hopefully the reforms that will follow this assessment will contribute to a well-functioning coordination platform with a clearer and more results-focused structure for dialogue between health partners and MOH. Furthermore, the Government and partners are in the process of developing a national dashboard with jointly agreed indicators to track progress on the Investment Case. A key challenge for the implementation of the *PHCSP* is the slow recruitment of technical assistance that will help MOH with program implementation and monitoring at decentralized level.

## MYANMAR

|                               |                                      |
|-------------------------------|--------------------------------------|
| <b>IC period</b>              | TBD                                  |
| <b>IC Financiers include</b>  | TBD                                  |
| <b>Key technical areas</b>    | TBD                                  |
| <b>Government Focal Point</b> | Dr. Myint Myint Than                 |
| <b>GFF Liaison Officer</b>    | Kyu Kyu Than (gff.myanmar@gmail.com) |

### 1. Value-added of GFF

Progress in Myanmar has been slow for a combination of reasons. The political and humanitarian crisis in Myanmar has impacted progress in the country, including affecting the proposed IDA project with GFF Trust Fund co-financing, which was intended to be presented to the World Bank Board of Directors for approval in December 2017. The Rakhine crisis has thrust the Bank to concretely find ways to ensure and facilitate social inclusion through its entire portfolio of financing and knowledge services. Despite efforts to address this in the project, the Ministry of Health and Sports (MOHS) needed time to decide what the focus of the project would be, deciding in August 2018 to focus more on supply side readiness. The MOHS did request support from the GFF Trust Fund to enable the hiring of an RMNCAH consultant to improve coordination between the government and development partners and help to develop a prioritized set of high-impact interventions for women and children behind which the entire community can coalesce. This consultant (now the GFF Liaison Officer) has recently managed to reinvigorate the RMNCAH Technical Support Group (TSG), established originally under the existing health sector coordination mechanism but historically not very active, which can serve as a platform to bring the relevant stakeholders together.

Given the renewed interest from the government in borrowing IDA resources for health, project preparations have been moving rapidly. Together with the reinvigorated RMNCAH TSG, there is an opportunity for GFF to engage. The context is challenging - with a young democratic government many of the government institutions including those in the health sector struggle from old system constraints. Moreover, within the Ministry of Health and Sports, the recent reorganization dividing the Department of Health into Department of Public Health and Department of Medical Services has resulted in fragmentation for implementation of health services at all levels, including township health departments. While most bilateral external support to the health sector goes through a multi-donor trust fund, managed by UNOPS (Access to Health Fund), using NGOs as implementing partners and managed cash flow for implementation by the government. Global Fund continues to finance disease control programs through two Principle Recipients, one for government (with cash flow managed by UNOPS) and the other for NGOs.

As for GAVI, funds flow directly to the MOHS' EPI program along with WHO and UNICEF. There continues to be considerable fragmentation of financing.

The government is keen to take on an IDA loan that is mostly focused on rural infrastructure development in selected townships with the highest needs. To ensure that these investments translate into actual service delivery and better health outcomes, the GFF will co-finance a component that aims at tackle key service delivery bottlenecks that are systemic and institutional in nature to improve RMNCAH-N outcomes.

Under the leadership of the RMNCAH Deputy Director General, and using the RMNCAH TSG as main platform, an Investment Case (IC) will be developed that lays out the key investments and health systems reforms needed to address the issue of the low rate of institutional deliveries which is recognized as a key determinant of the high maternal mortality in Myanmar. The IC will align with the broader RMNCAH strategic plan and will lay out an operational approach to address health systems bottle necks responsible for the low rate of institutional deliveries. The process will require effective collaboration with units beyond RMNCAH, including supply chain, human resources. Implementation at the township level will initially focus on those where infrastructure will be strengthened through the WB project.

The focus on institutional deliveries has been driven by the fact that all stakeholders consider it a key indicator that needs to be addressed to reduce maternal mortality, but also to ensure that the focus is on something concrete. Institutional deliveries in this context would serve as an entry point to tackle broader and cross-cutting issues of health system strengthening, which would serve the whole sector, beyond the one chosen result.

The IC will be co-financed by the WB/GFF (through Disbursement Linked Indicators related to addressing health systems bottlenecks), but should link to a broader resource envelope – including that of other development partners and most importantly the government's budget.

#### **Overview of the value-add:**

1. Based on existing RMNCAH-N strategy (in process), "investment case" process to translate into actual implementation, budgeting and monitoring of government health spending and services;
  - a. Focus on institutional delivery: define strategies (geographic differences, possible demand-side), necessary inputs, budgets
  - b. Influence actual service delivery in 3 ways:
    - i. IDA project
    - ii. Other international-funded projects
    - iii. Government strategies, programs, budgets, resource allocation
2. Improving delivery and coverage of essential RMNACH-N services through the Essential Health Services Access Project, and supporting the project as a model for investments using domestic funding in Myanmar as a whole;
3. Supporting development of public financial management to improve the use of domestic budget allocated to health (in a context of growing allocations but insufficient execution);
4. Supporting technical analysis and planning for improved human resource management;

5. Fostering coordination between different relevant programs in the Ministry of Health as well as among partners through the existing RMNACH Technical Strategy Group (TSG), and supporting local-level consultation; and
6. Supporting innovation in public-private partnerships for investments and operations of primary health care services.

## 2. Progress in the last year

With the RMNCAH TSG being held on a regular basis, progress towards development of a combined RMNCAH strategic plan has been agreed and short program review of the individual strategic plans have been combined into one in December 2018. The new RMNCAH strategic plan will be finished in September 2019 as planned. Collective decisions making of the RMNCAH issues are done by the RMNCAH TSG including the Investment Case.

## 3. Anticipated results in the next six months

The IC process is expected to move quickly in the next few months to ensure that identified priorities can be financed by the IDA project (through disbursement linked indicators) that is planned for approval in August 2019. Concrete next steps:

- Alignment in support of the government’s strategy and on the basis of ongoing coordination on reproductive, maternal and child health services, the GFF will foster government leadership and alignment of partners in support of the government’s objectives. In particular, the GFF will support the existing RMNCAH Technical Strategic Group (TSG), with a focus on development of RMNCAH strategic plan and costed implementation plan in consultation with all stakeholders and donors working in RMNCAH.
- Resource mapping exercise to identify who is financing what in health with detailed focus on RMNCAH (both government + donors)
- Situational Analysis of institutional delivery in Myanmar
- Develop Theory of Change for the investment case (Identify investments and health systems reforms needed to increase institutional deliveries and reduce mortality (based on all existing strategies)
- Analytical work to finalize the Theory of Change, cost priorities, finalize resource mapping, draft the results framework
- Prioritization of the Investment case (Focus on a transformational initiative, - geographical prioritization, programmatic focus, differentiated packages for different areas, results framework with specific service and financial indicators, identify what needs to be integrated in IDA)

The government has also expressed the need for support in working with private sector (through PPPs) – which has great interest in investing in Myanmar. An initial workshop, in collaboration with USAID and IFC, will be organized to better map out the needs.

## NIGERIA

|                           |   |
|---------------------------|---|
| <b>IC period</b>          | 2017 to 2030  |
| <b>Financiers include</b> | Bill and Melinda Gates Foundation, World Bank, Dangote Foundation, Power of Nutrition |

|                                |   |
|--------------------------------|---|
| <b>Key technical areas</b>     | Domestic resource mobilization, results-based financing in facilities for a package of RMNCAH-N services, community-based delivery of nutrition services, with a particular focus on adolescents and their children. Private sector engagement. Advocacy for RMNCAH+N financing |
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| <b>GFF Liaison Officer</b>     | Umma Yaradua (Nigeria.gff@gmail.com)  |

**1. Value-added of GFF**

The overarching GFF approach in Nigeria supports the mobilization of additional resources for health care at the front lines -- in primary health care centers and through community-based approaches; thus emphasizing a combination of domestic resource mobilization through the operationalization of the Basic Health Care Provision Fund (BHCPF) and seeking efficiencies in service delivery through results-based approaches in facilities and community-based delivery modalities. The investment case also provides a particular focus on key interventions, which require accelerated implementation, notably nutrition and adolescent health. Furthermore, it mobilizes the Nigeria private health sector for financing and service delivery.

The Government of Nigeria (GON) has reiterated its commitment to achieving Universal Health Coverage (UHC) by focusing on primary health care. In 2014, it passed the National Health Act entitling all Nigerians to a Basic Minimum Package of Health Services (BMPHS) and specifying the Basic Health Care Provision Fund (BHCPF) as the principal funding vehicle. Contributions to the BHCPF are expected from: i) an annual grant of no less than 1 percent from the Consolidated Revenue Fund of the federation (CRF); ii) grants and credits from donors; and iii) funds from other sources. The GFF is facilitating the implementation (including evaluation) of the implementation of the BHCPF in 3 States in Nigeria, as well as catalyzing additional resources from donor and domestic sources.

At the time of the development of the investment case, the Federal Ministry of Health held a competition to identify innovations proposed by the private sector. Proposals from three organizations were selected, notably from **PharmAccess Foundation** (supports institutionalization and roll-out of quality improvement and accreditation programs for public and private healthcare facilities), **InStrat Global Health Solutions** (deploys training and point-of-care data capture applications in healthcare facilities) and **Riders for Health** (provides logistics services to pregnant women in rural and hard-to-reach communities for monitoring and access to healthcare facilities). In the last year the proposals have been refined and linkages created with the GFF-financed projects.

The efficiency agenda is being pursued on two related tracks: i) through a performance-based financing approach to contracting public and private health facilities for the delivery of a prioritized package of RMNCAH+N services in the fragile areas of the North East that have been affected by the Boko Haram insurgency and in three states of the federation (Abia, Niger and Osun states); and ii) through performance-based contracting of non-state actors to deliver largely at community-level a basic package of nutrition services, with a particular focus on adolescents, in 12 high stunting burden states across the country. The investment case adopts a phased approach with a strong equity focus and giving priority to innovations, including a strong focus on harnessing the capacity of the private sector.

## **2. Progress in the last year**

With the Federal Ministry of Health (FMOH) in the lead, an initial version of the RMNCAH+N Investment Case had been prepared and approved by the Federal Minister of Health in March 2018. The investment case reflects consultations culminating in the decision to add family planning services to the BMPHS and finance these services through the BHCPF (along with other high impact interventions to address RMNCAH+N). However, as agreed at the time of the approval, the results section of the investment case has been strengthened in recent months with technical assistance from the GFF Secretariat.

Although the investment case was finalized one year ago, implementation in the five northeast states began on an emergency basis in June 2017 with \$20 Million of GFF trust Fund resources co-financing a World Bank-financed operation. The delivery systems have been established and the approach is producing results. The 2018 SMART survey results show that Penta3 vaccine coverage in the North East increased from 25.6 per cent in 2015 to 48.4 per cent in 2018. Similar improvements are seen with other indicators. 786 health facilities in 91 LGAs in the North East are currently providing services that are co-financed by the GFF trust fund.

A second tranche of \$21 Million of GFF Trust Fund resources are playing a crucial catalytic role by supporting the startup phase of the BHCPF. For the first time, the Government of Nigeria allocated its domestic resources to the BHCPF in 2018 an action strongly motivated by the idea of using GFF resources to pilot the BHCPF. This transformative action will contribute to setting the stage for the scaling-up of the BHCPF across Nigeria, delivering the Basic Minimum Package of Health Services (BMPHS) promised to all Nigerians under the National Health Act of 2014. The \$20M GFF financing for the BHCPF, managed by the World Bank, was approved in August 2018, with effectiveness declared this year. An additional \$1M has been allocated to finance an impact evaluation, which is currently being designed. It is noteworthy that the BMGF has committed an additional \$2 Million to support the program and other financiers are currently considering pooling and allocating resources to the program. While 3 States are being supported by the GFF trust fund, the number of States participating in the implementation of the BHCPF has expanded rapidly to include additional 15 States following the partial release of appropriated sums for the BHCPF in the FY 2018 appropriation. An increasing number of donors and technical agencies are also aligning their technical assistance financing to the BHCPF TA needs at the federal and state levels.

An additional tranche of \$10 Million of GFF trust fund resources has been committed to the Government of Nigeria's \$235 Million national nutrition project called "Accelerating Nutrition Results in Nigeria (ANRIN)", which focuses on the delivery, largely through non-state actors, of a basic package of nutrition services at community level in 12 high-malnutrition burden states. The \$225M IDA-financed project, which the GFF is co-financing with \$7M, was approved in June 2018. This project is accompanied by a common technical assistance mechanism financed by the GFF, The Aliko Dangote Foundation, the Bill and Melinda Gates Foundation and Power of Nutrition. This common TA platform aims to provide more harmonized TA for nutrition, with an initial focus on the States supported by the ANRIN project, in line with the recent GFF Country Implementation Guidelines.

## **3. Anticipated results in the next six months**

The next 6 months in Nigeria will be a critical period for the GFF engagement, notably because it will require engaging with a new government following the recent elections. The following priorities have been identified for this period:

- i. Finalization of the revised RMNCAH-N investment case and preparation/dissemination of a short version of the document.
- ii. Support to the functioning of country platform, including at sub-national level, building on the experience of UNICEF and other partners.
- iii. Resource mapping against the priorities of the investment case, thus providing an opportunity for more financiers to potentially align their financing to the RMNCAH+N investment case.
- iv. Continued geographic roll-out of the co-financed project in the North East States as planned, with risk management due to instability. Increasing communication in-country about the results of this co-financed project.
- v. Supporting the operationalization of the BHCPF, including the strengthening of the Secretariat of the NSC and accelerating implementation arrangements at the State level, to enable service delivery to begin on a priority basis.
- vi. Designing the impact evaluation of the BHCPF and implementing the baseline assessment.
- vii. Finalizing the contracting of the three innovation pilots and signing of MOUs with implementing states.
- viii. Operationalization of the ANRIN nutrition project and related technical assistance, as soon as the effectiveness conditions for the IDA credit are met.
- ix. Completion of the business case for the MNCH supply side Managed Equipment Leasing Scheme (MELS) initiative.

## SENEGAL

|                               |  |
|-------------------------------|--|
| <b>IC period</b>              | 2018 to 2022   |
| <b>IC Financiers include</b>  | WB, USAID, GAVI, Global Fund, JICA, UNICEF, WHO, AFD, UN agencies  |
| <b>Key technical areas</b>    | Demand-side Financing (community-based interventions, community-based health insurance), human resources, supply chain, quality of care, Adolescent health, governance |
| <b>Government Focal Point</b> | Dr. Omar Sarr (oumsarr@gmail.com)  |
| <b>GFF Liaison Officer</b>    | Babacar Séne (gff.senegal@gmail.com)   |

### 1. Value-added of GFF

The GFF provides added-value in Senegal by:

- Supporting the expansion of demand-side financing mechanisms in the prioritized regions of the IC (Universal Health Insurance among others)
- Scaling-up high-impact interventions to improve efficiency and RMNCAH results through the IC;
- Piloting adolescent health interventions
- Fostering coordination among partners (governance) by: i) making the GFF Platform an effective donor coordination mechanism, ii) financing P4H Coordinator supporting the MOH overseeing health financing reforms in Senegal, iii) supporting the development of a unique work plan leading

to a virtual pooling of external resources by the MOH to support the funding of the RMNCAH-N package on the long-term

- Providing innovative and sustainable funding to reach UHC by: i) Supporting the Civil Society in developing an advocacy note on DRM and feasibility study on DRM at decentralized/regional level; ii) Supporting a feasibility study on earmarked tax for health; and iii) Fostering efficiency (part of workplan of the Health Financing Strategy)
- Financing processes allowing interoperability between the DHIS2 and the CRVS system of Senegal

To improve the coverage of RMNCAH-N services to the population, the IC focuses on tackling the top three impediments to effective coverage which are clinical quality, financial access, and cultural acceptability. Factors such as weak performance of healthcare workers and unequal geographic distribution of the health workforce limit quality of care. Similarly, cultural norms negatively impact essential interventions such as family planning and anti-natal care. As a result, the IC focuses on the four priority areas: 1) Enhanced financial access to and socio-cultural acceptability of the RMNCAH package through demand side financing; 2) Improvement of adolescent health through multi-sectoral approaches; 3) Strengthening of health supply by scaling up high-impact human resource and supply chain interventions to address low RMNCAH service coverage; and 4) Strengthening of the health system governance.

## **2. Progress in the last year**

Achievement in the last six months relate to processes aiming at disseminating the IC and starting its operationalization (some funding from the GFF TF were integrated into the restructuring of the current World Bank Health Project to start financing some interventions of the IC, such as: pilot of integration free health care with health insurance; equipment for maternal and child health; adolescent health, community nutrition, etc..).

- 1) The IC was validated by the Minister of Health in June 2018.
- 2) A consultant supported the GFF Focal Point in developing a resource mapping and costing of the investment case to examine funding gaps for each priority and region of the investment case. This exercise pertained to point out funding gaps for 3 priorities: the delivery of the package of health services, the universal health coverage scheme, health supply, e.g., human resource component and governance. In contrast, there was enough funding for the adolescent health component. This exercise pointed out weaknesses in availability of donor and domestic financing data at regional levels, something which GFF will strive to address in the IC implementation at regional level.
- 3) A GFF liaison officer was recruited in September 2018 to support the GFF Focal Point in developing a road map. As part of this, with support from the Liaison Officer, the GFF Focal Point disseminated the IC at regional level, focusing on the priority regions (scenario 1; Kaffrine, Kedougou, Kolda, Sedhiou, Tambacounda). The Monitoring and Evaluation framework was also disseminated and validated by local authorities.
- 4) The GFF platform organized a TV show with representatives from the civil society, private sector, Ministry of Health and Social Action and donors to discuss the value-added of GFF in Senegal<sup>6</sup>.

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<sup>6</sup>It can be downloaded from:

[https://worldbankgroup-my.sharepoint.com/:f/g/personal/ncisse\\_worldbank\\_org/Ei-EolpaXhJkNJQN9ropilBSqY5hUZoEdlrCObp\\_IYX7g?e=5gAYss](https://worldbankgroup-my.sharepoint.com/:f/g/personal/ncisse_worldbank_org/Ei-EolpaXhJkNJQN9ropilBSqY5hUZoEdlrCObp_IYX7g?e=5gAYss)

- 5) PFM assessment on the budget and IC codification providing recommendations on how to codify IC priorities in the budget and monitor whether domestic resources have improved with respect to these priorities.
- 6) Updated M&E framework building on the M&E frameworks of several strategies (RMNCAH and HF strategy). The IC's M&E framework was then disseminated and validated at regional level.

### 3. Anticipated results in the next six months

By end of June 2019, \$5M from GFF TF will be allocated as part of the restructuring of the current WB/IDA project (Health and Nutrition Financing) which are allocated to some priority interventions identified in the GFF Investment case such as : (i) support for Universal Health Insurance, especially for coverage of the poorest populations; (ii) strengthening health service delivery/supply side interventions, including supporting the transition of the IPM model (supply chain), as well as strengthening the availability of quality human resources for health and delivery of a comprehensive RMNCAH package with increased quality (training, supervision, inputs for reproductive health); and (iv) support to health financing reforms. Preparation of a new WB/IDA operation will be accelerated (Board Q4 FY19 or Q1 FY20) including \$10M GFF TF and will be based on the priority interventions and regions of the validated GFF IC.

In the next 6 months, the road map will continue to be implemented with concrete actions on how to ensure IC priorities are reflected in the budget. A PFM consultant has been recruited and will work with both the MSAS and MF. Furthermore, a detailed resource mapping/tracking will be conducted at regional level to better assess funding gaps for certain priorities but also to assess government contribution and DRM toward the IC.

## SIERRA LEONE

|                               |   |
|-------------------------------|---|
| <b>IC period</b>              | 2017-2021   |
| <b>IC Financiers include</b>  | Government of Sierra Leone, DFID UK, World Bank and GFF TF (pending), UNICEF, USAID, JICA, KFW, GFATM, GAVI, Italian Government, PIH  |
| <b>Key technical areas</b>    | Health system strengthening, antenatal care, emergency obstetric and newborn care, nutrition, family planning, health information systems, health financing (DRM, efficiency) |
| <b>Government Focal Point</b> | Dr. Amara Jambai (amarajambai@yahoo.com)  |
| <b>GFF Liaison Officer</b>    | Stanley Muoghalu (gff.sierraleone@gmail.com)  |

### 1. Value-added of GFF

In the fragile context of post-Ebola Sierra Leone, the Country has developed a strategy to improve RMNCAH outcomes, including through multi-sectoral approaches. Extensive consultations and engagement with the government and development partners identified key areas to progress on RMNCAH+N. The RMNCAH Strategy developed by the Government of Sierra Leone includes the following four objectives: i) strengthening health systems, with a focus on improving human resources for health, supplies, infrastructure, emergency referral services, safe blood supply, and governance; ii) improving the quality of RMNCAH services delivered, particularly focused antenatal care, emergency obstetric and newborn care, integrated management of childhood illness, immunization, nutrition, family planning, prevention of teenage pregnancy, and promotion of safe water, sanitation, and hygiene; iii) strengthening community engagement, including integrated community case management; and iv) improving health information systems.

Global Financing Facility (GFF) support is particularly focusing on improving coordination and alignment among donors, ministries and implementing partners in the health sector through the development of a prioritized implementation plan that accounts for available resources and capacity constraints. The Strategy, together with the implementation plan, serve as the Investment Case.

To ensure long term sustainability and possible scale up of key interventions, GFF supports analytical work on: i) the key drivers of inefficiencies in the health system (by rightsizing the public health service delivery system and by improving quality of care); and ii) enhancing access to services for the poor, specifically for medicines. With financial resources from Bloomberg Fund, support has also been provided on analytical work related to domestic resource mobilization for health (through tobacco taxes).

The GFF approach links discussions on RMNCAH+N service delivery to those on health financing, by supporting a redesign of the current performance-based financing program to address key determinants of inefficiencies. The World Bank and the GFF team are supporting the government to develop a Health Financing Strategy which will guide a holistic vision of health financing for improved health outcomes.

GFF will provide co-financing of the new health project to be prepared immediately after July 1, 2019. The project aims to improve maternal and child health focus on improving efficiency, enhancing quality of care through multisectoral approach.

## **2. Progress in the last year**

The implementation plan for the RMNCAH Strategy was developed and disseminated to key stakeholders on July 2018 by the Ministry of Health and Sanitation, with support from the GFF Secretariat and other partners such as WHO. The plan includes an update on the implementation progress to dates and its challenges, financing strategy and the intermediate plan for the next phase. It also shows which of the highest priority activities have been committed to, and which have not, enabling discussions with possible financiers and implementing partners to support the currently uncovered priority activities.

GFF supported a number of analytical works which have influenced the health sector policies. The analytical works have been focusing on improving efficiency use of resources. As results, the notion of right sizing at right places exemplified by the “hub and spokes” service delivery model, and a revised performance based financing scheme have widely accepted by decisions makers in the Ministry of Finance and Ministry of Health and Sanitation, which are under implementation of one health project supported by the World Bank.

Progress has been made in leveraging additional resources for RMNCAH-N. The World Bank has committed additional resources for the next five years. The Islamic Bank intends to put additional investment, a mix of grant and loan, in order to parallelly finance a new project focusing on RMNCAH-N.

The report on health facility PBF design (hub-and-spoke model) has been completed focusing on improving design weaknesses in the ongoing RBF schemes. The PBF Implementation Manual has been developed. MoHS and the Bank team have agreed on the PBF implementation in Kailahun districts immediately. Selected health facilities will serve as the “hubs” and all CHC in the districts will be upgraded to reach the BEMoNC standards..

The Health Financing System Assessment (HFSA) and Public Financial Management report were completed and will be disseminated to the government and broader stakeholders. HFSA provides a comprehensive overview of the health financing system and help identify critical constraints and opportunities to building health financing systems that accelerate and sustain progress towards universal

health coverage (UHC). The assessment will inform the development of health financing strategy to ensure that ongoing and new efforts in health care financing will be strategically used to speed up the progress towards Universal Health Coverage.

A report on community health worker (CHW) RBF design and a roadmap for implementation was completed. In line with the revised CHW policy, RBF has the potential to address the challenge of motivation and performance gap among the CHWs. The policy also mentions additional cash and kind benefits as a part of the minimum package for CHWs, which provides an opportunity to examine different ways of reimbursing CHWs including a more results-based approach.

### 3. Anticipated results in the next six months

The GFF will focus its support on:

1. Strengthening the monitoring system and developing the monitoring dashboard to track the progress of the implementation plan over time, working together with other partners.
2. Strengthening the role of country platform in monitoring the implementation of the RMNCAH Strategy/GFF IC.
3. Focusing on developing a data-driven, evidence-based approach to delivering IC priorities, including undertaking technical work in selected areas (i.e. teenage pregnancies, multisectoral determinants of maternal health) to inform the design of the new project.
4. Supporting the alignment and mobilization of funding (internal and external) to improve service delivery.
5. Supporting the implementation of HFSA policy recommendations, including the technical assistance focusing on improving efficiency of spending not only to create fiscal space for health, but also improve quality of care.
6. Supporting the preparation of the new IDA-financed health project to which GFF will provide co-financing.

## TANZANIA

|                               |  |
|-------------------------------|--|
| <b>IC period</b>              | One Plan II – 2016 to 2020   |
| <b>IC Financiers include</b>  | Government of Tanzania, USAID, PEPFAR, World Bank IDA, GFF Trust Fund Canada, Power of Nutrition, DANIDA, Ireland, Switzerland, UNFPA, UNICEF, WHO |
| <b>Key technical areas</b>    | quality of care, child health, emergency obstetric and neonatal care (EmONC), family planning, adolescent health                                   |
| <b>Government Focal Point</b> | Dr. Georgina Msemo ( <a href="mailto:georginamsemo@gmail.com">georginamsemo@gmail.com</a> )  |
| <b>GFF Liaison Officer</b>    | Under discussion with government   |

### 1. Value-added of GFF

The GFF is currently co financing the Government’s One Plan II (which serves as the Investment Case in Tanzania) through the PHCforR program which introduced payments for results to strengthen accountability and improve key RMCAH-N outcomes at all levels of the delivery of services. Other major financiers of the PHCforR program are USAID and Power of Nutrition. PHCforR program supports the health basket fund (with financial support from Canada, Denmark, Ireland, Switzerland, UNICEF and World Bank) enhancing the use of common indicators, verification system, and financing mechanisms to disburse

funding, particularly to local government level. The PHCforR is implemented under the leadership of the Ministry of Health and President's Office for Regional Administration and Local Government. Together with both Ministries and other partners such as UNICEF, GAVI, BMGF & Global Fund, the GFF furthermore adds value by supporting the government to strengthen systems for RMNCAH-N results measurement, including data quality as well as use. GFF technical assistance has been provided in the birth and death registration processes by undertaking a national CRVS workshop together with the government and development partners to identify areas of improvement, discuss the establishment of an integrated CRVS system aligned to the national CRVS strategy and set up mechanisms for coordination and collaboration.

Improving quality is critical for enhanced RMNCAH outcomes and through its financing, the GFF has supported the government to introduce star rating of health facilities with positive results as health facilities (HF) with zero stars decreased from 33.5 percent at baseline (2015/16) to 4.7 percent at reassessment (2017/18) while HF with 1-star have decreased from 52.8 percent to 30.2 percent. HF with 2 stars have increased from 11.9 percent to 44.5 percent, 3-stars have increased from 1.7 percent to 19.7 percent and 4-stars from 0.1 percent to 1.2 percent.

The GFF aims to foster collective and mutual accountability, including support for strengthening the role of Civil Society organizations in the country platform. Currently, CSOs in Tanzania are working towards applying for the small grant opportunity supported by the partnership.

## **2. Progress in the last year**

Disbursement Linked Indicators in the PHCforR have been verified and show improvements in local, regional and national scorecard performance linked to maternal, neonatal, and child health service delivery and quality and supportive supervision as well as data quality audits. This achievement is correlated with a financial disbursement of \$32.6M from the Program, including \$2.25M from the GFF Trust Fund.

A refined RMNCAH scorecard was launched by the Government in November 2018 as part of the National Campaign to Reduce Maternal and Neonatal Mortality. As one of the data visualization mechanisms that are used to help decision makers to track progress and provide a system to hold regional and district commissioners and health teams accountable, the Scorecard aims to track progress at subnational level to help achieve Tanzania's priority to reduce the high maternal mortality rate and improve maternal, child, and newborn health. The scorecard is made up mainly of indicators in the One Plan II (RMNCAH Investment Case) which enhances performance monitoring at all levels.

With support from the GFF secretariat, a landscape analysis of data use in the health sector was conducted in October 2018. The results showed that although routinely collected, health data in conjunction with financial data for planning leave room for further improvement. There was more emphasis on data quality compared to use and partners in country had invested substantially in data collection systems. However, as an unintended result, a substantial amount of data are recorded and reported from health facilities relative to their actual needs, multiple reporting systems have been created for the same information contributing to data overload and the delayed interoperability of current electronic systems are increasing duplication. It was also recognized that human resource challenges (particularly in high volume sites with substantially fewer number of required staff assigned, who undertake both high volume of service as well as data related duties) underlie the challenges identified in the assessment. These results are informing the discussions currently ongoing with the Monitoring & Evaluation /Information and Communication Technology Technical Working Group.

Tanzania was able to roll out the Direct Health Facility Financing (DHFF) to all primary health facilities. The aim of the system was to increase autonomy by making all Primary Health Centers cost centers and also empower them to manage their finances, and thereby contributing to improved quality of health service delivery, increased service utilization, and improved health system challenges. In rolling out these systems, a number of bottlenecks have been noticed, critical among them being the delay in RBF and HBF payments and budget rigidity in the spending once finances have been received at health facilities. The latter particularly affects how health facilities are able to use their RBF bonuses. A GFF/WB mission in March focused on resolving the delays in payment with government and it is anticipated that both RBF and basket funding will flow to the facilities, council and regional health teams again in near future.

### **3. Anticipated results in the next six months**

A Mid-Term review (MTR) of One Plan II (which serves as the Investment Case) is planned in the coming months, under the leadership of Government. The MTR will receive some support from the GFF Trust Fund and is part of the MTR of the HSP IV that is currently underway. As a means of course correction, the objectives are mainly three questions:

1. Is One Plan II operationalized as it was designed?
2. What are some of the social cultural issues that affect the uptake of services by the target audiences and
3. What progress has been made in the selected interventions?

The GFF Trust Fund will support the Government of Tanzania in conducting a program mapping and resource tracking exercise for the Investment case: At its inception, One Plan II had a financial resource requirement of US Dollars 1.33 billion over its life span. The partner mapping and resource tracking will provide information on how much is available and how partners providing implementation support are distributed across the country.

The results from the review are expected to help sharpen the areas of investment in the plan, develop a theory of change with explicit mechanisms to track progress as well as inform discussions around financing.

Moreover, the GFF plans to support the strengthening of data for decision making through analysis of data quality bottlenecks, and development of a data visualization platform. This support will help the country expand its use of data for decision making, which will be active at the national level, to the regional, district, and facility levels.

Two core analytical pieces related to health financing will be finalized and used to inform decision making: i. a Policy Note on alignment between output-based payment mechanism and Public Financial Management is assessing how the RBF program is aligned with government budget management mechanisms. Discussions on its findings have already started as this will help inform government on next steps, together with a qualitative study that is planned in the coming months to learn lessons about both RBF and DHFF. ii. The core Public Expenditure Review work and associated policy notes have been drafted and are expected to be finalized in the coming months. The PER mainly provides an assessment of how funds are allocated and explores opportunities for increased fiscal space and efficiency gains in the sector. Discussions are currently underway with the host government to recruit a liaison officer.

## **UGANDA**

|                               |   |
|-------------------------------|---|
| <b>IC period</b>              | 2016/17 to 2019/20  |
| <b>IC Financiers include</b>  | Government of Uganda, AMREF, CHAI, UKAID, GAVI, Islamic Development Bank, KOICA, Living Goods, Marie Stopes Uganda, Save the Children Uganda, SIDA, UNFPA, UNICEF, UNOPS, UPMB, USAID (JSI, JHPIEGO, PSI, MCSP...), WHO, World Bank, BTC, Global Fund, World Vision Uganda. DFID, JICA, BTC, BRAC, Wellshare, CUAMM, BMGF, Norway, ADB, DANIDA, UNHCR |
| <b>Key technical areas</b>    | PBF and demand side financing (vouchers), maternal and child health services, including antenatal care, post abortion care and management of pregnancy-related complications; family planning and adolescent health services; and neonatal care, including resuscitation and preterm care; child health and CRVS.                                     |
| <b>Government Focal Point</b> | Dr. Jesca Nsungwa Sabiiti (jnsabiiti@gmail.com)   |
| <b>GFF Liaison Officer</b>    | Grace Nyerwanire Murindwa ( <a href="mailto:gff.uganda@gmail.com">gff.uganda@gmail.com</a> )  |

## 1. Value-added of GFF

### **Better planning with improved prioritization of RMNCAH interventions and efficiency in the allocation of resources**

The GFF facilitated the review and re-prioritization of the RMNCAH high impact interventions in the Sharpened Plan (2016/17-2020/2021) into the Investment Case for RMNCAH Sharpened Plan (2017/18-2021/22). The process also involved conducting a comprehensive resource mapping for RMNCAH showing how much resources was available for RMNCAH, who is providing those resources, which RMNCAH interventions are being supported and where are the resources being applied. The resource mapping exercise helped to improve efficiency in resource allocation to priority interventions through reduction of fragmentation and duplication.

### **Strategic purchasing for quality and technical efficiency of health service delivery**

GFF provides support for introducing health financing reforms in Uganda particularly strategic purchasing in the health sector through results-based financing and voucher schemes to improve technical efficiency in resource utilization and quality of health service delivery in Uganda. The reforms are being implemented in both the public and private sectors. The result has been a reduction in fee-barriers and improved access to high-priority maternal and child health care interventions especially for the poor.

### **Strengthening of functionality of the Country Platform to demand for information/data on performance of RMNCAH interventions (government and donor accountability for RMNCAH)**

GFF has supported strengthening of functionality of the Country Platform to demand for information/data on progress of implementation of the Investment Case for RMNCAH (performance of RMNCAH interventions) – hence increased accountability for government, donors and Implementing Partners to show what has been done or achieved with the resources committed or released. GFF has supported preparation of quarterly and annual progress reports on implementation of the Investment Case for RMNCAH including compilation of the resource tracking for RMNCAH interventions and score card for key indicators of performance. GFF has also supported the convening of the Annual RMNCAH Assemblies as accountability fora for RMNCAH stakeholders. The theme for 2018 RMNCAH Assembly was “Better Accountability and coordination for RMNCAH: The journey so far”.

## 2. Progress in the last year

During the first two years of IC for RMNCAH implementation, there has been an improvement in the number of HC IVs that can provide comprehensive emergency obstetric and neonatal care (CEmONC). There was an increase from 62 percent in 2015/6 to 76 percent in 2017/18 in the number of HC IVs that carry out caesarean sections. However, availability of the CEMONC package at HC IVs is still low. Less than half of HC IVs offered the complete package of life saving interventions to mothers and babies. Assessment also shows that only 47 percent of HC IVs offer blood transfusion services, a slight increase from 40 percent in FY 2015/16.

As part of its support to the implementation of the IC for RMNCAH Sharpened Plan, the following has been achieved in the last six-months through the World Bank, GFF Trust Fund, and SIDA co-financed investment:

- Starting in July 2018, the Government of Uganda began implementing the results-based financing program. By the end of April 2019, we anticipate that all the 79 districts that were selected to participate in the program (out of the total 127 districts) will have started rolling out the program. The RBF is supporting technical efficiency and quality improvements for the priority service packages outlined in the Sharpened Plan.
- A contract for the supply of contraceptive implants worth US\$ 2.1 million has been approved. Additional commodity procurements are expected to be completed in April and May 2019.
- The project is funding scholarships for 536 students in various professions that were selected in January 2019. A total of 721 students have therefore been awarded scholarships under the project in 2 years.

## 3. Anticipated results in the next six months

- Continue to address HRH shortfalls by increasing recruitment and retention of critical cadres in hard to reach areas.
- Focus on functionality of HCIV to deliver quality CEmONC services and improve support for emergency inter-facility referral.
- Expand coverage of and follow-up of agreed actions from MPDSR and to include community reporting linked to CVRS.
- Continued implementation of results-based financing in the project districts.
- Increase availability and access to adolescent friendly health services through capacity enhancement of providers and meaningful adolescent and youth engagement.
- Put mechanisms in place to strengthen implementation of inter-sectoral action, develop stronger partnerships and tools that specifically guide expansion of multi-sectoral programming and reviews.
- Strengthen the routine use of the RMNCAH scorecard at community, district and national level and revitalise learning platforms like regional assemblies.

## VIETNAM

|                              |   |
|------------------------------|---|
| <b>IC period</b>             | n/a   |
| <b>IC Financiers include</b> | Integrating Donor-Financed Health Programs MDTF, and Access Accelerated Initiative. The project's investment in vaccine cold chain at the commune-level will also serve as the 50% government contribution needed to leverage 50% |

|                            |   |
|----------------------------|---|
|                            | additional Gavi co-financing (about US\$1.5mn grant) for Vietnam. World Bank.   |
| <b>Key technical areas</b> | Grassroots-level health care system (PHC), service delivery, basic essential service package including maternal, newborn and child care services for health insurance reimbursement, malnutrition, NCDs (including cancer, cardiovascular disease, diabetes, chronic obstetric pulmonary disease, asthma), health financing (including health insurance reform and financial protection from out-of-pocket health spending), private sector engagement, and equity in access to health services |
| <b>GFF Liaison Officer</b> | Under recruitment   |

**1. Value-added of GFF**

The GFF is playing a pivotal role in Vietnam’s transition by buying down the interest rate of the WB health project loan to more concessional terms with the GFF Trust Fund’s investment, thereby facilitating the Government of Vietnam’s willingness to borrow for health, including for poorer provinces with higher concentrations of poor, ethnic minority populations. The project also includes a grant-financed innovations component to facilitate the introduction of new models of service delivery (related to integration of care, application of technology, and more suitable financing mechanisms). It is mobilizing more domestic resources for RMNCAH and primary care service delivery through the buy-down of the *Investing and Innovating for Grassroots Service Delivery Reform* project, increasing health system efficiency by improving the quality of the grassroots (commune) infrastructure to meet government benchmarks; equipping, training and enabling commune health stations to take on a new role in screening and managing NCDs while ensuring continued improvements in communicable diseases and RMNCAH management; and improving the quality with which maternal and child health services are delivered.

The GFF engagement is also advancing health financing reforms, helping to align support of development partners who support Social Health Insurance and other health financing reforms and providing technical assistance to the revision of the Social Health Insurance Law and associated policies.

In addition, the GFF is strengthening CRVS, particularly death registration and cause of death reporting. Through Trust Fund support, technical assistance to the Ministry of Health is enabling the implementation of new standards for COD diagnosis and reporting at health facility and commune level. Finally, GFF is supporting the strengthening of PPPs in Vietnam through capacity building activities and identification of potential health sector PPPs that can be developed into fully-fledged PPP outline business cases.

**2. Progress in the last year**

In the past year, the GFF resources have helped to strengthen the overall quality of project preparation of the Grassroots Service Delivery Reform, undertaking technical and operational activities related to the operationalization of the buy-down mechanism; supporting analytical activities intended to make project design more evidence-based such as building poverty and health vulnerability profiles of provinces to help ensure pro-poor province selection; undertaking econometric analysis of facility surveys to determine by

how much the project investments would increase commune health station utilization<sup>7</sup>; and producing an evaluation of a Results Based Financing pilot to determine whether to scale it up under the Grassroots project. In addition, production of district-level health maps using a combination of a WHO/MOH health facility database, GPS coordinates, population data and district characteristics will help provincial health officials plan which facilities (within selected provinces) to invest in under the project (to increase equity and efficiency).

Under the CRVS work program, the GFF supported the development of an action plan for the Ministry of Health to implement the national CRVS Action Plan. It also contributed to capacity building of health and civil registration officials in death notification, registration and recording of causes of death (CoD). Activities included a study tour to Bangladesh and support to application of the WHO International Death Certificate for deaths that occur at health facility and at community level through expert training in CoD diagnosis and coding.

In support of strengthened PPPs, workshops and training events were held in Ho Chi Minh City and Hanoi and Vietnam officials attended the GFF-organized training course on managing markets for health in Dakar in April 2018.

### **3. Anticipated results in the next six months**

The GFF Trust Fund-supported Grassroots health project will be presented for approval to the World Bank Board on May 16, 2019, setting the stage for the start of project implementation. To support ongoing health policy reforms, the GFF work will focus on technical assistance to the Ministry of Health as the Social Health Insurance Law and associated policies (decisions/decrees/circulars) are revised in the coming months. The GFF will support (i) preparation of a series of policy notes on specific topics under consideration in the 2020 SHI Law Revision, and (ii) provide in-depth technical assistance to the development of a detailed DRG roadmap. For strengthening the CRVS system, the GFF will support the scale-up of capacity building and implementation of death notification, registration and recording of causes of death.

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<sup>7</sup> It is estimated that if all facilities could be raised from their current level of quality to that which is planned under the project – i.e. having infrastructure that meets government standards, at least 70% of equipment in place, and able to effectively manage hypertension and diabetes – utilization would increase from the current 0.5 visits per capita to 1.8 in the poorest districts (where the project investments will be concentrated).

## Annex 2. Country Profiles and Progress Updates – 11 New Countries

### AFGHANISTAN

|                            |  |
|----------------------------|--|
| <b>IC period</b>           | 2018 to 2023   |
| <b>Financiers include</b>  | Canada, European Union, USAID, World Bank  |
| <b>Key technical areas</b> | Harmonization of external financing (e.g., off-budget resources); health financing strategy development and implementation, with a focus on out of pocket spending, strengthening the purchasing function; functional review of MOPH, unified monitoring and evaluation framework; innovations in lagging technical areas; and coordination. |
| <b>GFF Liaison Officer</b> | Farzana Maruf (gff.afghanistan@gmail.com)  |

#### 1. Value-added of GFF

When Afghanistan joined the GFF it had already achieved considerable progress, over more than a decade, in reducing under-five and maternal mortality – despite increases in security incidents. These results were achieved by adopting many of the key principles that are embedded in the GFF engagement, notably: focus on scale, rigorous prioritization of interventions, use of data for decision-making, and making full use of all available capacity including non-state actors. Despite the gains, Afghanistan wanted to join the GFF to receive support in areas where they have not yet performed as well (e.g., child stunting, fertility reduction) or where there remains room for improvement (e.g., maternal mortality reduction). The country is interested in also seeking efficiency gains while working on domestic resource mobilization.

The GFF adds value in Afghanistan in five main ways:

- **Clarity on off-budget resources.** The GFF Investment Case process and technical assistance supports the expansion and sustainability of financing for health in Afghanistan, while increasing coordination and harmonization of present financing arrangements. The GFF support includes analytical work to map out in greater detail off-budget and on-budget financing, at national and sub-national levels.
- **Health financing.** The GFF supports efficiency and fairness of health financing through supporting the Ministry of Public Health to update its health financing strategy, including: (i) conducting deeper analysis of causes of high out-of-pocket health expenditures; (ii) strengthening the purchasing function by shifting from contract to performance management, which in practice, will involve: (a) much greater involvement of the technical departments of the central MOPH and Provincial Health Offices (PHOs) in the design, recruitment, and oversight, of the BPHS and EPHS contracts; (b) better accountability mechanism; (c) linking payment to the performance; (d) semi-annual performance reviews of the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) contracts.
- **Monitoring and evaluation.** The GFF will support the development and application of a unified monitoring and evaluation framework and much wider dissemination of the data collected by the 3<sup>rd</sup> party assessment firms and others.

- **Innovations.** The GFF is supporting a process of selection and scaling up evidence-based innovations that address lagging conditions such as family planning, nutrition and maternal and newborn health.
- **Coordination.** The GFF fosters coordination among partners by catalyzing the creation and supporting the functioning of the Health Oversight Committee as an effective stakeholder coordination mechanism which includes participation from civil society and the private sector.

## 2. Progress in the last year

Afghanistan had developed its Sehatmandi project, a \$600M investment over three years which covers all provinces with a Basic Package of Health Services (BPHS) and an Essential Package of Hospital Services (EPHS), in a participatory manner that included not only the financiers who are pooling their resources through the World Bank-managed Afghanistan Reconstruction Trust Fund (Canada, European Union, USAID, World Bank) but also the relevant technical agencies and civil society organizations. It was therefore agreed that the Sehatmandi Project Appraisal Document (PAD), which used many of the principles of a typical GFF investment case, would be considered to be the first version of the GFF investment case for Afghanistan. The Sehatmandi project which is co-financed by the GFF trust fund was approved in March 2018 and has already begun financing service delivery across the country through contracts with non-state actors.

Overall, the GFF support laid the foundation for policy dialogue and has made critical inputs to support the operationalization of the Sehatmandi Project, facilitating the agenda for maternal health, nutrition and family planning.

The Government of Afghanistan has also started the process of updating the GFF investment case, with a view to creating even greater alignment of resources around the BPHS and EPHS. A roadmap for the development of this investment case has been agreed and its implementation has begun. A national level mapping of resources has taken place which will soon be followed by a provincial level resource mapping. This mapping is expected to shed new light on the off-budget resources that are available in the country and should lead to additional financiers being aligned with the investment case.

The government is also in the process of updating its national health financing strategy. The TA supported by the GFF has helped bring available international evidence to the discussion on issues such as user fees, social health insurance, and domestic resource mobilization. This technical assistance is contributing to the national process of developing a prioritized and realistic health financing strategy that would address the most pressing needs over the next 5 years in the country, in light of what will likely be a very limited fiscal space.

There has also been good progress in establishing a performance management system and agreement on the overall monitoring and accountability framework and draft SOPs for performance management. The SOPs cover almost all aspects of performance management systematically, it establishes a clear structure and reporting arrangements that will be very helpful to all stakeholders. The SOPs and performance management is recognized as an iterative process that demands review and adaptation based on experience.

The GFF process has also supported a dialogue which led to selecting a few high priority innovations to address maternal mortality and to support Afghanistan in the process of reducing its total fertility rate. A

policy paper on options for family planning in Afghanistan was produced under the leadership of one of the technical specialists from the GFF Secretariat.

Coordination in the health sector has improved, with the creation and functioning of the Health Oversight Committee and the GFF Technical Working Group which has been tasked with the preparation of the updated version of the investment case.

### 3. Anticipated results/priorities in the next six months

The next 6 months will focus on the following priorities:

- **Investment case.** Development of the next version of the GFF investment case, one that reflects the financing of a wider group of financiers, notably GAVI and the Global Fund as well as other donors who finance the health sector off-budget. This will include mapping of resources at the sub-national level to understand better the various sources of financing that are complementing the financing through Sehatmandi. This will also include developing a results system to track performance and financial inputs.
- **Private sector engagement.** Support the Health sector to develop new innovative financing instruments to mobilize capital, with a focus on results and equity. At the same time, expanding its technical assistance and capacity building support to strategically and systematically engage private sector for Investment Case priorities. The private sector as a key part of the GFF value proposition and the Afghan health sector, can bring financial capital, technical expertise, capacity and innovation that Afghanistan can draw on for the RMNCAH-N objectives.
- **Sehatmandi implementation.** Continued implementation of the Sehatmandi project, with a particular focus on performance management, as outlined above and with greater involvement of the technical units in the MOPH and the Provincial Health Offices.
- **Health financing.** Supporting the government in the finalization of its health financing strategy and developing and implementing an advocacy and communications strategy to support the implementation of key priorities identified in the health financing strategy.
- **Monitoring and evaluation.** Updating of the investment case will include a revised monitoring and evaluation framework that will enable partners who currently do not engage in the joint reviews that are organized for the Sehatmandi project to participate, because their resources will be reflected in the monitoring and evaluation framework.
- **Innovations.** Implementation arrangements will be put in place to finance the innovations that have been selected to be financed by the Sehatmandi project. Attention will be given to implementation research and learning around these innovations.
- **Coordination.** Continued support will be provided to facilitate the effective functioning of the Health Oversight Committee, which serves as the GFF in-country platform, as well as the technical working groups that relate to the GFF engagement (e.g., GFF technical working group).
- **Health Policy Seminar:** Organizing the next policy seminar with MOPH leadership and development partners. The agenda of the seminar will be tertiary care, family planning, health financing and nutrition.

## BURKINA FASO

|                               |   |
|-------------------------------|---|
| <b>IC period</b>              | Under development   |
| <b>IC Financiers include</b>  | TBD   |
| <b>Key technical areas</b>    | TBD   |
| <b>Government Focal Point</b> | Nadine Tamboura (nadirata2006@yahoo.fr)                         |
| <b>GFF Liaison Officer</b>    | Robert Lucien Jean-Claude Kargougou (gff.burkinafaso@gmail.com) |

### 1. Value-added of GFF

The GFF has attracted new positive attention to Burkina Faso at a time when security, climate change, population and other pressures have been worsening. The Investment Case (IC) development process brought together different arms of the government and the various development partners to work around a common goal of prioritization in support of having a more sustainable approach to UHC and improvements in RMNCAHN indicators. Moreover, a smaller group of donors (WB, GAVI, BMGF, GFATM, GFF; the “5G”) has convened under the banner of the GFF to undertake joint monitoring and joint messaging around key issues to the government.

The TF has specifically financed:

- An EQUIST analysis and capacity building in EQUIST to inform the development of the IC (with important co-financing coming from other partners, e.g., EU and BMGF)
- An allocative efficiency study of the health system

The GFF TF will finance over the coming year:

- Joint partner (5G and others) missions to monitor the IC implementation;
- The development of a tool to assess quality of Family Planning services that can be built into strategic purchasing platforms—this is part of a broader research agenda that can yield additional insights for Burkina Faso;
- Further refinement of the IC to account for the costs and impacts of the new community health strategy and to better-integrate the vaccination aspects.

### 2. Progress in the last year

The GFF announced Burkina Faso’s entry into the partnership in November of 2017. The GFF was launched officially in-country in February of 2018, alongside the identification of a Government Focal Point from the Ministry of Health, and a Liaison Officer (LO) for the GFF Secretariat. Soon thereafter, Burkina Faso was asked to co-host the GFF replenishment event in Oslo in November of 2018 – an opportunity that the government used to the fullest to: 1) accelerate efforts to complete a first draft of the IC before November 2018; 2) advocate for existing and new donors to invest in Burkina Faso; and 3) reaffirm its commitments to achieving Universal Health Coverage through improving RMNCAH+N. Leadership around the GFF and the IC has been strong, as the President himself attended the Oslo event along with the then-Minister of Health and a large delegation. **The President himself pledged \$1m to the GFF TF at the replenishment event** – a powerful statement of their commitment to every woman every child. Over the last 6 months, the Government has seen one change in Secretary General (Health) and one change in Ministers of Health and Finance which puts an additional burden on the GFF Liaison Officer, WB task team and country platform to re-socialize the GFF approach and the value of the IC. So far, the leadership changes have not been detrimental to progress, and in fact, presents an opportunity to re-engage with the government on a serious discourse on sustainability and health financing.

### 3. Anticipated results in the next six months

**Investment Case improvements:** as laid out in the conclusions of the “5G” mission, the IC will be refined to properly account for the costing and impacts of the new community health strategy. This will require more technical assistance to rerun the costings, and the impact in terms of lives saved, and another round of validations through the Country Platform. Results monitoring and sharpening the Theory of Change will also now become a greater focus of the Country Platform to ensure that the IC has an accountability framework that can track results, and flag bottlenecks. The 5G group has agreed to focus on strengthening, and likely rationalizing, the health information systems to support results monitoring. As one of the tools to inform the IC, the Primary Health Care Performance Initiative gave in-kind support by deploying quality of care experts to Burkina Faso to develop a baseline dashboard and put forth a set of recommendations in line with the Ministry of Health’s own quality improvement ambitions. Since then, the PHCPI has announced that it will be offering the Government of Burkina Faso a grant of approximately \$120,000 to undertake the actions agreed and documented in the IC to further the country’s efforts to achieve UHC.

**Strategic purchasing and quality of care:** GFF Trust Fund resources will focus on improved measurement of family planning quality to feed into strategic purchasing approaches supported by the government. The ministry’s health quality strategy will be supported to complement to the free under-five and pregnant women health care.

**Health Financing:** the health government’s agenda with free under-five, maternal, and family planning (in June 2019) is ambitious and potentially unaffordable to the government. The free care will transition to the National Health Insurance Agency, which the GFF and the World Bank are also supporting. To promote the efficiency improvements, discussions have started to identify joint IT and supervision approaches to allow health facilities to provide more care, to provide better data, and to spend less time reporting. In addition, analyses of purchasing strategies and their budgetary implications and of rational drug use are planned in the coming months. At a more macroeconomic level, a health expenditure review will be undertaken with GAVI and WB financing, the results of which will serve to further inform the priorities set forth in the IC. These efforts are also coordinated with a World Bank budget support series that focuses on drug availability, human resource availability in rural areas, and universal health insurance.

## CAMBODIA

| IC period             | 2019 - 2030  |
|-----------------------|--|
| IC Financiers include | Co-financiers to the IC through the IDA-financed project include Australian DFAT, German KfW, and the Global Financing Facility. Full resource mapping is underway; UNICEF resources support priority IC interventions and geographies as does USAID.  |
| Key technical areas   | Under the IC, three priority outcomes were identified: reducing neonatal mortality, lowering teenage pregnancy, and addressing child undernutrition. The IC is focused on closing equity gaps in seven priority provinces. Sixteen interventions including newborn care practices, coverage and access to quantity and quality ANC/PNC, nutrition counselling during ANC and promotion of early initiation and exclusive breastfeeding and complementary feeding were also selected for priority implementation. Project investments in performance-based grants support |

|                            |  |
|----------------------------|--|
|                            | r maternal and child health and nutrition service readiness and quality in health facilities, outreach, and communities. |
| <b>GFF Liaison Officer</b> | Under recruitment  |

## 1. Value-added of GFF

The GFF is supporting Cambodia through financing blended with the IDA investment to improve the utilization and quality of priority maternal and child health and nutrition services and reduce undernutrition, neonatal mortality, and routine immunization coverage. The GFF is supporting investments focusing on rural, remote, indigenous, and impoverished areas to close gaps and remove inequities in these outcomes.

The GFF engagement has provided an entry point to bring together stakeholders from sexual and reproductive health, maternal and child health, nutrition, and immunization to harmonize efforts and enhance focus on quality across the continuum of care for women, newborns, infants, and children. Beginning with the country's existing RMNCAH-N priorities, the GFF has fostered a focus on high impact and relatively underfinanced dimensions of the RMNCAH-N agenda in Cambodia. The draft GFF investment case and the accompanying trust fund investment focus on bringing Cambodia's RMNCAH-N programs into the fold on the design and implementation of mainstream government platforms for supply- and demand-side health financing, a key contribution to sustainability. Further, by supporting quality improvement and filling the gap for delivery of services at the community level, the GFF helps to enhance service delivery and effective coverage. Finally, the GFF has cemented equity as a core principle of its engagement and will be addressed at multiple levels: services, delivery platforms, and geographies. As such, the GFF will help to address sociodemographic disparities in RMNCAH-N outcomes. In sum, the GFF will add value to Cambodia's RMNCAH-N agenda in the following ways:

1. Prioritizing: Development of Cambodia's Investment Case for RMNCAH-N through joint identification of priority outcomes, interventions, and approach;
2. Mobilizing domestic resources for RMNCAH-N and enhancing efficiency of existing resources;
3. Defragmentation of health financing and integrating service delivery reforms with mainstream government systems, to implement priorities in a coordinated manner across stakeholders.

## 2. Progress in the last year

Cambodia's engagement with GFF was launched in December 2017. Over the past year, the focus of the engagement has been on the development of the RMNCAH-N investment case (IC) and the preparation of the IDA/GFF/KfW/DFAT/HEQIP-funded Cambodia Nutrition Project. Beginning with a March 2018 Inception Workshop, a second prioritization workshop was held in Kep in May 2018 with representation from multiple constituencies and stakeholders in Cambodia. Continuing with the December 2018 IC workshop in Phnom Penh, the Royal Government of Cambodia took a systematic and participatory approach to developing the IC priorities. Identified priorities are: reducing neonatal mortality, lowering teenage pregnancy, and addressing child undernutrition, focusing on closing equity gaps in seven priority provinces. A short list of 16 interventions (consolidated from 25) including newborn care practices, coverage and access to quantity and quality ANC/PNC, nutrition counselling during ANC and promotion of early initiation and exclusive breastfeeding and complementary feeding was also selected for priority implementation. In addition, basic resource mapping was undertaken to understand the financing by stakeholders in support of the IC outcomes.

### 3. Anticipated results in the next six months

Cambodia's RMNCAH-N investment case will be finalized by middle 2019. It will outline the vision for the medium term to 2023 as it contributes to accelerating progress to achieving the SDGs in 2030, a comprehensive results framework, and a plan to strengthen health information systems, improve efficiency of health resources, and achieve equity of outcomes for Cambodia's disadvantaged women, children and adolescents. Preliminary costing and resource mapping have been initiated under the IC development process, but more detailed resource mapping and monitoring of future allocations is an in-depth process that will require ongoing support and continue beyond the finalization of the IC itself. Following an anticipated Board approval in April 2019, the IDA/GFF-supported Cambodia Nutrition Project is anticipated to become effective in June/July 2019. In addition, there is exploration of GFF support for a multi-partner private sector engagement to produce fortified complementary foods based on locally produced fish powder in Cambodia.

## CENTRAL AFRICAN REPUBLIC

|                                |   |
|--------------------------------|---|
| <b>IC period</b>               | Under development   |
| <b>IC Financiers include</b>   | TBD   |
| <b>Key technical areas</b>     | TBD   |
| <b>Government Focal Points</b> | Dr Wilfried Marius Dandy Wanikomane ( <a href="mailto:dandymarius@gmail.com">dandymarius@gmail.com</a> )<br>Dr Noelly Douma ( <a href="mailto:noellydouma3@gmail.com">noellydouma3@gmail.com</a> )<br>Dr Placide Bissengue ( <a href="mailto:bissengueplacide@yahoo.fr">bissengueplacide@yahoo.fr</a> ) |
| <b>Liaison Officer</b>         | Oscar Bekaka-Youle Dobinet ( <a href="mailto:gff.rca@gmail.com">gff.rca@gmail.com</a> )   |

### 1. Value-added of GFF

At the launch of the GFF in March 2018 the Minister of Health indicated three possible benefits of collaboration: 1) improved governance; 2) improved data systems; and 3) improved community engagement. Indeed, with strong support from the World Bank team, the GFF was already able to deliver on these expectations:

#### Improved governance.

Resulting from a period of civil strife, the Central African Republic (CAR) was facing a fragmented health system, with development and humanitarian partners. The Minister of Health saw as the GFF's greatest value added the possibility of bringing together the development and humanitarian partners under the umbrella of the Government, and guided by a Government-led single plan, the Investment Case. This is expected to lead to a transition from an emergency to a recovery phase for the health sector by aligning development and humanitarian health-focused actors to pursue a common goal of reducing maternal and child mortality.

A Road Map was developed under the guidance of the Minister of Health, outlining the steps that would contribute towards the development of an evidence-based investment case. These steps included the application of EQUIST, a priority setting cum health system bottleneck analysis; a resource mapping that outlined partners' contribution towards RMNCAH-N; a fiscal space analysis; utilization of the OneHealth

analytical tool as a costing and health impact analysis, and financing of strategies required for investments in health systems, and added later, the development of a theory of change and a results framework.

The resource mapping exercise has provided insight in the contributions of Central African Republic's partners in a single framework, thus strengthening the Governments' governance opportunities. The framework now includes both the development and humanitarian partners.

The recent establishment and operationalization of health districts further provides an opportunity to focus the Investment Case strongly on Primary Health Care systems and Universal Health Coverage.

#### Improved data systems.

Data paucity prevents evidence informed decision making in CAR. The last Multi Indicator Cluster Survey (MICS), for example, was conducted in 2010 with only a focus on HIV/AIDS and reproductive health, while the recent civil strife has led to deterioration of health infrastructure and services. UNICEF and development partners are supporting a new MICS, which has now also been inserted as a critical part of the Road Map. Maternal, child health and nutrition data are expected to become available in April 2019, while data on HIV will be released in September 2019.

Reforms on the health management information (HMIS) system are ongoing, including support from the World Bank and GAVI. The Government has initiated a process to rationalize and simplify the 200+ indicators, as well as streamline the many - often donor-driven - data systems into the national health information system (SNIS).

The development of a Results Framework and an accompanying Theory of Change for the Investment Case dovetails well with the ongoing health management information system (HMIS) reforms and could further help strengthen the "système national d'information sanitaire" (SNIS), with due emphasis on impact, outcome, output and input indicators and data systems.

#### Improved community engagement.

In collaboration with the Government, UNICEF is piloting community health worker approaches based on international best practices. MSF has developed community based interventions for treatment of malaria, which are in the progress of being replicated by the Ministry of Health. The bulk of the community-based health services, however, are provided by NGOs, who focused on reaching the population in need rather than on coordinating activities with or reporting to the Ministry of Health.

In February 2019, the GFF, with support from the Partnership for Maternal Newborn and Child Health (PMNCH), brought together the known civil society organizations who pledged to join hands towards a unified package of community health services, thus supporting the development of the Investment Case, and enhancing community engagement.

#### What the GFF TF has financed

In order to prepare for the Investment Case, a Road Map with its technical components was developed. The GFF has contributed resources towards the implementation of activities noted on this Road Map. The GFF engagement is strongly anchored in the World Bank financed project (SENI). At the launch of the GFF in CAR USD 10 million was made available by the GFF, which was complemented by USD 10 million from the World Bank at the initial stage of project development in March 2018. During the preparation of the project, the Government of CAR decided to contribute to SENI with an additional USD 1 million. Initially

there were two project components, Improving the quality and utilization of essential health services at facility and community levels through performance-based financing (PBF), and Reinforcing the capacity of the recipient's health system. Later on, the PBF and health system strengthening components scope was enlarged and an intervention on gender-based violence was added. This more than doubled the originally anticipated investments from USD 21 million to USD 54 million. The project was approved by the Board of Directors on 27 September 2018.

## **2. Progress in last year**

In rapid succession the Prime Minister and the Minister of Health issued three decrees, that established clear operating frameworks for streamlined partner collaboration under the aegis of the Government: one on health as a motor for peace, one on piloting of health approaches by partners, and one on the Investment Case. The latter, the so called Comité Technique Ad Hoc has met every two weeks, to assess progress along the Road Map and towards the development of the Investment Case.

A Road Map was developed, outlining technical steps toward the development of the Investment Case. The planned steps of the Road Map, that are supported by the GFF and the World Bank, have been completed on time (EQUIST analysis, resource mapping, fiscal space analysis) or are being completed (intervention costing), while new elements have been added and completed (theory of change, results framework, and CSO engagement). Other Government partners such as UNFPA, UNICEF and WHO have also contributed to the Road Map. UNFPA is contributing with a survey on Emergency Obstetric and Neonatal Care ("enquête SONU"), UNICEF with Multiple Indicator Cluster Survey (MICS), and WHO with National Health Accounts.

The first draft of the EQUIST analysis was completed, providing a preliminary prioritization of an essential package of health services for RMNCAH-N. Preliminary, because the data on which the EQUIST analysis is built, dates back to 2010. UNICEF has commissioned a Multi Indicator Cluster Survey (MICS). As soon as more data from the MICS will become available, the first draft of EQUIST will be updated, leading to an evidence based and prioritized essential intervention package for RMNCAH-N.

A first draft of the resource mapping was also completed. Even though still more partners, such as ICRC and DfID, are coming on board to enrich the available data set on commitments and expenditures for RMNCAH-N, the joined resources already identified could cover the investment needs for the Government's "Plan of Urgency for RMNCAH-N". Seeing its utility, the Department of Health Financing of the Ministry of Health pledged to adopt the GFF resource mapping framework as its own, with support from the GFF/World Bank team to build the Government's capacity to adopt (and further adapt if needed) the framework.

The fiscal space analysis is nearing completion. Once a costing of the essential health intervention package is also completed, and when the full resource mapping will become available, the financing gap can be calculated.

In a GFF workshop held in February 2019, the principles of a theory of change were discussed with representatives of the Comité Technique Ad Hoc. The emerging Theory of Change (ToC) covers the following components: the expected impact from the Investment Case (including reduction of maternal, newborn and child mortality; improvement of stunting and acute malnutrition; reduction of adolescent fertility; and increased births spacing); demand for health services, supply of health services, health system building blocks, and improved health care financing. All of these components are arranged in a

causal chain framework, which will allow tracking of progress across impact, outcome, output and input indicators.

Meanwhile, preparations for the implementation of the World Bank project were completed. An important achievement was the issuance of a Government decree to provide free services to pregnant and lactating women, women affected by gender-based violence and to children under five.

### 3. Anticipated results in the next six months

In March and April 2019 most of the background studies for the Investment Case will be completed, while data collection, cleaning and preparation for presentation are still underway for the Multiple Indicator Cluster Survey (MICS), the National Health Accounts (NHA), OneHealth costing and budgeting analysis to derive a tax space and to develop realistic financing scenarios, the midwifery review, with the expectation that these will become available by September 2019.

A first draft of the Investment Case, drawing on the EQUIST analyses, resource mapping, fiscal space and OneHealth analyses, is expected in April. In September, when more recent data will become available, the draft framework will be updated and refined towards the development of a final Investment Case.

Meanwhile the implementation of the SENI project will begin, including its components on performance-based financing, gender-based violence, and health systems strengthening. The overall project is expected to cover 45% of the population. There is a need to conduct advocacy with MSP’s partners to allocate additional resources for the SNIS, in addition to those provided by the World Bank.

## COTE D’IVOIRE

|                               |  |
|-------------------------------|--|
| <b>IC period</b>              | 2019-2022  |
| <b>IC Financiers include</b>  | TBD  |
| <b>Key technical areas</b>    | UHC, improving equity and efficiency in service delivery and financing, private sector engagement, improved donor coordination |
| <b>Government Focal Point</b> | M. Albert Flinde (alberflinde@yahoo.fr)  |
| <b>GFF Liaison Officer</b>    | Fieny Ambroise Kobenan (gff.cotedivoire@gmail.com)   |

### 1. Value added of the GFF

The storyline in CIV is very much one of moving towards Universal Health Coverage and improving equity and efficiency in service delivery and financing. A key objective for the GFF is to ensure that the health sector, and especially the part catering to the most vulnerable population groups, benefits from the sustained economic growth. An acceleration of structural reforms is needed, in order to support GDP growth and improve the living conditions of vulnerable populations. The GFF aims to support the government to deliver basic/primary services to the population to avoid the elite capture (tertiary) hospital care and thus “balance out” expectations and demands of the population in a post-conflict period. Involvement of civil society will therefore be crucial throughout the process.

**Domestic Resource Mobilization (DRM).** A lot of effort has gone into linking the IC to the government's budget. BOOST tool is being set up to allow tracking resources flowing to the IC. In addition, a Resource mapping exercise is being conducted with external donors – currently trying to be linked to government's budget. Although DRM is a key objective in Cote d'Ivoire, it is crucial to incentivize domestic resources that are being spent on the frontlines. Focus is therefore on incentivizing government to spend more on delivering a basic package of services through scale up of the PBF and covering of user fees for the poor (through the start of the UHC scheme). The Government is planning to fully take on PBF subsidies as from 2021. A DPL is currently being developed, which incentivizes spending on specific expenditure programs (such as the covering of the poor) which will ultimately lead to increased share of the government budget going to health. Finally, various advocacy work is being undertaken to support DRM such as replenishment in Oslo, National Dialogue, GFF Round Table, through the 4Gs, etc.

**Efficiency: prioritizing and coordinating investments in primary care.** With strong economic growth, there is a growing share of the population accessing and demanding secondary and tertiary services in urban areas. This contrasts with the very poor RMNCAH outcomes in rural areas and priorities identified through the GFF process. The IC, combined with the scale up of strategic purchasing (that concentrates on basic services at primary care level) will help prioritize primary care in the budget. Effectively engaging with CSOs, e.g. through creating citizen feedback loops in the governance P4R, will be important for accountability.

**Private sector.** Private sector is a key component in the IC. The focus is on trying to integrate private providers into the PBF, but through a very comprehensive approach of supporting the PS in organizing themselves, taking part in the GFF platform, having budget earmarked in the IC for better mapping and registration of the private sector etc. Potentially some Corporate Social Responsibility activities (unclear yet)

**Donor coordination.** Supporting the alignment of large and fragmented donor financing around national priorities is a primary value add of the GFF in Cote d'Ivoire. CIV is one of the focus countries of the 4G initiative. The co-financed project (200 million with 20 million GFF) will focus on improving the utilization and quality of health services to contribute to reducing maternal and infant mortality by integrating strategic purchasing into the national system through the national scale-up of PBF combined with deployment of CMUs. It will also finance and support specific priority areas of the GFF investment case: rehabilitating and equipping health facilities; human resources for health; health information system; and quality of primary care, with special focus on RMNCAH. GFF co-financing will focus specifically on reforms and capacity building and strengthening HMIS. The Government of Côte d'Ivoire has requested an US\$80 million financing from the Islamic Development Bank (IsDB) and it is planned that this financing will be fully parallel to components in the WB/GFF project.

## 2. Progress in the last year

Cote d'Ivoire joined the GFF in November 2017. Since then, good progress has been made in the development of the Investment Case with a first draft completed in February 2019 that will be presented at the National Dialogue in mid-April. This draft IC is currently undergoing a Quality Review process. In parallel to this positive development, the Government of Cote d'Ivoire has developed an ambitious social sector program, in which health features prominently. This program, which covers the period 2019-2020, includes the gains from the GFF process as well as the areas of value addition. The GFF country platform has been set up and their first meeting is scheduled for early April 2019. The GFF co-financed World Bank project's Board date is scheduled for end of March 2019. This project also includes parallel financing from IsDB.

### 3. Anticipated results in the next six months

The work in the next six months will focus on finalizing the IC (including operationalization of the country platform) and effectively integrating it into budget negotiations starting in June 2019; developing a strong results framework; and securing high level commitment to finance the IC (and effectively increasing share of the budget to health).

## HAITI

|                               |   |
|-------------------------------|---|
| <b>IC period</b>              | Under development   |
| <b>IC Financiers include</b>  | TBD   |
| <b>Key technical areas</b>    | TBD   |
| <b>Government Focal Point</b> | Dr. Reynold Grand’Pierre (reynold.grandpierre@mspp.gouv.ht) |
| <b>GFF Liaison Officer</b>    | Paul Auxila (gff.haiti@gmail.com)                           |

#### 1. Value added of the GFF

The introduction of the GFF in Haiti has brought renewed excitement, energy, and optimism in the potential to enhance governance and accountability, improve coordination (including within the Ministry of Health), and increase access to and quality of primary care. Further, the GFF is seen as a lever to accelerate the reform to improve donor coordination and enhance effectiveness of foreign aid, a process that was initiated at the end of 2017. The GFF’s emphasis on the need for a functioning country platform and development of an investment case has created an important momentum and opportunity to streamline the linkages between existing strategies, financing, and actions to have one implementable plan with a common goal that all key parties are aligned around. As such, the GFF is seen as a catalyst for leveraging partnerships both within the Ministry and other government entities, as well as externally, to achieve the outcomes and priorities outlined in the investment case. Within the Ministry of Health, for instance, the GFF will be capitalized on to build efficiencies and bring more synergies between the three central-level technical directorates leading the RMNCAH-N agenda, namely the Direction of Family Health, the Direction of Nutrition, and the Direction of Expanded Immunizations. This is long overdue in Haiti given the limited communication within the ministry coupled with the large number of donor entities that operate in-country, often in an uncoordinated manner and in a humanitarian response mechanism. Further, the government has identified a number of key, long-neglected health systems strengthening activities that the GFF and partners will support, including resource mapping and tracking, community health, and rationalization of human resources.

The GFF is providing \$15 million of co-financing to a \$40 million IDA-financed project to support improvements in primary health care service delivery and expand the country’s current and well-functioning cholera surveillance system to include other infectious diseases and maternal mortality. The GFF resources are also used to finance technical assistance and tools to support the GFF process in-country and activities related to the country platform functioning and investment case development.

## 2. Progress in the last year

In the last year, Haiti has carried out administrative and governance activities that will set the country on a trajectory to fully launch and initiate the GFF process in 2019. In January 2018, a Haitian delegation participated in the Country Inception Workshop, and presented the results of their discussions in Accra to the Minister of Health in Haiti in May 2018. In the following months, official designations of the country government focal point in the Ministry of Health (May 2018) and Ministry of Finance (November 2018) and GFF Liaison Officer (July 2018) were made. In October 2018, a meeting with the GFF government Focal Point and the GFF secretariat focal point, GFF Liaison Officer, World Bank TTL, and key partners (USAID, Canada) was held in Haiti to revisit progress and needed next steps to move towards an official launch of the GFF in the existing country platform in Haiti. In December of 2018, two South-South exchanges took place, one via videoconference (Cameroon, Senegal, and Haiti) and the other in a week-long trip to Dakar, Senegal. The objective of both exchanges was to share experiences and key lessons on the formation and functioning of the GFF country platform and investment case development and implementation process. Important lessons were drawn from these exchanges, which were shared with the Minister of Health and prompted her to launch a Task Force, chaired by the Director General of the Ministry of Health, to support the government Focal Point and the GFF Liaison Officer. The Aide Memoire that was developed following the exchange in Dakar has been used by the Task Force as a reference to develop an initial draft of a road map for 2019. Lastly, the Ministry of Health's Unit for External Cooperation has just been fully staffed. The Haiti GFF Liaison Officer has been supporting this process and providing technical assistance for strengthening this unit and building its staff's capacity to implement the Ministry of Health's new vision and revised mechanisms for donor coordination, all of which are necessary precursors to the launch of the GFF process in-country.

## 3. Anticipated results in the next six months

In the next six months, Haiti will prioritize the following activities:

- GFF orientation to the new Minister of Economy and Finance and relevant members of his Cabinet and staff by the Minister of Health.
- Official launch ceremony of the GFF co-led by the Minister of Health and the Minister of Finance.
- Country platform meeting that features and presents the GFF, including: (i) definition of the roles and responsibilities of each "category" of members (CSO, private sector, donors, government), (ii) identification of members who will participate in the country platform; (iii) description and initiation of the prioritization exercise.
- Conduct an inventory of available technical documents (including national health strategies and plans) and secondary analysis of existing data to inform a prioritization process for the development of the investment case.
- A series of orientation and advocacy activities targeting key partners and stakeholders.
- A GFF workshop with an initial group of civil society organizations, organized with assistance from the GFF Secretariat and Senegalese colleagues.
- Initiate a resource mapping exercise that is aligned with priorities elaborated by the Ministry of Health that identifies gaps and duplications specific to each priority area to be included in the Investment Case. As previously mentioned, this may involve the piloting of the GFF resource mapping tool.
- Finalize the 2019 road map for the implementation of the GFF process.

## INDONESIA

|                               |   |
|-------------------------------|---|
| <b>IC period</b>              | Under development   |
| <b>IC Financiers include</b>  | World Bank, GFF, UNICEF, Power of Nutrition, DFAT, Tanoto Foundation  |
| <b>Key technical areas</b>    | Nutrition, decentralized multi-sectoral planning and service delivery, CDD (community driven development), ICT, behavioral change communication |
| <b>Government Focal Point</b> | Dr. Bambang Widiyanto (bwidiyanto@ymail.com)  |
| <b>GFF Liaison Officer</b>    | Minarto Noto Sudarjo (indonesiagff@gmail.com)   |

### 1. Value-added of GFF

GFF provides co-financing of \$20 million to the \$400 million Investing in Nutrition and Early Years (INEY) PforR. The PforR supports the implementation of National Program to Accelerate Stunting Reduction (*StraNas Stunting*) led by Office of the Vice President and contributes to increasing the impact of \$14.6 billion of government spending on stunting prevention. *StraNas Stunting* will drive convergence of priority interventions across sectors and levels of government by addressing management and system problems, strengthening citizen engagement in the frontline service delivery and oversight of the program and plugging critical gaps in the current mix of sector programming. The GFF RETF finances catalytic investments to: (i) accelerate improvements in coordination and implementation capacity at national and local level; (ii) support financing reforms to improve the efficiency and transparency of domestic resources by introducing performance assessment of large-scale fiscal transfers to districts and villages; and (iii) improve monitoring and evaluation systems to track progress, learn, course-correct and evaluate the program's impact and effectiveness. GFF resources will also support implementation and facilitate learning for selected innovative policy instruments such as multisectoral Human Development Workers (HDW), Village Convergence Scorecard, digital platform for enhancing citizen engagement, Child Length Mat and tools for improving service readiness of frontline service delivery. In addition, GFF BETF will also be used for agenda setting analytics on important yet under-focused areas in the current policy mix such as private sector engagement, CRVS, adolescent nutrition and technology-based innovations. It will also support the Vice President Office to enhance learning agenda to generate knowledge and lessons for other countries and promote two-way knowledge sharing.

### 2. Progress in the last year

**Development of the Investment Case.** As agreed with the government, the National Strategy to Accelerate Stunting Reduction (*StraNas Stunting*) along with its supplementary M&E plan serves as the GFF Investment Case. The National Strategy has been developed in a participatory manner and involved consultations with DPs, CSOs and local government. The National Strategy was launched on November 21, 2018 and is currently in the process of being formalized in a Presidential regulation. This will help in formalizing the president-level leadership, recognizing the role of key ministries and clarifying the fiscal transfers reform in driving sub-national program convergence. Furthermore, the priority interventions and results targets of the IC are being incorporated in the new National Medium Term Development Plan (RPJMN) 2020-2024 which will help securing the funding for the priority interventions and tracking of the results.

**Country Platform.** The Office of Vice President has created Leadership and Program Steering Committee (PSC) as the country platform for monitoring the implementation of *StraNas Stunting*. The PSC has met several times, but they are not yet formally established. The involvement of CSOs and private sector in

the country platform needs to be strengthened and could benefit from clear guidance on the mechanism of the country platform and the roles and responsibilities of CSOs and private sector.

**Rolling out of StraNas Stunting at district level.** The government has also made good progress on preparing districts to begin full implementation of the StraNas Stunting in 2019. National Stunting Summit was held in November 2018 attended by 96 of the 100 stunting priority districts for 2018, 63 of which signed MoUs to implement the StraNas Stunting locally. The government has issued District Convergence Implementation Guidelines and established a Provincial Technical Assistance (TA) Pool, which will help districts operationalizing the guidelines.

**Piloting Human Development Workers (HDWs).** The government has piloted the establishment of HDWs pilot in 3,105 villages in 31 stunting priority districts in 2018. The HDWs play a central role in ensuring the convergence of priority nutrition-specific and nutrition-sensitive interventions and ensuring the 1,000-day households have simultaneous access to those services.

**Reform on improving effectiveness of budget allocation and realization.** GFF TF has supported the development of guidelines for the tagging and tracking system for national expenditure on priority nutrition interventions as a key milestone in the public financing reform. The guidelines outline the budget information system and relevant budget classification across programs in different line ministries. Given the current focus is on stunting reduction, the guidelines focus on nutrition spending, however this potentially be applicable for other key areas thus triggering the system wide reform by introducing performance measurement in the planning and budgeting process. This has also promoted good collaboration between Ministry of Finance, Office of Vice President, Ministry of Planning, Ministry of Health and other relevant key ministries supported by WB cross-GPs teams.

**PforR achievement to date.** Based on Vice President Office report, 9 out of 10 DLLs of the Investing in Nutrition and Early Years (INEY) PforR were fully achieved and one partially achieved. All the results remain subject to independent verification which is due for completion by end of April 2019. The government has either fully achieved or almost achieved all its Project Development Objective (PDO)-level indicators and intermediate-level indicators with targets in Year 1 (2018).

### 3. Anticipated results in the next six months

**Strengthening the monitoring and evaluation system.** The activities will focus on supporting the Vice President Office to provide strategic guidance, tracking implementation and ensuring convergence and mobilizing a full range of multi-sectoral stakeholders. The focus will be on developing performance monitoring dashboard, resources tracking tools and establish regular performance review of StraNas Stunting. This will also include setting up advisory support for the implementation of StraNas Stunting Evaluation Strategy.

**Strengthening the quality of frontline service delivery and citizen engagement.** To ensure that increased commitment and resources under StraNas Stunting translate into improved outcomes, ensuring quality of services and enhancing citizen engagement for oversight are key. GFF BETF will support: (i) the development of tools for diagnosis and resolving service delivery bottlenecks for frontline service delivery of nutrition-specific interventions; (ii) the development of digital tool (android application) to digitize the frontline convergence tasks and functions of the Human Development Workers (eHDW app) and collect real time, high frequency data amenable to Machine Learning and AI analytics; HDW and Child Length Mat process evaluation for course-correct the implementation.

**Agenda setting analytics to influence the policy and operational agenda.** Several studies will be conducted such as: (i) review of adolescent delivery platforms to support the policy and program impact; (ii) advisory report on strengthening private sector engagement in StraNas Stunting; and (iii) CRVS feasibility assessment including strategies to accelerate registration of vital events, leveraging existing delivery platform for improving birth registrations and innovative solutions.

**Improving partners coordination in supporting the implementation at local level.** Government has developed various policy tools and instruments such as Convergence Action Plan (District and Village Level), Human Development Workers and Village Scorecard Guidelines, Budget Tagging and Tracking Tools which will benefit from partners support in enhancing its implementation on the ground. More active coordination with partners will be needed.

## MADAGASCAR

|                               |  |
|-------------------------------|--|
| <b>IC period</b>              | Under preparation  |
| <b>IC Financiers include</b>  | TBD  |
| <b>Key technical areas</b>    | full sector program, including RMNCAH-N                      |
| <b>Government Focal Point</b> | Heriniaina Honoré Rasamimanana (heryhrasamimanana@gmail.com) |
| <b>GFF Liaison Officer</b>    | Hasina Hantanirina Razafimbola (gff.madagascar@gmail.com)    |

### 1. Value-added of GFF

The following are the main value-added of the GFF engagement in Madagascar:

- (i) to strengthen alignment of partners to the Government prioritized plan for improving health and nutrition outcomes;
- (ii) improving programmatic and geographic coordination among all partners supporting prioritized health and nutrition programs;
- (iii) improving Government and partners' accountability towards health results through strengthening information systems, including civil registration and vital statistics, to monitor and evaluate supported interventions and the flow of funds that finance them; and
- (iv) strengthen key elements of the health system, particularly human resources, health financing and results chain.

### 2. Progress in the last year

In the last year the Government, with the support of different partners, has been developing an investment case for the improvement of maternal, child and adolescent health and nutrition outcomes. A draft of the IC is available (integrating the situation analysis, resources mapping, priorities, results framework, budgeting, etc.). The process to develop the Investment Case is meant to improve partner's alignment around Government's priorities and to avoid duplications; this process that will need to continue and be strengthened in the coming months. Within this process, a result mapping exercise took place to assess all donor commitments to relevant areas for the Investment Case. This mapping exercise is an important tool towards improving alignment and avoid duplications.

During the previous year there was also much progress towards generating a results-focus strategy. In this regard, there has been much work in drafting a monitoring and evaluation framework of the country's Investment Case. Finally, there was also progress made towards identifying strategic ways to support the strengthening of the country's civil registration and vital statistics (CRVS), in line with the national CRVS strategic plan, to facilitate good governance and results monitoring.

### 3. Anticipated results in the next six months

At the moment, there is a draft of the Investment Case that will provide inputs for further discussions with the new Government authorities and partners, to further strengthen alignment and continue refining and finalizing the Investment Case. Once the investment case is finalized, the GFF trust fund resources will be linked to an Additional Financing of the IDA Credit on "Improving Nutritional Outcomes using the Multiphase Programmatic Approach". This Additional Financing is expected to be finalized in the next six months. The development objectives of this credit are in line with the GFF engagement in Madagascar. These objectives are: to increase utilization of an evidence-based package of reproductive, maternal and child health and nutrition (RMCHN) interventions and improve key nutrition behaviors known to reduce stunting in targeted regions and to provide immediate and effective response to an eligible crisis or emergency.

In addition, as part of the support to strengthening information systems and improving accountability for results, the GFF will support (in partnership with the World Bank Governance sector) the implementation of the national CRVS strategic plan through the following prioritized activities: the establishment and piloting of an interoperable centralized CRVS database, integrated with the national identification system; activities aimed at improving the completeness and timeliness of birth registration and issuance of birth certificates; and the strengthening of the capacity to produce vital statistics from the civil registration system. These activities will be undertaken to kick-start and complement broader plans of the government to reform the National Civil Registry Office in support of improving service delivery and strengthening financial governance through a World Bank project currently under preparation.

## MALAWI

|                               |                                    |
|-------------------------------|------------------------------------|
| <b>IC period</b>              | Under development                  |
| <b>IC Financiers include</b>  | TBD                                |
| <b>Key technical areas</b>    | TBD                                |
| <b>Government Focal Point</b> | Kate Langwe (katelangwe@gmail.com) |
| <b>GFF Liaison Officer</b>    | Pius Nakoma (gff.malawi@gmail.com) |

### 1. Value-added of GFF

Donor funding dominates total health expenditure in Malawi, with an estimated 75-80 percent of funding coming from donors, presenting both a challenge and opportunity for the GFF. On the one hand, there are already-existing donor coordination structures in Malawi, with an active Health Donors Group. However, this has also meant that the donor space in Malawi is already crowded, there is an expectation that a new donor (i.e., in this case, GFF in collaboration with the World Bank) is necessarily bringing additional resources to the table, and any new investment needs to be narrowly targeted to have impact. Within this context, the Ministry of Health and Population (MoHP) actively embraced the GFF model of

partnership, leading a multi-stakeholder GFF Task Force with participation of donors and civil society in addition to government.

The added value of the GFF is three-fold:

- **First**, the GFF Investment Case (IC) development process can identify the targeted gaps in current programming, within the context of the GoM's current 2017-2022 Health Sector Strategic Plan II. To this end, the GFF Task Force is currently supporting several pieces of analytic work, including a Situational Analysis, Resource Mapping, Service Delivery Indicators Survey, Health Financing System Assessment, financial gap analysis, and a Health Systems Bottleneck Analysis.
- **Second**, the GFF can leverage related investments by the World Bank. GFF has made a targeted \$10 million investment in the GoM's Investing in Early Years (IEY) Project with the World Bank, combining the GFF resources with a \$50 million IDA grant. Led by the Ministry of Gender, Children, Disability and Social Welfare, IEY was approved by the World Bank Board in December 2018. The project aims to improve coverage and utilization of early childhood development services, with focus on nutrition, stimulation and early learning, from conception to 59 months.
- **Third**, the GFF can support the MoH in its ongoing efforts to better coordinate aid and improve donor alignment around established priorities, and to continue to sharpen an evolving Investment Case. The hiring of the GFF Country Liaison Officer in August 2018, establishing for the first time a GFF presence-on-the-ground in Malawi, and the placement of this Officer in the MoHP Department of Planning and Policy Development (DPPD) has been an important step forward in fostering more effective GFF coordination with other stakeholders.

## 2. Progress in the last year

Despite considerable analytical work having been carried out, the development of the Investment Case has fallen behind the schedule in the Roadmap set by the MoHP and GFF Task Force. During 2018, regular monthly Task Force meetings were convened by the Ministry, first under the auspices of the Quality Management Department and then beginning in mid-2018 by DPPD. The initial plan was to complete the IC in order to influence the FY19/20 budget planning by the GoM, with working groups established on four focus areas: nutrition, RNMCAH, CRVS and early child stimulation. This process was working well until December 2018, with the approval of the IEY project and the realization that \$10 million in GFF funding had gone to that project which, though related to the focus areas, did not have ownership by the Task Force, including MoHP leadership. Investment Case development has therefore lost considerable momentum, although the analytic tasks supported by the GFF have continued.

## 3. Anticipated results in the next six months

Currently, the GFF Secretariat is working with the MoHP to reset and recalibrate the Investment Case, in terms of both vision and process. A key part of this is the potential for additional GFF funding to be aligned with a possible future World Bank project focused on some dimension of RMNCAH-N, which would be fully aligned with a renewed Investment Case process. This possibility will become clearer as the new World Bank Country Partnership Framework for Malawi is developed during 2019. To help facilitate across-the-board engagement in health by the World Bank local office, GFF is financing a Health Specialist position within the World Bank office in Lilongwe. That position is in recruitment and is expected to be filled by May 2019.

## MALI

|                               |   |
|-------------------------------|---|
| <b>IC period</b>              | Under development                           |
| <b>IC Financiers include</b>  | TBD   |
| <b>Key technical areas</b>    | TBD   |
| <b>Government Focal Point</b> | Mama Coumare (mamacoumare@yahoo.fr)         |
| <b>GFF Liaison Officer</b>    | Mamadou Namory Traoré (mali.gff1@gmail.com) |

### 1. Value-added of GFF

Mali joined the GFF as the 27<sup>th</sup> country in May of 2018 based on enthusiastic interest from the highest levels of the Malian government, and exceptional commitment to UHC and RMNCAHN. Since then, the government has been actively preparing to launch its new package of health reforms which was announced in February of this year. These reforms include the removal of user fees for pregnant women, children under 5 and family planning clients. The government is also committed to build an extensive network of community health workers, expanding on the success of a pilot program to actively screen and treat children under 5 for major causes of morbidity and mortality. And finally, the government has made a commitment to significantly increase domestic resources for health.. The Dutch government has already stepped up, alongside the World Bank and the GFF, to co-finance the results-based financing platform and expansion which is a core element of the new health financing reforms.

### 2. Progress in the last year

The GFF engagement and the development of the IC going forward will be anchored within and seek to support this package of reforms. To this end, the country platform has been identified and convened; a GFF Liaison Officer has been engaged; and a formal GFF launch event was rolled out with the Minister of Health on March 18, 2019.

### 3. Anticipated results in the next six months

The next six months will see a flurry of activity around the development of the IC alongside the roll out of the health reform package. Given that Mali was not a GFF country when the cohort of countries selected in November 2017 participated in a GFF induction workshop, Mali will be included in the upcoming workshop for the 8-10 new GFF countries.

## RWANDA

|                               |   |
|-------------------------------|---|
| <b>IC period</b>              | Under development   |
| <b>IC Financiers include</b>  | Government of Rwanda, World Bank, GFF, Power of Nutrition, DFID, USAID, UNICEF, JICA, FAO, EU, WFP, private sectors |
| <b>Key technical areas</b>    | Nutrition, ECD, Social Protection, CRVS   |
| <b>Government Focal Point</b> | Dr. Anita Asimwe (anita.asimwe@ecd.gov.rw)  |
| <b>GFF Liaison Officer</b>    | Canut Dufitumukiza (gff.rwanda@gmail.com)   |

## 1. Value-added of GFF

The GFF is supporting the Government of Rwanda in scaling up its multi-sectoral program to enhance the human capital outcomes by, among other things, reducing the high prevalence of stunting and improving early childhood development (ECD) outcomes in the targeted districts. The program is coordinated by the newly created National Early Childhood Development Program (NECDP). GFF TF co-finances two complementing World Bank-financed projects: (1) *Stunting Prevention and Reduction Project (SPRP)* (total project amount of \$55 million, including GFF TF \$10 million), which supports community-based approaches to improve the delivery of high-impact nutrition and health interventions, incentivize frontline community health workers (CHWs) and health personnel, strengthen accountability mechanisms, and promote a learning-by-doing approach; and (2) *Strengthening Social Protection Project (SSPP)* (total project amount of \$103 million, including GFF TF \$8 million) which scales up the main components of the flagship Social Protection Program called Vision 2020 Umurenge Program (VUP), including innovations such as a gender and child-sensitive public works schemes, a co-responsibility cash transfer support targeting poorest households with pregnant women and/or children under two years of age, and strengthening of civil registration and vital statistics (CRVS) and service delivery systems.

GFF brings several key added values for Rwanda. First, GFF contributes to the strengthening of the multi-sectoral coordination and accountability mechanisms, promotion of evidence-based multi-sectoral interventions, and leveraging/strengthening of key platforms to maximize convergence that is critical to stunting reduction. Second, the GFF supports the government to conduct analytical work and technical assistance that aims to improve efficiency and expand spending on high-impact, evidence-based health interventions, nutrition specific interventions, and nutrition sensitive interventions, leveraging and building experiences in Rwanda and internationally. Third, the GFF supports the development of mechanisms for measuring and tracking progress, including strengthening birth registration as part of the CRVS strategy and integrated performance monitoring dashboard, as well as supporting innovations and a learning agenda.

## 2. Progress in the last year

***Development of GFF Investment Case (IC).*** As discussed with the government, the new National Early Childhood Development Program Strategic Plan (NECDP SP) 2019-2024 will serve as the GFF Investment Case. NECDP SP is currently under development through a participatory process and is expected to be finalized in April 2019. The IC development process brings together key government stakeholders as well as development partners, CSOs, Faith-based Organizations (FBOs), academia and the private sector. The draft IC needs to go through a significant prioritization process as it currently covers a wide range of interventions. A prioritization workshop is planned for end of March supported by other development partners.

***Integration of IC into the planning and budgeting process.*** While the IC is still being finalized, the government has initiated the development of a Single Action Plan (SAP) which is the yearly guiding document for the planning and budgeting. It reflects the priority cross-sectoral interventions and is signed by the relevant Ministers as commitment for the ongoing fiscal year with the oversight by the Office of the Prime Minister. It helps linking the priority programs with the planning and budgeting allocation process led by the Ministry of Finance.

***Reform of Community Health Worker (CHW) program.*** To facilitate policy conversations on improvements to the current CHW program, GFF is supporting GoR in the reform of the flagship CHW

program by facilitating consensus building on prioritized set of interventions and reforms and a “roadmap” for revamping the flagship program. Ministry of Health has already undertaken a reform of the CHW training program and is introducing a certification scheme that will improve motivation and establish a career path for CHWs with important progress on reaching a consensus on strategies for improving the effectiveness of the program.

***Scaling up of high impact health and nutrition interventions through the national Performance-based Financing (PBF) program.*** Following approval of the updated PBF manuals, PBF payments are expected to further incentivize CHWs and health facilities deliver on additional health and nutrition PBF indicators, hence improving the quality and availability (supply) of health and nutrition services.

***Support in initiating the Nutrition Sensitive Direct Support,*** a co-responsibility cash transfer targeted to poorest households (*ubudehe* 1) with pregnant women and/or children under 2. This is a new initiative meant to incentivize the uptake (demand) of key health and nutrition services, the quality and availability of which is being incentivized through PBF.

***Improved coverage and effectiveness of flagship Vision 2020 Umurenge Program (VUP) cash transfers.*** The SSPP has supported the scaling up the coverage of cash transfers and expansion of cPW and ePW that include the adoption of the Home/Community-based Child Care (H/CBCC). With increasing VUP coverage, so does the need for stronger technical and fiduciary capacity. Among the highlights of GFF support were: (1) facilitate the technical dialogue on digital payment systems for VUP as an important reform to strengthen the efficiency and timeliness of the cash transfers; (2) support the development of the guidelines of a new H/CBCC modality under the ePW aimed at more flexible, year-round gender and child-sensitive public works; (3) support the process evaluation of Minimum Package of Graduation (MPG) as one of the key modalities to support the VUP beneficiary households to enhance their livelihoods for longer term wellbeing, including investments in the early years of life; and (4) facilitating the government inter-agency collaboration, in line with multisectoral nature of the program, to ensure compliance with the national standards and program convergence.

***Strengthen the design and implementation of a well-functioning CRVS system.*** The GFF supports CRVS through the development of an integrated civil registration system focused on birth registration, birth certification and assignment of unique national ID to support the implementation of the Nutrition Sensitive Direct Support and improve access to key nutrition services; design and roll-out of social and behavior change communication campaigns; and training and sensitization of government officials in civil registration and vital statistics.

***Strengthen accountability system for the National ECD Program.*** GFF TF has and continues to support the design and strengthen the implementation of various accountability tools at all levels (i.e. Single Action Plan at the national level and piloting Community Convergence Scorecard and Child Length Mat at district and village level). The targeted districts are now more engaged in the program with the approval of their DPEM, signing of MOUs, and transfer of funds, coupled with the sensitization on stunting.

***Several M&E activities are underway, including establishing comprehensive evaluation strategy for the overall Bank-funded stunting prevention and reduction program that is funded by various sources (GFF, Power of Nutrition, IDA).*** Among the highlights are the revamping of the rapid SMS system and incorporation of new indicators in national HMIS; and various activities to support the learning agenda for the SPRP and a rigorous impact evaluation that aims to assess the impact of demand and supply side interventions supported through the various projects. The concept note for the evaluation baseline

survey was developed, discussed with GoR counterparts and development partners, and revised accordingly. The procurement process is ongoing and the selection of a firm will take place by late March, and fieldwork will start by early June. GFF BETF provides quality assurance for the survey.

### **3. Anticipated results in the next six months**

The focus will be on:

1. Finalizing and costing of the IC.
2. Continuing the implementation of CHW reforms by implementing the new certification accreditation system and revised training materials. In addition, the enhancement of community information system by streamlining reporting arrangement and exploration of digital platforms will be undertaken.
3. Advancing the nutrition financing work focusing on understanding the level of domestic and international financing needed for managing malnutrition and strategy for improving efficiency and increasing domestic resources; and the financial consequences of malnutrition on health expenditures.
4. Development and implementation of accountability tools (i.e. multisectoral resources tracking tools for NECDP SP, community convergence scorecard and child length mat).
5. Progressing on M&E activities such as finalizing the process evaluation of NSDS and H/CBCC Process Evaluations to inform the effective roll out and program implementation, review of the baseline data collection tools and inputs into different reports.
6. Capacity building support to LODA and MINALOC on advancement of SP and NECDP policies, enhanced fiduciary controls for the VUP, and further strengthening of the CRVS systems and their use for service delivery.
7. Quality assurance for ongoing activities, including: development of the new digital payment system for VUP, update of implementation guidelines by using the results of the process evaluation, development and further enhancement of the interoperability of different MIS system.