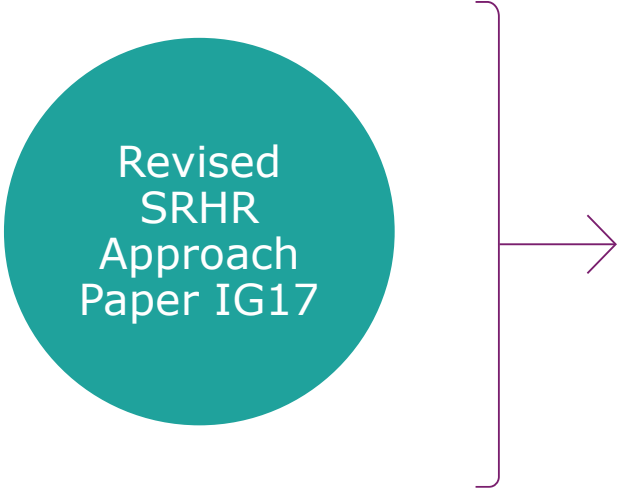


SRHR UPDATE

Investors Group Meeting-Nairobi Kenya

What has changed?

Organization of 1st SRHR Deep dive April 2023 along with previous IG meetings allowed feedback from IG partners on the following modifications:



Revised
SRHR
Approach
Paper IG17

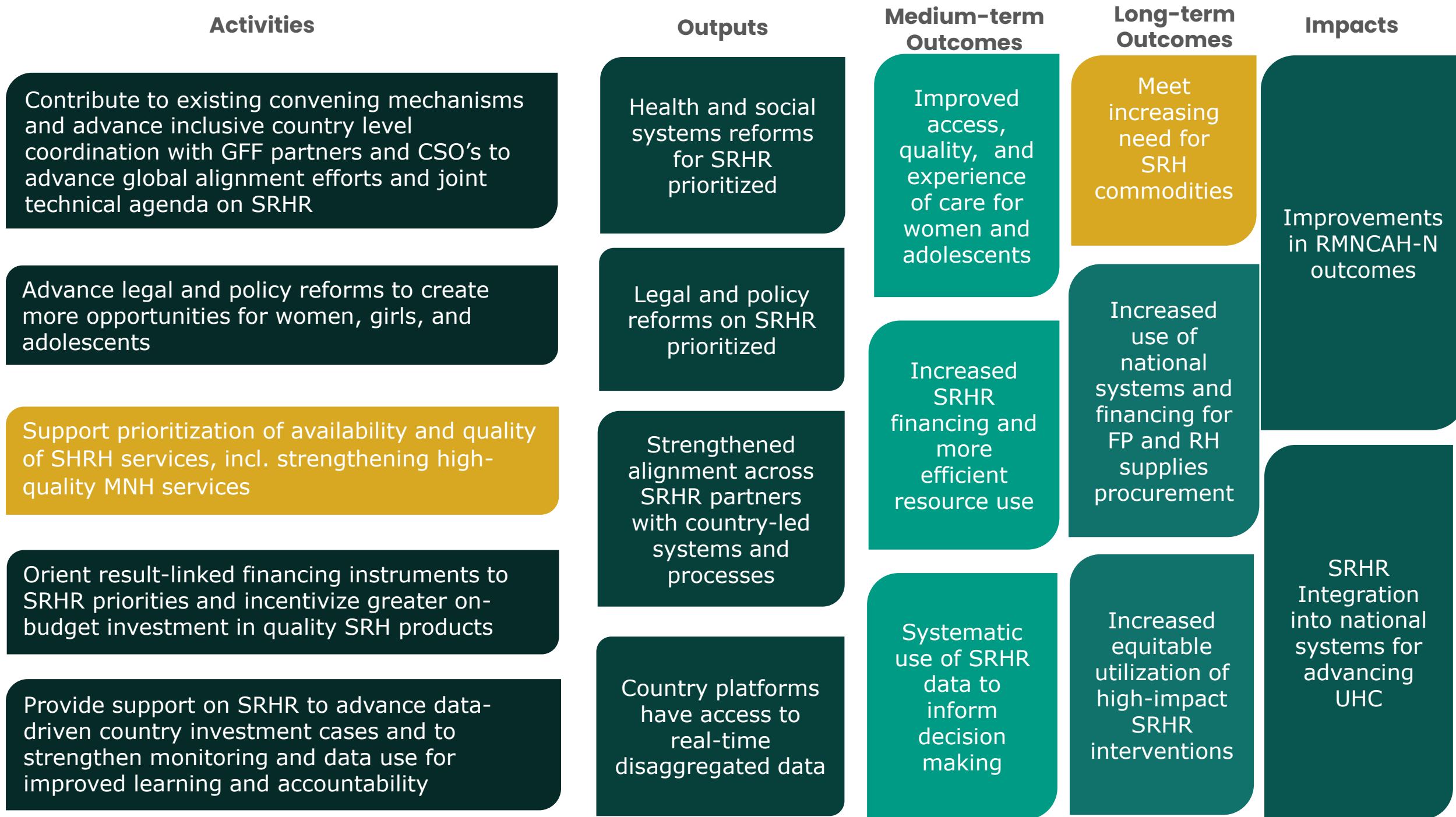
- **Theory of Change (ToC):** from focus on supporting modern contraceptives to SRH commodities more broadly
- **MNH:** Strengthened focus on maternal and newborn health as part of SRHR
- **M&E:** Moving forward the SRHR acceleration plan and relevant GFF strategy Key Performance Indicators (KPI) will measure implementation progress on the SRHR Priority investment areas

Joint convening and technical agenda on SRHR and gender

KEY INVESTMENTS

- Support to CSO's through GFF's CSO host organization (PAI), as well as coordination and support through the Joint Learning agenda on health financing
- Recruitment of 6 SRHR specialists based in the Africa region to provide support to the WB teams and projects and countries
- Joint TA and analytical support on SRHR with UNFPA
- Continued participation in key convening mechanisms on SRHR

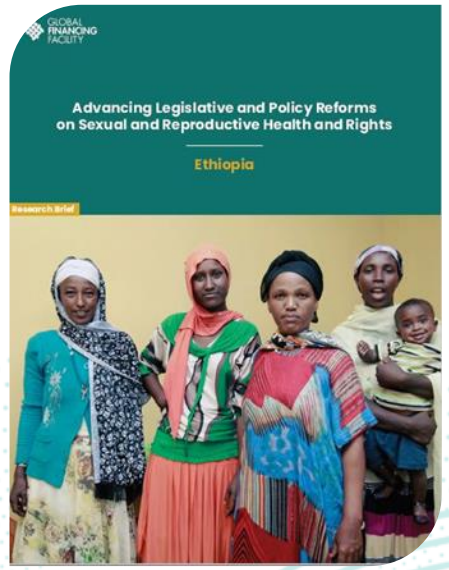




Advance legal and policy reforms to create more opportunities for women, girls, and adolescents

KEY INVESTMENTS

- Intensified engagement in legal and policy reforms for SRHR and gender through technical assistance to support World Bank policy triggers, as well as financing for implementation;
- Establishment of a cross-sectoral task team within the World Bank to increase the influence of the pipeline of DPF operations; recruitment of full-time legal expert and gender specialist embedded in the Secretariat to provide TA to operations.



		Adolescent Health	SRHR
Development Policy Financing	Technical assistance to design triggers	e.g. Cameroon	E.g. Niger

Prioritization of availability and quality of SHRH services, incl. strengthening high-quality MNH services

KEY INVESTMENTS

- Leverage World Bank instruments, such as disbursement linked indicators (DLIs) to support quality comprehensive services,
- Expanding access to comprehensive emergency obstetric care (CEmONC) and priority newborn interventions as part of a package of primary healthcare reforms.

World Bank Financing Instruments		MNH	Child Health	Adolescent Health	SRHR
PforR Financing	DLIs	e.g. Ethiopia	e.g. Pakistan	e.g. Mozambique	e.g. Tanzania
	Program Actions	e.g. Ethiopia		e.g. Ethiopia	e.g. Ethiopia
Investment Project Financing	PBF Approaches / Strategic purchasing	e.g. Ghana	e.g. Kenya,	e.g. Nigeria	e.g. Afghanistan
	Input-based Financing Approaches	e.g. Senegal	E.g. Mali	e.g. Uganda	e.g. Chad



Orient result-linked financing instruments to SRHR priorities and on-budget investment in quality SRH products

KEY INVESTMENTS

- **Strategic use of grant financing to cover contraceptives** : On-budget and on system grant-financing,
- Leverage **PforR financing** instrument creating favorable conditions for alignments through pooled resources
- Leverage **RBF programs and strategic purchasing** to include critical SRHR interventions in the package.

DLI 1. Improve the availability and use of contraceptives in primary care facilities

- DLR 1.1: Contraceptive budget execution levels as a proportion of forecasted demand .
- DLR 1.2: Proportion of health centers with three methods available during last facility assessment.
- DLR 1.3: Proportion of districts reaching growth benchmark for post-partum FP rate.

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
DLR 1.1	5% of need	10% of need	15% of need	20% of need	25% of need	
Max Disbursement	\$500k	\$750k	\$1 million	\$1 million	\$1 million	\$4.25 m
DLR 1.2	75%	80%	85%	90%	90%	
Max Disbursement	\$500k	\$750k	\$1 million	\$1 million	\$1 million	\$4.25 m
DLR 1.3	50%	55%	60%	65%	75%	
Max Disbursement	\$500k	\$500k	\$1 million	\$1 million	\$1 million	\$4.00 m
TOTAL						\$12.5 m
GFF Grant						\$ 6.25 m
IDA						\$ 6.25 m

Disbursements are made after third-party verification of results.

Disbursements for partial performance are typically made but a floor is often set.

PforRs are an increasingly popular instrument because financing is disbursed into national PFM system, programmed through the normal budget process, and has a high degree of flexibility.

Depending on the country, we typically see DLI values in the \$10-20 million range.

DLI values are not usually related to the cost of achieving the result. This means the government will likely need to invest additional money (within reason) to achieve the agreed result.

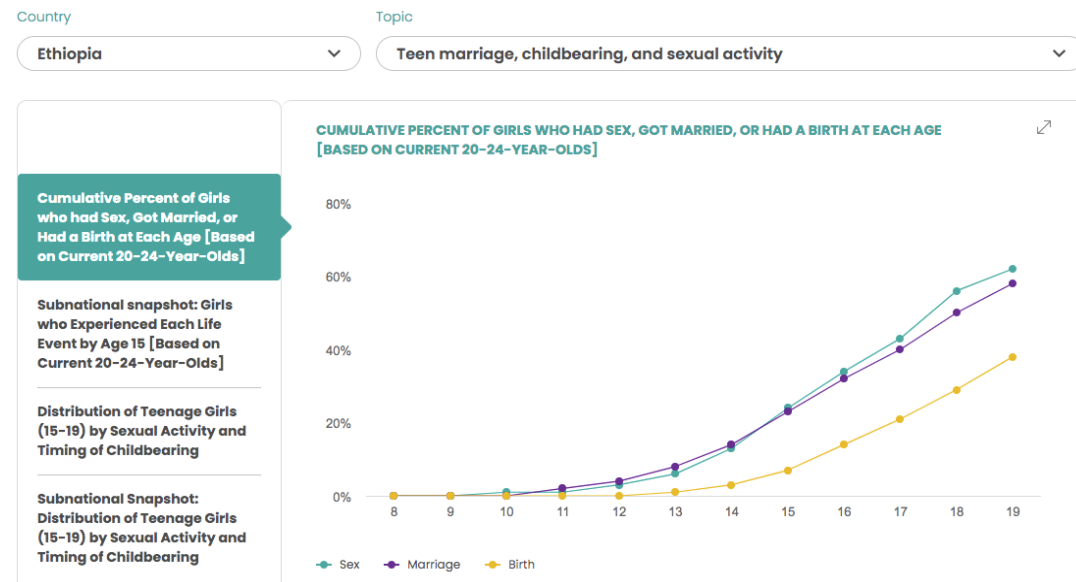
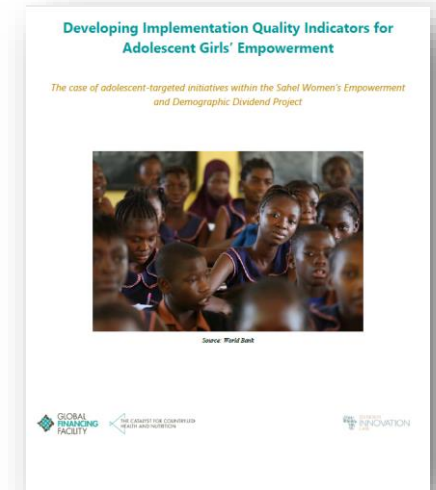
Ideally, we'd match DLI funding with IDA (this is what typically happens)



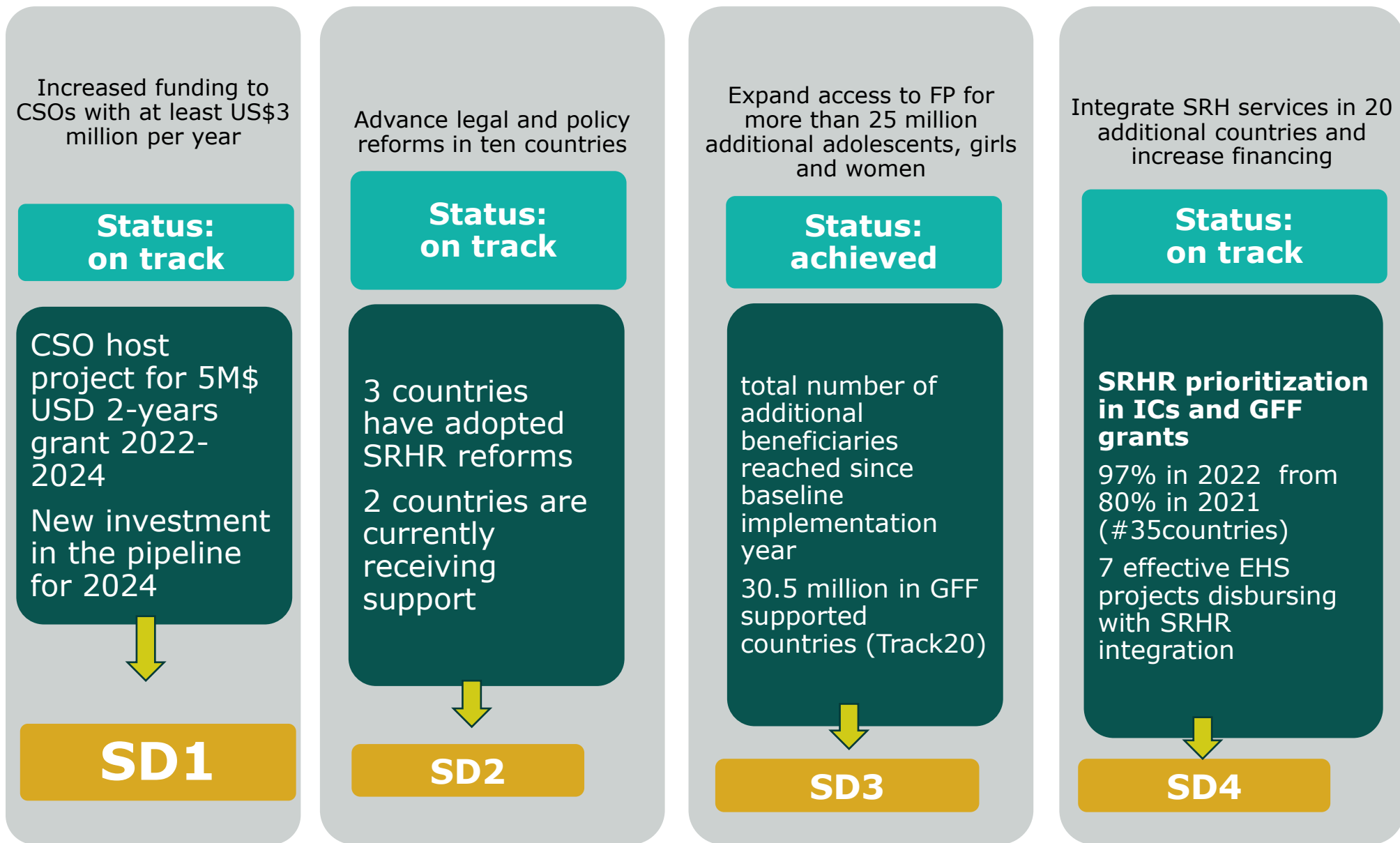
Advance data-driven country Investment Case and strengthen data use for improved learning and accountability for SRHR

KEY INVESTMENTS

- Monitoring for Action and Gender Equity (MAGE) in collaboration with Johns Hopkins School of Public Health
- Collaboration with the World Bank's Development Economics Research Group (DEC), incl on the Adolescent Health Learning, Action, and Benchmarking (ADLAB)
- GFF data portal updated to include monitoring of progress on SRHR



Progress on the SRHR Acceleration Plan are on track but additional efforts are needed across to ensure delivery



Questions for guidance on SRHR

- Do you endorse this revised approach paper as a way to implement the SRHR acceleration plan?
- Are the SRHR deep dives (IG15 recommendation) still a relevant format to consult the IG partnership to deliver on the SRHR priority investment areas?
- From initial feedback on the paper, partners have suggested creating one composite KPI to track progress across the targets of the Acceleration Plan. Would this be a useful approach?

