



EURO HEALTH GROUP



VOLUME II

# Independent Evaluation of the Global Financing Facility for Women, Children and Adolescents (GFF)

February 2025

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## Abbreviations and acronyms

CHAI	Clinton Health Access Initiative
CP	Country platform
CRVS	Civil registration and vital statistics
CS	Civil society
CSO	Civil society organization
DRM	Domestic resource mobilization
DRUM	Domestic resource utilization and mobilization
FGD	Focus group discussion
GFF	Global Financing Facility for Women, Children and Adolescents
HF	Health financing
HMIS	Health Management Information System
IBRD	International Bank for Reconstruction and Development
IC	Investment case
IDA	International Development Association
KII	Key informant interview
MOF	Ministry of Finance
MOH	Ministry of Health
NHA	National Health Authority
NCDA	National Child Development Agency
PND	National Health Development Plan
RMET	Resource mapping and expenditure tracking
RMNCAH-N	Reproductive, maternal, newborn, child, and adolescent health & nutrition
TA	Technical assistance
TFC	Trust Fund Committee
TOR	Terms of reference
UHC	Universal health coverage
UNICEF	United Nations Children's Fund
WB	World Bank
WHO	World Health Organization

# Annexes



## Annex 1: List of key informants and documents reviewed

Over the course of the data collection period, the evaluation team interviewed approximately 45 global-level stakeholders and 110 country-level stakeholders across 10 countries (see Volume III. for a detailed list of country documents and stakeholders consulted).

**Table 1. List of global-level key informants interviewed**

Name	Position	Association
<b>Global</b>		
Caryn Bredenkamp	Lead Economist	WB
Luc Laviolette	Head of Secretariat	GFF
Nina Schwalbe	Former Associate Director of the Program Division and Chief of Health	UNICEF
Awa Coll Seck	Former Minister of State and Minister of Health   President of the Forum Galien Africa	Senegal
Peter Hansen	Results and Learning Lead   GFF Secretariat	GFF
Petra Vergeer	Portfolio Manager   GFF Secretariat	GFF
Djourbe Taiki Zeune	Country Focal Point Chad   Director of Population Activities Coordination	Gov Chad, Ministry of Planning
Lakshmi Balaji	Former Senior Advisor, Global Health and International Development leader - PHC & Health systems	UNICEF
Gaston Sorgho	Practice Manager, Health, Nutrition & Population	WB
Min. Robert Lucien Kargougou	Minister of Health	Burkina Faso
Joanne Carter	Executive Director	RESULTS Educational Fund (REF)
Xochitl Sanchez	Director of the ACTION Secretariat	ACTION Global Health Advocacy Partnership
Keith Hansen	Senior Advisor	WB
Bruce Aylward	Assistant Director-General of the Universal Health Coverage Life Course Division	WHO
Johannes Linn	Nonresident Senior Fellow in the Global Economy and Development Program	Brookings Institution
Dr Anshu Banerjee	Director, Department of Maternal, Newborn, Child and Adolescent and Ageing	WHO

Dr Atul Gawande	Assistant Administrator for Global Healthz	USAID
Mamta Murthi	Vice President for Human Development	WB
Supriya Madhavan	Country Focal Point I RMNCAH-N and Gender Lead	GFF
Sam Johnson-Scott	Results Specialist	GFF
John Paul Clark	Lead Health Specialist in the WB I Advisor to the GFF	WB/GFF
Kenneth Prudencio	Advocacy manager, ASAPSU	Youth representative at the Investors group
Itai Rusike	Executive Director, Community Working Group on Health, Zimbabwe	Host of the CSO Coordinating group
Joyce Kilikpo	Executive Director, Public Health Initiative, Liberia	Host of the CSO Coordinating group
Darlington John	Program officer, Health Alert, Sierra Leone	Host of the CSO Coordinating group
Oyeyemi Pitan	Executive director, GEM Hub Initiative, Nigeria	CSO representative at the Investors group
Ingvar Theo Olsen	Global Health Lead	Norad, Norway
Suzzanna Dennis	Senior Advisor, GHV, Global Health Initiative, United States	Host of the CSO Coordinating group (former)
Alice Abou-Nader	Senior Country Manager for Indonesia	Gavi
Dr Pierre Somse	Minister of Health and Population	CAR
Pascale Allotey	Director of SRH/HRP	WHO
Dr Austin Demby	Minister of Health and Sanitation	Gov of Sierra Leone
Meena Gandhi	Senior Health Adviser	FCDO
Claire Giry	Statistics Adviser for Sexual Reproductive Health and Rights	FCDO
Juan Pablo Uribe	Global Director for Health Nutrition and Population at the WB and Director of the GFF	WB/GFF
Nathan Belete	Country Director for Malawi, Tanzania, Zambia, and Zimbabwe	WB
Trina Haque	Practice Manager in the Health, Nutrition and Population Global Practice of the World Bank	WB

Pamela T-Rao	International Health & Development Expert	Gates Foundation
Tanya Trevors	Director of Women's and Children's Health and Rights	Global Affairs Canada
Christina Wegs	Vice president of global programs and advocacy, PAI, United States	Host of the Global CSO Coordinating group
Tessa Mattholie	Global Fund Accelerator Health Adviser	UK Civil Service
Dr Nkechi Olalere	Senior Health Systems Executive & Strategic Advisor to the Minister of Health, Sierra Leone	GFF
Hope Johnson	Special Advisor to the CEO, Strategic Initiatives   Director, Measurement, Evaluation & Learning	Gavi
Tim Evans	Former Director of GFF	McGill University
Monique Vledder	Head of World Bank Health, Nutrition, and Population Global Engagement Unit	WB
Sue Graves	Deputy Director and Foundation representative on the GFF TFC and IG	Gates Foundation



From a global list of documents provided by the GFF, the evaluation team has read, coded and used the below ~110 global documents. In addition, all relevant documents related to the 10 countries (15-20 per country) have been reviewed and coded for the country studies.

**Table 2. List of documents consulted**

Documents reviewed and used in the evaluation	Year of issue/ publishing
<b>GFF Strategies, business plan and replenishment</b>	
Deliver the future. Replenishment report	2023
GFF Replenishment Document EN	2017
GFF Annual Report 2020-2021	2021
GFF Annual Report 2021-2022	2022
GFF Annual Report 2022-2023	2023
IG10-3 GFF Strategy refresh issues paper	2020
IG12-5 Operational-Plan	2021
GFF 2021-2025 Strategy	2020
Business plan for the GFF	2015
Global Financing Facility expansion plan 2018-2023	2023
<b>Global documents</b>	
GFF Review of the Investors Group (final report)	2019
Identifying opportunities to improve GFF Technical Assistance	2022
Identifying opportunities to improve GFF Technical Assistance (integrating TF feedback)	2023
Financing for existing and new GFF countries - Policy Paper	2019
GFF Approach to Results - TFC meeting	2019
GFF TFC Presentation 032521	2021
GFF TFC Meeting - November 2021	2021
GFF TFC CEF - November 2023	2023
IG3-6 Commodities Task Team	2016
IG4-5 Fragile Settings	2016
IG4 Meeting report	2016
IG4-6 Commodities	2016
GFF TFC Update on Global Public Goods	2019
Liberia Country Platform 2020.05.17	2020
Second Round Financing Policy Paper - First Draft	2019
Small and Sick Newborn Care Costing Tool User Manual 2023	2023
IG18-3 Climate and Health Approach (002)	2024
Mainstreaming Scaling at GFF	2024
GFF Evaluation - Case Study Countries - RE and BE Portfolio Summary 2024.07.23	2023
CLP Final Evaluation Report	2024
2019 Press Release on Selection of Next Round of Countries	2019
<b>General documents and journal articles</b>	

Progress in reproductive, maternal, newborn and child health and nutrition in the 36 GFF- supported countries – Countdown to 2030	2022
HAS 181: The Global Financing Facility Progress, Additionality, Effectiveness	2018
Operationalising the GFF model: the devil is in the detail.pdf	2018
Prioritizing Public Spending on Health in Lower-Income Countries Role of Global Financing Facility	2021
Reimagining the Future of Global Health Initiatives	2023
Countdown GFF report Tables and graphs	2024

### Governance

GFF Governance Document feb-2020	2020
GFF Trust Fund Governance Document adopted sept19	2019

### Country selection and resource allocation

TFC GFF 2023–2025 Funding Requirement updated	2023
Criteria for country selection and resource allocation formula	2015
GFF Expansion Plan	2018

### Country IC and Country platform guidance

Update on Country Platform Assessments June 2020	2020
Country Platform Guidance Note	---
Country Platform Self Assessment Guidance Note	2020
GFF Country Implementation Guidelines	2019
Investment Case Guidance Note	2016
Updated IC Principles Guidance Resources	2024
GFP Round 2 IC+CP Assessments FR final	2023
GFP 3 IC CP Assessments	---
IC CP Assessments - Round 1 5 countries v2	---
IC CP Assessments - Round 4 countries	2023

### Health Financing

Engaging Social Safety Nets for Better Health for Women Children and Adolescents	2021
From Double Shock to Double Recovery – Implications and Options for Health Financing in the Time of COVID-19 Technical Update-Widening Rifts	2021
From Double Shock to Double Recovery – Implications and Options for Health Financing in the Time of COVID-19 Technical Update - Old Scars, New wounds	2022
From Double Shock to Double Recovery Implications and Options for Health Financing in The Time of COVID-19	2021
TFC DRUM November 23 2019	2019
IG14 3 PHC financing	2022
IG15 3 PHC Operational Plan	2022
IG18 2.2 Health Financing Update	2024
Improving Health Financing to Accelerate Progress Towards Universal Health Coverage DRUM report	2022

### Alignment

IG13 3 Alignment Working Group PPT	2021
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IG13 3 Alignment Working Group Recommendations for IG endorsement	2021
<b>CSO and youth engagement</b>	
CSO update at GFF Trust Fund Committee PPT	2020
CSO and Youth Engagement Framework EN	2020
GFF Small Grants Funding Mechanism Results Timeline	2019
JLA CSO Compressed Report (final version)	2024
<b>Covid-19</b>	
IG12 3 Protecting Essential Health Services	2021
Service Delivery Learning Program at a Glance	---
Monitoring continuity essential health services during Covid19	2020
<b>Private sector</b>	
IG17 7 Private Sector Strategy	2023
IG2 8 Private Sector Engagement	2016
IG7 6 Private Sector Update	2018
GFF TFC IBRD Buydowns	2019
<b>SRHR, Adolescents, Gender</b>	
GFF Financing results improve ASRHR	2022
IG17 6 SRHR	2023
IG18 2.1 Approach to Gender Equality	2024
GFF Reproductive Health Acceleration Plan	2021
GFF SRHR Gender eval team June 2024	2024
Improving Well Being Adolescent Girls	2021
Monitoring for Action and Gender Equity (MAGE)	---
GFF Roadmap for Advancing Gender Equality	---
AFR HD Girls & Women Empowerment Fellows Program	2024
A review of girls and women's empowerment in Mozambique CMU	2024
<b>PHC, Nutrition, Maternal and Newborn health</b>	
IG14-2 PHC	2022
Positioning nutrition with universal health coverage	2022
School Health & Nutrition – Reach and Relevance for Adolescents	2021
IG15 Update on the GFF Innovation EN-PPT	2022
<b>Supply chain &amp; HRH</b>	
GFF CSC High Level Briefing 2024	2023
GFF CSC High Level Workplan Briefing 2024 + 240116 Results Wstream	2023
GFF-IG15-4-HRH-Operational-Plan	2022
<b>K&amp;L, Data for decision making</b>	
2019 GFF Workshop Country Case Study ENG workshop in Tanzania	2019
Country Leadership Program - CLP Flyer	2021
GFF Country Implementation Workshop Report September 2018	2018
GFF Country Workshop report 2017 FINAL	2017

GFF Measurement Framework DRAFT	2024
KL Report FY2023	2023

### External documents

GFF Review of the IG Final	2019
GFF Progress Review	2021
Pushing the envelope through the Global Financing Facility	2018
Global Financing Facility: where will the funds come from?	2015
Nordic countries divided over Global Financing Facility	2015
The Global Financing Facility at five: time for a change	2020
The Global Financing Facility: country investments for every woman, adolescent, and child	2015
The Global Financing Facility—towards a new way of financing for development	2017
World Bank and the Global Financing Facility	2017
Introduction To the Global Financing Facility: A Guide For Gff Engagement And Increasing Financing Resources	2018
ILO Working paper 97: A global fund for social protection	2023
Joint Open Letter to the GFF by Wemos and CSOs	2018

### Country specific documents

Investment Case and prioritisation process
IC progress, monitoring and evaluation reports
Country Platform participants
Minutes of key Country Platform meetings
Minutes of donor coordination meetings
World Bank country strategy/plan
Relevant World Bank project design/appraisal documents and project reports
GFF TA plan, focus areas and budget, and reports on TA delivered
GFF advocacy and communication products e.g. briefs, fact sheets, stories
Tools used to leverage World Bank resources
GFF country strategy/plan/results framework
GFF country progress reports including annual and financial reports
GFF country results and lessons learned
GFF country strategy/plan for gender and equity mainstreaming
GFF country CSO engagement strategy

## Annex 2: Stakeholder engagement

In the **inception** phase, the GFF Secretariat and Steering Committee members were consulted to provide input on the evaluation design, approach, and evaluation questions. This phase included inception consultations, stakeholder mapping, and the identification of country-level key informants, facilitated through engagement with the Country Focal Points and Liaison Officers. Regular bi-weekly management updates and online meetings with the GFF Secretariat ensured continuous coordination throughout the evaluation.

During the **data collection and analysis** phase, both global and country-level stakeholders participated in surveys, KIIs, FGDs, and in-country engagements with national consultants. Emphasis was placed on incorporating the perspectives of the GFF's end users—women, children, and adolescents—by engaging with civil society organizations representing these groups. A recommendation workshop was held with the GFF Secretariat and Steering Committee members to discuss preliminary findings and gather feedback on proposed recommendations.

In the **synthesis and reporting** phase, the evaluation team engaged the GFF Secretariat and Steering Committee in reviewing the draft and final reports, and presented findings to Trust Fund Committee and Investors Group. Additionally, feedback presentations for GFF field study countries were conducted to share findings and gather input.

**Table 3. Stakeholder engagement throughout the evaluation process**

		Global level			Country level
		GFF Secretariat	Steering Committee	Investors Group and Trust Fund Committee	Country Focal point and Liaison officer
Inception phase	Inception consultations ( <i>May</i> )	X	X		
	Stakeholder mapping exercise ( <i>May 20</i> )	X			
	GFF Steering Committee meetings ( <i>May 16+21</i> )	X	X		
	Presentation to the LOs ( <i>Jun 27</i> )	X			X
	Identifying country stakeholders (KIIs + survey) ( <i>Jun-Jul</i> )				X
	Reviewing inception report ( <i>Jun</i> )	X	X		
Data collection & analysis	Data collection (surveys, KIIs, FGDs, country deep dives) ( <i>Jul-Aug</i> )	X	X	X	X
	Reviewing draft preliminary findings ( <i>Oct</i> )	X	X		
	Reviewing interim findings report ( <i>Oct</i> )	X	X		

	Recommendation workshop ( <i>Oct 23</i> )	X	X		
Synthesis & reporting	Presentation to the IG and TFC ( <i>Nov 5-7</i> )	X		X	
	Reviewing draft report ( <i>Nov</i> )	X	X		
	Feedback presentations for the GFF field study countries ( <i>mid-Nov</i> )				X
	Reviewing final report ( <i>Nov</i> )	X	X		

## Annex 3: Global and country KII guides/ question bank

The following guides include the evaluation ‘question bank’ for key informant interviews at global and country levels. Not all questions were asked of all informants – the most relevant and appropriate questions were selected for each interview depending on the key informant. Questions were shared with key informants prior to the interview so that they had time to think about the issues to be discussed.

### Global stakeholder KIIs

#### Background

Euro Health Group, together with WACI Health, has been contracted to conduct an independent evaluation of the Global Financing Facility for Women, Children and Adolescents (GFF). The main purpose of the evaluation is:

- To generate evidence, strengthen accountability, and enable learning on the GFF focused on the 2021-2025 strategy.
- To inform adaptations and improvements to the GFF and inform the development of the 2021-2025 strategy.

By the GFF, we understand it to be a set of interventions which are flexibly adapted to each country, which may vary, but include: encouraging country leadership, supporting a country platform, prioritisation of RMNCAH-N issues and development of an investment case, and the GFF’s operational model.

The evaluation is focused on understanding what has been achieved (a summative component) but also what has been learnt so far, what insights can be gathered, and how to strengthen the GFF model in the future. We are looking at the GFF model from 2015 (when it was created) to date. However, we will focus in more depth on implementation during the current strategy (2021-2025) and looking ahead to the next strategy. The evaluation will produce evidence, insights and learning in three main areas of inquiry: the GFF’s model (Area 1), the GFF’s operational structure and support modalities (Area 2), and the GFF’s progress, achievements and results (Area 3). The following interview questions will ask about each of these areas in turn.

Thank you for your willingness to talk to us. We anticipate the interview will take one hour. May we have permission to record the interview? All information provided to the evaluation team during interviews will be kept confidential, and comments and opinions will not be attributed to specific people interviewed.

#### Introduction

- Please explain to me what your current role is?
- How, if at all, have you been involved in the work that GFF leads on and supports?

#### Core KII Questions

##### GFF’s model

1. How does the GFF work to support coordination and alignment of donors and other agencies supporting health, and RMNCAH-N specifically: at global level and in partner countries?
2. What role has the GFF played in promoting country leadership of the RMNCAH-N agenda in (insert country)? Have you observed any changes or shifts with regard to the leadership role of key government bodies or actors in the time that GFF has been active in your country? What has been the GFF’s contribution to these shifts?

3. How does the GFF support country platforms and facilitate the inclusion of diverse voices in these platforms? How inclusive are country platforms in practice? How well do these platforms function, including in providing oversight of and accountability for investment case implementation?
4. To what extent is the investment case process responsive to country needs and context? To what extent does it produce well-prioritised and realistic country investment cases? Where have you seen the investment case have wider benefits and what have these been?
5. To what extent have investment cases been used to improve the efficiency of resource allocation or align investments in RMNCAH-N?
6. Do you have any other views you would like to share about the GFF, including its design and the effectiveness, efficiency and coherence of its implementation?
7. How has the GFF supported partner countries to strengthen their health systems to deliver and sustain high-quality health services for women, children and adolescents? How has its support led to improvements in the availability and use of high quality health services for women, children and adolescents?
8. How does the GFF support an 'integrated health systems approach' in practice at country level in RMNCAH-N?
9. How is the GFF supporting a different way of delivering services (including through partnering with the private sector)? How has it supported innovations and the use of technology in health service delivery, and what benefits has this delivered? And conversely, where there any negative consequences?
10. Has the GFF achieved an appropriate balance between its core remit (health outcomes for women, children and adolescents) and its broader scope in some countries? How does the GFF complement and enhance the work of other key actors in RMNCAH-N and health systems strengthening?
11. How is the GFF assisting countries to track expenditure on RMNCAH-N? Has GFF been able to protect these expenditures in time of declining fiscal space?
12. To what extent has GFF influence and support for health financing reforms contributed to government prioritization of and increased domestic funding for health? To what extent has the GFF catalyzed additional and sustainable financing for RMNCAH-N in partner countries?
13. To what extent has the GFF and World Bank been able to reduce any financing gaps as outlined in the investment case?
14. To what extent is the GFF improving resourcing through increasing efficiency of spend? How was this achieved?

#### **GFFs operational structure**

15. To what extent do the GFF's operational structure and ways of working (e.g. resources, capacity, support modalities, TA, country presence) provide adequate support to countries for key areas of work, such as the country platform, investment case development, health financing reform, catalyzing financing?
16. Are you able to comment on how well the GFF is integrated with and supported by World Bank operations at country level? For example, how do the GFF and World Bank leverage each other's strengths (e.g. IDA/IBRD allocations, health financing, technical assistance, advocacy and communication, data, evidence and learning) to support RMNCAH-N?



17. Can you suggest any examples of how the GFF has leveraged the World Bank or vice versa? Are there opportunities to improve this?
18. To what extent is the GFF sufficiently resourced to deliver on its role and remit? How does this affect implementation? How does the GFF leverage WB resources to improve resourcing for its activities?

**GFF's results and added value**

19. What is the added value of the GFF and its approach at country level, compared with, for example, other GHIs and World Bank-funded projects? How could it further leverage its strengths and resources to maximise its contribution to country-led improvements in RMNCAH-N?
20. What contribution has the GFF made to ensuring that services reach those who are most in need, including the poorest women, children and adolescents and the most vulnerable and marginalized groups?
21. How has the GFF supported countries to improve monitoring of health service delivery, quality and outcomes for women, children and adolescents, and the use of data and evidence for decision making?
22. What factors have contributed to success in GFF partner countries that have achieved measurable improvements in health outcomes for women, children and adolescents? Is the GFF leveraging the potential for multi-sector action to enhance health outcomes for women, children and adolescents? In what ways is it doing this?
23. What are the main challenges and barriers to improving health outcomes for women, children and adolescents? What could the GFF do to address these?
24. Do you have any other views you would like to share about the GFF's approach to measuring its contribution, results and added value?
25. Can you suggest any examples of GFF partner countries that offer useful lessons for the evaluation? Are there documents the team should review or people we should interview for the evaluation?
26. Do you have any recommendations for the GFF moving forward? Do you have any thoughts about the future of the GFF or other comments that you would like to share with the evaluation team?

## Country stakeholder KIIs

### Background

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The evaluation is focused on understanding what has been achieved (a summative component) but also what has been learnt so far, what insights can be gathered, and how to strengthen the GFF model in the future. We are looking at the GFF model from 2015 (when it was created) to date. However, we will focus in more depth on implementation during the current strategy (2021-2025) and looking ahead to the next strategy. The evaluation will produce evidence, insights and learning in three main areas of inquiry: the GFF's model (Area 1), the GFF's operational structure and support modalities (Area 2), and the GFF's progress, achievements and results (Area 3). The following interview questions will ask about each of these areas in turn.

Thank you for your willingness to talk to us. We anticipate the interview will take one hour. May we have permission to record the interview? All information provided to the evaluation team during interviews will be kept confidential, and comments and opinions will not be attributed to specific people interviewed. If you do not want to answer a question, please say and we can move to the next one.

### Introduction

- Please explain in brief what is your interaction and understanding of the GFF? We will use your response to guide our questions.
- What is your role in relation to the GFF?
- How long have you been working with the GFF?
- How would you characterize the health and development landscape in country x? Is it competitive, collaborative, crowded?
- Who are the main stakeholders that you work with as part of your work with GFF?
- What are the main GFF themes in country x?

### Core KII Questions

#### **The GFF model (country platform, investment case, partnership and alignment of donors)**

**Interviewer says, "I would now like to talk about how the GFF enhances coordination and alignment in your country."**

1. How well does the GFF align with existing coordination and alignment platforms or mechanisms in your country? How effectively does the GFF mobilise wider stakeholders in government/health? How does it do this?
2. What effects has strengthened coordination and alignment had, if at all?
3. Do you have any other views you would like to share about the GFF in your country, and work in RMNCAH-N? by this we mean the investment case, country platform, and support to country leadership?

**PROBE:**

- how well designed is the approach?
- How effective is the GFF overall?

**Interviewer says, “I would now like to talk about how the GFF works with (*insert the name of the GFF-supported country platform*).”**

4. How has the country platform (*insert name of the country platform in your country*) helped to ensure effective coordination and alignment, if at all?
5. How has the (*insert name of the country platform*) influenced the prioritization of issues in RMNCAH-N? Please explain. What were the enablers and barriers to influencing the higher prioritization of RMNCAH-N? How has the country platform adapted and evolved to the needs in-country?

**Interviewer says, “I would now like to talk about how the GFF works with government partners, global health partners and others to develop the investment case. This may be a separate plan or the national health plan in different countries.”**

6. What steps have been involved in developing the investment case? Which stakeholders were involved in this process?
7. How effectively has this process prioritized RMNCAH-N issues? In what ways was this different from how RMNCAH-N issues were prioritized before by government?
8. How successfully has the investment case been used to leverage donor alignment and increased investment in RMNCAH-N?
9. How have issues of gender and equity been addressed in the GFF supported areas of implementation and in the investment case?

**Interviewer says, “I would now like to talk about how the GFF works to encourage country leadership and inclusion of diverse actors in RMNCAH-N.”**

10. Is there a CSO hub? If so, is it active? How is the CSO hub being used to enable the voice of those championing gender issues, equity, and marginalised groups?
11. How does the GFF complement and enhance the work of other key actors in RMNCAH-N and health systems strengthening? Please explain how the GFF does or does not do this?
12. In terms of country leadership – how has the GFF model (country platform, IC) supported and strengthened country leadership? Please provide specific examples of this.
13. What contextual factors have enabled or undermined efforts to strengthen country leadership in RMNCAH-N?

**Interviewer says, “I would now like to talk about how the GFF works as part of a health systems approach in RMNCAH-N, including in terms of health financing and investment.”**

14. How has the GFF supported strengthening of health systems in RMNCAH? How is the GFF’s systems approach defined and what does this mean for GFF support in practice? Can you please provide specific examples?
15. How has the GFF supported, or contributed to, strengthening health financing and health financing reform? How effective has this contribution been?

16. To what extent has GFF influence and support for health financing reforms contributed to government prioritisation of and increased domestic funding for health? To what extent has the GFF catalysed additional and sustainable financing for RMNCAH-N, and from which sources?
17. How is the GFF assisting countries to do resource mapping and expenditure tracking in RMNCAH-N? What benefits have you seen from this?
18. To what extent has the GFF been able to protect RMNCAH-N budgets and expenditures in time of declining fiscal space?
19. To what extent has the GFF and World Bank been able to reduce any financing gaps as outlined in the investment case?
20. To what extent is the GFF improving resourcing through increasing efficiency of spend? How was this achieved?
21. How has GFF's support contributed to improvements in the availability and use of high-quality health services for women/ children/ adolescents?
22. How has the GFF supported the adoption of innovations and technology in health service delivery? What benefits has this delivered?
23. How has the GFF supported partnership with the private sector in RMNCAH-N, if at all? What outcomes have been achieved in RMNCAH-N using this approach? What lessons have been learnt?
24. What mechanisms are in place, if any, to monitor and keep track of quality health care delivery in RMNCAH-N? How has the GFF supported this, if at all?

**The GFF's operational structure and support modalities**

**Interviewer says, "I would now like to talk about the GFF operational structure, and the World Bank, and how these each leverage each other's capacities, resources and technical know-how."**

25. How clear are the different roles and responsibilities between the GFF and the World Bank? How does this enable or challenge their ways of working?
26. To what extent do the GFF's operational structure and ways of working (e.g. resources, capacity, support modalities, such as TA, country presence) provide adequate support to countries for key areas of work (e.g. country platform, investment case development, health financing reform, catalyzing financing)?
27. What TA has the GFF provided at different stages (e.g. for development of the investment case, project design, implementation)? How does GFF ensure that TA is targeted and responsive to country needs? Can you please provide examples?
28. How have GFF tools and methods (e.g. RMET, others) been used to increase political commitment, alignment, and investment in health and RMNCAH-N? Can you please provide examples?
29. How well is the GFF integrated with and supported by World Bank operations in *country x*?
30. How do the GFF and World Bank leverage each other's strengths (e.g. IDA/IBRD allocations, health financing, technical assistance, advocacy and communication, data, evidence and learning) to support RMNCAH-N?
31. Can you provide specific examples of how GFF has leveraged the World Bank?

**PROBE:**

- how has TA and/ or grants and/or analytics changed how IDA/IBRD has been designed? In what ways?

32. Conversely, how the WB has leveraged GFF? Are there specific examples of this (e.g. resources, technical expertise, access to government partners)? Are there opportunities to improve this?
33. To what extent is the GFF sufficiently resourced to deliver on its role and remit? How does this affect implementation? How does the GFF leverage WB resources to improve resourcing for its activities?

**The GFF's results and value add**

**Interviewer says, "I would now like to talk about the data, results, and value add of the GFF."**

34. What is the added value of the GFF and its approach at country level, based on experience in *country x*?
35. How could it further leverage its strengths and resources to maximise its contribution to country-led improvements in RMNCAH-N? What is its added value compared to other GHIs/ health organisations? Compared to WB-funded projects?
36. What contribution has the GFF made to ensuring that services reach those who are most in need, including the poorest women, children and adolescents and the most vulnerable and marginalized groups?
37. How has the GFF supported *country x* to improve monitoring of health service delivery, quality and outcomes for women, children and adolescents?
38. How has the GFF supported *country x* to have better high-quality data, and to use this data and evidence for decision making? What tangible benefits have you seen from this?
39. Is there evidence of measurable improvements in health outcomes for women, children and adolescents in *country x*? How has the GFF contributed to this? What factors have contributed to success?
40. What are the main challenges and barriers to improving health outcomes for women, children and adolescents in *country x*? What more could the GFF do to address these?
41. Is the GFF leveraging the potential for multi-sector action to enhance health outcomes for women, children and adolescents? In what ways is it doing this?
42. The GFF covers a broad area in RMNCAH-N. Is there an appropriate balance between breadth versus depth in the GFF's thematic focus?
43. Do you have any other views you would like to share about the GFF's approach to measuring its contribution, results and added value?
44. Do you have any recommendations for the GFF moving forward? Do you have any thoughts about the future of the GFF or other comments that you would like to share with the evaluation team?

**Thank and Close**

## Annex 4: Online survey questionnaire

### 1. Global stakeholder survey

#### *Background*

Euro Health Group, together with WACI Health, has been contracted to conduct an independent evaluation of the Global Financing Facility for Women, Children and Adolescents (GFF). The main purpose of the evaluation is:

- To generate evidence, strengthen accountability, and enable learning on the GFF model (such as the country engagement model, operational structure, and related support modalities) and 2021-2025 strategy.
- To inform adaptations and improvements to the GFF model (country engagement model, operational structure, support modalities) and 2021-2025 strategy.

The evaluation is focused on understanding what has been achieved (a summative component) but also what has been learnt so far, what insights can be gathered, and how to strengthen the GFF in the future. We are looking at the GFF from 2015 (when it was created) to date. However, we will focus in more depth on implementation during the current strategy (2021-2025) and looking ahead to the next strategy.

The evaluation will produce evidence, insights and learning in three main areas of inquiry:

- the GFF's model (Area 1)
- the GFF's operational structure and support modalities (Area 2)
- and the GFF's progress, achievements and results (Area 3)

The following interview questions will ask about each of these areas in turn.

We anticipate that responding to the survey will take 15 to 20 minutes depending on how much detail you choose to go into. All information provided to the evaluation team in the survey responses will be kept confidential, and comments and opinions will not be attributed to specific people.

1. Please indicate your role in the GFF or World Bank
2. Which country are you based in?
3. Approximately how long have you been engaged in the work supported by the GFF? (state start year)
4. To what extent do you agree with the statement that "The GFF has contributed to leveraging a maintained or increased allocation of resources for actions to improve the health of women, children and adolescents." (Please explain your answer)
- From the World Bank loans such as IDA / IBRD
5. - From Domestic resources
6. - From Other donors
7. To what extent have GFF-supported processes (e.g. Investment Case development, TA support, advocacy etc.) added value to the World Bank co-financed projects that are intended to help countries respond to challenging and evolving RMNACH-N needs within realistic budget constraints? (Please explain your answer)

8. To what extent do you agree with the statement “The GFF has contributed to generating evidence and enhancing learning to improve the health of women, children and adolescents in GFF supported countries”? (Please explain your answer)
9. To what extent do you agree with the statement “The GFF has contributed to strengthening the use of data for decision-making about interventions and reforms aimed at improving the health of women, children and adolescents in GFF supported countries”? (Please explain your answer)
10. To what extent do you think that the GFF team has the capacity (i.e. staff numbers and technical expertise) to provide adequate support to countries to develop and implement their RMNCAH-N investment cases? (Please explain your answer)
11. To what extent do you think that the WORLD BANK team has the capacity (i.e. staff numbers and technical expertise) to provide adequate support to countries to develop and implement their RMNCAH-N investment cases? (Please explain your answer)
12. Where and how do you see the GFF and World Bank working together adding value to RMNCAH-N and health system strengthening in countries? (Please explain your answer)
13. What are the three most important strengths you feel the GFF brings to the World Bank? (Please explain your answer)
14. What are the three most important strengths you feel the operational integration with the World Bank brings to the GFF? (Please explain your answer)
15. What are the three most important areas where you feel the GFF needs to improve? (Please explain your answer)

## 2. Country stakeholder survey

1. Which country are you based in/ work with?
2. Which organization do you work for?
3. What is your sex?
4. What is your connection with the work the GFF supports in your country? (please tick all that apply)
5. Approximately how long have you been engaged in the work supported by the GFF? (state start year)
6. In the past 3-5 years to what extent has the Investment Case (refer to definition) in your view contributed to the prioritization of key RMNCAH-N issues and corresponding actions to improve the health of women, children and adolescents?
7. Please indicate to what extent you agree with the statement “The GFF has contributed to country-led prioritization of key RMNCAH-N issues and corresponding actions to improve the health of women, children and adolescents through support to the country Investment Case”
8. Are you aware of any contributions the GFF has made to help improve the QUALITY of health services for women, children and adolescents in your country?
9. In the past 3-5 years please indicate to what extent you have seen progress in terms of country-led alignment of efforts to improve the health of women, children and adolescents?
10. Please indicate to what extent you agree with the statement “The GFF has contributed to country-led alignment of efforts to improve the health of women, children and adolescents”.
11. In your view, to what extent is the national country platform (refer to definition) operating effectively in your country?

12. In your view, to what extent has the GFF contributed to the national country platform (refer to definition) operating effectively in your country?
13. In your view, to what extent have diverse voices — such as those of women, youth, CSOs and marginalized communities — been actively engaged in the development of the Investment Case?
14. In your opinion to what extent has the country Investment Case (refer to definition) been used by key stakeholders to mobilize the allocation of domestic resources for actions to improve the health of women, children and adolescents?
15. To what extent do you agree with the statement that “The GFF has contributed to increased allocation of domestic resources for actions to improve the health of women, children and adolescents in line with the Investment Case (refer to definition)”.
16. Please state to what extent data and evidence are being used for RMNCAH-N decision making, in particular through the national country platform (refer to definition) or other key decision-making or advisory bodies for RMNCAH-N?
17. Please indicate to what extent, in your view, the GFF builds on and enhances the work of other funders of RMNCAH-N and health system strengthening initiatives?
18. In your view, where and how do you see the added value of the support provided by the GFF to country governments for RMNCAH-N and health system strengthening in your country?
19. What are the three most important strengths you feel the GFF brings to the country?
20. What are the three most important areas where you feel the GFF needs to improve?



## Annex 5: Online survey analysis

### Online survey purpose and sampling strategy

Two surveys were conducted—one at the global level and one at the country level—to gather perspectives on the GFF components, functionality, and progress. The country-level survey targeted stakeholders involved in country-level cooperation with GFF across 36 countries, while the global-level survey was aimed at relevant GFF Secretariat and World Bank staff (at the global and country levels).

The country-level survey was sent to a total of 616 respondents, including representatives from GFF country platforms, while the global-level survey targeted 158 respondents. Both surveys incorporated a mix of Likert scale and open-ended questions to capture both quantitative and qualitative data.

### Survey questions

The country-level survey comprised 20 questions focusing on stakeholders' views related to EQs 1.2 and 3.1–3.6, as detailed in the evaluation matrix. The global-level survey contained 15 questions, primarily based on EQs 2.1 and 2.2, targeting the value add of GFF, cross-leveraging of resources, and access to GFF advocacy, learning, and technical assistance. Both surveys included demographic questions at the beginning and featured open-ended questions to gather qualitative insights. Likert scale questions measured respondents' agreement with various statements, while open-ended questions allowed for elaboration and additional context.

### Survey conduct

The surveys were available in multiple languages—English, French, Spanish, and Portuguese for the country-level survey, and English and French for the global-level survey. The surveys were distributed using email and WhatsApp, managed by EHG, with three follow-up reminders sent to encourage participation. Both surveys ran from August 6<sup>th</sup> – 22<sup>nd</sup>. Responses were collected anonymously to protect respondent confidentiality.

### Survey response rate

	Targeted Respondents (N)	Responses Received (N)	Response Rate
Country-Level Survey	616	208	34%
Global-Level Survey	145	50	34%

### Survey response rate by region

Global-Level Survey (N=50)			Country-Level Survey (N=207)		
	N	%		N	%
Sub-Saharan Africa	25	50,0%	Sub-Saharan Africa	171	82,6%
North America	12	24,0%	South Asia	11	5,3%
East Asia and Pacific	6	12,0%	Latin America and the Caribbean	11	5,3%
Europe and Central Asia	4	8,0%	East Asia and Pacific	10	4,8%
South Asia	3	6,0%	Europe and Central Asia	4	1,9%

## Analysis of data

Quantitative data from both surveys were analyzed using Excel, with results disaggregated by respondent type (e.g., GFF, World Bank) for the global survey, and organization (e.g. Government body, Academia) for the country survey. After disaggregation, the sample sizes were generally too small to conduct advanced statistical tests such as chi-square. For each question, a column chart was produced to visualize the distribution of responses, with color coding indicating the range of answers from "not at all" to "fully," and the columns representing different roles within organizations.

Qualitative responses were first cleaned and coded, using a thematic analysis approach to identify the three most common themes across respondents. This allowed us to capture deeper insights into perceptions of GFF value-add, challenges, and areas for improvement, with particular emphasis on open-ended responses that supplemented the quantitative findings.

## Limitations/bias

As with many surveys of this nature, information bias was a concern, particularly given the likelihood that respondents most engaged with GFF were more likely to participate, potentially skewing the results toward more positive responses. Additionally, the high representation of GFF and World Bank staff at the global level introduced a possible bias toward favorable assessments of GFF activities. The evaluation considered these limitations when interpreting the findings and drawing conclusions.

## Section 1: Global stakeholder survey

### A. Overview of the survey respondents background and demographics (questions 1 – 3)

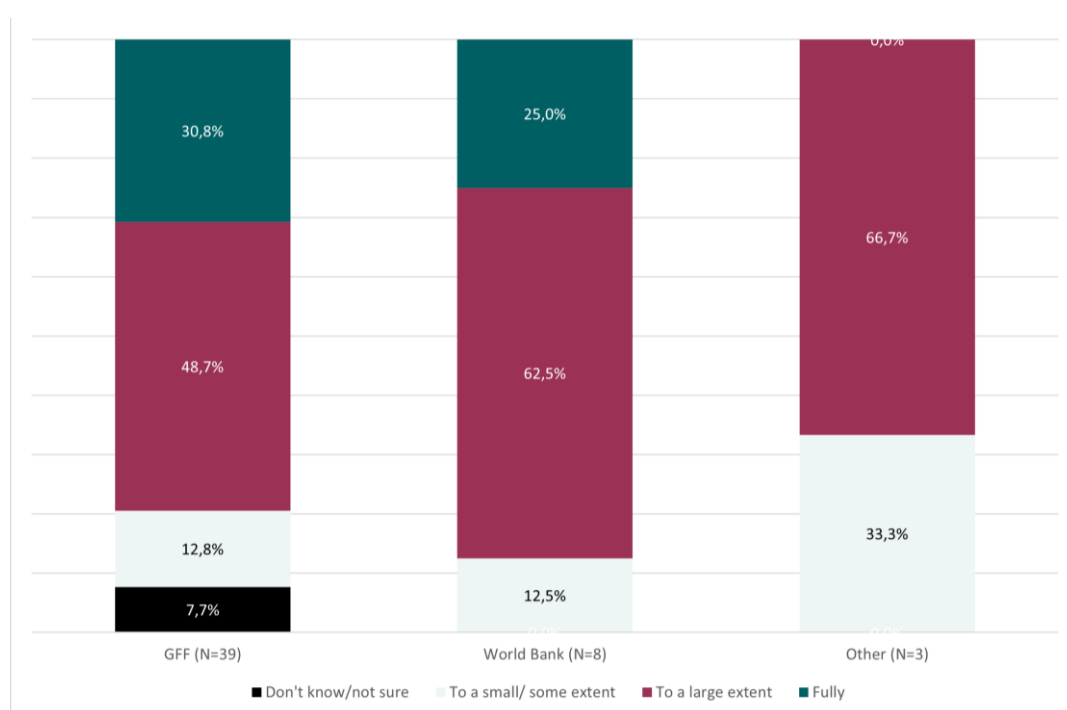
Category		
Role in the GFF or World Bank (N=50)	N	%
GFF Focal Point	8	16,0%
GFF Liaison Officer	19	38,0%
GFF Results Specialist	12	24,0%
Other	3	6,0%
World Bank staff (country level)	3	6,0%
World Bank TTL	5	10,0%
Start of engagement with GFF (N=50)	N	%
2015	1	2,0%
2016	2	4,0%
2017	3	6,0%
2018	10	20,0%
2019	11	22,0%
2020	4	8,0%
2021	9	18,0%
2022	3	6,0%
2023	4	8,0%
2024	5	6,0%
Region (N=50)	N	%
Sub-Saharan Africa	25	50,0%
North America	12	24,0%
East Asia and Pacific	6	12,0%
Europe and Central Asia	4	8,0%
South Asia	3	6,0%

## B. Overview of qualitative and quantitative survey responses (questions 4-15)

### Survey question

**Q4:** To what extent do you agree with the statement that “The GFF has contributed to leveraging a maintained or increased allocation of resources for actions to improve the health of women, children and adolescents”? - from World Bank loans such as IDA / IBRD

	Don't know/not sure		To a small/ some extent		To a large extent		Fully	
GFF (N=39)	7,7%	3	12,8%	5	48,7%	19	30,8%	12
World Bank (N=8)	0,0%		12,5%	1	62,5%	5	25,0%	2
Other (N=3)	0,0%		33,3%	1	66,7%	2	0,0%	
<b>Total (N=50)</b>	<b>6,0%</b>	<b>3</b>	<b>14,0%</b>	<b>7</b>	<b>52,0%</b>	<b>26</b>	<b>28,0%</b>	<b>14</b>



### Summary analysis of qualitative responses (Q4) (N=38)

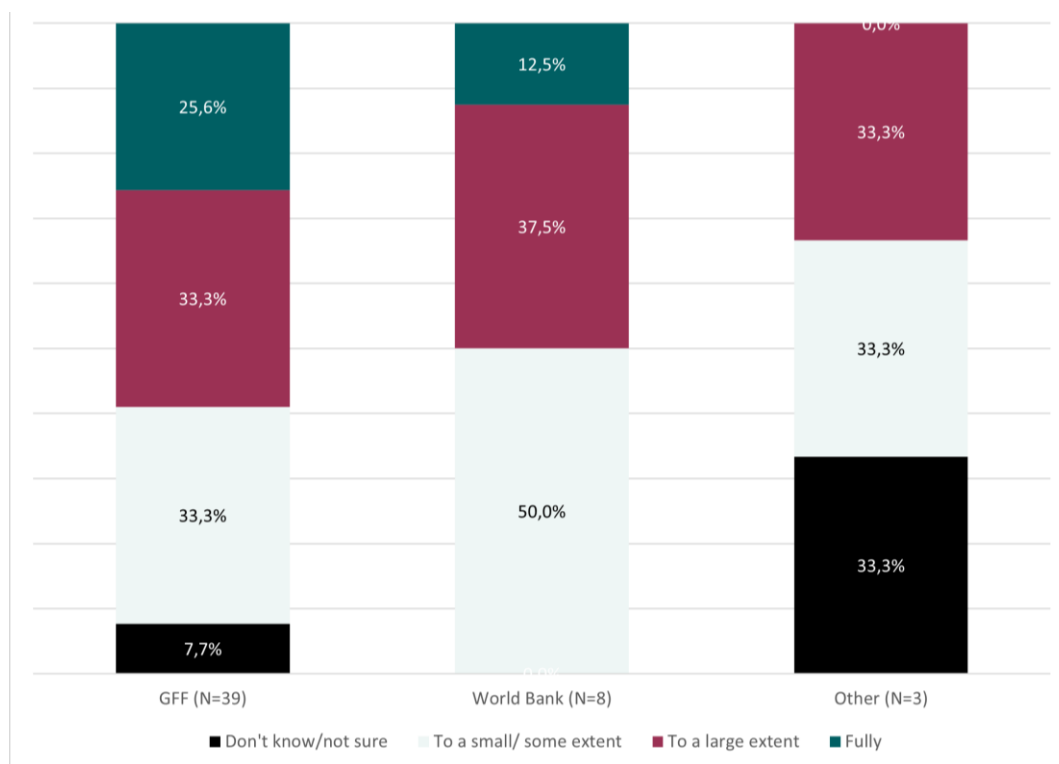
#### Key Themes:

- **Catalytic role of GFF:** Many responses emphasize the GFF’s catalytic role in maintaining/increasing IDA resources for RMNCAH-N.
- **Collaboration and influence:** GFF-World Bank collaboration is seen as beneficial in aligning partners, promoting country ownership, and influencing resource allocation, though this varies by political context and GFF staff engagement.
- **Sustainability and challenges:** Concerns include sustaining resource allocations and measuring GFF's influence, with additional worries about shifting priorities within the World Bank and governments.

### Survey question

**Q5:** To what extent do you agree with the statement that “The GFF has contributed to leveraging a maintained or increased allocation of resources for actions to improve the health of women, children and adolescents.”? - from Domestic Resources

	Don't know/not sure		To a small/ some extent		To a large extent		Fully	
GFF (N=39)	7,7%	3	33,3%	13	33,3%	13	25,6%	10
World Bank (N=8)	0,0%		50,0%	4	37,5%	3	12,5%	1
Other (N=3)	33,3%	1	33,3%	1	33,3%	1	0,0%	
<b>Total (N=50)</b>	<b>8,0%</b>	<b>4</b>	<b>36,0%</b>	<b>18</b>	<b>34,0%</b>	<b>17</b>	<b>22,0%</b>	<b>11</b>



### Summary analysis of qualitative responses (Q5) (N=35)

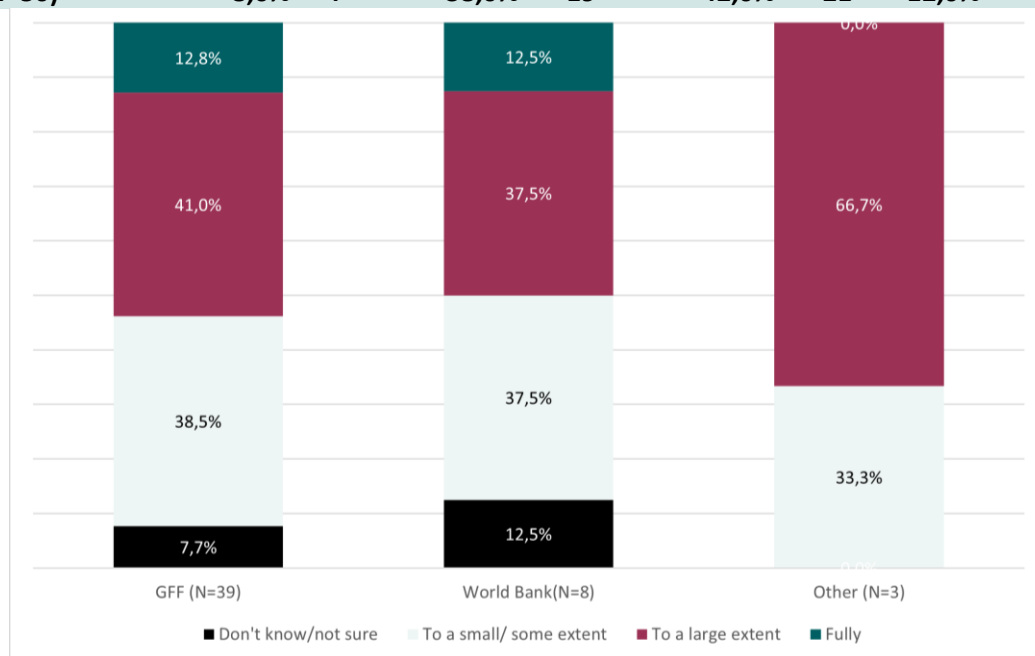
#### Key Themes:

- Increased domestic resources:** GFF has supported reforms to boost domestic health funding, though success varies by country and fiscal constraints.
- Challenges due to limited fiscal space:** Post-COVID economic pressures, inflation, and debt make increasing health resources difficult, but GFF helps optimize existing resources.
- Advocacy and policy Influence:** Respondents also highlighted the GFF's role in advocating for policy changes and influencing governments to prioritize RMNCAH-N funding.

#### Survey question

**Q6:** To what extent do you agree with the statement that “The GFF has contributed to leveraging a maintained or increased allocation of resources for actions to improve the health of women, children and adolescents.”? - from Other donors

	Don't know/not sure		To a small/ some extent		To a large extent		Fully	
GFF (N=39)	7,7%	3	38,5%	15	41,0%	16	12,8%	5
World Bank (N=8)	12,5%	1	37,5%	3	37,5%	3	12,5%	1
Other (N=3)	0,0%		33,3%	1	66,7%	2	0,0%	
<b>Total (N=50)</b>	<b>8,0%</b>	<b>4</b>	<b>38,0%</b>	<b>19</b>	<b>42,0%</b>	<b>21</b>	<b>12,0%</b>	<b>6</b>



### Summary analysis of qualitative responses (Q6) (N=32)

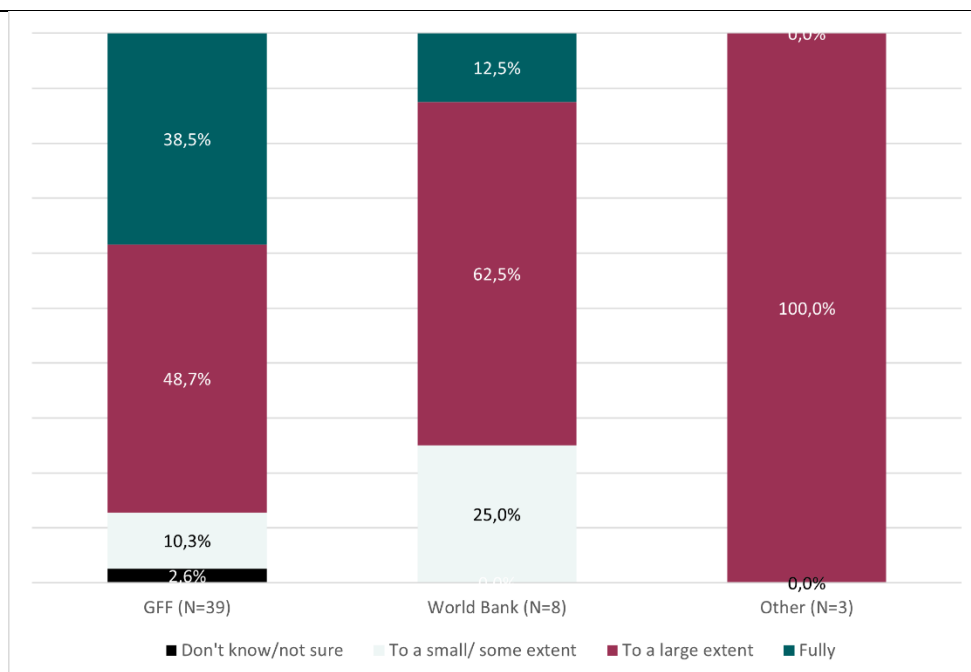
#### Key Themes:

- Improved donor coordination and alignment:** Respondents stated that the GFF has significantly improved coordination among donors, aligning resources with country priorities despite limited overall increases in contributions.
- Leveraging additional donor resources:** Respondents noted that the GFF effectively mobilized additional donor funding, leveraging support from partners like GAVI and USAID, often through co-financing arrangements.

### Survey question

**Q7:** To what extent have GFF-supported processes (e.g. Investment Case development, TA support, advocacy etc.) added value to the World Bank co-financed projects that are intended to help countries respond to challenging and evolving RMNACH-N needs within realistic budget constraints?

	Don't know/not sure		To a small/ some extent		To a large extent		Fully	
GFF (N=39)	2,6%	1	10,3%	4	48,7%	19	38,5%	39
World Bank (N=8)	0,0%		25,0%	2	62,5%	5	12,5%	8
Other (N=3)	0,0%		0,0%		100,0%	3	0,0%	3
<b>Total (N=50)</b>	<b>2,0%</b>	<b>1</b>	<b>12,0%</b>	<b>6</b>	<b>54,0%</b>	<b>27</b>	<b>32,0%</b>	<b>50</b>



### Summary analysis of qualitative responses (Q7) (N=33)

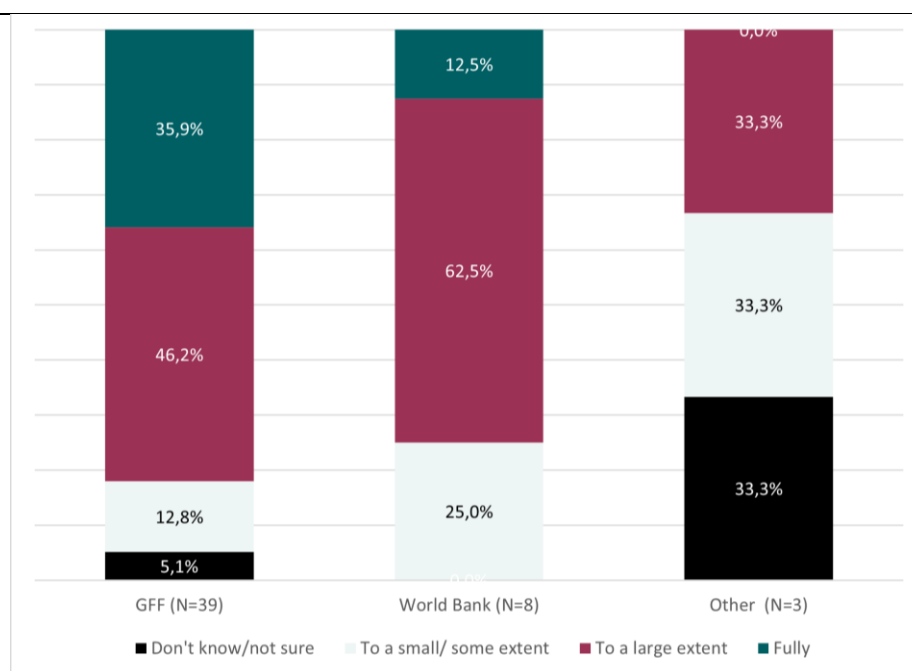
#### Key themes:

- **Technical assistance:** Respondents noted that GFF's TA support significantly enhanced World Bank co-financed projects, particularly in areas like project design, implementation, monitoring, capacity building, health financing, and RMNCAH-N programming.
- **Investment case development:** GFF's role in developing Investment Cases was seen as valuable for prioritizing health issues and guiding project strategies, though its effectiveness varied depending on the country context.
- **Resource mapping and alignment:** GFF's contribution in resource mapping and financial alignment has been pointed out, which helped optimize resource allocation, close financing gaps, and align donor support with national priorities.

### Survey question

**Q8:** To what extent do you agree with the statement “The GFF has contributed to generating evidence and enhancing learning to improve the health of women, children and adolescents in GFF supported countries”?

	Don't know/not sure		To a small/ some extent		To a large extent		Fully	
GFF (N=39)	5,1%	2	12,8%	5	46,2%	18	35,9%	14
World Bank (N=8)	0,0%		25,0%	2	62,5%	5	12,5%	1
Other (N=3)	33,3%	1	33,3%	1	33,3%	1	0,0%	
<b>Total (N=50)</b>	<b>6,0%</b>	<b>3</b>	<b>16,0%</b>	<b>8</b>	<b>48,0%</b>	<b>24</b>	<b>30,0%</b>	<b>15</b>



### Summary analysis of qualitative responses (Q8) (N=34)

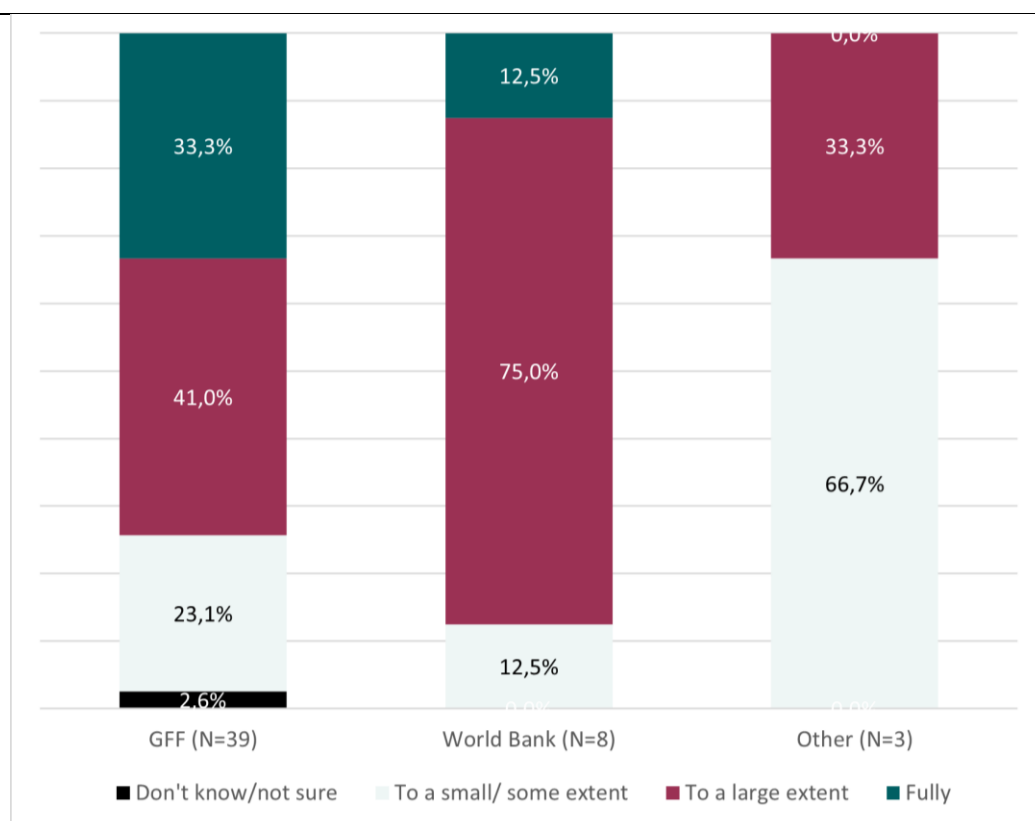
#### Key themes:

- **Emphasis on Data Generation and Use:** Respondents praised GFF's focus on data initiatives like FASTR, MAGE, and Countdown 2030, which have strengthened data collection, analysis, and use for decision-making and improved health outcomes.
- **Capacity Building and Stakeholder Engagement:** GFF has significantly built the capacity of government officials and stakeholders in data-driven decision-making through technical assistance and knowledge-sharing activities.
- **Need for Better Dissemination:** While GFF has advanced evidence generation, some respondents noted the need for improved dissemination and more strategic use of learning to drive policy changes.

#### Survey question

**Q9:** To what extent do you agree with the statement “The GFF has contributed to strengthening the use of data for decision-making about interventions and reforms aimed at improving the health of women, children and adolescents in GFF supported countries”?

	Don't know/not sure		To a small/ some extent		To a large extent		Fully	
GFF (N=39)	2,6%	1	23,1%	9	41,0%	16	33,3%	13
World Bank (N=8)	0,0%		12,5%	1	75,0%	6	12,5%	1
Other (N=3)	0,0%		66,7%	2	33,3%	1	0,0%	
<b>Total (N=50)</b>	<b>2,0%</b>	<b>1</b>	<b>24,0%</b>	<b>12</b>	<b>46,0%</b>	<b>23</b>	<b>28,0%</b>	<b>14</b>



### Summary analysis of qualitative responses (Q9) (N=35)

#### Key themes:

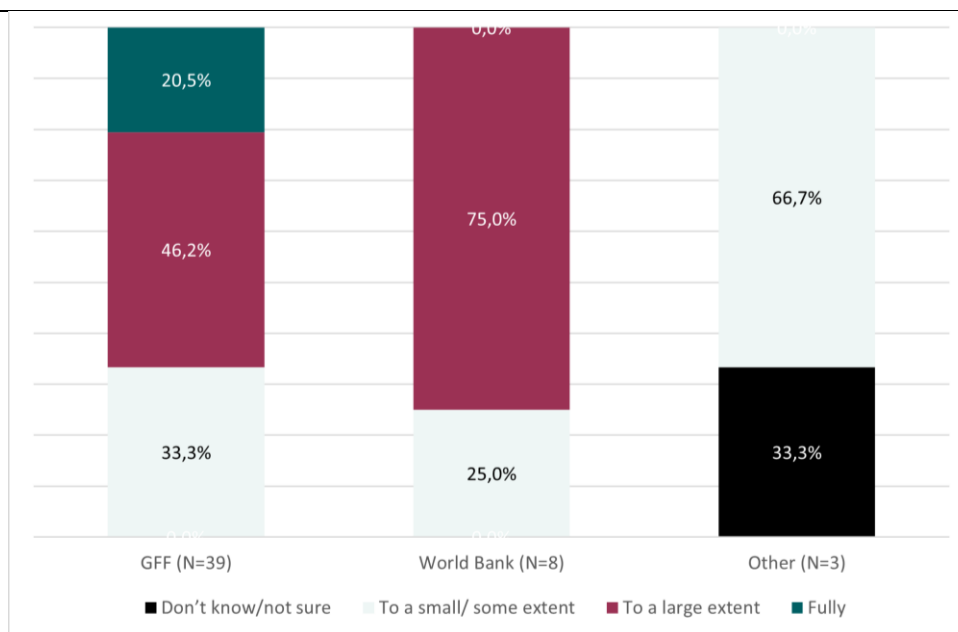
- **Data use for decision-making:** Respondents highlighted GFF's focus on improving data collection and utilization through initiatives like FASTR, Countdown 2030, and support for HMIS to inform decision-making processes.
- **Capacity building and technical assistance:** GFF has played a key role in building capacity in data analysis, M&E, and health information systems, helping countries strengthen data systems for more effective use.
- **Emerging initiatives and challenges:** While initiatives like FASTR and MAGE show promise in enhancing data use, respondents noted the need for further progress in changing institutional behaviors and ensuring consistent data-driven decision-making across health systems.

### Survey question

**Q10:** To what extent do you think that the GFF team has the capacity (i.e. staff numbers and technical expertise) to provide adequate support to countries to develop and implement their RMNCAH-N investment cases?

	Don't know/not sure		To a small/ some extent		To a large extent		Fully	
GFF (N=39)	0,0%		33,3%	13	46,2%	18	20,5%	8
World Bank (N=8)	0,0%		25,0%	2	75,0%	6	0,0%	
Other (N=3)	33,3%	1	66,7%	2	0,0%		0,0%	
<b>Total (N=50)</b>	<b>2,0%</b>	<b>1</b>	<b>34,0%</b>	<b>17</b>	<b>48,0%</b>	<b>24</b>	<b>16,0%</b>	<b>8</b>





### Summary analysis of qualitative responses (Q10) (N=36)

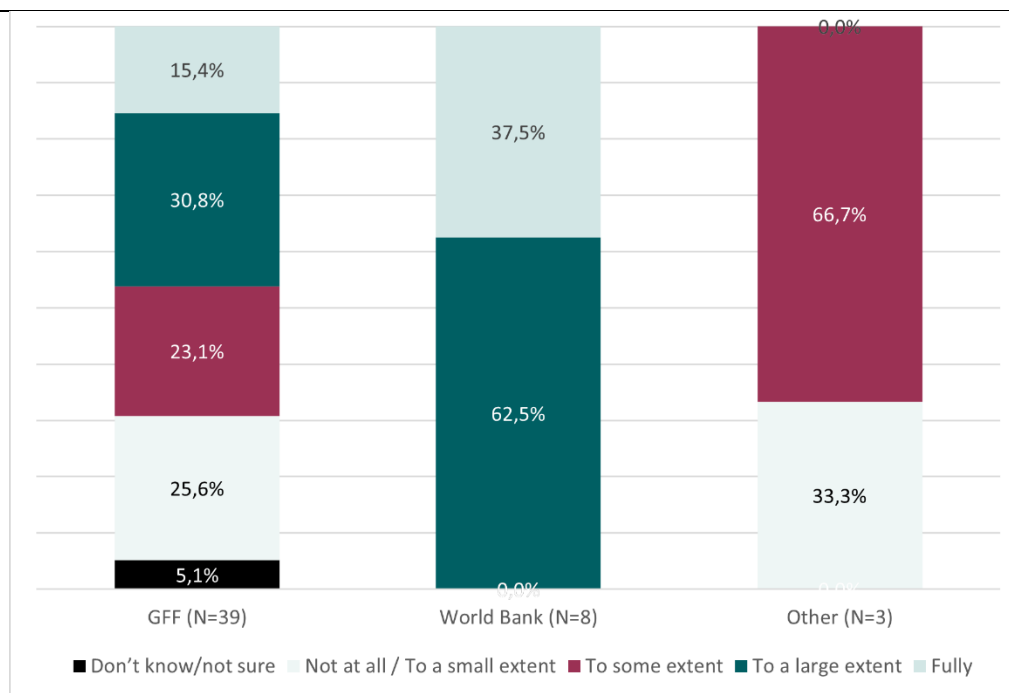
#### Key themes:

- **Strong technical expertise but limited staff:** Respondents praised GFF's technical expertise in RMNCAH-N, health financing, and data systems but noted that limited staffing affects their ability to provide sustained support across all countries.
- **Challenges with consultant reliance:** The heavy reliance on consultants was seen as problematic, as they often lack continuity and full integration into GFF's long-term strategies.
- **Need for more in-country presence:** Some respondents suggested that increasing in-country staff or skilled liaison officers would enhance GFF's impact, as remote support and short-term consultants limit deeper engagement.

### Survey question

**Q11:** To what extent do you think that the WORLD BANK team has the capacity (i.e. staff numbers and technical expertise) to provide adequate support to countries to develop and implement their RMNCAH-N investment cases?

	Don't know/not sure		Not at all/ to a small extent		To some extent		To a large extent		Fully	
GFF (N=39)	5,1%	2	25,6%	10	23,1%	9	30,8%	12	15,4%	6
World Bank (N=8)	0,0%		0,0%		0,0%		62,5%	5	37,5%	3
Other (N=3)	0,0%		33,3%	1	66,7%	2	0,0%		0,0%	
<b>Total (N=50)</b>	<b>4.0%</b>	<b>2</b>	<b>22.0%</b>	<b>11</b>	<b>22.0%</b>	<b>11</b>	<b>34.0%</b>	<b>17</b>	<b>18.0%</b>	<b>9</b>



### Summary analysis of qualitative responses (Q11) (N=34)

#### Key themes:

- **Limited bandwidth and competing priorities:** Respondents noted that while the World Bank has technical expertise, its teams are often stretched thin with multiple priorities, limiting their ability to fully support RMNCAH-N investment cases.
- **Lack of specific RMNCAH-N expertise:** Many respondents highlighted that World Bank teams often lack specialized RMNCAH-N knowledge, particularly at the country level, despite strengths in health financing and systems strengthening.

### Survey question

**Q12:** Where and how do you see the GFF and World Bank working together adding value to RMNCAH-N and health system strengthening in countries?

### Summary analysis of qualitative responses (Q12) (N=50)

#### Key themes:

- **Complementary strengths and synergies:** Respondents emphasized how the GFF and World Bank bring together complementary strengths, with the GFF providing technical expertise and strategic focus on RMNCAH-N, while the World Bank offers financial resources and operational capabilities. This partnership creates a powerful synergy that enhances RMNCAH-N interventions.
- **Joint strategy and project implementation:** Respondents highlighted the value of a coordinated GFF-World Bank strategy for RMNCAH-N, allowing for more streamlined project design, implementation, and monitoring when both teams work closely together.
- **Alignment with national priorities and donor coordination:** The GFF-World Bank partnership is recognized for its ability to align with national health priorities and improve donor coordination, ensuring well-targeted and country-specific health system strengthening efforts.

### Survey question

**Q13:** What are the three most important strengths you feel the GFF brings to the World Bank?

### Summary analysis of qualitative responses (Q13) (N=50)

#### Key themes:

- **Technical expertise in RMNCAH-N and health systems strengthening:** Respondents emphasized the GFF's specialized expertise in RMNCAH-N and health systems strengthening, which fills gaps within the World Bank and improves project design, implementation, and monitoring.
- **Additional resources and flexible financing:** The GFF provides catalytic funding and additional resources that support supervision, technical assistance, and analytical work, enhancing the impact of World Bank health projects.
- **Partner coordination and alignment:** Respondents highlighted the GFF's strength in coordinating stakeholders, ensuring efficient resource use and alignment with national priorities.

#### Survey question

**Q14:** What are the three most important strengths you feel the operational integration with the World Bank brings to the GFF?

#### Summary analysis of qualitative responses (Q14) (N=50)

Key themes:

- **Leveraging financing and resources:** Respondents frequently cited the GFF's integration with the World Bank as a major strength, allowing it to leverage larger funding through IDA and IBRD, which enhances the impact of its RMNCAH-N initiatives.
- **Increased credibility and influence:** Integration with the World Bank enhances the GFF's credibility, helping it engage high-level government officials and align with national priorities more effectively.
- **Operational efficiency and infrastructure:** The World Bank's established systems and infrastructure provide operational efficiency, allowing the GFF to focus on strategic goals without duplicating efforts.

#### Survey question

**Q15:** What are the three most important areas where you feel the GFF needs to improve?

#### Summary analysis of qualitative responses (Q15) (N=50)

Key themes:

- **Visibility and communication:** Many respondents stressed the need for the GFF to improve its visibility and communication at the country level by clarifying its role, increasing its presence, and better showcasing its contributions to stakeholders.
- **Strengthening country engagement and presence:** Respondents frequently mentioned the need for more consistent country engagement, including increasing country focal points, enhancing in-country GFF staff presence, and providing sustained support to liaison officers.
- **Internal coordination and integration with the World Bank:** Many respondents highlighted the need for better internal coordination within the GFF and stronger integration with World Bank teams to align processes and improve collaboration at both global and country levels.

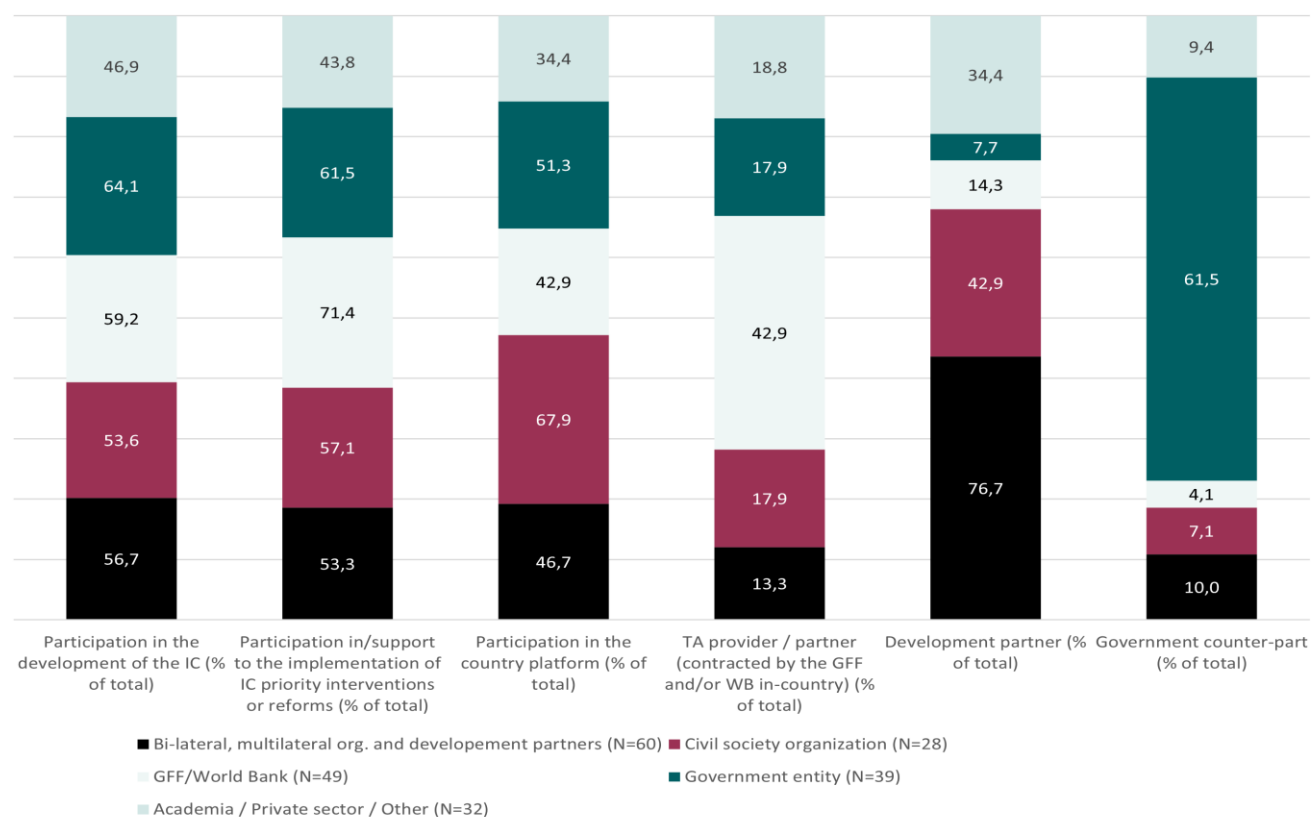
**Section 2: Country stakeholder survey****A. Overview of the survey respondents background and demographics (question 1-5)**

<b>Category</b>		
<b>Organization (N=208)</b>	<b>N</b>	<b>%</b>
Bi-lateral, multilateral org. and development partners	60	28,8%
Civil society organization	28	13,5%
GFF TA provider	7	3,4%
GFF/World Bank	42	20,2%
Government entity	39	18,8%
Other	17	8,2%
Private sector	10	4,8%
University, academia, research institute	5	2,4%
<b>Sex (N=208)</b>	<b>N</b>	<b>%</b>
Female	78	37,5%
Male	125	60,1%
Other	2	1,0%
Prefer not to say	3	1,4%
<b>Start of engagement with GFF (N=208)</b>	<b>N</b>	<b>%</b>
2015	21	10,1%
2016	10	4,8%
2017	15	7,2%
2018	25	12,0%
2019	35	16,8%
2020	20	9,6%
2021	27	13,0%
2022	25	12,0%
2023	22	10,6%
2024	8	3,8%
<b>Region (N=207)</b>	<b>N</b>	<b>%</b>
Sub-Saharan Africa	171	82,6%
South Asia	11	5,3%
Latin America and the Caribbean	11	5,3%
East Asia and Pacific	10	4,8%
Europe and Central Asia	4	1,9%

## Survey question

**Q5:** What is your connection with the work the GFF supports in your country? (please tick all that apply)

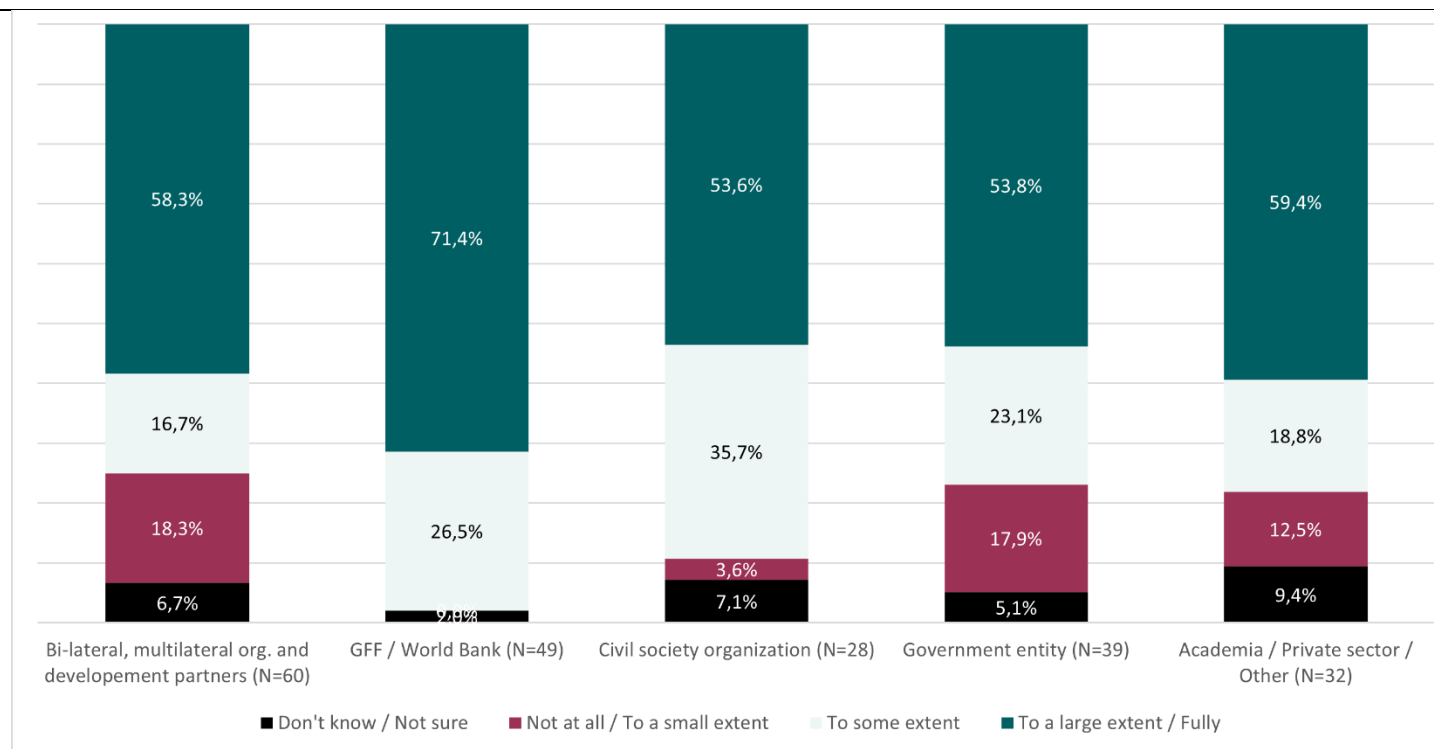
Organization	Participation in the development of the IC (% of total)	Participation in/support to the implementation of IC priority interventions or reforms	Participation in the country platform	TA provider / partner (contracted by the GFF/WB)	Development partner	Government counterpart
Bi-lateral, multilateral org. and development partners (N=60)	56,7	53,3	46,7	13,3	76,7	10,0
Civil society organization (N=28)	53,6	57,1	67,9	17,9	42,9	7,1
GFF/World Bank (N=49)	59,2	71,4	42,9	42,9	14,3	4,1
Government entity (N=39)	64,1	61,5	51,3	17,9	7,7	61,5
Academia / Private sector / Other (N=32)	46,9	43,8	34,4	18,8	34,4	9,4



### Survey question

**Q6:** In the past 3-5 years, to what extent has the Investment Case (please refer to definition) in your view contributed to the prioritization of key RMNCAH-N issues and corresponding actions to improve the health of women, children and adolescents?

	Don't know / Not sure		Not at all / To a small extent		To some extent		To a large extent / Fully	
Bi-lateral, multilateral org. and development partners (N=60)	6,7%	4	18,3%	11	16,7%	10	58,3%	35
GFF / World Bank (N=49)	2,0%	1	0,0%		26,5%	13	71,4%	35
Civil society organization (N=28)	7,1%	2	3,6%	1	35,7%	10	53,6%	15
Government entity (N=39)	5,1%	2	17,9%	7	23,1%	9	53,8%	21
Academia / Private sector / Other (N=32)	9,4%	3	12,5%	4	18,8%	6	59,4%	19
<b>Total (N=208)</b>	<b>5,8%</b>	<b>12</b>	<b>11,1%</b>	<b>23</b>	<b>23,1%</b>	<b>48</b>	<b>60,1%</b>	<b>125</b>
Female (N=78)	9,0%	7	11,5%	9	25,6%	20	53,8%	42
Male (N=125)	4,0%	5	9,6%	12	21,6%	27	64,8%	81
Other/Prefer not to say (N=4)	0,0%		40,0%	2	20,0%	1	40,0%	2
<b>Total (N=208)</b>	<b>5,8%</b>	<b>12</b>	<b>11,1%</b>	<b>23</b>	<b>23,1%</b>	<b>48</b>	<b>60,1%</b>	<b>125</b>
EAP (N=10)	0,00%		0,0%		20,0%	2	80,0%	8
ECA (N=4)	25,00%	1	0,0%		25,0%	1	50,0%	2
LAC (N=11)	9,09%	1	9,1%	1	27,3%	3	54,5%	6
SA (N=11)	0,00%		27,3%	3	36,4%	4	36,4%	4
SSA (N=172)	5,81%	10	11,0%	19	22,1%	38	61,0%	105
<b>Total (N=208)</b>	<b>5,8%</b>	<b>12</b>	<b>11,1%</b>	<b>23</b>	<b>23,1%</b>	<b>48</b>	<b>60,1%</b>	<b>125</b>
FCAS = No (N=184)	5,4%	10	10,9%	20	23,4%	43	60,3%	111
FCAS = Yes (N=24)	8,3%	2	12,5%	3	20,8%	5	58,3%	14
<b>Total (N=208)</b>	<b>5,8%</b>	<b>12</b>	<b>11,1%</b>	<b>23</b>	<b>23,1%</b>	<b>48</b>	<b>60,1%</b>	<b>125</b>



### Summary analysis of qualitative responses (Q6) (N=123)

#### Key themes:

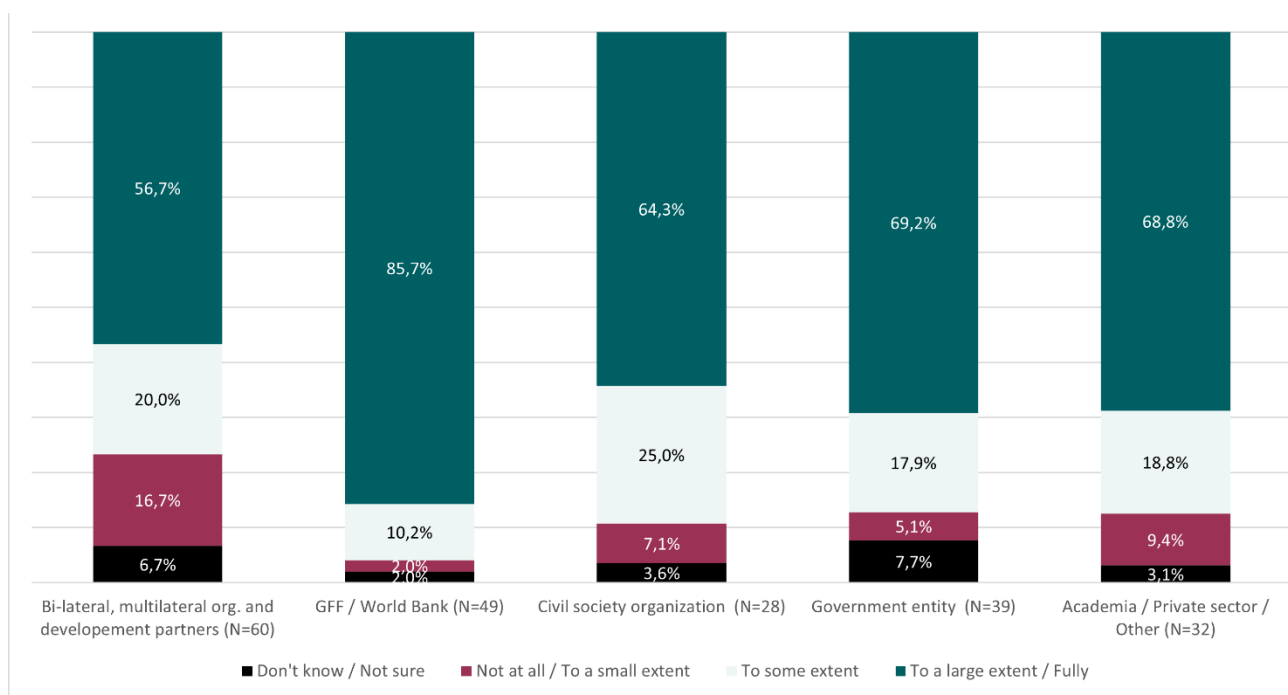
- **Prioritization of key RMNCAH-N issues:** Respondents noted that the Investment Case (IC) has helped prioritize key RMNCAH-N issues, guiding policy, influencing funding, and driving targeted interventions to improve maternal and child health, reduce stunting, and enhance nutrition services.
- **Need for stronger focus on primary health care:** While the IC has supported leadership and prioritization in RMNCAH-N, it has not sufficiently addressed primary health care (PHC), which serves over 70% of the population. More attention and resources are needed to strengthen PHC services for broader health improvements.
- **Challenges in implementation and funding:** Respondents pointed to issues like lack of dedicated funding, delays in implementation, and difficulties aligning donor priorities with the IC, limiting its overall impact.



## Survey question

**Q7:** Please indicate to what extent you agree with the statement “The GFF has contributed to country-led prioritization of key RMNCAH-N issues and corresponding actions to improve the health of women, children and adolescents through support to the country Investment Case”

	Don't know / Not sure		Not at all / To a small extent		To some extent		To a large extent / Fully	
Bi-lateral, multilateral org. and development partners (N=60)	6,7%	4	16,7%	10	20,0%	12	56,7%	34
GFF / World Bank (N=49)	2,0%	1	2,0%	1	10,2%	5	85,7%	42
Civil society organization (N=28)	3,6%	1	7,1%	2	25,0%	7	64,3%	18
Government entity (N=39)	7,7%	3	5,1%	2	17,9%	7	69,2%	27
Academia / Private sector / Other (N=32)	3,1%	1	9,4%	3	18,8%	6	68,8%	22
<b>Total (N=208)</b>	<b>4,8%</b>	<b>10</b>	<b>8,7%</b>	<b>18</b>	<b>17,8%</b>	<b>37</b>	<b>68,8%</b>	<b>143</b>
Female (N=78)	6,4%	5	12,8%	10	23,1%	18	57,7%	45
Male (N=125)	3,2%	4	5,6%	7	14,4%	18	76,8%	96
Other/Prefer not to say (N=4)	20,0%	1	20,0%	1	20,0%	1	40,0%	2
<b>Total (N=208)</b>	<b>4,8%</b>	<b>10</b>	<b>8,7%</b>	<b>18</b>	<b>17,8%</b>	<b>37</b>	<b>68,8%</b>	<b>143</b>
EAP (N=10)	0,0%		0,0%		20,0%	2	80,0%	8
ECA (N=4)	25,0%	1	0,0%		25,0%	1	50,0%	2
LAC (N=11)	0,0%		27,3%	3	18,2%	2	54,5%	6
SA (N=11)	0,0%		27,3%	3	9,1%	1	63,6%	7
SSA (N=172)	5,2%	9	7,0%	12	18,0%	31	69,8%	120
<b>Total (N=208)</b>	<b>4,8%</b>	<b>10</b>	<b>8,7%</b>	<b>18</b>	<b>17,8%</b>	<b>37</b>	<b>68,8%</b>	<b>143</b>
FCAS = No (N=184)	4,9%	9	9,8%	18	16,3%	30	69,0%	127
FCAS = Yes (N=24)	4,2%	1	0,0%		29,2%	7	66,7%	16
<b>Total (N=208)</b>	<b>4,8%</b>	<b>10</b>	<b>8,7%</b>	<b>18</b>	<b>17,8%</b>	<b>37</b>	<b>68,8%</b>	<b>143</b>



### Summary analysis of qualitative responses (Q7) (N=108)

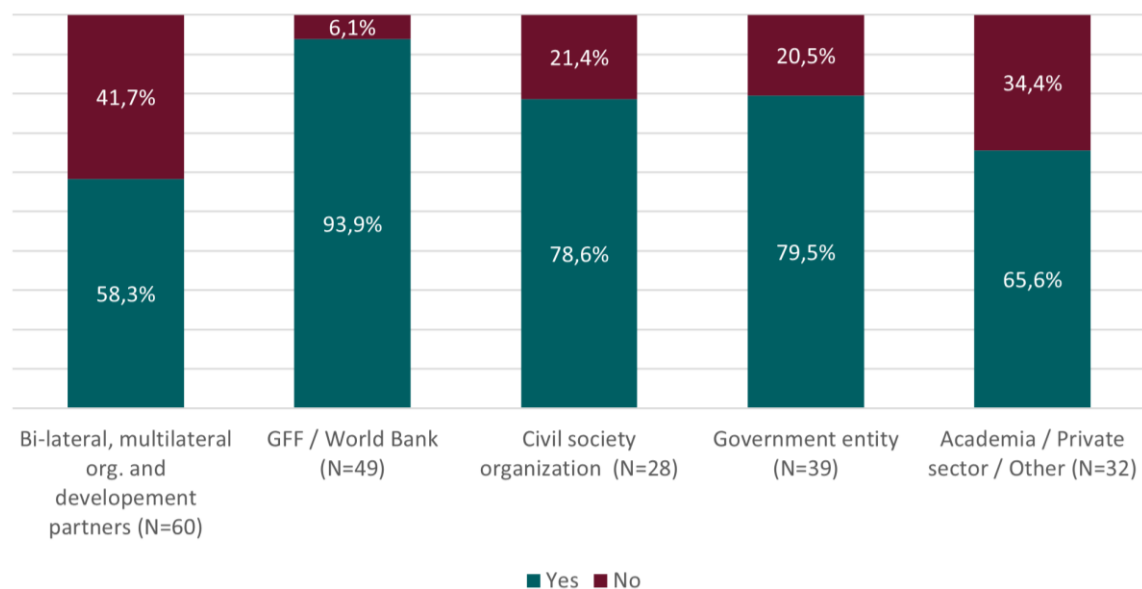
#### Key themes:

- **Country-led prioritization and ownership:** Respondents noted the GFF's role in promoting country-led prioritization of RMNCAH-N issues, fostering greater ownership, accountability, and alignment with national needs.
- **Improved coordination among stakeholders:** The GFF has enhanced collaboration among stakeholders, leading to better resource use, alignment of efforts, and a more comprehensive approach to RMNCAH-N challenges.
- **Challenges in implementation and funding:** Respondents highlighted issues like delayed implementation, inconsistent funding, and misalignment between donor priorities and country needs as barriers to the GFF's full impact.

#### Survey question

**Q8:** Are you aware of any contributions the GFF has made to help improve the QUALITY of health services for women, children and adolescents in your country?

	Yes	No		
Bi-lateral, multilateral org. and development partners (N=60)	58,3%	35	41,7%	25
GFF / World Bank (N=49)	93,9%	46	6,1%	3
Civil society organization (N=28)	78,6%	22	21,4%	6
Government entity (N=39)	79,5%	31	20,5%	8
Academia / Private sector / Other (N=32)	65,6%	21	34,4%	11
<b>Total (N=208)</b>	<b>74,5%</b>	<b>155</b>	<b>25,5%</b>	<b>53</b>
Female (N=78)	69,2%	54	30,8%	24
Male (N=125)	80,0%	100	20,0%	25
Other/Prefer not to say (N=4)	20,0%	1	80,0%	4
<b>Total (N=208)</b>	<b>74,5%</b>	<b>155</b>	<b>25,5%</b>	<b>53</b>
EAP (N=10)	80,0%	8	20,0%	2
ECA (N=4)	50,0%	2	50,0%	2
LAC (N=11)	54,5%	6	45,5%	5
SA (N=11)	72,7%	8	27,3%	3
SSA (N=172)	76,2%	131	23,8%	41
<b>Total (N=208)</b>	<b>74,5%</b>	<b>155</b>	<b>25,5%</b>	<b>53</b>
FCAS = No (N=184)	75,5%	139	24,5%	45
FCAS = Yes (N=24)	66,7%	16	33,3%	8
<b>Total (N=208)</b>	<b>74,5%</b>	<b>155</b>	<b>25,5%</b>	<b>53</b>



### Summary analysis of qualitative responses (Q8) (N=139)

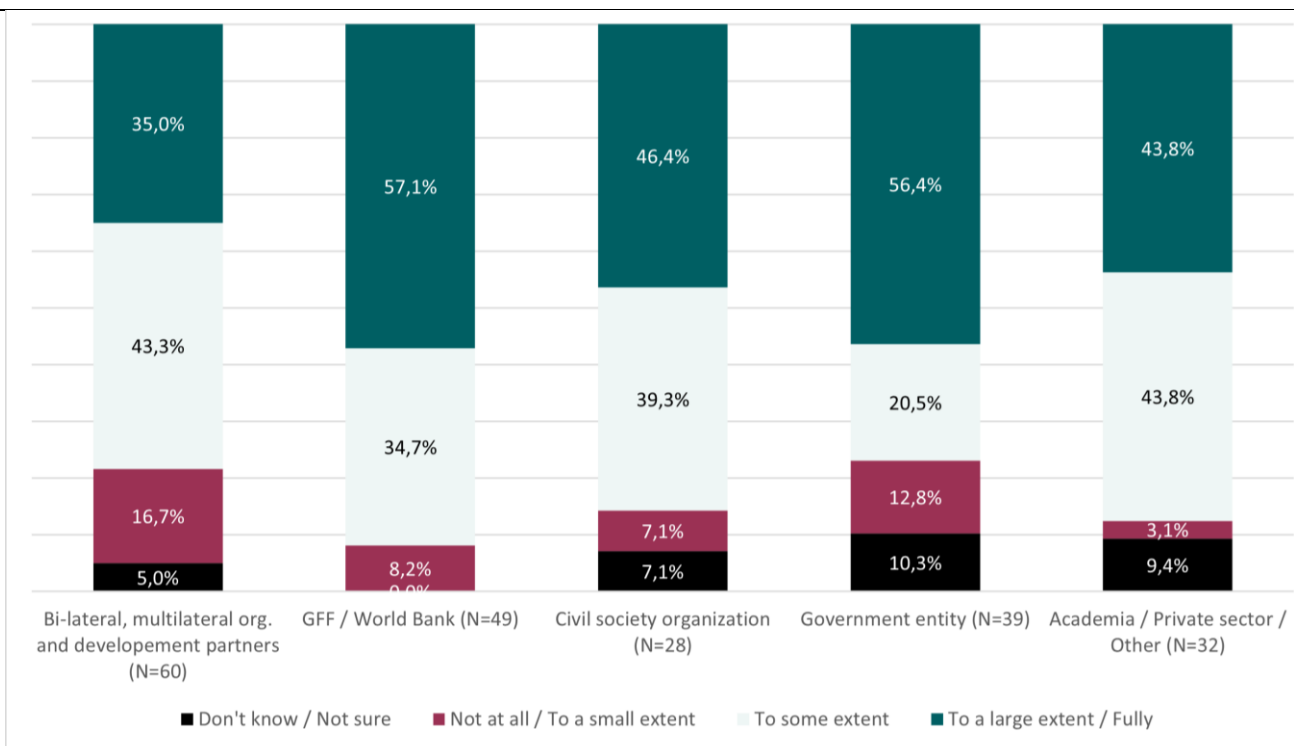
#### Key themes:

- **Support for quality improvement:** Respondents noted the GFF's role in supporting health system quality initiatives, including financial resources, technical assistance, and programs like Results-Based Financing and healthcare worker training.
- **Training and capacity building:** The GFF has contributed to training healthcare workers, improving leadership, and building systems for better service delivery.
- **System strengthening and resource allocation:** The GFF has helped strengthen health systems by improving infrastructure, enhancing data systems, and ensuring efficient resource allocation for better health services.

### Survey question

**Q9:** In the past 3-5 years, please indicate to what extent you have seen progress in terms of country-led alignment of efforts to improve the health of women, children and adolescents?

	Don't know / Not sure		Not at all / To a small extent		To some extent		To a large extent / Fully	
Bi-lateral, multilateral org. and development partners (N=60)	5,0%	3	16,7%	10	43,3%	26	35,0%	21
GFF / World Bank (N=49)	0,0%		8,2%	4	34,7%	17	57,1%	28
Civil society organization (N=28)	7,1%	2	7,1%	2	39,3%	11	46,4%	13
Government entity (N=39)	10,3%	4	12,8%	5	20,5%	8	56,4%	22
Academia / Private sector / Other (N=32)	9,4%	3	3,1%	1	43,8%	14	43,8%	14
<b>Total (N=208)</b>	<b>5,8%</b>	<b>12</b>	<b>10,6%</b>	<b>22</b>	<b>36,5%</b>	<b>76</b>	<b>47,1%</b>	<b>98</b>
Female (N=78)	9,0%	7	11,5%	9	35,9%	28	43,6%	34
Male (N=125)	3,2%	4	9,6%	12	36,8%	46	50,4%	63
Other/Prefer not to say (N=4)	20,0%	1	20,0%	1	40,0%	2	20,0%	1
<b>Total (N=208)</b>	<b>5,8%</b>	<b>12</b>	<b>10,6%</b>	<b>22</b>	<b>36,5%</b>	<b>76</b>	<b>47,1%</b>	<b>98</b>
EAP (N=10)	0,0%		0,0%		30,0%	3	70,0%	7
ECA (N=4)	25,0%	1	0,0%		50,0%	2	25,0%	1
LAC (N=11)	18,2%	2	27,3%	3	18,2%	2	36,4%	4
SA (N=11)	0,0%		36,4%	4	36,4%	4	27,3%	3
SSA (N=172)	5,2%	9	8,7%	15	37,8%	65	48,3%	83
<b>Total (N=208)</b>	<b>5,8%</b>	<b>12</b>	<b>10,6%</b>	<b>22</b>	<b>36,5%</b>	<b>76</b>	<b>47,1%</b>	<b>98</b>
FCAS = No (N=184)	5,4%	10	11,4%	21	38,6%	71	44,6%	82
FCAS = Yes (N=24)	8,3%	2	4,2%	1	20,8%	5	66,7%	16
<b>Total (N=208)</b>	<b>5,8%</b>	<b>12</b>	<b>10,6%</b>	<b>22</b>	<b>36,5%</b>	<b>76</b>	<b>47,1%</b>	<b>98</b>



### Summary analysis of qualitative responses (Q9) (N=121)

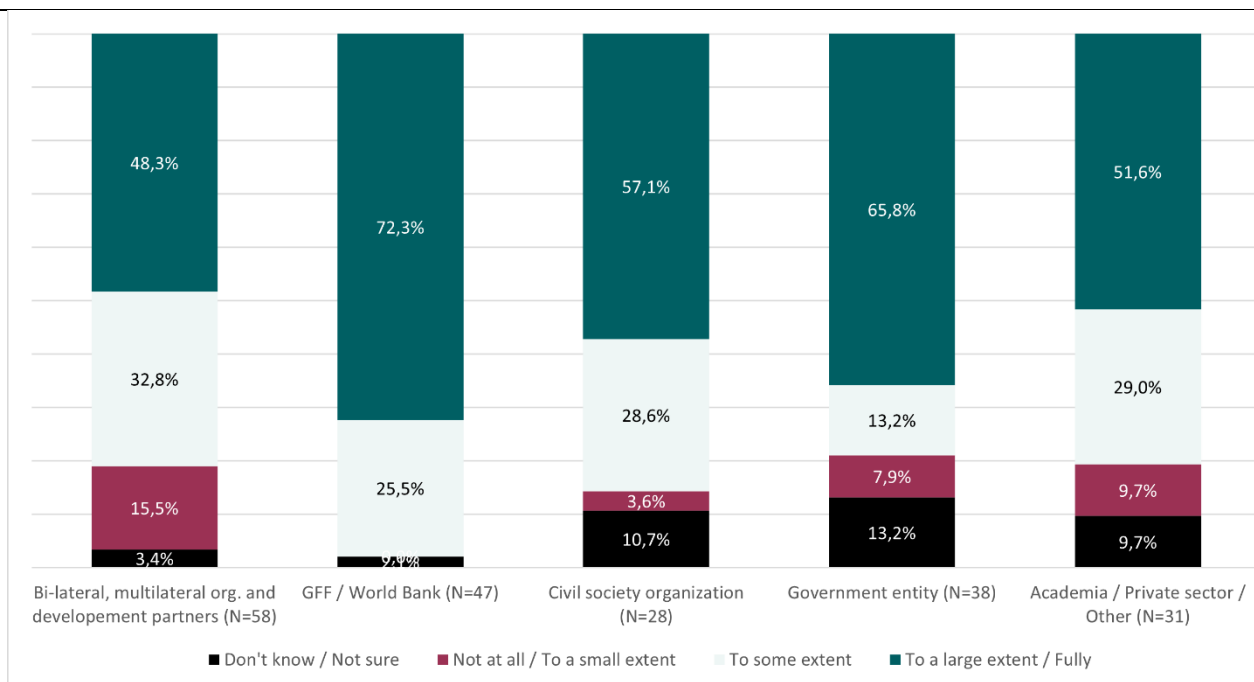
#### Key themes:

- **Improved coordination and alignment:** Respondents highlighted progress in coordinating stakeholders like government, donors, NGOs, and communities, ensuring synergistic efforts and effective use of resources for women's, children's, and adolescents' health.
- **Government leadership in alignment:** The Ministry of Health has played a key role in aligning stakeholders with national health priorities through initiatives like the "One Plan, One Budget, One Report" approach, improving coordination and resource allocation.
- **Challenges in full alignment:** Some respondents noted ongoing challenges, including differing procedures, inconsistent implementation, and siloed approaches that hinder full integration of efforts.

#### Survey question

**Q10:** Please indicate to what extent you agree with the statement “The GFF has contributed to country-led alignment of efforts to improve the health of women, children and adolescents”.

	Don't know / Not sure		Not at all / To a small extent		To some extent		To a large extent / Fully	
Bi-lateral, multilateral org. and development partners (N=58)	3,4%	2	15,5%	9	32,8%	19	48,3%	28
GFF / World Bank (N=47)	2,1%	1	0,0%		25,5%	12	72,3%	34
Civil society organization (N=28)	10,7%	3	3,6%	1	28,6%	8	57,1%	16
Government entity (N=38)	13,2%	5	7,9%	3	13,2%	5	65,8%	25
Academia / Private sector / Other (N=31)	9,7%	3	9,7%	3	29,0%	9	51,6%	16
<b>Total (N=202)</b>	<b>6,9%</b>	<b>14</b>	<b>7,9%</b>	<b>16</b>	<b>26,2%</b>	<b>53</b>	<b>58,9%</b>	<b>119</b>
Female (N=77)	10,4%	8	9,1%	7	28,6%	22	51,9%	40
Male (N=120)	4,2%	5	6,7%	8	25,0%	30	64,2%	77
Other/Prefer not to say (N=4)	20,0%	1	20,0%	1	20,0%	1	40,0%	2
<b>Total (N=202)</b>	<b>6,9%</b>	<b>14</b>	<b>7,9%</b>	<b>16</b>	<b>26,2%</b>	<b>53</b>	<b>58,9%</b>	<b>119</b>
EAP (N=10)	0,0%		0,0%		30,0%	3	70,0%	7
ECA (N=4)	25,0%	1	0,0%		25,0%	1	50,0%	2
LAC (N=9)	22,2%	2	11,1%	1	11,1%	1	55,6%	5
SA (N=10)	0,0%		30,0%	3	20,0%	2	50,0%	5
SSA (N=169)	6,5%	11	7,1%	12	27,2%	46	59,2%	100
<b>Total (N=202)</b>	<b>6,9%</b>	<b>14</b>	<b>7,9%</b>	<b>16</b>	<b>26,2%</b>	<b>53</b>	<b>58,9%</b>	<b>119</b>
FCAS = No (N=178)	6,74%	12	8,43%	15	25,84%	46	58,99%	105
FCAS = Yes (N=24)	8,33%	2	4,17%	1	29,17%	7	58,33%	14
<b>Total (N=202)</b>	<b>6,9%</b>	<b>14</b>	<b>7,9%</b>	<b>16</b>	<b>26,2%</b>	<b>53</b>	<b>58,9%</b>	<b>119</b>



### Summary analysis of qualitative responses (Q10) (N=106)

#### Key themes:

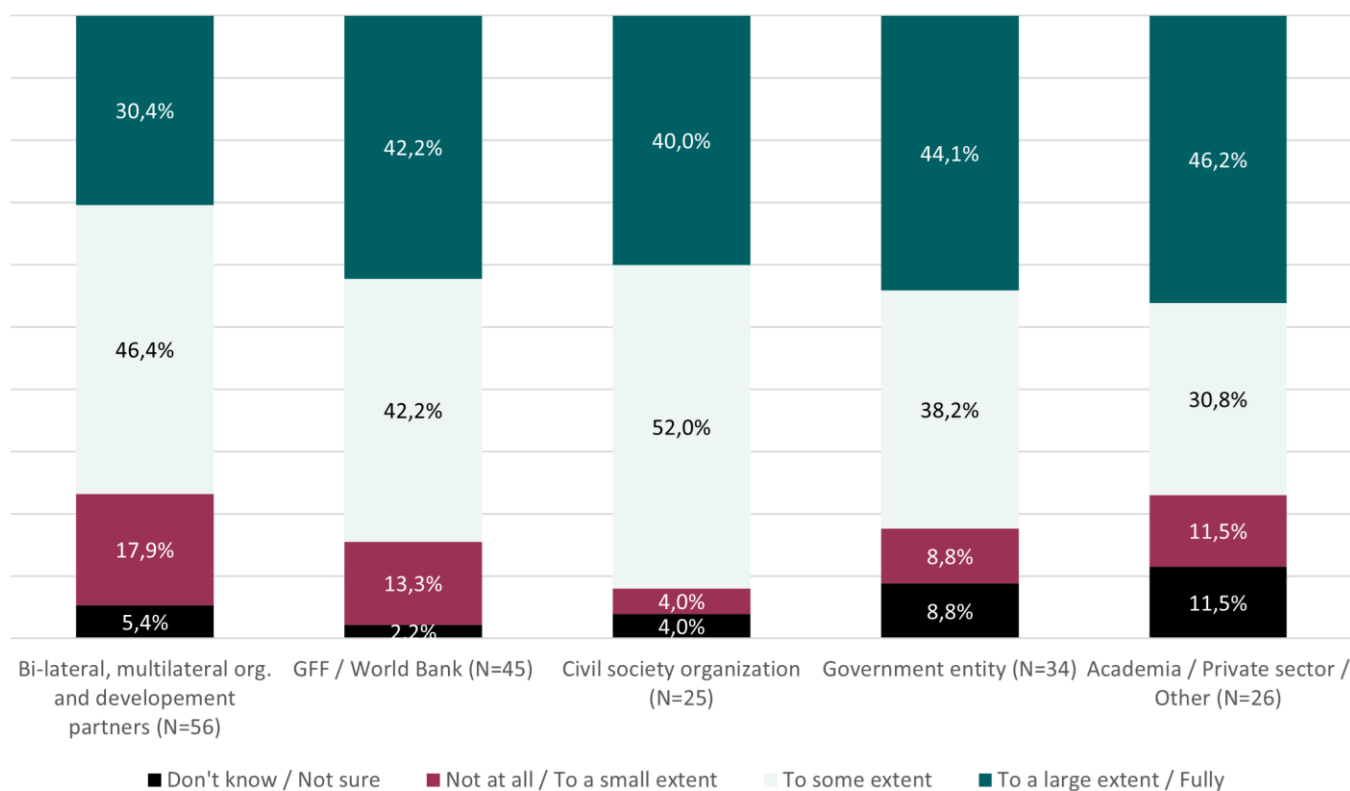
- **Significant contribution to country-led alignment:** Respondents noted the GFF's role in enhancing coordination, aligning national health strategies, and focusing resources on key priorities to improve women's, children's, and adolescents' health.
- **Moderate contribution with room for improvement:** Some respondents recognized the GFF's role in promoting alignment but suggested improvements, including broader stakeholder engagement and ensuring efforts reach all regions and sectors.
- **Limited or inconsistent contribution:** Some felt the GFF's impact on alignment was inconsistent, citing insufficient engagement, weak coordination, and a need for stronger leadership to fully realize alignment efforts.

#### Survey question

**Q11:** In your view, to what extent is the national country platform (please refer to definition) operating effectively in your country?



	Don't know / Not sure		Not at all / To a small extent		To some extent		To a large extent / Fully	
Bi-lateral, multilateral org. and development partners (N=56)	5,4%	3	17,9%	10	46,4%	26	30,4%	17
GFF / World Bank (N=45)	2,2%	1	13,3%	6	42,2%	19	42,2%	19
Civil society organization (N=25)	4,0%	1	4,0%	1	52,0%	13	40,0%	10
Government entity (N=34)	8,8%	3	8,8%	3	38,2%	13	44,1%	15
Academia / Private sector / Other (N=26)	11,5%	3	11,5%	3	30,8%	8	46,2%	12
<b>Total (N=186)</b>	<b>5,9%</b>	<b>11</b>	<b>12,4%</b>	<b>23</b>	<b>42,5%</b>	<b>79</b>	<b>39,2%</b>	<b>73</b>
Female (N=68)	10,3%	7	11,8%	8	48,5%	33	29,4%	20
Male (N=113)	2,7%	3	12,4%	14	39,8%	45	45,1%	51
Other/Prefer not to say (N=4)	20,0%	1	20,0%	1	20,0%	1	40,0%	2
<b>Total (N=186)</b>	<b>5,9%</b>	<b>11</b>	<b>12,4%</b>	<b>23</b>	<b>42,5%</b>	<b>79</b>	<b>39,2%</b>	<b>73</b>
EAP (N=9)	0,0%		0,0%		44,4%	4	55,6%	5
ECA (N=4)	25,0%	1	25,0%	1	25,0%	1	25,0%	1
LAC (N=9)	11,1%	1	22,2%	2	22,2%	2	44,4%	4
SA (N=10)	0,0%		60,0%	6	20,0%	2	20,0%	2
SSA (N=154)	5,8%	9	9,1%	14	45,5%	70	39,6%	61
<b>Total (N=186)</b>	<b>5,9%</b>	<b>11</b>	<b>12,4%</b>	<b>23</b>	<b>42,5%</b>	<b>79</b>	<b>39,2%</b>	<b>73</b>
FCAS = No (N=168)	4,76%	8	12,50%	21	43,45%	73	39,29%	66
FCAS = Yes (N=18)	16,67%	3	11,11%	2	33,33%	6	38,89%	7
<b>Total (N=186)</b>	<b>5,9%</b>	<b>11</b>	<b>12,4%</b>	<b>23</b>	<b>42,5%</b>	<b>79</b>	<b>39,2%</b>	<b>73</b>



### Summary analysis of qualitative responses (Q11) (N=121)

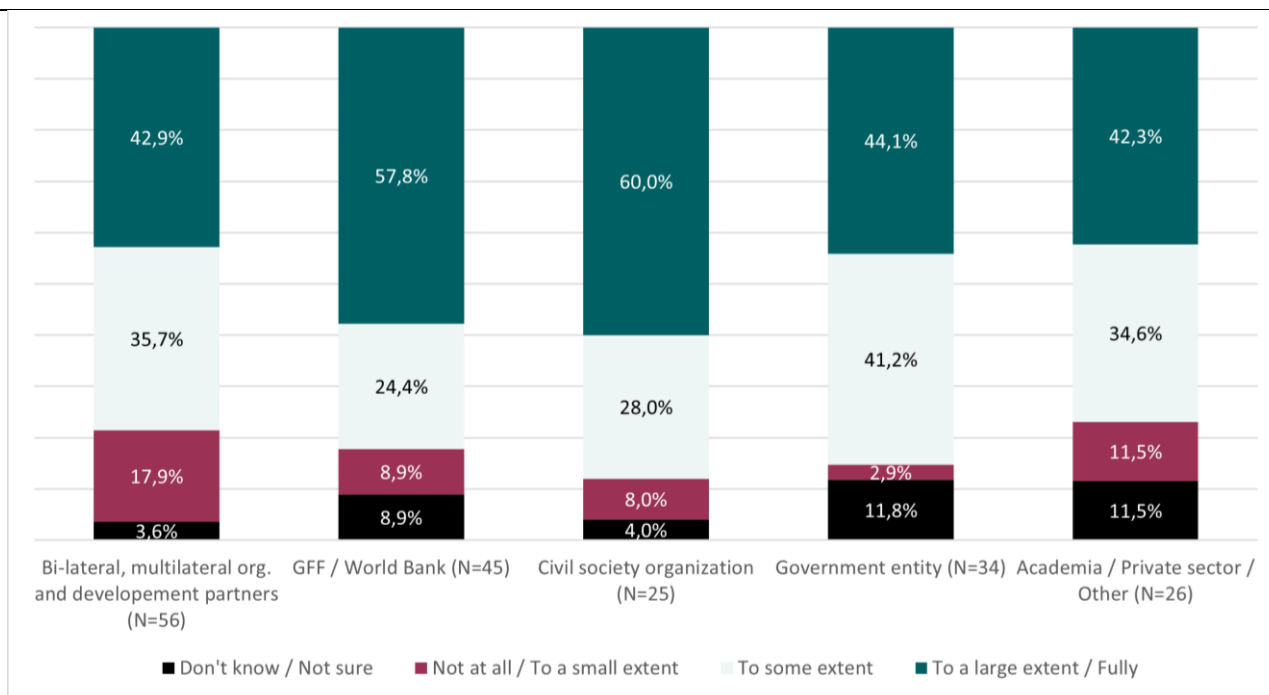
#### Key themes:

1. **Moderate effectiveness with areas for improvement:** Many respondents feel the national platform fosters collaboration but needs better engagement, coordination, and implementation. Improvements could include integrating sectors, regular meetings, and stronger leadership.
2. **Limited or non-functional:** Some respondents described the platform as limited or inactive, citing infrequent meetings, poor coordination, and low stakeholder engagement, reducing its impact on health outcomes.
3. **Fully operational and effective:** A portion of respondents believe the platform operates well, with regular meetings, strong leadership, and active participation, helping to align efforts and mobilize resources for national health priorities.

#### Survey question

**Q12:** In your view, to what extent has the GFF contributed to the national country platform (please refer to definition) operating effectively in your country?

	Don't know / Not sure		Not at all / To a small extent		To some extent		To a large extent / Fully	
Bi-lateral, multilateral org. and development partners (N=56)	3,6%	2	17,9%	10	35,7%	20	42,9%	24
GFF / World Bank (N=45)	8,9%	4	8,9%	4	24,4%	11	57,8%	26
Civil society organization (N=25)	4,0%	1	8,0%	2	28,0%	7	60,0%	15
Government entity (N=34)	11,8%	4	2,9%	1	41,2%	14	44,1%	15
Academia / Private sector / Other (N=26)	11,5%	3	11,5%	3	34,6%	9	42,3%	11
<b>Total (N=186)</b>	<b>7,5%</b>	<b>14</b>	<b>10,8%</b>	<b>20</b>	<b>32,8%</b>	<b>61</b>	<b>48,9%</b>	<b>91</b>
Female (N=68)	10,3%	7	14,7%	10	35,3%	24	39,7%	27
Male (N=113)	4,4%	5	8,0%	9	32,7%	37	54,9%	62
Other/Prefer not to say (N=4)	40,0%	2	20,0%	1	0,0%		40,0%	2
<b>Total (N=186)</b>	<b>7,5%</b>	<b>14</b>	<b>10,8%</b>	<b>20</b>	<b>32,8%</b>	<b>61</b>	<b>48,9%</b>	<b>91</b>
EAP (N=9)	0,0%		0,0%		44,4%	4	55,6%	5
ECA (N=4)	25,0%	1	0,0%		25,0%	1	50,0%	2
LAC (N=9)	11,1%	1	22,2%	2	11,1%	1	55,6%	5
SA (N=10)	0,0%		40,0%	4	40,0%	4	20,0%	2
SSA (N=154)	7,8%	12	9,1%	14	33,1%	51	50,0%	77
<b>Total (N=186)</b>	<b>7,5%</b>	<b>14</b>	<b>10,8%</b>	<b>20</b>	<b>32,8%</b>	<b>61</b>	<b>48,9%</b>	<b>91</b>
FCAS = No (N=168)	7,14%	12	10,71%	18	32,14%	54	50,00%	84
FCAS = Yes (N=18)	11,11%	2	11,11%	2	38,89%	7	38,89%	7
<b>Total (N=186)</b>	<b>7,5%</b>	<b>14</b>	<b>10,8%</b>	<b>20</b>	<b>32,8%</b>	<b>61</b>	<b>48,9%</b>	<b>91</b>



### Summary analysis of qualitative responses (Q12) (N=96)

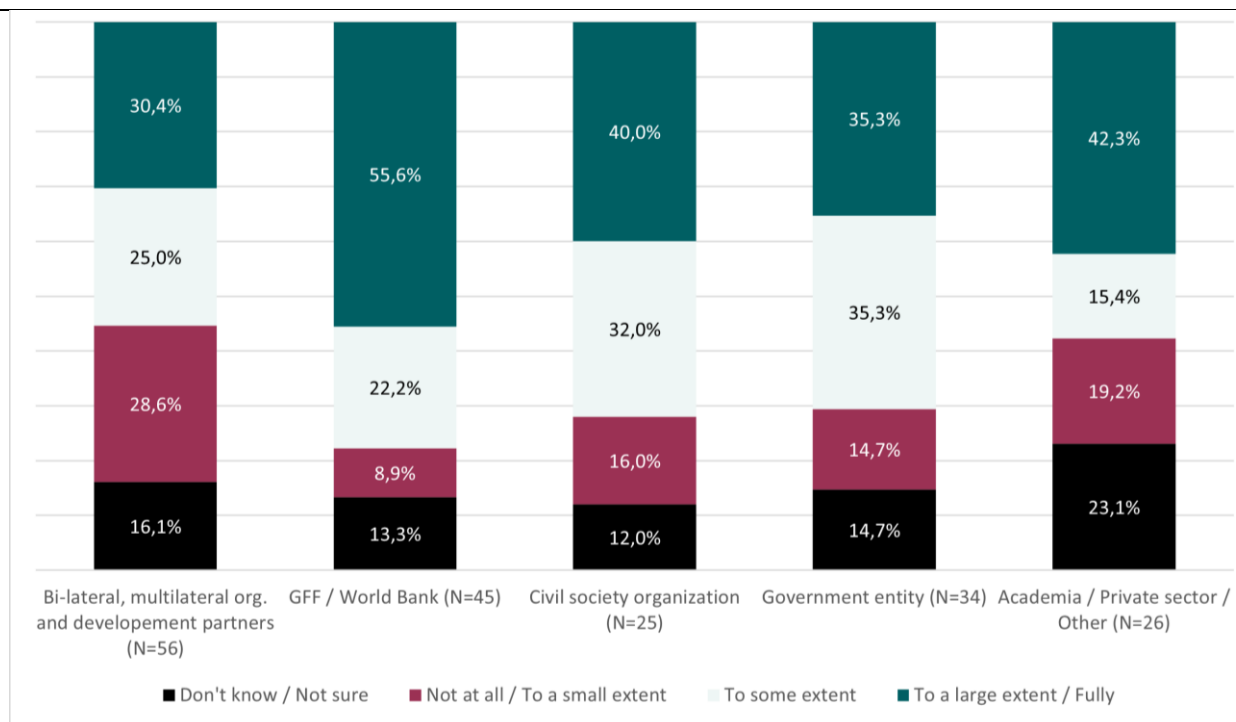
#### Key themes:

- **Significant contribution to platform effectiveness:** Many respondents highlighted the GFF's key role in improving platform operations through technical and financial support, stakeholder coordination, resource alignment, and leadership, particularly via the Country Liaison Officer.
- **Moderate to limited contribution:** Some respondents noted that while the GFF has contributed to the platform, its impact has been moderate due to challenges in engagement, coordination, and financial consistency, leaving room for improvement in overall effectiveness.

### Survey question

**Q13:** In your view, to what extent have diverse voices — such as those of women, youth, CSOs and marginalized communities — been actively engaged in the development of the Investment Case?

	Don't know / Not sure		Not at all / To a small extent		To some extent		To a large extent / Fully	
Bi-lateral, multilateral org. and development partners (N=56)	16,1%	9	28,6%	16	25,0%	14	30,4%	17
GFF / World Bank (N=45)	13,3%	6	8,9%	4	22,2%	10	55,6%	25
Civil society organization (N=25)	12,0%	3	16,0%	4	32,0%	8	40,0%	10
Government entity (N=34)	14,7%	5	14,7%	5	35,3%	12	35,3%	12
Academia / Private sector / Other (N=26)	23,1%	6	19,2%	5	15,4%	4	42,3%	11
<b>Total (N=186)</b>	<b>15,6%</b>	<b>29</b>	<b>18,3%</b>	<b>34</b>	<b>25,8%</b>	<b>48</b>	<b>40,3%</b>	<b>75</b>
Female (N=68)	25,0%	17	17,6%	12	27,9%	19	29,4%	20
Male (N=113)	8,8%	10	18,6%	21	25,7%	29	46,9%	53
Other/Prefer not to say (N=4)	40,0%	2	20,0%	1	0,0%		40,0%	2
<b>Total (N=186)</b>	<b>15,6%</b>	<b>29</b>	<b>18,3%</b>	<b>34</b>	<b>25,8%</b>	<b>48</b>	<b>40,3%</b>	<b>75</b>
EAP (N=9)	22,2%	2	11,1%	1	11,1%	1	55,6%	5
ECA (N=4)	50,0%	2	25,0%	1	0,0%		25,0%	1
LAC (N=9)	11,1%	1	22,2%	2	22,2%	2	44,4%	4
SA (N=10)	30,0%	3	60,0%	6	0,0%		10,0%	1
SSA (N=154)	13,6%	21	15,6%	24	29,2%	45	41,6%	64
<b>Total (N=186)</b>	<b>15,6%</b>	<b>29</b>	<b>18,3%</b>	<b>34</b>	<b>25,8%</b>	<b>48</b>	<b>40,3%</b>	<b>75</b>
FCAS = No (N=168)	14,9%	25	18,5%	31	26,8%	45	39,9%	67
FCAS = Yes (N=18)	22,2%	4	16,7%	3	16,7%	3	44,4%	8
<b>Total (N=186)</b>	<b>15,6%</b>	<b>29</b>	<b>18,3%</b>	<b>34</b>	<b>25,8%</b>	<b>48</b>	<b>40,3%</b>	<b>75</b>



### Summary analysis of qualitative responses (Q13) (N=107)

#### Key themes:

- **Moderate to broad and inclusive engagement:** Some respondents noted that the Investment Case development involved diverse voices, including women, youth, CSOs, and marginalized communities, with efforts to integrate these groups, though some felt the process could have been more robust.
- **Limited or insufficient engagement:** Several respondents felt that engagement of diverse voices was limited, with involvement often superficial and not fully reflecting the needs and perspectives of women, youth, CSOs, and marginalized communities.

#### Survey question

**Q14:** In your opinion, to what extent has the country Investment Case (please refer to definition) been used by key stakeholders to mobilize the allocation of domestic resources for actions to improve the health of women, children and adolescents?

	Don't know / Not sure		Not at all / To a small extent		To some extent		To a large extent / Fully	
Bi-lateral, multilateral org. and development partners (N=56)	14,3%	8	32,1%	18	28,6%	16	25,0%	14
GFF / World Bank (N=45)	13,3%	6	11,1%	5	24,4%	11	51,1%	23
Civil society organization (N=25)	8,0%	2	24,0%	6	20,0%	5	48,0%	12
Government entity (N=34)	14,7%	5	20,6%	7	26,5%	9	38,2%	13
Academia / Private sector / Other (N=26)	19,2%	5	19,2%	5	34,6%	9	26,9%	7
<b>Total (N=186)</b>	<b>14,0%</b>	<b>26</b>	<b>22,0%</b>	<b>41</b>	<b>26,9%</b>	<b>50</b>	<b>37,1%</b>	<b>69</b>
Female (N=68)	23,5%	16	17,6%	12	20,6%	14	38,2%	26
Male (N=113)	8,0%	9	23,9%	27	31,0%	35	37,2%	42
Other/Prefer not to say (N=4)	20,0%	1	40,0%	2	20,0%	1	20,0%	1
<b>Total (N=186)</b>	<b>14,0%</b>	<b>26</b>	<b>22,0%</b>	<b>41</b>	<b>26,9%</b>	<b>50</b>	<b>37,1%</b>	<b>69</b>
EAP (N=9)	22,2%	2	0,0%		0,0%		77,8%	7
ECA (N=4)	25,0%	1	25,0%	1	0,0%		50,0%	2
LAC (N=9)	33,3%	3	22,2%	2	11,1%	1	33,3%	3
SA (N=10)	0,0%		30,0%	3	40,0%	4	30,0%	3
SSA (N=154)	13,0%	20	22,7%	35	29,2%	45	35,1%	54
<b>Total (N=186)</b>	<b>14,0%</b>	<b>26</b>	<b>22,0%</b>	<b>41</b>	<b>26,9%</b>	<b>50</b>	<b>37,1%</b>	<b>69</b>
FCAS = No (N=168)	13,1%	22	22,0%	37	38,1%	64	26,8%	45
FCAS = Yes (N=18)	22,2%	4	22,2%	4	27,8%	5	27,8%	5
<b>Total (N=186)</b>	<b>14,0%</b>	<b>26</b>	<b>22,0%</b>	<b>41</b>	<b>26,9%</b>	<b>50</b>	<b>37,1%</b>	<b>69</b>



### Summary analysis of qualitative responses (Q14) (N=109)

#### Key themes:

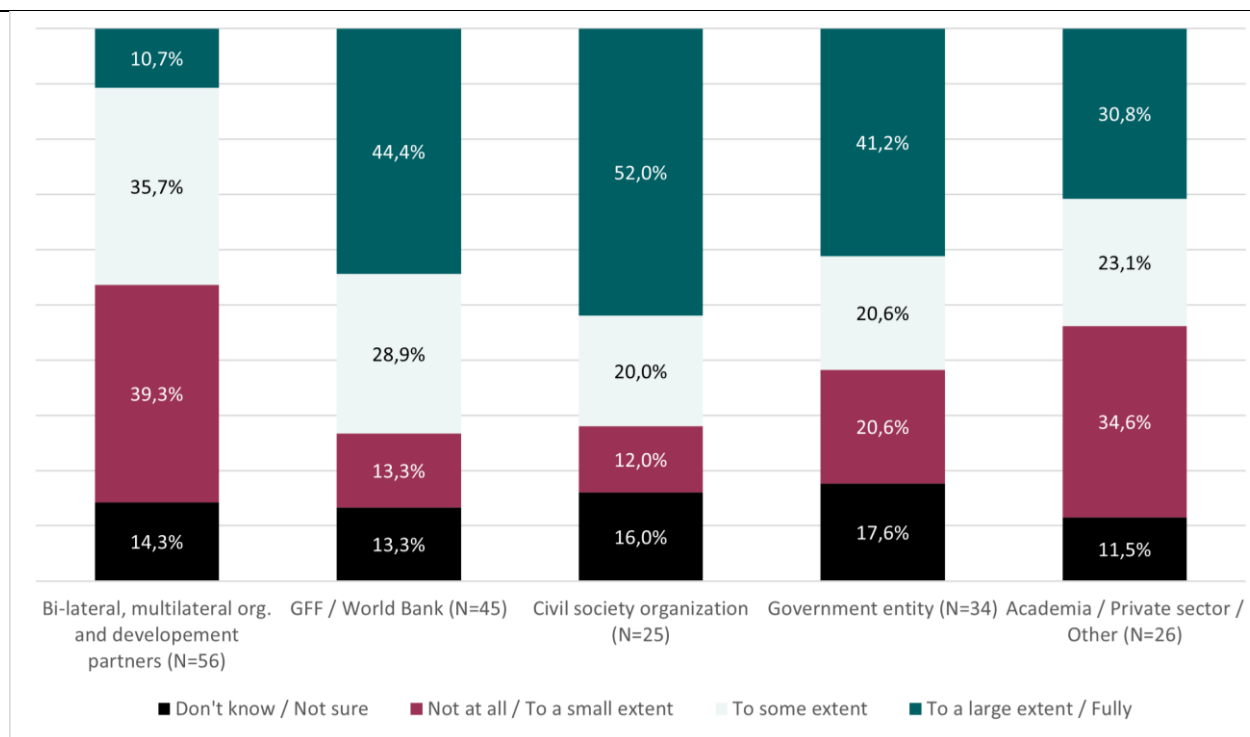
- **Limited utilization and awareness of the Investment Case:** Many respondents noted that the IC has not been widely used or disseminated, limiting domestic resource mobilization due to insufficient awareness and advocacy.
- **Effective use of the Investment Case for resource allocation:** Some respondents felt the IC has been effectively used to guide domestic resource allocation, helping prioritize health initiatives for women, children, and adolescents.
- **Challenges in mobilizing domestic resources:** Several respondents highlighted difficulties in using the IC for resource mobilization, citing issues like inadequate government funding, competing priorities, and economic constraints.

#### Survey question



**Q15:** To what extent do you agree with the statement that “The GFF has contributed to increased allocation of domestic resources for actions to improve the health of women, children and adolescents in line with the Investment Case (please refer to definition)”.

	Don't know / Not sure		Not at all / To a small extent		To some extent		To a large extent / Fully	
Bi-lateral, multilateral org. and development partners (N=56)	14,3%	8	39,3%	22	35,7%	20	10,7%	6
GFF / World Bank (N=45)	13,3%	6	13,3%	6	28,9%	13	44,4%	20
Civil society organization (N=25)	16,0%	4	12,0%	3	20,0%	5	52,0%	13
Government entity (N=34)	17,6%	6	20,6%	7	20,6%	7	41,2%	14
Academia / Private sector / Other (N=26)	11,5%	3	34,6%	9	23,1%	6	30,8%	8
<b>Total (N=186)</b>	<b>14,5%</b>	<b>27</b>	<b>25,3%</b>	<b>47</b>	<b>27,4%</b>	<b>51</b>	<b>32,8%</b>	<b>61</b>
Female (N=68)	19,1%	13	26,5%	18	26,5%	18	27,9%	19
Male (N=113)	11,5%	13	23,9%	27	28,3%	32	36,3%	41
Other/Prefer not to say (N=4)	20,0%	1	40,0%	2	20,0%	1	20,0%	1
<b>Total (N=186)</b>	<b>14,5%</b>	<b>27</b>	<b>25,3%</b>	<b>47</b>	<b>27,4%</b>	<b>51</b>	<b>32,8%</b>	<b>61</b>
EAP (N=9)	33,3%	3	0,0%		0,0%		66,7%	6
ECA (N=4)	25,0%	1	25,0%	1	25,0%	1	25,0%	1
LAC (N=9)	22,2%	2	33,3%	3	11,1%	1	33,3%	3
SA (N=10)	10,0%	1	50,0%	5	10,0%	1	30,0%	3
SSA (N=154)	13,0%	20	24,7%	38	31,2%	48	31,2%	48
<b>Total (N=186)</b>	<b>14,5%</b>	<b>27</b>	<b>25,3%</b>	<b>47</b>	<b>27,4%</b>	<b>51</b>	<b>32,8%</b>	<b>61</b>
FCAS = No (N=168)	13,7%	23	26,2%	44	26,8%	45	33,3%	56
FCAS = Yes (N=18)	22,2%	4	16,7%	3	33,3%	6	27,8%	5
<b>Total (N=186)</b>	<b>14,5%</b>	<b>27</b>	<b>25,3%</b>	<b>47</b>	<b>27,4%</b>	<b>51</b>	<b>32,8%</b>	<b>61</b>



### Summary analysis of qualitative responses (Q15) (N=92)

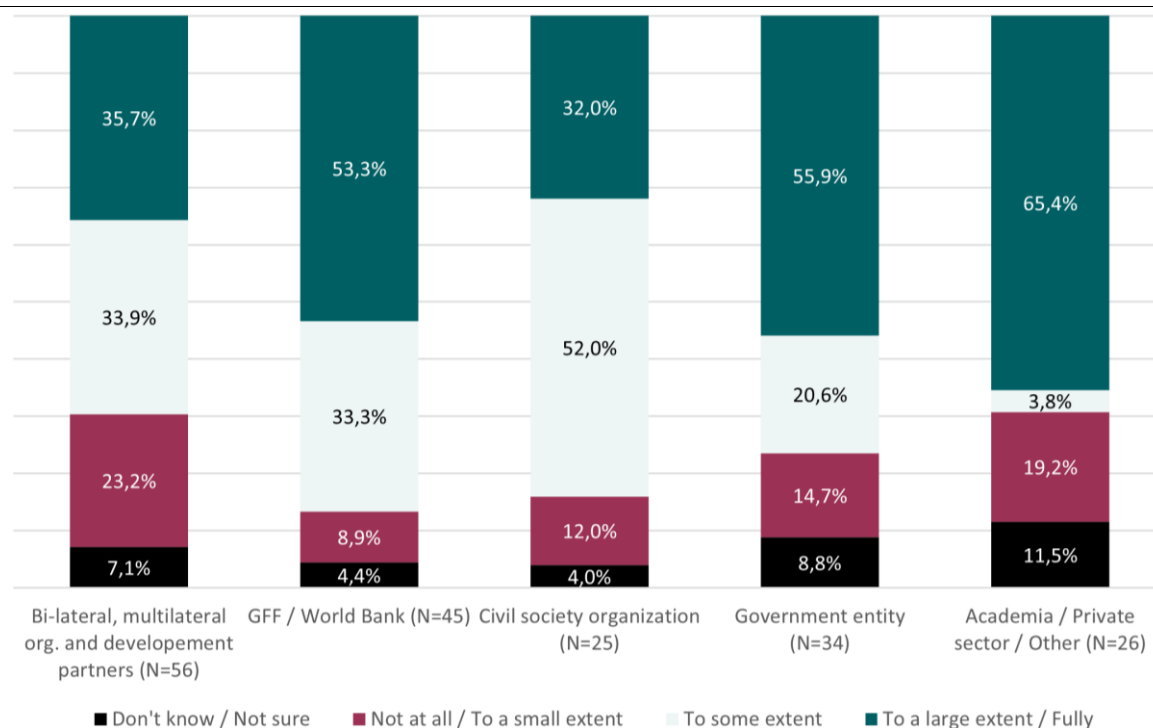
#### Key themes:

- **GFF's role in catalyzing domestic resource allocation:** Many respondents agreed that the GFF has helped mobilize resources and encouraged countries to prioritize health investments for women, children, and adolescents, leading to increased domestic funding aligned with the Investment Case.
- **Challenges and mixed results in resource mobilization:** Some respondents acknowledged the GFF's efforts but noted mixed success due to economic constraints, insufficient domestic funding, and the need for stronger advocacy to secure greater financial commitment to RMNCAH-N.

#### Survey question

**Q16:** Please state to what extent data and evidence are being used for RMNCAH-N decision making, in particular through the national country platform (refer to definition) or other key decision-making or advisory bodies for RMNCAH-N?

	Don't know / Not sure		Not at all / To a small extent		To some extent		To a large extent / Fully	
Bi-lateral, multilateral org. and development partners (N=56)	7,1%	4	23,2%	13	33,9%	19	35,7%	20
GFF / World Bank (N=45)	4,4%	2	8,9%	4	33,3%	15	53,3%	24
Civil society organization (N=25)	4,0%	1	12,0%	3	52,0%	13	32,0%	8
Government entity (N=34)	8,8%	3	14,7%	5	20,6%	7	55,9%	19
Academia / Private sector / Other (N=26)	11,5%	3	19,2%	5	3,8%	1	65,4%	17
<b>Total (N=186)</b>	<b>7,0%</b>	<b>13</b>	<b>16,1%</b>	<b>30</b>	<b>29,6%</b>	<b>55</b>	<b>47,3%</b>	<b>88</b>
Female (N=68)	13,2%	9	11,8%	8	32,4%	22	42,6%	29
Male (N=113)	3,5%	4	16,8%	19	29,2%	33	50,4%	57
Other/Prefer not to say (N=4)	0,0%		60,0%	3	0,0%		40,0%	2
<b>Total (N=186)</b>	<b>7,0%</b>	<b>13</b>	<b>16,1%</b>	<b>30</b>	<b>29,6%</b>	<b>55</b>	<b>47,3%</b>	<b>88</b>
EAP (N=9)	0,0%		0,0%		66,7%	6	33,3%	3
ECA (N=4)	25,0%	1	50,0%	2	25,0%	1	0,0%	
LAC (N=9)	22,2%	2	33,3%	3	22,2%	2	22,2%	2
SA (N=10)	10,0%	1	20,0%	2	30,0%	3	40,0%	4
SSA (N=154)	5,8%	9	14,9%	23	49,4%	76	29,9%	46
<b>Total (N=186)</b>	<b>7,0%</b>	<b>13</b>	<b>16,1%</b>	<b>30</b>	<b>29,6%</b>	<b>55</b>	<b>47,3%</b>	<b>88</b>
FCAS = No (N=168)	6,0%	10	16,7%	28	47,6%	80	29,8%	50
FCAS = Yes (N=18)	16,7%	3	11,1%	2	44,4%	8	27,8%	5
<b>Total (N=186)</b>	<b>7,0%</b>	<b>13</b>	<b>16,1%</b>	<b>30</b>	<b>29,6%</b>	<b>55</b>	<b>47,3%</b>	<b>88</b>



### Summary analysis of qualitative responses (Q16) (N=100)

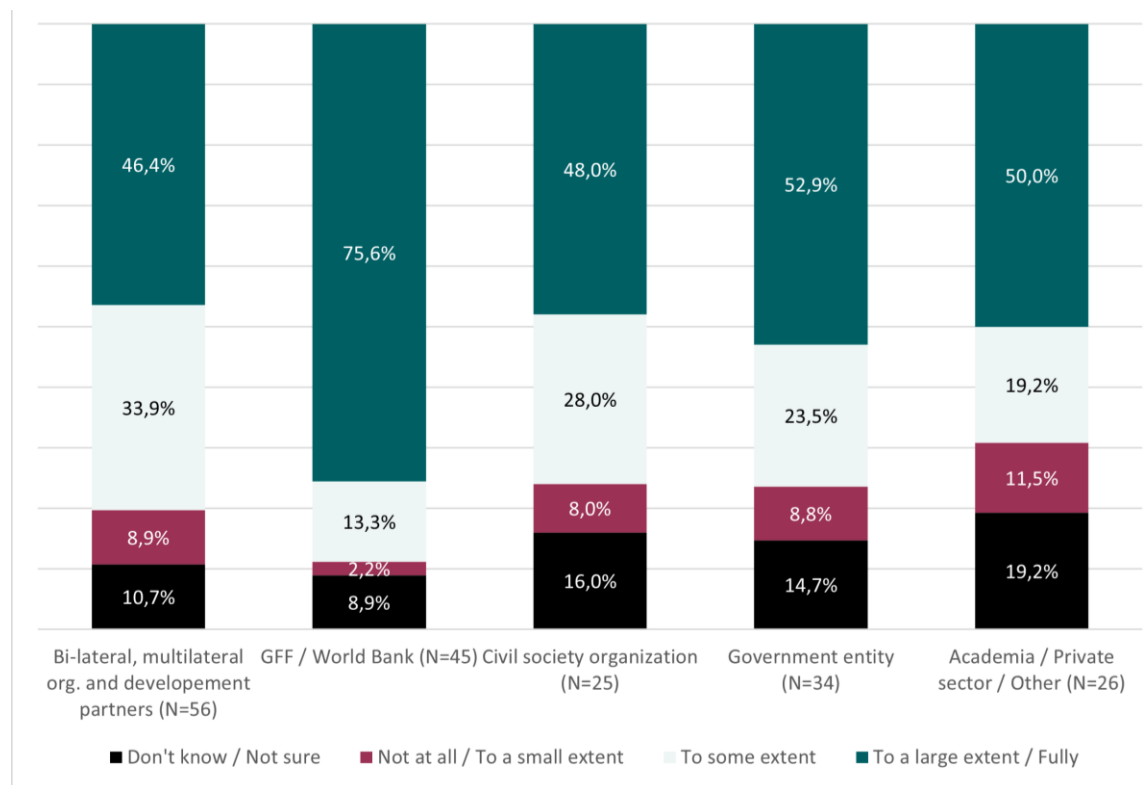
#### Key themes:

- **Moderate use of data in decision-making:** Many respondents noted that data is being used for RMNCAH-N decisions, though challenges like data quality, coordination, and translating data into actionable policies persist.
- **GFF's role in strengthening data systems:** Respondents highlighted the GFF's contributions to improving health information systems and data dashboards, leading to better data usage in decision-making, though improvements are still needed.
- **Challenges with data quality and accessibility:** Some respondents pointed out ongoing issues with data quality and availability, which hinder effective decision-making despite efforts to address these gaps.

#### Survey question

**Q17:** Please indicate to what extent, in your view, the GFF builds on and enhances the work of other funders of RMNCAH-N and health system strengthening initiatives?

	Don't know / Not sure		Not at all / To a small extent		To some extent		To a large extent / Fully	
Bi-lateral, multilateral org. and development partners (N=56)	10,7%	6	8,9%	5	33,9%	19	46,4%	26
GFF / World Bank (N=45)	8,9%	4	2,2%	1	13,3%	6	75,6%	34
Civil society organization (N=25)	16,0%	4	8,0%	2	28,0%	7	48,0%	12
Government entity (N=34)	14,7%	5	8,8%	3	23,5%	8	52,9%	18
Academia / Private sector / Other (N=26)	19,2%	5	11,5%	3	19,2%	5	50,0%	13
<b>Total (N=186)</b>	<b>12,9%</b>	<b>24</b>	<b>7,5%</b>	<b>14</b>	<b>24,2%</b>	<b>45</b>	<b>55,4%</b>	<b>103</b>
Female (N=68)	20,6%	14	7,4%	5	23,5%	16	48,5%	33
Male (N=113)	8,8%	10	6,2%	7	23,9%	27	61,1%	69
Other/Prefer not to say (N=4)	0,0%		40,0%	2	40,0%	2	20,0%	1
<b>Total (N=186)</b>	<b>12,9%</b>	<b>24</b>	<b>7,5%</b>	<b>14</b>	<b>24,2%</b>	<b>45</b>	<b>55,4%</b>	<b>103</b>
EAP (N=9)	0,0%		0,0%		33,3%	3	66,7%	6
ECA (N=4)	25,0%	1	0,0%		50,0%	2	25,0%	1
LAC (N=9)	44,4%	4	11,1%	1	22,2%	2	22,2%	2
SA (N=10)	0,0%		40,0%	4	20,0%	2	40,0%	4
SSA (N=154)	12,3%	19	5,8%	9	23,4%	36	58,4%	90
<b>Total (N=186)</b>	<b>12,9%</b>	<b>24</b>	<b>7,5%</b>	<b>14</b>	<b>24,2%</b>	<b>45</b>	<b>55,4%</b>	<b>103</b>
FCAS = No (N=168)	12,5%	21	8,3%	14	23,2%	39	56,0%	94
FCAS = Yes (N=18)	16,7%	3	0,0%		33,3%	6	50,0%	9
<b>Total (N=186)</b>	<b>12,9%</b>	<b>24</b>	<b>7,5%</b>	<b>14</b>	<b>24,2%</b>	<b>45</b>	<b>55,4%</b>	<b>103</b>



### Summary analysis of qualitative responses (Q17) (N=85)

#### Key themes:

- **Coordination and alignment with other donors:** Many respondents highlighted the GFF's strong role in coordinating efforts among donors, stakeholders, and governments, ensuring efficient resource allocation and reducing duplication.
- **Leveraging and complementing existing efforts:** Respondents noted how the GFF builds on and complements the work of existing donors, enhancing the impact of RMNCAH-N and health system strengthening by aligning priorities and leveraging resources.
- **Participation in technical working groups:** A significant number of respondents emphasized the GFF's active role in technical groups and platforms, helping to align and harmonize RMNCAH-N efforts with other donor activities.

### Survey question

**Q18:** In your view, where and how do you see the added value of the support provided by the GFF to country governments for RMNCAH-N and health system strengthening in your country?

### Summary analysis of qualitative responses (Q18) (N=186)

Key themes:

- **Coordination and alignment:** Many respondents highlighted the GFF's key role in improving coordination among governments, donors, and NGOs, streamlining efforts, reducing duplication, and ensuring efficient resource use for better RMNCAH-N and health system outcomes.
- **Technical assistance and capacity building:** Respondents emphasized the GFF's valuable support in governance, planning, and data use, which has strengthened health systems and improved RMNCAH-N interventions.
- **Financial resources and catalytic funding:** A significant number of respondents recognized the GFF's role in mobilizing resources and providing catalytic funding, filling critical gaps, and leveraging additional investments.

### Survey question

**Q19:** What are the three most important strengths you feel the GFF brings to the country?

### Summary analysis of qualitative responses (Q19) (N=186)

Key themes:

- **Technical assistance and capacity building:** Many respondents highlighted the GFF's valuable technical support in health financing, RMNCAH-N programming, data analysis, and health systems strengthening, which helps countries develop effective health strategies and build local capacity.
- **Coordination and partnership building:** Respondents frequently praised the GFF's role in aligning stakeholders, including governments, development partners, CSOs, and the private sector, ensuring unified efforts and effective resource use for improved health outcomes.
- **Financial resources and mobilization:** Many appreciated the GFF's ability to mobilize financial resources, fill critical funding gaps, and leverage additional investments, ensuring vital health services for women, children, and adolescents are well-supported.

**Survey question**

**Q20:** What are the three most important areas where you feel the GFF needs to improve?

**Summary analysis of qualitative responses (Q20) (N=186)**

Key themes:

- **Visibility and communication:** Many respondents noted the need for the GFF to increase its visibility at the country level, improve communication about its role and activities, and raise awareness among stakeholders about its contributions.
- **Stakeholder engagement and coordination:** Respondents emphasized the importance of better engagement with CSOs, the private sector, and other key partners, as well as improved coordination among stakeholders, including governments and development partners.
- **Increased funding and support for implementation:** Respondents called for more funding, especially for CSOs and local initiatives, and for more flexible financing to address emerging challenges, ensuring critical areas like RMNCAH-N and health system strengthening are well-supported.



## Annex 6: Country case study summary table

The following table summarizes key findings from country case studies, including the nature of the country platform and investment case (e.g., standalone document vs. existing national health sector plan), focus on GFF levers through investment cases, World Bank operations, and TA, and notable areas of progress.

Country	Country Platform	Investment Case	Quality of Care	Health Financing	Data & evidence	Donor Coordination	Resource Mapping	Maternal and child health	Adolescent Health	Nutrition	Gender Equity	Levers
<b>Côte d'Ivoire</b>	<b>Existing platform</b> , in Prime Minister's office; needs to be more operational and functional	Standalone document; perceived as duplicative of the National Health Development Plan	X	X	X		X	X				<b>Levers being used:</b> Health financing, resource mapping, quality of care, monitoring & evaluation, data & evidence. <b>Progress towards:</b> maternal and child health
<b>Ethiopia</b>	<b>Existing platform</b> ; active as Joint Consultative Forum (JCF) and Joint Core Coordinating Committee (JCCC). The JCF	Based on existing national health sector plans (Health Sector Transformation Plan I & Health Sector	X	X	X	X	X	X	X	X	X	<b>Levers being used:</b> Health financing, resource mapping, donor coordination, data & evidence.

Country	Country Platform	Investment Case	Quality of Care	Health Financing	Data & evidence	Donor Coordination	Resource Mapping	Maternal and child health	Adolescent Health	Nutrition	Gender Equity	Levers
	meets at least once every 6 months. Attendance of high-level officials is not consistent.	Transformation Plan II)										<b>Progress towards:</b> donor coordination and alignment; U5MR and stillbirth rate; youth voices and SRH service uptake
<b>Malawi</b>	<b>Existing platform</b> (Health Sector Working Group); active in technical working groups but less than fully functional overall.	Based on national health sector plan, HSSP III, which has been adopted as the IC.	X		X		X					<b>Levers being used:</b> quality of care, supporting policy & planning, resource mapping, data & evidence.
<b>Pakistan</b>	<b>Newly established</b> UHC platform (2019); inactive, only met once	Aligned with the World Bank's program on supporting Primary Health Care due to	X			X					X	<b>Levers being used:</b> quality of care, donor coordination. <b>Progress towards:</b>

Country	Country Platform	Investment Case	Quality of Care	Health Financing	Data & evidence	Donor Coordination	Resource Mapping	Maternal and child health	Adolescent Health	Nutrition	Gender Equity	Levers
		gaps in the original IC.										gender equity.
<b>Afghanistan</b>	<b>Newly established</b> Health Sector Transition Working Group (HSTWG); active since Taliban takeover.	Health Sector Transition Strategy (HSTS) developed as IC after Taliban takeover.	X		X	X	X	X		X	X	<b>Levers being used:</b> quality of care, donor coordination, resource mapping, data & evidence. <b>Progress towards:</b> nutrition, gender equity.
<b>Guinea</b>	<b>Existing platform</b> since 2018; inactive in early years but recently more active	Standalone document			X		X	X	X			<b>Levers being used:</b> data & evidence, resource mapping. <b>Progress towards:</b> adolescent health,

Country	Country Platform	Investment Case	Quality of Care	Health Financing	Data & evidence	Donor Coordination	Resource Mapping	Maternal and child health	Adolescent Health	Nutrition	Gender Equity	Levers
												maternal and child health
<b>Indonesia</b>	<b>Existing platform</b> (Stunting Reduction Acceleration Team); strong government leadership at national/sub-national levels	Based on the National Strategy on the Reduction of Stunting.	X	X	X	X		X		X		<b>Levers being used:</b> quality of care, donor coordination, data & evidence, health financing, <b>Progress towards:</b> nutrition, child health
<b>Niger</b>	<b>Existing platform;</b> active pre-coup, inactive post-coup due to government's suspicion towards CSOs	Two ICs; the latest aligns with the National Health and Social Development Plan and projected needs for 2022-24	X	X		X	X		X			<b>Levers being used:</b> quality of care, resource mapping, donor coordination, health financing, <b>Progress towards:</b> adolescent health

Country	Country Platform	Investment Case	Quality of Care	Health Financing	Data & evidence	Donor Coordination	Resource Mapping	Maternal and child health	Adolescent Health	Nutrition	Gender Equity	Levers
Nigeria	Newly established RMNCAEH-N Multi-Stakeholder Partnership (2020); active but inconsistent meetings	Standalone document	X	X	X		X	X	X	X		<b>Levers being used:</b> health financing, quality of care, resource mapping, data & evidence. <b>Progress towards:</b> adolescents, nutrition, maternal and child health
Tanzania	Adapted RMNCAH technical working group; biannual meetings instead of quarterly	National RMNCAH-N strategies (OnePlan II and III) aligned with Health Sector Strategic Plans HSSP IV and V	X	X	X		X	X				<b>Levers being used:</b> quality of care, data & evidence, resource mapping, health financing. <b>Progress towards:</b> maternal and child health

## Annex 7: Examples of GFF support for health financing reforms in partner countries

Country reform	What GFF has done to support	Example of countries
<b>Domestic resource mobilization (DRM)</b>		
Raise more tax revenue/increase national budget allocation to health	Funded a fiscal space analysis/fiscal transfer policy note	CAR, Chad, Guinea, Sierra Leone, Indonesia
	Engaged in advocacy and policy dialogue activities to support DRM	Cambodia, Cameroon, CAR, Cote d'Ivoire, DRC, Ethiopia, Ghana, Guatemala, Guinea, Indonesia, Kenya, Madagascar, Malawi, Mauritania, Niger, Nigeria, Pakistan, Rwanda, Senegal, Uganda, Viet Nam, Zambia
	Funded analytics (e.g., policy briefs, simulation worksheets) on policy reforms meant to increase revenue (to support dialogue on introducing a tax on sugar-sweetened beverages).	Indonesia
	Funded a public expenditure review (PER)	Chad, Kenya, Liberia
	Funded a report on health taxes, program trust funds, and third-party motor vehicle insurance reforms	Uganda
SHI implementation	Supported a reform to enhance the mandatory enrolment in the SHI scheme	Cote d'Ivoire
	Funded capacity building for CEOs of Pakistan's major UHC implementing initiatives (the public health insurance schemes of KP and Punjab) who participated and learnt from international experiences at targeted Data Driven Decision Making for UHC and Financial Protection and UHC workshops in Bangkok.	Pakistan
	Funded the evaluation of the pilot phase of a health insurance scheme	Senegal
	Funded Political Economy Analysis of Health Insurance in the country	DRC
	Funded TA for health insurance operational management, analytical capacity building,	Rwanda

Country reform	What GFF has done to support	Example of countries
	and health insurance management information system	
<b>Pooling</b>		
Reduce pool fragmentation	Supported dialogue on resource alignment, in relation to the one plan, one budget and one report approach, with donors and governments (e.g. the alignment working group)	Afghanistan, Burkina Faso, CAR, Ethiopia, Malawi, Rwanda, Somalia
	Supported advocacy to increase partner pooling through co-financed project	Ethiopia
	Funded feasibility analysis of pooling mechanisms in the health sector	Chad
	Co-financed a project to demonstrate a proof of concept for pilot in 3 states – resulting in co-mingling of donors and government resources and implementation expanded to 21 of 37 states	Nigeria
Identification of indigents/Community-based schemes/ Raising revenue from informal sector	Funded CBHI operation needs assessment and plan for technical assistance	Rwanda
<b>Allocation to PHC</b>		
Appropriate definition of PHC	Supported the definition of a way to track PHC resources	Ghana
Improve involvement/capacities of local governments	Supported the development of Health Transition Plans for all counties to identify and analyse key challenges in health financing impacting PHC	Kenya
Increase the use of policy levers for PHC	Cofinanced a project supporting the piloting of a program-based budgeting reform	Ethiopia
	Funded a progress report on PHC and hospital reforms	Viet Nam
	Funded feasibility study of free care policy for Ebola and PHC services	DRC

Country reform	What GFF has done to support	Example of countries
	Supported the improvement of QoC at PHC level through Service Delivery and Digital Health Innovations	Senegal
	Co-organized PHC financing workshops with focus on PHC allocation, with WHO and the World Bank	Mauritania, Vietnam, Madagascar
<b>Purchasing of health services</b>		
Move from passive purchasing approaches to strategic purchasing	Co-financed World Bank projects to pilot or scale-up strategic purchasing mechanisms like Result-Based Financing (RBF) or Direct Facility Financing (DFF)	Burkina Faso, Cambodia, Cameroon, CAR, Cote d'Ivoire, Ghana, Haiti, Indonesia, Kenya, Liberia, Madagascar, Mozambique, Nigeria, Rwanda, Sierra Leone, Tajikistan, Tanzania, Viet Nam, Zambia
	Co-organized PHC financing learning programmes with focus on strategic purchasing, with WHO and the World Bank	Ethiopia, Uganda, Vietnam, Mauritania, Madagascar, Cote d'Ivoire, Niger, DRC
Design and use coherent benefit packages / Improve alignment between purchasers	Supported the MoH in the design and management of a contracting model for the delivery of an essential package of health services (EPHS)	Somalia
	Supported the definition of standard benefit package	Cambodia
Improve the autonomy of PHC facilities / Reduce PFM constraints	Support to the extension of performance-based grants to Communes/Sangkats whereby communities will receive additional funds for health and nutrition activities based on semi-annual assessment	Cambodia
	Provided TA to pilot districts in preparing their Annual Operating Plan and Procurement and Contracting Plan to ensure alignment with national budgeting processes	Guatemala
	Funded TAs to sub-national level to provide support on planning and PFM.	Ethiopia
	Supported PFM reform to shift resources to the frontlines – change in the flow of funds to PHC to move them closer to the facility (commune level instead of district) while	Madagascar



Country reform	What GFF has done to support	Example of countries
	providing more decision-making power to the facility for the use of these resources	
	Funded PFM system assessment	CAR, Chad, Mauritania, Mozambique, Somalia
	Funded PFM capacity building/training	Sierra Leone
	Supported -through projects or investment cases- reforms aimed at strengthening PFM (budget planning, allocation, execution, reporting/monitoring and auditing)	Bangladesh, DRC, Indonesia, Niger, Rwanda, Somalia, Uganda
Improve HF data quality and use	Supported the establishment/capacity building of a Health Financing Unit within MoH	Cambodia, Cote d'Ivoire, Ethiopia, Somalia
	Supported the digitization of HEF recording, reporting, and verification, especially for frontline health facilities	Cambodia
Improve the functioning of accreditation systems	Supported reforms to HEF: sustainable verification arrangements and establishment of an independent payment certification agency	Cambodia

## Annex 8: RMET in GFF Countries – Sep 2024 Status Update

Table 4. RMET in GFF Countries – Status Update, Sep 2024, GFF Secretariat

Country	# RMETs complete 2021-FY22/23	Status FY23/24	Updates as of September 2024
Afghanistan	2	Completed	<ul style="list-style-type: none"> <li>The RM exercise for FY2023-2025, focusing on Afghanistan's transitional health strategy, has been completed and will be presented to partners in the first week of October. It captures data from both development and humanitarian actors, including provincial-level sub-analyses to highlight fragmentation at implementers level. The WB and GFF teams have provided strong leadership and there is a high partner response rate to RMET. Discussions Collaboration with AKDN is ongoing to facilitate provincial RMETs, aiming to reduce donor fragmentation. There are also discussions on harmonizing the RMET tool with resource mapping tools used by the humanitarian sector for a more dynamic RM.</li> </ul>
Bangladesh	1	Country-owned	<ul style="list-style-type: none"> <li>Bangladesh has a SWAp (Sector Wide Approach) which supports the health sector strategic plan. As a result, a GFF-supported RM is not in high demand from the government. The SWAp is in its 5th iteration and works to align partner contributions.</li> </ul>
Burkina Faso	2	Completed	<ul style="list-style-type: none"> <li>CHAI has been contracted to provide health resource tracking support in Burkina Faso. The first draft of the scoping assessment has been completed. The key objective of the report is to build consensus around the ideal future state for HRT in Burkina Faso, including aligning HRT efforts with the Ministry's broader "One Plan, One Budget, One Report" vision. The report also includes defining specific uses to inform the PNDS II, the PHC investment case, the SRH/GBV plan, and the Minister's Executive Advisory Committee.</li> <li>The 2023 RMET exercise was completed in Q4 2023, and the results have been shared with government stakeholders and development partners for discussion. Data collection for the next RMET exercise has been completed, and the team is currently focused on data cleaning and initial analyses, particularly regarding domestic resources.</li> <li>The report highlights critical areas that need improvement, such as the technical expertise of the MoH RMET team and the sustainability of financial and material resources for the exercise. CHAI is supporting the MoH in developing an RMET institutionalization plan.</li> </ul>

Cambodia	1	Not directly supported by GFF	<ul style="list-style-type: none"> <li>Government of Cambodia has not shown interest in pursuing work on RMET with GFF. While the GFF-WB have proposed a few different approaches, the government is conservative in terms of sharing data, in particular data related to financing. The NHA is also delayed/not planned due to these issues.</li> </ul>
Cameroon	1	Not started	<ul style="list-style-type: none"> <li>The WB stopped HNP operations in Cameroon in 2022. The team is in dialogue with the MOH to resume operations, and the GFF focal point will notify us of any change.</li> </ul>
Central African Republic	3	Completed	<ul style="list-style-type: none"> <li>The exercise focused on PNDS III and was completed for the 2021-2023 period. It is now pending incorporation of feedback into the final version. A multi-sectoral team, including the MOH, MOF, Statistics Authority, and others, was set up to provide strategic direction.</li> <li>The RMET Report was reviewed and approved by the Cabinet Council on July 8, 2024.</li> <li>The Buffet Foundation is interested in supporting dynamic resource mapping with an emphasis on the digitization of RMET. The GFF focal point has been consulted, and discussions with the MOH to align GFF and Buffet foundation support for RMET. GFF focal point is travelling on first week of October to CAR.</li> </ul>
Chad	1	In progress	<ul style="list-style-type: none"> <li>The current RMET exercise is in the conceptualization stage and is expected to be completed by the end of the year. This exercise will map resources committed to the recently developed PNDS. A GFF mission is expected next week, and consultations will begin.</li> </ul>
Cote d'Ivoire	2	Completed	<ul style="list-style-type: none"> <li>The latest RMET, covering RM for 2021-2025 and ET for 2021, was presented to the Ministerial Cabinet in May 2024.</li> <li>Overall, the funding gap for the implementation of the Investment Case (IC) for 2021-2023 is less than 1% of the estimated cost for the same period. However, disaggregated analyses reveal both gaps and surpluses across each strategic axis and priority intervention of the IC.</li> <li>The RMET included a focus on the sub-national level, identifying misalignment between regions' health needs and funding allocations. In the IC, regions were classified into three categories, based on a score derived from several indicators, aiming to measure health needs in each region (level 1: pressing needs, level 2: normal needs, and level 3: acceptable needs). The results show that many regions categorized as having pressing health needs (level 1) remain among the least funded for</li> </ul>

			<p>the period 2021-2025. Moreover, in the top 5 regions in terms of allocation per capita per year, only one is in priority level 1.</p> <ul style="list-style-type: none"> <li>• While the funding allocated at the central or national level amounts to USD 24.4 per capita annually, the amount of direct support from the State and external partners to the health sector, at the regional level, varies from USD 2.8 to USD 14.3 per capita per year.</li> <li>• Major recommendations include reiterating and deepening resource flow analysis at the sub-national level to guide discussions on equity and institutionalizing RMET.</li> </ul>
DRC	1	Completed	<ul style="list-style-type: none"> <li>• The completed RMET used a harmonized approach (with NHA) to study budgets for 2019-2022 and expenditures for 2022 (with support from CHAI).</li> <li>• 2022 shows notable increase over prior years (\$1.94 billion committed in 2022 over \$1.32 bn committed in 2021), especially in terms of budget commitments from donors (94% increase between these two years).</li> <li>• For 2022, the total funding gap for the National Health Development Plan (PNDS) is 32%, with the “service delivery” and “support to pillars” programs having a funding gap of 59% and 32% respectively, while the “general administration” program has a funding surplus representing 28 times its estimated cost.</li> <li>• Detailed and comprehensive analyses of expenditure for 2022 were carried out, with disaggregation according to (i) sources of funding, (ii) implementing partners/agencies, (iii) programs of the PNDS, (iv) priority actions of the PNDS, (v) provinces, (vi) levels of the health system (central, intermediate, peripheral), (vii) disease categories, and (viii) cost categories.</li> <li>• The execution rate of health expenditure at the peripheral/operational level (which includes PHC facilities) was only 55% in 2022 (despite a disbursement rate of 111%), compared to 65% and 72% for the central and intermediate levels respectively.</li> </ul>
Ethiopia	1	In Progress	<ul style="list-style-type: none"> <li>• A landscaping assessment of Ethiopia’s HRT systems has been conducted with support from Gates Foundation. This assessment identified pathways for partner support to health resource tracking within broader health systems strengthening. GFF is in discussion with CHAI to provide additional support based on the recommendations.</li> </ul>
Ghana	1	In progress	<ul style="list-style-type: none"> <li>• RMET was completed in 2022 against the country’s Health Sector Medium Term Development Plan. The 2023 Ghana Health Sector Annual Programme</li> </ul>

			<p>of Work being used to report budget and gap analysis on GFF portal.</p> <ul style="list-style-type: none"> <li>MOH has taken ownership of RMET process and are in the process of revising/harmonizing the data collection tool to better align with the Health Accounts Production Tool. Once harmonization is complete, the data collection should begin October 2024 and collect both NHA and ET data for 2023.</li> </ul>
Guatemala	0	Not directly supported by GFF	
Guinea	2	In progress	<ul style="list-style-type: none"> <li>The RMET team is working on updating and refining the data collection tool for the next exercise</li> </ul>
Haiti	0	Not started	<ul style="list-style-type: none"> <li>A local consultant had been hired in 2022 to support costing of Haiti's Investment Case and conduct resource mapping, however with the current political situation, this was delayed considerably. MOH has since requested GFF support to finalize the costed investment case; following that, GFF will explore the opportunity to commence a new RMET exercise in Haiti.</li> </ul>
Indonesia	0	Country-owned	<ul style="list-style-type: none"> <li>In Indonesia, a similar cycle of budget tagging, tracking and evaluation has been completed over the last three years for central spending on nutrition. The GFF continues to support necessary reform (specifically to the Chart of Accounts) at the sub-national-level to enable this.</li> <li>The MoF has prepared a statement on how the previous year's nutrition budget expenditure and performance review report informed the subsequent year's budget as reflected in the resource allocation on priority nutrition interventions in the Financial Note document (as supplementary to the budget bill) submitted to the Parliament. This step established a link between budget and performance data collected, data analyzed, and decision-making on stunting reduction to support nutrition intervention convergence.</li> <li>GFF is in the process of evaluating Indonesia's request to conduct and tailor budget tagging at the sub-national level.</li> </ul>
Kenya	0	In progress	<ul style="list-style-type: none"> <li>GFF is supporting RMET in Kenya in partnership with Gavi. The upcoming exercise will be used to inform Kenya's sustainability and transition planning.</li> </ul>
Liberia	1	Completed	<ul style="list-style-type: none"> <li>Liberia completed a resource mapping exercise for 2022-2023, led by the Health Financing Unit of the MOH. The exercise includes data from the majority of the DPs as well as the government funding</li> </ul>

			<p>across health priorities but is lacking data from UN agencies.</p> <ul style="list-style-type: none"> <li>The report found that 77% of external resources mapped were off-budget. When accounting for government resources, only 49% of FY2023 health resources are managed on-budget. It also recommends analyzing execution against budgeted commitments, which is not included in this study.</li> </ul>
Madagascar	1	Completed	<ul style="list-style-type: none"> <li>Madagascar completed an RMET exercise mapping resources for 2022-2029. It includes a gap analysis of the final years of the current PDSS (2022-2024) and a prospective look at the next investment case period (2025-2029).</li> <li>Results are expected to be used to guide reforms to align financing with national priorities, such as increasing funding to strengthen primary health care.</li> </ul>
Malawi	0	Country-owned	<ul style="list-style-type: none"> <li>Malawi has adopted the “One Plan, One Budget, One Report” approach since it launched its third Health Sector Strategic Plan III. The most recent RMET exercise maps resources committed by Govt and donor/partners against pillars and priorities laid out in the HSSP III.</li> </ul>
Mali	1	In progress	<ul style="list-style-type: none"> <li>CHAI has completed the RMET scoping exercise and report and has continued providing support to align HRT exercises with most compelling use cases. Data collection for the revised RMET was to commence September 2024. Many key national strategies are outdated; results of HRT will serve as key inputs to refreshed policies/strategies, as well as routine planning/budgeting processes</li> <li>The tool for the current exercise has been validated, and data collection is expected to commence in the coming weeks. CHAI will continue to support with harmonizing RMET with HA exercises, and work with the government to develop a roadmap for institutionalization</li> </ul>
Mauritania	1	In progress	<ul style="list-style-type: none"> <li>A firm has been recruited to support the next RMET exercise beginning July 2024. The exercise will build on previous RMET as well as a recent PFM analysis and financing strategy, to conduct RMET based on broader health financing reforms including program-based budgeting and PFM reform.</li> </ul>
Mozambique	1	In progress	<ul style="list-style-type: none"> <li>In Mozambique, RMET is implemented and funded by the Global Fund.</li> <li>GFF plans to launch a new RMET exercise in the coming year, building on work done previously with Global Fund and ENABEL, and in support of the Government priorities.</li> </ul>

Myanmar	0	Not directly supported by GFF	<ul style="list-style-type: none"> <li>Political instability in the country prohibits engagement</li> </ul>
Niger	1	Completed	<ul style="list-style-type: none"> <li>Niger completed its second RMET exercise, mapping budgetary commitments for 2023-2025 against its Health and Social Development Plan (PDSS 2022-2026) and its Investment Case for RMNCAH-N. This RMET included new sub-analyses: level of care, type of actor, and RMNCAH components.</li> <li>External aid represents the largest part of the total financing of the PDSS. Specific to Niger, the Common Health Fund (FCS), a pooling mechanism receiving contributions of different categories of partners, represents 7% of total external funding over the period 2023-2025.</li> <li>Following the events of July 26, 2023, several technical and financial partners suspended or ended their collaborations with the government of Niger, which resulted in an increase in the PDSS financing gap (for the year 2024 alone, this deficit increased from 79 to 144 million dollars).</li> <li>Some donors finance a broad set of regions (FCS, UNICEF or the Global Fund), while others target their interventions on a few key regions (World Bank in Maradi and Zinder, KfW in Tillabéry and Tahoua).</li> <li>Only 18% of the funding available for 2023-2025 is allocated to the primary level, compared to 61% for the central level. The FCS, which makes more than 70% of its funds available to the operational level (80% in 2024), does not have enough weight to balance the allocations.</li> <li>The FCS is one of the most efficient financing mechanisms, with management fees representing just over 7% of the amounts available in 2023. For the management units of the World Bank, Gavi and the Global Fund, management fees represent between 7 and 17% in 2023.</li> </ul>
Nigeria	0	In progress	<ul style="list-style-type: none"> <li>CHAI has completed their scoping report and continued to provide health resource tracking support in Nigeria including through a recent knowledge exchange session between the SWAp Coordinating Office and CHAI Burkina Faso and Zimbabwe</li> <li>Donor resource mapping report is under finalization and will be complemented with federal government budget data. The donor mapping took place on a shorter timeline given the urgent need for the donor data amidst ongoing conversations on the SWAp. The data will be critical to informing the ongoing government deliberations on the SWAp reforms in Nigeria. Preliminary findings</li> </ul>

			<p>were shared with stakeholders during the resource coordination task team meeting scheduled by the SWAp secretariat.</p> <ul style="list-style-type: none"> <li>The team has supported FMOH to develop a donor profile with comprehensive information on 15 large donors and a few UN agencies, including priority programs, geographies, and funding allocations. This profile is to be used by the SWAp office to better understand where key donors invest including against SWAp priorities.</li> </ul>
Pakistan	1	Completed	<ul style="list-style-type: none"> <li>Pakistan has completed the RMET exercise mapping expenditures against budgetary commitments for FY2019-2021 (resource mapping only for FY2021). The analysis looks at Pakistan's benefits package and includes sub-national analysis by province.</li> <li>WB/GFF is also supporting institutionalization of RMET capabilities through data systems (i.e., IFMIS) interoperability, through development of a federal level health resource tracking dashboard. The dashboard has visualizations of (on-budget) budget commitments and expenditures and allocation by priority area, for federal and provincial levels. It currently sits at federal level, but will eventually be rolled out to provincial level.</li> <li>Pakistan is also working to link HMIS with IFMIS. Their institutionalization roadmap includes a framework for outcome-driven financing monitoring and a set of PFM and HMIS reforms.</li> </ul>
Rwanda	0	Country-owned	<ul style="list-style-type: none"> <li>Rwanda's IC is nutrition focused and required a multi-sectoral approach to resource tracking. GFF support in Rwanda in collaboration with the World Bank has been for nutrition budget tagging.</li> <li>In FY23, the Government of Rwanda published its first nutrition budget execution report for the current fiscal year. For the subsequent years, the annual consolidated budget execution report will be published every July. Nutrition-responsive budgeting system has been automated in IFMIS which enable planners from relevant ministries to tag nutrition-related interventions during planning data entry in IFMIS. Quarterly budget execution reports were produced and informing NCDA (National Child Development Agency) on the spending progress on the tagged interventions and the quality of activities proposed at the planning stage. Overall, the nutrition budget tagging reform has been helping in resource prioritization, tracking, and orientation to high-impact interventions</li> </ul>
Senegal	2	In Progress	<ul style="list-style-type: none"> <li>The Health Economics Unit of Senegal's Ministry of Health is in the scoping phase of a new RMET and is considering harmonization with the NHA. The</li> </ul>



			exercise will use dynamic resource mapping to guide prioritization discussions.
Sierra Leone	3	In Progress	<ul style="list-style-type: none"> <li>• RMET is fairly regular in Sierra Leone. Consultations with donors and the government have been conducted to define the use case, involving both government and donors. Two local consultants, working closely with the Ministry of Health's Health Financing Directorate, are supporting the analysis. There is a strong focus on building the capacity of the Health Financing Directorate to conduct the RMET exercise and align it with the annual planning and budgeting process</li> </ul>
Somalia	2	In progress	<ul style="list-style-type: none"> <li>• RMET has previously informed discussions on the prioritization of EPHS. The ongoing RMET aims to gather both humanitarian and development data, with a deep dive at the sub-national level. It focuses on mapping both donors and implementers to identify fragmentation in purchasing, given the government's contract-out model of service delivery. The ongoing RMET seeks to find areas for efficiency gains that can support the effective implementation of EPHS</li> </ul>
Tajikistan	2	Not started	<ul style="list-style-type: none"> <li>• GFF is seeking a firm to support RMET including data interoperability and data systems strengthening in Tajikistan.</li> </ul>
Tanzania	2	In Progress	<ul style="list-style-type: none"> <li>• CHAI completed the RMET scoping assessment and report and continues to collaborate with the Department of Policy and Planning to establish harmonized RMET-NHA process. They have developed and tested a harmonized tool based on previously collected data complemented with implementing partner data for the ongoing NHA. Data cleaning and analysis ongoing for DPP to present results for discussion and to collect additional Govt data</li> <li>• The Govt of TZ is aiming for a comprehensive dataset of budget and expenditure data to enhance transparency and accountability and plans to use results to inform midterm review of HSP and overall govt budgeting and external resource mobilization.</li> </ul>
Uganda	2	In Progress	<ul style="list-style-type: none"> <li>• MOH has established RMET subcommittee to facilitate partner coordination, harmonization and institutionalization of RMET in Uganda. CHAI is collaborating with MoH departments and other MDAs where RMETs are domiciled to facilitate the upload of RMET reports onto the MOH Knowledge Management Portal.</li> <li>• Capacity building on RMET data analysis with targeted MOH officers is underway, in response to departmental and overall MOH needs. The Reproductive and Child Health Department sent</li> </ul>

			<p>out a Resource Mapping for RMNCAH tool months ago, but the response rate remains low.</p> <ul style="list-style-type: none"> <li>CHAI continues working with the Reproductive and Child Health department to extract and analyze data from the Off-Budget mapping exercise to fill gaps in external financing for the RMNCAH resource mapping.</li> </ul>
Vietnam	0	Not directly supported by GFF	<ul style="list-style-type: none"> <li>There is low political will in Vietnam for an RM exercise as the country is not heavily donor dependent (70% domestic financing). The Vietnamese government is also conservative with respect to sharing financial data.</li> </ul>
Zambia	0	Completed	<ul style="list-style-type: none"> <li>First RMET exercise was completed (though still pending validation from Govt); includes RM component for 2023-2027 (ET done in line with NHA exercise for 2017-21, but pursued simultaneously)</li> <li>RM and NHA processes were harmonized throughout planning, training, and data collection for efficiency – different data collection instrument and time period, but some common elements that map to NHA dimensions</li> <li>The analysis projects a major funding gap for the 5 years in question, but also saw low response rate from donors, many of whom could not provide the desired level of disaggregation</li> </ul>
Zimbabwe	1	Completed	<ul style="list-style-type: none"> <li>RMET exercise completed for 2023, against the National Health Strategy (2021-25) and in line with first National Development Strategy (5-yr medium term plan), harmonized with NHA process. Includes gap analysis of three IC scenarios for full NHS, moderate NHS, and PHC.</li> <li>RMET is harmonized with NHA. As the MoHCC undertook the Global Fund NFM4 allocation process, the RMET data was used to inform the allocation. The analysis also includes a gap analysis of the community health strategy, used for advocacy for increased financing for community health, which is the foundation of PHC.</li> </ul>

## Annex 9: Support for MPDSR: Investment Cases, GFF co-financed projects, and other country initiatives, March 2023

Table 5. Support for MPDSR: Investment Cases, GFF co-financed projects, and other country initiatives<sup>1</sup>

	Investment Case (IC)	GFF Co-financed Projects <sup>2</sup>		Ways GFF Co-finances MPDSR
Country	Supporting MPDSR <sup>3</sup>	Supporting CRVS death registration	Supporting MPDSR	
Afghanistan	--	N	N	
Bangladesh	Y	N	N	
Burkina Faso	N	N	N	
Cambodia	N	N	N	
Cameroon	Y	Y	Y	Project result indicator: Percentage of reported maternal deaths audited in PBF districts
Central African Republic	N	N	N	
Chad	--	Y	Y	Support to build Chad's CRVS system, including ensuring that maternal, neonatal, or perinatal death audits are conducted
Côte d'Ivoire	Y	N	Y	Support to establish maternal, neonatal, infant, and perinatal death review committees in health regions; project indicator: # of maternal and # of neonatal deaths notified by health care providers and community workers
Democratic Republic of Congo	N	N	N	
Ethiopia	Y	Y	N	
Ghana	Y	N	Y	Review of MPDSR to improve stillbirth monitoring and ensure national scale-up; updated MPDSR guidance through BETF
Guatemala	N	N	N	
Guinea	N	Y	N	
Haiti	--	N	Y	Project indicator: Percentage of notified maternal deaths investigated per year
Indonesia	N	N	N	
Kenya	Y	Y	Y	Support the Government in conducting research on the gaps in the implementation of the revised MPDSR guidelines
Liberia	Y	Y	Y	Project indicator: Maternal death audits carried out routinely by PBF target hospitals

<sup>1</sup> Source: Maternal and perinatal death surveillance and response (MPDSR): the role of the Global Financing Facility, March 2023

<sup>2</sup> As referenced in PAD and/or Country Improvement Strategy (CIS)

<sup>3</sup> Or maternal, neonatal, or perinatal death audit/review

				Develop and implement a costing plan for reducing the number of deaths at health facilities and the conduct of maternal and perinatal death reviews
				Support inclusion of perinatal deaths in the Maternal and Neonatal Death Surveillance and Response
Madagascar	--	Y	N	
Malawi	Y	N	N	
Mali	N	Y	N	
Mauritania	Y	N	--	
Mozambique	Y	Y	N	
Myanmar	--	N	N	
Niger	N	N	N	
Nigeria	N	N	N	
Pakistan	Y	N	N	
Rwanda	N	Y	N	
Senegal	N	N	N	
Sierra Leone	Y	N	Y	Project indicator: Percentage of maternal deaths reviewed in target districts
Somalia	N	N	N	
Tajikistan	--	N	N	
Tanzania	Y	N	Y	
Uganda	Y	Y	Y	Project indicator: Percentage of maternal deaths that are audited
				Financing of work by the MoH on the quality-of-care agenda, including expanding the use of MPDSR
Vietnam	N	Y	N	
Zambia	Y	Y	N	
Zimbabwe	Y	N	Y	Project indicator: Percentage of maternal deaths given audits as per protocol in the participating districts
				As part of the GFF-financed Health Sector Development Support Project (AF-5), audits of maternal mortality are conducted and have been institutionalized with government subsidies to support the core activities financed under the project. This alignment of project goals with government systems and financing will allow for greater institutionalization of practices such as MPDSR into routine government reporting systems.

## Annex 10: Equity prioritisation in GFF partner countries

Country	Prioritisation
Afghanistan	Geographic prioritization in rural areas and urban slums. Targets populations with low-income, poor health status, children, pregnant and lactating women, and includes community-level interventions
Bangladesh	Geographic prioritization targeting two divisions based on RMNCAH-N service coverage, with a focus on pregnant and lactating women, as well as children
Burkina Faso	Geographic prioritization to improve access to essential health services for people living in insecure areas. Focus on the poorest populations, pregnant and lactating women, children, and informal sector workers
Cambodia	Prioritizes poorest regions and those with high concentrations of indigenous populations. Targets low-income groups, pregnant and lactating women, children, and minorities
Cameroon	Focuses on poorest populations, those with poor health status, women, children, migrants/refugees, and other vulnerable groups, and includes community-based interventions
Central African Republic	Focuses on poverty, vulnerable populations including women and children, and prioritization of some regions
Chad	Poverty-focused strategy, targeting areas with poor health outcomes, inputs or service coverage and prioritizing pregnant and lactating women, as well as children
Côte D'Ivoire	Targets priority regions (in terms of health needs), with focus on poorest populations, those with poor health status, women, pregnant and lactating women, children, informal sector workers, and other vulnerable groups. Includes community-based interventions
DRC	Geographic prioritization targeting regions with poor health outcomes, inputs or service coverage. Includes community-based interventions, with focus on women, pregnant and lactating women, and children
Ethiopia	Geographic prioritization targeting underperforming regions and conflict-affected areas, with a focus on the poor, including marginalized groups
Ghana	Geographic prioritization targeting districts with low immunization coverage, and focus on the vulnerable populations
Guatemala	Geographic prioritization targeting rural and poor regions, as well as those with poor access to health services. Vulnerable populations, including marginalized groups are targeted
Guinea	Targets the poorest regions, and focuses on the poorest populations (especially the indigent), pregnant and lactating women, and children, and uses community-based interventions
Haiti	Targets the poorest regions, and cholera-affected areas, with a focus on indigents, women, pregnant and lactating women, and children. Includes community-based interventions
Indonesia	Prioritizes 100 districts based on analysis, focuses on pregnant and lactating women, children, and indigents
Kenya	Geographic prioritization targeting 20 lagging counties in key maternal and child outcomes, with focus on women, pregnant and lactating women, and adolescents
Liberia	Geographic prioritization targeting six lagging and poorly resourced counties, with focus on women, pregnant and lactating women, and adolescents
Madagascar	Geographic prioritization targeting underperforming and poorest regions, with focus on women, pregnant and lactating women, and children. Includes community-based interventions
Malawi	Focuses on districts with high malnutrition and low enrolment in community-based child centers, as well as the most remote and underserved areas which are also the poorest. Targets pregnant and lactating women, and children. Includes community-based interventions

Mali	Geographic prioritization targeting the poorest regions and those with poor health outcomes, inputs or service coverage. Focuses on vulnerable populations, especially pregnant women, and children under 5. Includes community-based interventions
Mauritania	Focus on priority regions
Mozambique	Focuses on regions with poor health outcomes, inputs or service coverage, as well as those affected by/susceptible to conflicts or climate change. Targets the poor, those with poor health status, pregnant and lactating women, children, migrants/refugees, and vulnerable groups
Niger	Focus on priority regions, targeting the poorest populations, women, pregnant and lactating women, and children. Includes community-based interventions
Nigeria	Geographic prioritization in selected states affected by insurgency and/or with worst nutrition indicators, focusing on people with poor health status, pregnant and lactating women, and children
Pakistan	Geographic prioritization in lagging areas determined by the UHC index and by zero dose in selected provinces
Rwanda	Geographic prioritization in 13 districts based on analysis, targeting people with poor health, pregnant and lactating women, children, and vulnerable groups such as people living with disabilities
Senegal	Focus on priority regions, targeting marginalized groups, pregnant and lactating women, and children under 5
Sierra Leone	Geographic prioritization in climate-affected/susceptible areas, as well as those with poor health outcomes, inputs or service coverage. Targets women, pregnant and lactating women, and children
Somalia	Geographic prioritization in poorest regions, those with poor health outcomes, and with limited coverage of health partners. Targets tribal/hard to reach populations and migrants/refugees
Tajikistan	Geographic prioritization with focus on poor households
Tanzania	Targets the worst performing regions in terms of maternal and perinatal mortality, with focus on women, pregnant and lactating women, and children
Uganda	Targets refugee/IDP camps, districts with the highest burden of maternal and child mortality, focusing on vulnerable populations, those with poor health status, people with disabilities, women, pregnant and lactating women, and adolescent. Includes community-based interventions
Vietnam	Geographic prioritization in rural and poorest regions, targeting the poor and minorities. Includes community-based interventions
Zambia	Targets people with poor health, women, pregnant and lactating women, children, and other vulnerable groups
Zimbabwe	Geographic prioritization in urban and rural areas with poor health outcomes, inputs or service coverage. Targets pregnant and lactating women, and children

## Annex 11: Progress against KPIs

Table 6. Progress towards the strategic direction KPIs as of 2023 and 2024<sup>4</sup>

Strategic direction 1: Bolster country leadership and partner alignment behind prioritised investments		
IC process		
2024	77% average score	<ul style="list-style-type: none"> <li>33 countries have a finalised IC, 25 countries review their IC annually, 23 have ICs that are updated annually</li> </ul>
Prioritization		
2023	47% of countries	<ul style="list-style-type: none"> <li>33 of 36 countries have conducted resource mapping and financial gap analysis, 20 countries have used resource mapping to inform IC prioritisation, 17 countries have aligned annual operational plans with the available resource envelope</li> </ul>
2024	70% of countries	<ul style="list-style-type: none"> <li>28 countries have completed IC costing, 31 have completed resource mapping and 26 have completed financial gap analysis, resource mapping has informed prioritisation in 24 countries, 23 countries have operational plans aligned with the resource envelope</li> </ul>
Country platform Functionality		
2023	50% average score	<ul style="list-style-type: none"> <li>32 countries where written TOR adopted, 27 countries where the CP convenes regularly, 25 countries where the CP is inclusive; and 18 countries where the CP reviews IC implementation progress.</li> </ul>
2024	79% average score	<ul style="list-style-type: none"> <li>32 with written TOR adopted, 27 where the CP convenes regularly, 30 with CSO participation, 23 with youth participation and 25 with private sector participation, 25 where actions are noted in minutes</li> </ul>
Strategic direction 2: Prioritise efforts to advance equity, voice and gender equality		
Gender equality		
2024	18% of countries	<ul style="list-style-type: none"> <li>26 countries have prioritised strategies; 20 have a measurement approach in place; 18 have a strategy being implemented; and 6 have achieved measurable progress</li> </ul>
Reduction in equity gaps		
2024	48% of countries	<ul style="list-style-type: none"> <li>33 countries have prioritised strategies, 28 have a measurement approach in place, 30 have started to implement strategies, 16 have demonstrated progress</li> </ul>
Civil society and youth participation		
2023	64% average score	<ul style="list-style-type: none"> <li>21 countries have CS and youth members of the CP, 17 report their active participation in IC development, 15 report their active participation in review of IC implementation progress</li> </ul>
2024	67% average score	<ul style="list-style-type: none"> <li>30 countries have CSO participation in the CP and 23 have youth participation, 31 have involved CSOs in the IC development process and 16 have involved youth, 25 involve CSOs in regular review of implementation progress and 16 involve youth</li> </ul>

<sup>4</sup> Internal GFF document

Strategic direction 3: Protect and promote high quality essential health services by reimagining service delivery		
Quality		
2023	64% of countries	<ul style="list-style-type: none"> <li>33 countries with prioritised reforms/actions to improve quality RMNCAH-N service delivery, 31 with a measurement approach in place, 30 have started implementation of strategies to improve quality RMNCAH-N</li> </ul>
2024	79% of countries	<ul style="list-style-type: none"> <li>32 countries have prioritised reforms/actions, 31 have a measurement approach in place, 30 have started implementation; and 26 have made measurable progress</li> </ul>
HRH reforms		
2023	33% of countries	<ul style="list-style-type: none"> <li>27 countries have prioritised reforms/action related to HRH, 20 have a measurement approach in place, 20 have started implementing reforms/actions, 13 with measurable progress towards improving HRH</li> </ul>
2024	39% of countries	<ul style="list-style-type: none"> <li>29 countries have prioritised reforms/actions, 19 have a measurement approach in place, 22 have started implementation, 13 have achieved measurable progress</li> </ul>
Strategic direction 4: Build more resilient, equitable and sustainable health financing systems		
Health financing reforms		
2023	64% of countries	<ul style="list-style-type: none"> <li>32 countries reported to have prioritised HF reforms, 24 to have a measurement approach in place; 32 to have started implementation, and 23 to have demonstrated measurable progress</li> </ul>
2024	76% of countries	<ul style="list-style-type: none"> <li>32 countries have prioritised reforms, 31 have a measurement approach in place; 32 have started implementation, and 25 have achieved measurable progress.</li> </ul>
DRUM		
2024	71% average score	<ul style="list-style-type: none"> <li>28 countries have support for DRUM advocacy, CSOs are engaged in advocacy in 20 countries.</li> </ul>
Commodity financing reforms		
2023	22% of countries	<ul style="list-style-type: none"> <li>31 countries with prioritised reforms/actions to ensure adequate financing for RMNCAH-N commodities through government systems, 18 have a measurement approach in place, 20 have started implementing reforms/actions, and 8 with measurable progress</li> </ul>
2024	42% of countries	<ul style="list-style-type: none"> <li>26 countries have prioritised reforms/actions, 21 have a measurement approach in place, 22 have started implementation, and 14 have achieved measurable progress.</li> </ul>
Strategic direction 5: Sustain relentless focus on results		
IC results frameworks		
2023	56% average score	<ul style="list-style-type: none"> <li>28 of 33 countries reported to have a completed, measurable and feasible IC results framework</li> <li>Unclear how many countries can meet data requirements for the majority of prioritised indicators or regularly track progress against the core indicators</li> </ul>
2024	86% average score	<ul style="list-style-type: none"> <li>32 countries have developed an IC results framework, 30 have an IC with defined priority indicators, 25 have met data requirements for indicators, 27 have sub-national data available.</li> </ul>
RMNCAH-N coverage and equity analysis		
2023	61% average score	<ul style="list-style-type: none"> <li>22 countries have RMNCAH-N coverage analysis updated annually, 23 have analysis documented, 17 have a process to review this analysis annually</li> </ul>



2024	84% average score	<ul style="list-style-type: none"> <li>29 countries have annual RMNCAH-N coverage analysis, Documented in 30 countries and presented or disseminated in 24 countries</li> </ul>
<b>Data use</b>		
2023	47% of countries	<ul style="list-style-type: none"> <li>21 countries have a clear process for reviewing IC implementation progress and using data at CP meetings or similar platform meetings</li> <li>17 countries' CPs reported to meet in the past year to review progress and discuss data and evidence</li> </ul>
2024	64% of countries	<ul style="list-style-type: none"> <li>21 countries met the benchmark of two or more meetings of the CP or other platform to review progress and use data for decision making</li> </ul>

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## About Euro Health Group

Euro Health Group is a global consultancy company owned and governed by the not-for-profit Euro Health Foundation. We are based in Copenhagen, Denmark with an Eastern European and Central Asia (EECA) regional office. We have worked since 1990 to improve global health through the provision of technical assistance and consultancy services in more than 100 low- and lower- middle income countries.