21st GFF INVESTORS GROUP MEETING

GFF Results Measurement Framework

OVERVIEW

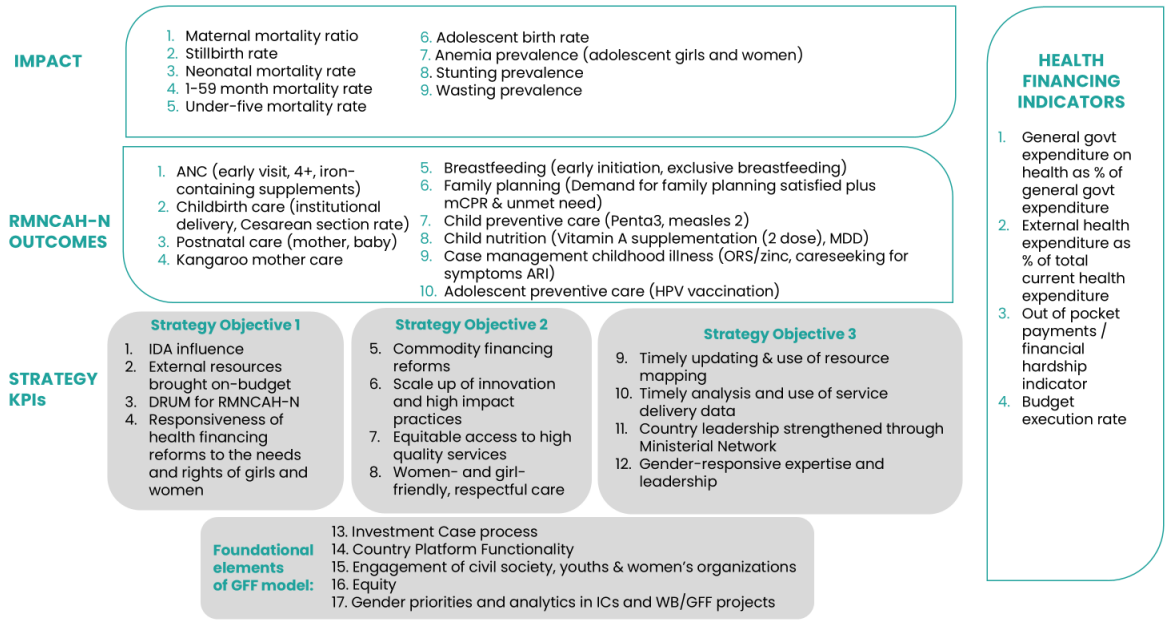
The Global Financing Facility (GFF) is committed to rigorous measurement of results as part of its new strategy for 2026–2030. As it prepares the new strategy, the GFF is working with the Results Advisory Group to develop key elements of the results measurement framework. The full framework will be brought to the Investors Group in June 2026. This paper describes three main, complementary elements of the framework currently in draft form, and which will be further refined with guidance from the Investors Group and Results Advisory Group. The process will include consultations with Investors Group technical alternates. Once finalized, the three focal elements of this paper will be integrated into the full Results Measurement Framework and brought to the Investors Group next June:

- Impact, outcome, and health financing indicators
- Strategy key performance indicators
- Contribution analysis approach

Impact indicators reflect the ultimate health impact for women, children, and adolescents, in line with the GFF's mission to end preventable deaths in these target population groups. Outcome indicators consist of measures of intervention coverage across essential reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) services that span different parts of the lifecycle, with consideration of equity dimensions. The health financing measures are aligned with the GFF's goal of transforming country health systems to prioritize and sustain investments in women, children, and adolescents. Measurable changes in the impact, outcome, and health financing indicators primarily reflect the activities of countries themselves as well as activities of the GFF and other partners. The GFF thus adopts a contribution perspective rather than an attribution perspective. The main locus of GFF accountability is the strategy KPIs, which are more direct measures of GFF activities, in support of country-led improvements in impact and outcomes. The third section of this paper further details how the GFF is advancing systematic measurement of its contribution to country-led impact and outcomes through a contribution analysis (CA) approach, as recommended by the independent evaluation of the GFF.

The four domains of draft indicators—impact, outcome, health financing, and strategy key performance indicators (KPIs)—are summarized in figure 1 below.

Figure 1. Draft Indicators for New GFF Strategy



Note: ANC = antenatal care; mCPR = modern contraceptive prevalence rate; Penta3 = third dose of pentavalent vaccine; MDD = minimum dietary diversity; ORS = oral rehydration solution; ARI = acute respiratory infection; IDA = International Development Association; DRUM = domestic resource utilization and mobilization; RMNCAH-N = reproductive, maternal, newborn, child, and adolescent health and nutrition; WB/GFF = World Bank/Global Financing Facility.

ACTION REQUESTED

The Investors Group (IG) is requested to provide feedback on the draft impact, outcome and health financing indicators, the draft strategy KPIs, and the contribution analysis approach. This feedback will inform refinement of the indicators and contribution analysis approach for inclusion in the results measurement framework for the new strategy.

SECTION 1: DRAFT IMPACT AND OUTCOME INDICATORS

The development of the new GFF strategy represents an opportune time to update the core impact and outcome indicator list to ensure it aligns with the new GFF strategy, reflects global consensus on recommended indicators to track across the RMNCAH-N continuum, and is responsive to country priorities.

Considerable measurement work has been undertaken since the launch of the first GFF strategy through technical advisory groups led by United Nations (UN) agencies—including World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and others—such as Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR) group, Child Health Accountability Tracking technical advisory group (CHAT), Global Action for Measurement of Adolescent Health (GAMA), Technical Expert Advisory group on nutrition Monitoring (TEAM), and Family Planning 2030/Track20. Other multipartner initiatives such as Every Woman Every Newborn Everywhere (EWENE), Child Survival Action (CSA),

Immunization Agenda 2030 (IA2030) for immunization, the effort led by the Partnership for Maternal, Newborn and Child Health (PMNCH) and WHO to develop an adolescent well-being framework and the WHO-led primary health care (PHC) measurement alignment initiative have also advanced the measurement and monitoring agenda for women, children, and adolescents.

The draft list of core GFF impact and outcome indicators incorporates these advancements as well as inputs from technical experts while also remaining consistent with the monitoring frameworks for the Sustainable Development Goals (SDGs) and Every Woman Every Child Global Strategy for Women's, Children's, and Adolescents' Health (2016–2030).

The expected product from this revision process is a core set of impact and outcome level indicators that can be used for tracking progress across the full portfolio of GFF-supported countries. This means that the indicators should be consistent with globally recommended indicators collected in a standardized way and that enable comparisons across countries and time. The indicator set should be parsimonious and based on existing data sources to reduce reporting burdens on countries and for efficiency. It should also include a balanced set equally representative of the GFF target population groups—women, children (including newborns and stillbirths), and adolescents—and covers health as well as nutrition.

In terms of the scope of the core impact and outcome indicators, the focus will remain on survival[1] and be limited to the health sector. Other dimensions of the GFF measurement framework will capture multisectoral activities and input, output, and process level indicators.

Given that the current GFF core impact and outcome indicators are largely consistent with the SDGs and the Global Strategy for Women, Children and Adolescents, the proposed list of impact (see table 1) and outcome indicators for the new strategy (see table 2) is largely the same as for the current strategy.

[1] The SDG and Global Strategy frameworks encompass survive-, thrive-, and transform-related elements. GFF supports countries on early childhood development related activities, and the gender strategy encompasses a broader vision towards improving women's (including adolescent women) lives. However, a central goal of the new strategy remains around ending preventable maternal, newborn, child, and adolescent lives. There are also fewer standard indicators with comparable data for nurturing care and for well-being, although these can be included in the level 2 set of indicators and more focused on country specific monitoring.

Table 1. Draft List of Impact Indicators for New GFF Strategy[a]

Impact level Indicator	Continuum of care dimension/ beneficiary	Global goal or target; inclusion in other initiatives or recommendations	Equity stratifiers (pending data availability); complementary indicators	Data source	Change relative to current strategy? (existing or new)[b]
Adolescent birth rate	Reproductive health; adolescent health	SDG 3.7.2; included in the Global Strategy core list; included in GAMA core set; core FP2030 indicator	Disaggregated by ages 15–19 and 10–14	CRVS, HH surveys, routine systems	Existing
Maternal mortality ratio	Maternal health	SDG 3.1 target; Global Strategy core indicator; EWENE indicator	Subnational region; wealth quintile; adolescent mortality; woman's education (possibly from surveys, not the estimates, but confidence intervals would be very high)	CRVS, HH surveys, census, routine data	Existing
Prevalence of anemia among adolescent girls and women	Maternal health and nutritional status; adolescent health and nutritional status	Global nutrition target indicator for 2030; core GAMA indicator	By pregnancy status, by ages 15–19; childhood anemia estimates (children 6–59 months) are available	WHO global database on anemia; BRINDA project (merges national nutrition survey data and scientific studies)	New
Stillbirth rate	Newborn health	EWENE target (previously ENAP-EPMM target); Global Strategy core indicator	Intrapartum rate	CRVS, HH surveys, census	Existing
Neonatal mortality rate	Newborn health	SDG 3.2 target (indicator 3.2.2); EWENE target; Global Strategy core indicator	Wealth quintile; urban-rural; subnational region; mothers education (from surveys); sex of the child	CRVS, HH surveys, census	Existing

Impact level Indicator	Continuum of care dimension/ beneficiary	Global goal or target; inclusion in other initiatives or recommendations	Equity stratifiers (pending data availability); complementary indicators	Data source	Change relative to current strategy? (existing or new)[b]
1–59 months mortality rate	Child health	CSA core indicator; CSA and UNICEF proposed country target of 13 deaths per 1,000 live births	Wealth quintile; urban-rural; subnational region; mothers education (from surveys); sex of the child	CRVS, HH surveys, census	New
Under-five mortality rate (U5MR)	Child health	SDG 3.2 target (indicator 3.2.1); Global Strategy core indicator; CHAT and CSA indicator	Wealth quintile; urban-rural; subnational region; mothers education (from surveys); sex of the child	CRVS, HH surveys	Existing
Prevalence of stunting among children under five years of age	Child health and nutrition	SDG target 2.2; indicator 2.2.1; WHA Global nutrition target; core CSA indicator/CHAT indicator	Wealth quintile; urban-rural; subnational region; mothers education (from surveys); sex of the child	HH surveys	Existing
Prevalence of wasting among children under five years of age	Child health and nutrition	SDG target 2.2; indicator 2.2.1; WHA Global nutrition target; core CSA indicator	Wealth quintile; urban-rural; subnational region; mothers education (from surveys); sex of the child	HH surveys	Existing

Note: SDG = Sustainable Development Goal; GAMA = Global Action for Measurement of Adolescent Health; FP2030 = Family Planning 2030; CRVS = civil registration and vital statistics; HH = household; EWENE = Every Woman Every Newborn Everywhere; WHO = World Health Organization; BRINDA = Biomarkers Reflecting Inflammation and Nutritional Determinants of Anemia project; ENAP-EPMM = Every Newborn Action Plan-Ending Preventable Maternal Mortality; CSA = Child Survival Action; UNICEF = United Nations Children's Fund.

a. A set of complementary indicators is also being developed that can be recommended to countries with relevant projects to track.

b. Rationale for the new indicators: Prevalence of anemia is an important marker of adolescent and maternal nutritional status (with implications for newborn health for pregnant women) and tends to be high in the GFF countries; 1–59 month mortality is key to track as programmatic and policy responses are very different than for newborn mortality and is the other component of U5MR; one indicator—percentage of births less than 24 months after preceding birth—was dropped because of lack of global targets and measurement challenges.

Table 2. Draft List of Outcome Indicators for New GFF Strategy[a]

Outcome level Indicator	Continuum of care dimension/ beneficiary	Global goal or target; inclusion in other initiatives or recommendations	Equity stratifiers (pending data availability); complementary indicators	Data source	Change relative to current strategy? (existing or new)[b]
FAMILY PLANNING					
Demand for family planning satisfied (modern methods)	Reproductive health	SDG 3.7.2 indicator, FP2030 core indicator; tracer indicator in the SDG 3.8.1 index	Unmet need for family planning and mCPR complementary; women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys	Existing
ANTENATAL CARE					
Early ANC visit	Maternal and newborn health (women/ adolescents)	Not currently included in any global frameworks; recommended by Countdown	Women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys	New
Antenatal care (4+ visits)	Maternal and newborn health (women/ adolescents)	EWENE target; tracer indicator in the SDG 3.8.1 index	Women's age (adolescents and women 20+); women's education; wealth quintile; residence; ANC 8+ where available	HH surveys	Existing
Receipt of iron-containing supplements during ANC (IFA, MMS, MMT, other)	Maternal health and nutrition (women/ adolescents)	Considered a "process" indicator for assessing progress on addressing anemia in pregnant women (Global WHO guidance)	Women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys	Existing

CHILDBIRTH SERVICES					
Institutional deliveries	Maternal and newborn health	Associated global target is for SBA (SDG 3.2.2)	Women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys; HMIS	Existing
Cesarean section rate	Maternal and newborn health	No global target, recommended as a tracer indicator for access to EmONC	Women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys; HMIS	New
POSTNATAL CARE					
Postnatal care for mother	Maternal health (women/adolescents)	EWENE target	Women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys; HMIS	Existing
Postnatal care for baby	Newborn health	EWENE target	Women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys; HMIS	Existing
Kangaroo mother care	Newborn health	ENAP indicator	Mother's education; wealth quintile, residence; sex of the child	HH surveys	Existing

BREASTFEEDING					
Early initiation of breast-feeding	Maternal and newborn health	EWENE target indicator	Mother's education; wealth quintile, residence; sex of the child	HH surveys	Existing
Exclusive breastfeeding among children 0–5 months	Newborn and child health	Global nutrition indicator; recommended by CSA and CHAT	Mother's education; wealth quintile, residence; sex of the child	HH surveys	Existing
CHILD PREVENTIVE CARE AND CHILD NUTRITION					
Penta3 immunization	Child health	IA2030 core indicators, included as a tracer indicator in the 3.8.1 index, tracked as one of four immunizations for SDG 3.b.1	Mother's education; wealth quintile; residence; sex of the child	HH surveys, HMIS	Existing
Measles immunization (second dose)	Child health	IA2030 core indicators, tracked as one of four immunizations for SDG 3.b.1	Mother's education; wealth quintile, residence; sex of the child	HH surveys, HMIS	New
Vitamin A supplementation (two-dose coverage) ***	Child health and nutrition	Not included in global frameworks, historically considered an essential nutrition intervention in priority countries with high prevalence of vitamin A deficiency	Mother's education; wealth quintile, residence; sex of the child	HH surveys, HMIS and campaign data	Existing
Minimum dietary diversity for children	Child nutrition	Included in global nutrition guidance with an emphasis on MDD portion of MAD; recommended by CHAT and CSA	Mother's education; wealth quintile, residence; sex of the child	HH surveys	New

CASE MANGEMENT CHILDHOOLD ILLNESSES					
Careseeking for symptoms of acute respiratory infection	Child health	CSA and CHAT recommended indicators; included as a tracer indicator in SDG 3.8.1	Mother's education; wealth quintile, residence; sex of the child	HH surveys	Existing
Oral rehydration solution and zinc	Child health	CSA and CHAT recommended indicators	Mother's education; wealth quintile, residence; sex of the child; can report ORS separately	HH surveys	Existing
ADOLESCENT PREVENTIVE CARE					
HPV vaccination	Adolescent health	GAVI/IA2030 indicator; part of SDG 3.b on full immunization	Wealth quintile, residence, sex of the adolescent	HH surveys, HMIS	New

Note: SDG = Sustainable Development Goal; FP2030 = Family Planning 2030; mCPR = modern contraceptive prevalence rate; HH = household; EWENE = Every Woman Every Newborn Everywhere; ANC = antenatal care; WHO = World Health Organization; SBA = skilled birth attendance; HMIS = health management information system; ENAP = Every Newborn Action Plan; CSA = Child Survival Action; CHAT = Child Health Accountability Tracking technical advisory group; Penta3 = third dose of the pentavalent vaccine; IA2030 = Immunization Action 2030; MDD = minimum dietary diversity; MAD = minimum acceptable diet; ORS = oral rehydration solution; GAVI = Global Alliance for Vaccines and Immunization (GAVI, the Vaccine Alliance).

a. A set of complementary indicators is also being developed that can be recommended to countries with relevant projects to track

b. Rationale for new indicators: Early ANC visit coverage remains low in many GFF countries and is a driver for how many ANC visits women receive during pregnancy; Cesarean section rate is a critical indicator of women's access to emergency obstetric care and quality of care; measles immunization second dose is a lifesaving intervention delivered in the second year of life and gives an indication of continuity of care for children; minimum dietary diversity is a recommended indicator for tracking children's access to healthy diet essential for growth and development; HPV is one of the only indicators available that is specific to the adolescent population group and is an important preventive intervention for cervical cancer. Two indicators were dropped (immediate postpartum family planning and couple-years protection) because of reliance on modeling but unmet need for family planning and contraceptive prevalence rate with modern methods were added as complementary indicators to demand for family planning satisfied.

In addition, four draft health financing indicators have been identified as summarized in table 3 below.

Table 3. Draft List of Health Financing Indicators Included at Outcome Level, as a Complement to the RMNCAH-N Outcome Indicators

Indicator	Data source	Rationale for inclusion	Change relative to current strategy? (Existing or new)
General government expenditure on health as percentage of general government expenditure (GGHE/GGE)	World Health Organization (WHO) Global Health Expenditure Database	Provides an indication of government prioritization of health relative to other sectors.	Existing
External health expenditure as percent of total health expenditure (EXT/CHE)	WHO Global Health Expenditure Database	Amount of expenditures originating from external sources. Highlights dependence on external funding.	New
Out-of-pocket expenditure	WHO Global Health Expenditure Database	An important indicator of health costs incurred by households. Demonstrates the extent of financial protection in the country.	Existing
Budget execution rate	World Bank, Global Program for Resilient Housing (GPRH)	Provides an indication of effective government spending on delivery of services and of government financial management capacity.	Existing

SECTION 2: DRAFT STRATEGY KPIs

In selecting draft KPIs for the new strategy, the GFF focused on three key priorities outlined in the draft strategy document under each of the three strategic objectives:

- Objective 1: Mobilize more and smarter country-led health financing for PHC systems that prioritize women, children, and adolescents
- Objective 2: Accelerate progress improving quality of service delivery and scaling sustainable access to proven commodities and innovations
- Objective 3: Strengthen country health system sovereignty and resilience

The GFF then added a fourth indicator for each objective, reflecting what is needed to successfully integrate gender within that objective. As a complement to the 12 draft KPIs that correspond with the three strategic objectives, the GFF added five additional indicators that measure foundational elements of the GFF model. Listed in table 4, the 17 draft KPIs selected meet the following criteria:

- Balance "type 1" (i.e., too far downstream, not reflecting GFF activities) and "type 2" errors (i.e., too far upstream, not showing link to meaningful changes at country level)—the indicators are focused on the middle zone, where GFF activities can be linked to meaningful changes at country level
- Are logically linked to GFF outcome and impact measures—e.g., causal pathway can be articulated/consistent with the GFF theory of change (TOC)
- Are feasible to measure (e.g., through existing reporting mechanisms and data collection processes, or through reasonable actions to strengthen existing processes)
- Are sensitive to change based on GFF supported activities

Table 4. Draft Strategy Key Performance Indicators

Key performance indicator (KPI) area	Indicator definition and measurement approach	Denominator	Notes
Objective 1: Mobilize more and smarter country-led health financing for integrated PHC systems that prioritize women, children, and adolescents			
#1 **IDA influence**	The volume of IDA allocated to RMNCAH-N by GFF partner countries	All partner countries	• In addition to volume, indicator values will also be tracked and reported as number and percent of countries demonstrating an increasing IDA allocation to RMNCAH-N, as well as the proportion of IDA allocated to RMNCAH-N. • The IDA allocation to RMNCAH-N in Board-approved projects will be determined through the methodology described in this note on the GFF data portal. • Data will be analyzed by the GFF Secretariat annually, based on OPCS coding and reporting system.
#2 **External resources brought on budget**	The volume of external resources brought on budget in the past year through the Joint Financing Framework (JFF) or other means	All partner countries	• In addition to volume, indicator values will also be tracked and reported as number and percent of countries bringing external resources on budget in the past year. The sources of financing will also be tracked.

			• In order to track this indicator, the GFF will monitor how many countries use the JFF or other means to bring external resources on budget. "Other means" includes working with external financiers to channel their resources into a pooled fund that brings resources on budget. • The GFF will also track and report on whether technical assistance (TA) resources are pooled. • Tracking will be done through the CES workspace, with verification from the health financing team.
#3 **DRUM for RMNCAH-N**	Percent of countries meeting each of the following criteria, tracked as an index scored 0–3: a. WB/GFF co-financed projects approved in the past year are used as a concrete mechanism to advance DRUM for RMNCAH-N b. Using GFF supported TA such as PFM advisory services and health financing analytics to improve the availability and efficient use of resources for RMNCAH-N c. GFF-supported civil society organizations (CSOs) and youth-led organizations increase their level of engagement in supporting advocacy	All GFF partner countries	• Index scored 0–3 in years when a new co-financed project is approved, with one point for each criterion. In years when there is no new co-financed project approved, the first criterion does not apply and the index is scored 0–2 based on the second and third criteria. • DRUM for RMNCAH-N to be defined by set menu of options developed by health financing team. • GFF-supported health financing analytics include RMET, health financing profiles, and equity diagnostics. • Tracking will be done through the CES workspace, with verification from the health financing team.

	on DRUM for women, children, and adolescent health		
#4 Responsiveness of health financing reforms to women's and girls' needs and rights	Percent of countries with co-financed projects where the GFF supports addressing gender inequality in the implementation and measurement of RMNCAH-N related health financing interventions/reforms	All GFF countries with WB/GFF co-financed project	• Measures gender integration in strategic objective 1. • Gender equality issues in health financing reforms to be defined by set menu of options provided by health financing and MAGE teams. Simple gender tagging in a WB/GFF project will not count. • Country engagements must address gender inequality in both (a) implementation and (b) measurement of progress to count as meeting the bar for this indicator. • Implementation defined as project activities underway by the client with WB/GFF Recipient Executed Trust Fund resources. • Measurement of progress defined as having one or more gender indicators that are explicitly defined and used to track progress. • Tracking will be done through the CES workspace, with verification from the health financing and MAGE teams.
Objective 2: Accelerate progress on RMNCAH-N indicators by improving quality of service delivery and scaling sustainable access to proven commodities and innovations			
#5 Commodity financing reforms	Percent of countries increasing national expenditure on family planning (FP) and maternal, newborn, and child health (MNCH) commodities	Countries participating in Commodity Challenge Fund	• Detailed criteria will be developed to track this indicator, given that significant variation in how countries structure their budgets makes it very difficult to follow the same approach across all countries. • The GFF will work with technical partners and the Results

			Advisory Group to develop the measurement criteria.
#6 **Scale up of innovation and high impact practices**	Percent of countries meeting each of the following criteria, tracked as a cascade: a. Prioritized a specific innovation or high impact practice in the WB/GFF project to address a clearly defined problem related to meeting the health needs of women, children, and adolescents b. Begun implementing the innovation or high impact practice with GFF support c. Implementation has reached a level of scale where the intervention is available as a regular part of routine systems, and not only as a pilot	All GFF countries with finalized investment case (IC)	• A menu of options based on specific criteria will be developed to determine what counts as an innovation or high impact practice. This includes but is not limited to commodity access innovations. • Detailed criteria will also be developed to determine what counts as meeting the level of scale intended under criterion "c." Implementation as a pilot will not count. The intervention must be widely available as a regular part of routine systems. • Some of the steps only apply to countries that have reached a certain stage of implementation maturity; this will be explicitly noted in the reporting • Resources from GFF/World Bank (co-financed projects, TA) to support the innovation or high impact practice will be tracked for management purposes • Tracking will be done through the CES workspace, with verification from the RMNCAH-N & Gender workstream
#7 **Equitable access to high quality services**	Percent of countries meeting each of the following criteria, tracked as a cascade: a. Prioritized strategy(ies) in the project and/or the IC for improving equitable access to high quality RMNCAH-N service delivery and commodities (quality can be defined in terms of readiness/	All GFF countries with finalized IC, with disaggregation to show differences between those prioritizing strategies in this area and those not	• Similar to KPI from previous strategy, with adjustment in definition to (a) add "equitable access to," (b) add "and commodities," and (c) remove respectful care, because that is now part of KPI 8, which is a new addition. • To count for this indicator, the strategies in question need to address equity barriers AND the quality of services.

	structural quality, process of quality/adherence to standards, or experience of care, depending on context) b. Measurement approach in place to track implementation c. Begun implementing the strategy(ies) with GFF support d. Demonstrated measurable progress toward improving equitable access to high quality service delivery		• Some of the steps only apply to countries that have reached a certain stage of implementation maturity; this will be explicitly noted in the reporting. • Resources from World Bank/GFF (co-financed projects, TA) to support the reform(s) will be tracked for management purposes • Tracking will be done through the CES workspace, with verification from the RMNCAH-N & Gender team.
#8 **Women- and girl-friendly, respectful care**	Percent of countries with co-financed projects supported by GFF to implement and monitor interventions or reforms to advance women- and girl-friendly, respectful reproductive and maternal care	All GFF countries with finalized IC	• Measures gender integration in strategic objective 2. • Women-and girl-friendly, respectful reproductive and maternal care captures quality of care elements aimed specifically at meeting women's and adolescent girls' essential needs, preferences, and decision-making rights. • Guidance and menu options for country teams on qualifying reforms/interventions will be developed by the RMNCAH-N & Gender and MAGE teams. • Tracking will be done through the CES workspace, with verification from RMNCAH-N & Gender and MAGE teams. Examples include: • Facility readiness that includes important women friendly features such as clean, functional, lockable female

			toilets, 24-hour water accessibility, auditory and visual privacy in examination and labor rooms; space for birth companions and postpartum recovery. • Facility availability of at least two short-term and two long-term FP methods and skilled counseling on informed choice for women to select method. • Provider and supervisory training on supporting women's right to respect, choice and dignity in the provision of FP and maternal care: • SBC/awareness and cash transfer interventions to improve women's access to and choice of FP and maternal care service options.
Objective 3: Strengthen country health system sovereignty, resilience, and self-reliance			
#9 **Timely updating and use of resource tracking data**	Percent of countries meeting each of the following criteria, tracked as an index scored 0–2: a. Countries updated their resource tracking in the past year, to understand the spending and volume of resources available for operational plans b. Countries use the outputs from resource tracking to help inform decision making as part of their institutionalized annual work planning and budgeting processes	All GFF countries	• Specific criteria will be developed to determine what counts as "updating resource tracking in the past year"; this will be translated to a menu of options that includes level of institutionalization of resource tracking. • Tracking will be done through the CES workspace, with verification from the Health Financing team. • The GFF will collaborate with partners to track maturity/progression of resource tracking processes and institutionalization.

#10 **Timely analysis and use of service delivery data**	Percent of countries meeting each of the following criteria, tracked as an index scored 0–2: a. Countries updated their analysis of new RMNCAH-N service delivery and PHC system data at least twice in the past year, to enable timely identification of changes in service delivery patterns and gaps in the system b. Countries use the analytical outputs to help inform decision making as part of their institutionalized annual work planning and budgeting processes	All GFF countries with finalized IC	• "Updating analysis of new RMNCAH-N service delivery and PHC system data" will be considered achieved either through implementation of FASTR or alternative approaches that may meet similar needs within specific countries. The timing and frequency will be documented and assessed against the criteria. The annual RMNCAH-N coverage and equity analysis process supported in partnership with Countdown to 2030 may also contribute toward this. What counts as PHC system analysis will be defined. Data have to be new to count (i.e., re-analysis of old survey data would not count). • Tracking will be done through the CES workspace, with verification from the Results & Learning team.
#11 **Country leadership strengthened through Ministerial Network**	Ministerial Network engagement index, scored 0–3 based on the following criteria: a. Participating ministers attend at least two meetings of the network in the past year b. Ministers participating report that cross-exchange and learning with ministers from other countries is useful c. Ministers participating report that their engagement with the network helps them exercise strong	All GFF partner countries participating in the Ministerial Network	• Indicator to be tracked through a short survey implemented with ministers at the last Ministerial Network meeting taking place each calendar year. • The specific issues discussed by the network (which issues, how many) and how the dialogue evolves over time to foster strengthened engagement and cross-learning among the ministers will be tracked for management and learning purposes.

	leadership of the health sector in their country		
#12 **Gender responsive expertise and leadership**	Percent of countries with co-financed project that are implementing and monitoring interventions/reforms to strengthen gender responsive expertise or leadership in their health system.	All GFF countries with co-financed projects	• Measures gender integration in strategic objective 3. • Guidance will be provided on examples of gender responsive expertise and leadership. This will not be limited to trainings or workshops; it will also include systems reforms that give female leaders or workers more opportunity, support male and female leaders to prioritize policies and resources that support women's health and rights as well as support to technical experts in the government or partners to undertake gender analytics or develop gender responsive policies, plans, priorities. • Country engagements must address gender responsive expertise and leadership in (a) implementation and (b) measurement of progress to count as meeting the bar for this indicator. • Implementation defined as project activities underway by the client with WB/GFF RETF resources. • Measurement of progress defined as having one or more gender indicators explicitly defined and used to track progress • Tracking will be done through the CES workspace, with verification from Results Workstream MAGE teams.
Foundational elements of the GFF model			

#13 **Investment Case process**	Average score on IC process index, based on the following three criteria: a. IC finalized and validated by government b. Operational plans associated with IC reviewed annually (in line with living IC approach) c. Operational plans associated with IC updated based on data and evidence following the annual review (in line with the living IC approach)	All GFF countries	• This indicator is carried over from the previous strategy, with the same definition. • Some key aspects of IC process are included elsewhere and thus not duplicated here (e.g., prioritization, CSO and youth engagement).
#14 **Country platform (CP) index**	Average score on Country Platform Index, based on the following eight (8) criteria: a. Government leadership role in convening is clearly demonstrated b. Written terms of reference (TOR) adopted c. Inclusive membership, including (1) civil society, (2) youth, and (3) private sector (up to three points: one for inclusion of each group, with formal membership documented in TOR) d. Convenes regularly (ideally four but at least two times in past year) e. Actions noted in minutes	All GFF countries	• This indicator is carried over from last year, with one additional criterion added, on whether the CP has been assessed in the past year. This can either be a self-assessment or an independent assessment. The new CP assessment tool is available to support this process. • It is recognized that there can be multiple fora for convening within any given country, but the main coordination forum that is the focus here should have a central role in ensuring stakeholders come together in an inclusive way for dialogue and action, including in relation to the IC.

	f. CP functionality assessed in the past year		
#15 **Engagement of civil society, youth and women's organizations**	Percent of countries with participation from civil society, youth and women's organizations in each of the following, scored as index 0–12: a. CP (formal membership per TOR); one point for each of the three groups b. IC development process (formal membership per TOR); one point for each of the three groups c. Regular review of implementation progress, if IC finalized (formal membership per TOR); one point for each of the three groups d. Recommendations and/or innovations from civil society organizations, youth and women's organizations are integrated into national plans (as measured by GFF-CIVIC platform projects); one point for each of the three groups	All GFF countries	• Indicator is carried over from previous strategy, with two additions: (a) one additional criterion added that is focused on integration of recommendations and innovations, and (b) women's groups added alongside CSOs and youth. • Indicator does not address how deep or meaningful participation is. That is addressed through CP assessments and dialogue in country. • Aligned with the GFF CSO and Youth Engagement Framework 2021–2025 Monitoring and Accountability Plan and the GFF-CIVIC platform.
#16 **Equity gaps**	Percent of countries meeting each of the following criteria, tracked as a cascade :	All GFF countries with finalized IC	• Indicator is carried over from previous strategy, with same definition.

	a. Prioritized one or more strategy(ies) in the IC and/or projects to address equity gaps related to poverty, geography or marginalized groups that affect RMNCAH-N outcomes b. Measurement approach in place to track implementation c. Begun implementing the strategy(ies) with GFF support d. Demonstrated measurable progress toward closing the gaps		• Some steps only apply to countries that have reached a certain stage of implementation maturity; this will be explicitly noted in the reporting. • Resources from GFF/World Bank (co-financed projects, TA) to support the strategy(ies) will be tracked for management purposes. • Aligned with country equity diagnostics, which play a key role at the gap identification stage.
#17 **Gender priorities and analytics in ICs and WB/GFF projects**	Percent of countries including gender priorities and analytics in their ICs and WB/GFF co-financed projects, scored as index scored 0–2: a. Gender analytics inform and support the IC and the WB/GFF co-financed project **b.** Gender priorities explicitly included in IC and WB/GFF co-financed project	All GFF countries with a finalized IC and co-financed projects	• Indicator is partially carried over from gender cascade indicator in previous strategy, but with sharpened focus on priorities and analytics.

Note: WB/GFF = World Bank/Global Financing Facility; IDA = International Development Association; RMNCAH-N = reproductive, maternal, newborn, child and adolescent health and nutrition; OPCS = Operations Policy and Country Services; CES = country engagement strategy; DRUM = domestic resource utilization and mobilization; PFM = public financial management; RMET = resource mapping and expenditure tracking; MAGE = Monitoring and Action for Gender and Equity; SBC = social and behavior change; PHC = primary health care; FASTR = frequent assessments and system tools for resilience; RETF = recipient-executed trust fund.

SECTION 3: CONTRIBUTION ANALYSIS APPROACH

Recommendation on contribution analysis from the independent evaluation of GFF

A key recommendation from the independent evaluation of the GFF emphasized the need to articulate better the GFF contribution to results in partner countries for the next GFF strategy period, with a specific focus on describing the causal pathways driving GFF value-add at country level. In response, the GFF is developing an approach to systematically assess its contribution to improving the health and well-being of women, children, and adolescents. Guided by the Results Advisory Group, this approach will leverage established frameworks in the field on *contribution analysis* (CA) to ensure that key elements are integrated across the GFF program of work. For reasons of efficiency and coherence, the GFF will avoid creating new processes but instead integrate a CA approach into ongoing results measurement and knowledge & learning activities. The CA approach will enable GFF to distinguish between country-led improvements in the core impact and outcome measures (see section above) and what specifically GFF has done to contribute to those improvements.

What is contribution analysis?

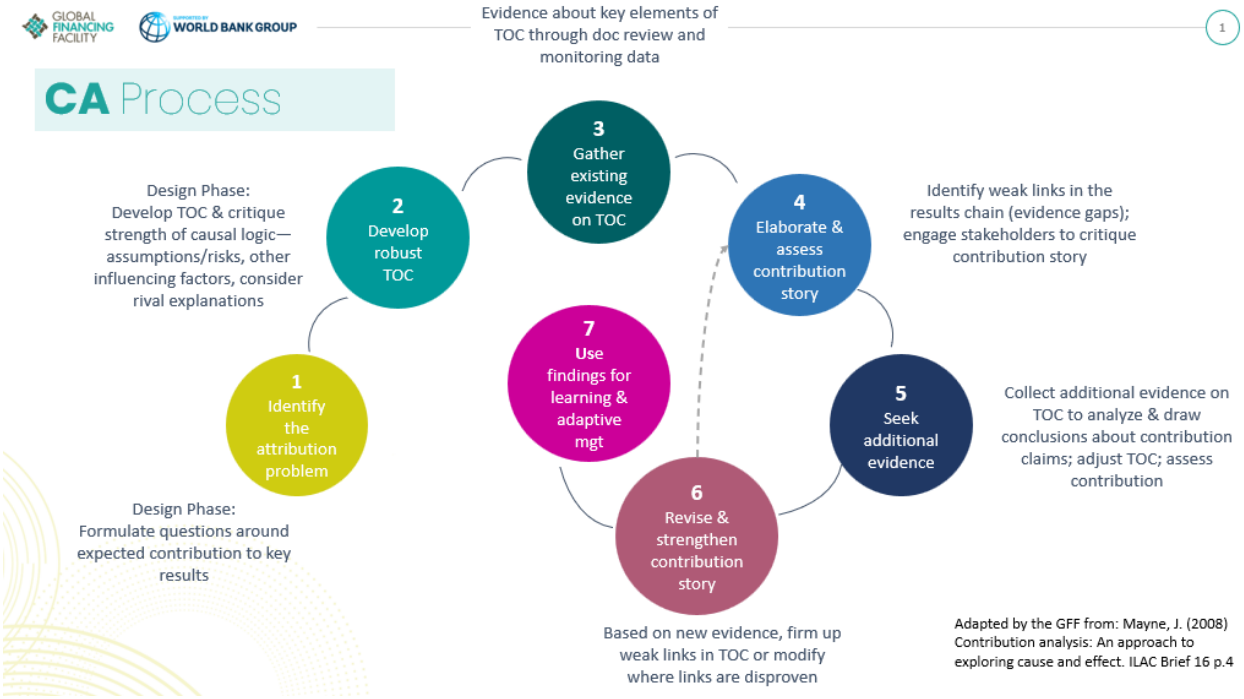
CA is an evaluation approach aimed at drawing credible conclusions about *whether*, *to what extent*, and *how* a program or package of interventions influenced change in an outcome of interest. The approach is grounded in a strong theory of change (TOC) and entails a structured, iterative, and replicable process that gathers and analyzes evidence about the TOC to reach a plausible explanation of influence (e.g., the role of an organization in producing measurable changes in an outcome of interest).

The CA approach is particularly well-suited when it is difficult to attribute results to a specific entity or activity; for example, due to the activity's complexity, with multiple interacting components, the involvement of numerous stakeholders; or the inability to use experimental/quasi-experimental designs. CA, therefore, lends itself well to examination of the GFF model, which is intentionally catalytic and aims to enhance country leadership to achieve progress in outcomes for women, children, and adolescents.

The CA approach can be designed with varying degrees of intensity, depending on the strength of the underlying TOC, the intended use, and available resources to collect, analyze, and interpret data (including staff time). Methodological rigor comes from the strength of the TOC in terms of well-articulated and logical change pathways. Much of the evidence to substantiate the CA will come from routine monitoring, with some coming from periodic independent reviews and evaluations and stakeholder interviews as needed. The GFF's intended application of CA is pragmatic, with the aim to strengthen learning and accountability in ways that enhance the GFF value-add to country-led results. The GFF is not undertaking CA as academic research.

Figure 2 presents the steps involved in CA, showing how the approach enables identification of the GFF value-add as well as ongoing learning and mid-course correction as needed.

Figure 2. Steps in the Contribution Analysis Process



Note: CA = contribution analysis; TOC = theory of change.

Five key criteria are used in CA to draw plausible associations between a program and observed outcomes that are then documented in a contribution story: (a) a sound TOC outlines how programmatic activities could logically lead to specific outcomes, with well-reasoned assumptions; (b) the program activities were implemented according to plan; (c) there is sufficient evidence demonstrating that expected change in outcomes occurred; (d) other external influencing factors are considered; and/or (e) alternative explanations for any changes have been accounted for. Table 5 describes the actions GFF will take regarding each of these criteria.

Table 5. Practical Steps to Advance Each of the Five Criteria that Constitute Contribution Analysis

Elements needed to meet key contribution analysis (CA) criterion	Practical actions by GFF
a. Strong theory of change (TOC)	- Further articulate the overarching GFF TOC as part of the new results measurement framework for the GFF strategy for 2026–2030 to ensure all critical causal links and underlying assumptions are well articulated, using the new GFF strategy, logic model and strategy key performance indicators (KPIs) as a basis for doing so. - Ensure that well developed and current country engagement frameworks and related TOCs exist for each GFF partner country to document: (1) rationale for investment in different activities/interventions (RETF and

		BETF); (2) the short-, medium-, and long-term outcomes expected; and (3) feasible indicators to track the expected outcomes.
b.	Activities implemented according to plan	- Document not only what is in ICs, PADs and TA plans, but also how they are being implemented relative to what was planned. The strategy KPIs provide a structured and systematic approach for tracking what is actually happening in implementation in areas prioritized by the GFF strategy, which are also the focus of GFF investments. - Track core country engagement implementation processes, outputs and associated outcomes at country level. - Develop a simple process within the GFF Secretariat for documenting the reasons for changes to implementation plans to better distinguish between evidence-based adaptations intended to strengthen achievement of outcomes versus lack of fidelity to plans. - Strengthen documentation and monitoring of TA and capacity building efforts, ensuring these are reflected in country engagement frameworks. This entails strengthening the GFF's processes for documenting the rationale for specific TA investments, the intended outputs or outcomes, how the TA is actually implemented, and whether intended outputs or outcomes are achieved. - Conduct regular internal portfolio reviews, with clear documentation of how GFF inputs and activities are being implemented and what difference they are making.
c.	Evidence on achievement of key outcomes	- Finalize outcome and impact measures as well as strategy KPIs for the new strategy as articulated in the previous sections of this paper, and ensure they are tracked over the course of strategy implementation, to assess achievement of outcomes within and across countries. - Support countries to ensure clarity and rigor in how they are defining and measuring outcome indicators in their ICs and co-financed projects, based on standard definitions and existing normative guidance. Provide TA to help address evidence gaps over the course of implementation and help countries track achievement of outcomes. - Ensure that regular tracking of outcome measures is part of a broader approach to measuring progress across the entirety of the results chain, from inputs through to outcomes.
d.	Evidence on external influencing factors	- Account for key external factors in the CA, with a clear description of their role and effects on the intended change processes. This includes other sources of financing, activities supported by others and key contextual factors that may influence the specific outcomes of interest.

e. Evidence on alternative explanations	- Take into account what other financing streams, activities and contextual factors may be influencing the same outcomes, and how they relate to the GFF's specific contribution. This includes investments that countries make with domestic resources as well as relevant investments from external financiers. The GFF's existing resource mapping work program and new instruments such as the Joint Financing Framework help identify how much other financers are contributing to country ICs and co-financed projects that support them. - Identify alternative explanations during refinement of TOCs that may explain observed results. - Develop contribution stories in a manner that draws on evidence to refute or confirm alternative explanations.

Note: RETF = recipient-executed trust fund; BETF = bank-executed trust fund; IC = investment case; PADs = project appraisal documents; TA = technical assistance.

Approach to successfully employing contribution analysis

The GFF will work with the Results Advisory Group to ensure the CA approach is methodologically sound. A prioritization of strategy-wide learning needs will be conducted once the new GFF strategy is finalized. This prioritization will guide the identification of a subset of TOC outcomes most relevant to address as part of the CA. Examination of country-specific TOCs and country engagement frameworks will help identify the elements of intended GFF value-add most critical to pressure test and track to articulate the GFF contribution story. The CA approach will consider common elements that are a standard part of all GFF engagements (e.g., support for country-led alignment processes and cross cutting strategic themes) as well as the different ways the GFF model is adapted to individual country contexts. It is important to note that the country-specific TOCs reflect the GFF's perspective about how its support to each country can be most impactful, in a manner that builds upon the country's own goals and how it aims to achieve those goals. The GFF therefore develops the TOCs for its country engagements internally, and does not impose that burden on countries.

The CA approach will build on GFF country engagement frameworks and strategy reviews, KPI analyses, strategy stocktaking processes and portfolio reviews to capture intermediate outcomes along pathways of change. Ongoing analysis and use of data within the GFF Secretariat and at country level will generate insights relevant for CA, particularly regarding the implementation of the GFF's various support modalities and the results toward which they contribute. Where needed to fill evidence gaps, additional quantitative data and qualitative information will be collected on a targeted basis only.

Box 1 provides an example of how to integrate CA into existing IC evaluation processes to draw out the GFF contribution story.

Box 1. Integrating CA into Existing IC Evaluation Processes to Draw Out the GFF Contribution Story

One key opportunity for assessing GFF contribution at country level lies in leveraging country-led investment case (IC) evaluations. These evaluations typically assess achievement of key IC objectives at various levels as well as the processes that help drive results, such as multistakeholder convening and coordination by the country platform. The unit of analysis for most country-led IC evaluations is what countries have done through their ICs, rather than what specifically the GFF has done to support those processes. Contribution analysis (CA) can complement the existing country-led evaluation by unpacking the different ways that the GFF specifically has contributed to country IC processes.

Through CA, existing information about different types of GFF investments, including core grants that influence International Development Association (IDA) and technical assistance (TA) that helps strengthen implementation, will be examined to clarify the pathways through which GFF added value to IC processes and catalyzed key changes. For example, in a country where the IC focused on health financing reforms, the IC evaluation would assess progress the country has made in developing and rolling out these reforms, including related challenges and enabling conditions.

A complementary CA-oriented inquiry could examine the specific role of GFF TA in enhancing country capacity to implement the health financing reform and interrogate more deeply whether and how this support influenced key downstream outcomes such as increasing the amount of resources invested in women's, children's and adolescent health.

What are the specific outputs from CA and how are they intended to be used?

Once the GFF's CA approach is more fully developed with advice and guidance from the Results Advisory Group, the GFF will implement it over the course of the 2026–2030 strategy period. The first main output will be a baseline report that documents a fully articulated GFF theory of change, reflecting key shifts in the new GFF strategy for the 2026–2030 period and logical pathways via which GFF will add value to country-driven achievements. This baseline report will include a more complete and refined description of the specific CA approach adopted by the GFF and the stepwise process for implementing it in partner countries over the course of the new strategy period. The second main output will be documented country engagement theories of change that will iteratively guide GFF support to each of its individual partner countries over the course of the new strategy. The third main output will be a set of contribution stories focused on specific country engagements and on strategic cross-portfolio themes that respond to strategy-wide learning priorities. These contribution stories will come in the form of concise narrative summaries substantiated by data and evidence. The GFF will also develop interactive visuals that it will make available online, to ensure transparency and facilitate clearer understanding of the GFF value-add and contribution to country-led results. Each year at the strategy stocktaking that takes place at the in-person Investors Group meeting, the

GFF will incorporate insights and evidence from these CA outputs into the stocktaking report to further draw out a critical examination of the GFF contribution to country-led results.

Ultimately, the outputs of CA are intended to help strengthen the GFF model, in order to enhance its effectiveness and efficiency in contributing to improvements in women, children and adolescents' health. The outputs will be used to generate new knowledge, enhance learning within and across countries, identify best practices that can be replicated in other settings, and inform timely adaptations and course corrections. CA is also important for strengthening GFF accountability to its partner countries, donors and governance bodies. When the next independent evaluation of the GFF is conducted, the CA framework and its outputs will serve as a key input to the evaluation, in line with the recommendations from the independent evaluation completed earlier this year.