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OPPORTUNITIES FOR FINANCING FAMILY PLANNING THROUGH THE GLOBAL FINANCING FACILITY

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HP+
HEALTH POLICY PLUS

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Contents

Abbreviations iii

Introduction 4

Methodology 5

Background on the World Bank and Global Financing Facility 6

How GFF Financing Works 6

The GFF Process at the Country Level 9

How GFF Financing Priorities are Established 10

Family Planning Inclusion in GFF Documents 12

Family Planning Intervention Areas in Investment Cases and PADs 15

Family Planning Funding in GFF Projects 19

Recommendations for Family Planning Stakeholders: Actionable Steps to Inform the GFF Development Process 21

Conclusion 25

Works Consulted 26

Investment Cases 26

Project Appraisal Documents 27

Results-Based Financing and Operations Manuals 28

Procurement Plans 28

Workplans and Other Global Financing Facility Documents 29

Other References 29

Annex A. Documents Analyzed 31

Annex B. Details of Family Planning Representation in Investment Cases, PADs, and RBF Manuals 32

Abbreviations

CIP	costed implementation plan
CSO	civil society organization
DLI	disbursement-linked indicator
DRC	Democratic Republic of the Congo
GFF	Global Financing Facility
HP+	Health Policy Plus
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
mCPR	modern method contraceptive prevalence rate
PAD	project appraisal document
PDO	project development objective
RBF	results-based financing
RMNCAH-N	reproductive, maternal, neonatal, child, and adolescent health and nutrition
USAID	U.S. Agency for International Development

Introduction

The current level of global financing for family planning is inadequate. The estimated direct and indirect annual cost of providing modern contraceptive services to current users in developing regions is US$6.3 billion. Expanding and improving services to meet the needs of all women in developing regions is estimated to cost US$12.1 billion annually (Guttmacher Institute, 2017). In 2018, an estimated US$3.8 billion was spent on family planning in the 69 poorest countries in the world. Of that total, domestic governments contributed 32.5 percent, another 44.6 percent came from international donors (US$1.5 billion in bilateral and US$373.9 million through the United Nations Population Fund), out-of-pocket expenditures constituted 19.1 percent, and other contributions amounted to 3.8 percent (FP2020, 2019).

The Global Financing Facility (GFF) presents an opportunity to leverage additional resources to support family planning. The GFF aims to serve as a coordination mechanism to bring together partners, align priorities, and leverage comparative advantages to achieve sustainable financing for reproductive, maternal, neonatal, child, and adolescent health and nutrition (RMNCAH-N). As of April 2020, the GFF supports 36 countries and is planning to expand its support to the 50 countries with the greatest health and nutrition needs. The GFF aims to harmonize fragmented financing initiatives and close the annual financing gap of US$33.3 billion for RMNCAH-N (World Bank, 2015). Although the GFF offers the potential to leverage financing of RMNCAH-N, it has been unclear what funding exists and how it supports family planning in GFF countries.

As part of the GFF process, each country develops an RMNCAH-N investment case. This case is a multiyear plan that identifies, costs, and determines the resources available for a prioritized set of high-impact RMNCAH-N interventions. The purpose of the plan is to establish common priorities among RMNCAH-N stakeholders and funders, including the government, GFF, and other donors to improve RMNCAH-N outcomes. Because the investment case is funded by the government and multiple donors, the GFF financing is not intended or expected to fund all of the priorities highlighted in the investment case; however, they should align, including on family planning.

This document, developed by the U.S. Agency for International Development (USAID)-funded Health Policy Plus (HP+) project, aims to demonstrate how family planning has been included in GFF-funded programs and identify opportunities for its advocates to better engage in and leverage the GFF process to support family planning financing. This document builds on previous work on how family planning stakeholders can ensure alignment between priorities across costed implementation plans (CIPs) and investment cases to best leverage the GFF process in addressing family planning funding needs (Lang and Lasway, 2019). The purpose of this document is as follows:

- Map the financing of the most recent World Bank/GFF Trust Fund allocations in GFF countries
- Understand the GFF's role in funding family planning
- Identify how family planning has been included in documents for projects co-financed by the GFF (project appraisal documents [PADs], results-based financing [RBF] manuals, annual workplans, and procurement plans)

- Identify family planning intervention areas (demand creation, service delivery, commodity procurement, etc.) most often included in World Bank/GFF-supported programs
- Provide family planning stakeholders with recommendations for how best to participate and have influence in the development and implementation of GFF-financed projects
- Provide family planning stakeholders with ideas for investments that can be funded through the GFF, particularly through a lens focusing on health systems strengthening

Methodology

This document was informed by a desk review of GFF-related literature and key informant interviews. The desk review included publicly available investment cases, PADs, RBF and operations manuals, annual workplans and budgets, and procurement plans (see Annex A). All textual documents were analyzed for use of family planning/reproductive health language and coded quantitatively. An expanded dictionary was developed to ensure that all explicit references to family planning were captured. Specific templates for analysis of investment cases, PADs, and RBF/operations manuals were used to ensure standardized coding across the 11 countries included in the desk review analysis. Definitions for rankings/categorization are defined in footnotes for each applicable table. The countries included were Bangladesh, Cameroon, Democratic Republic of the Congo (DRC), Ethiopia, Guinea, Kenya, Liberia, Nigeria, Senegal, Tanzania, and Uganda.

Background research also included expert interviews with GFF Secretariat and field staff (including liaison officers), Ministry of Health staff (including GFF focal points), and civil society organizations (CSOs) involved formally and informally at various steps of the GFF process in three countries (Nigeria, Tanzania, and Uganda) to gain insights into the process and the development of these documents, and better understand how stakeholders see the priority and role of family planning in the GFF. To select interviewees, we combined positional criteria with a reputational chain-referral (snowball) methodology, starting with the focal points for each country listed on the GFF website, and then expanding to include other representatives from government, donors, and civil society considered knowledgeable about the issues. A standardized interview protocol was used to ensure that a breadth of topics was covered, although some questions were omitted from some interviews when they were deemed not appropriate (e.g., if someone said they were not involved in the annual workplans and had not reviewed them in depth, we did not ask detailed questions on that topic).

This review focuses on GFF financing and does not analyze the other resources that support countries' investment cases. Investment cases for RMNCAH-N are funded by multiple donors, not just the World Bank and GFF Trust Fund; thus, the projects included in this analysis do not cover the full scope or all priorities highlighted in the investment case because they may be covered by the government or other donors.

Background on the World Bank and Global Financing Facility

The GFF is a multistakeholder partnership and financing vehicle to support RMNCAH-N. Launched in 2015, it leverages domestic and international sources to support countries in prioritizing and financing high-impact interventions developed in a country-led single collaborative strategy for RMNCAH-N and long-term financing. The GFF aims to finance national RMNCAH-N scale-up plans and improve financing architecture while supporting countries in the transition toward sustainable domestic financing (World Bank, 2014).

How GFF Financing Works

The GFF is a mechanism that uses grant resources (from the GFF Trust Fund) to leverage greater sums of domestic government resources, International Development Association (IDA) or International Bank for Reconstruction and Development (IBRD) financing, aligned external financing, and resources from the private sector. On average, the ratio of GFF Trust Fund to concessional financing from IDA/IBRD averages US$1 from the trust fund to nearly US$7.75 of IDA/IBRD financing (Global Financing Facility, 2020).

All low- and middle-income countries have access to World Bank IDA or IBRD financing (loans, credits, or grants). However, not all of them have been using their allocation in the health sector before engaging with GFF. GFF trust fund resources are always disbursed through World Bank projects and almost always alongside IDA financing, thus leveraging those resources.

The GFF model uses a hybrid funding approach that mobilizes and leverages resources from the following sources:

- **GFF Trust Fund:** The Trust Fund is a multidonor trust fund that makes grants with funding from the governments of Canada, Norway, the United Kingdom, Denmark, the Netherlands, Germany, Japan, Canada, Qatar, and the European Commission; as well as the Bill & Melinda Gates Foundation, MSD for Mothers, and Laerdal Global Health. GFF Trust Fund financing is managed by the GFF Secretariat housed at the World Bank. GFF Trust Fund grants are linked to IDA or IBRD investments from the World Bank.
- World Bank investments can be in the form of loans, credits, or grants.
    - **World Bank – IBRD loans** are primarily to middle-income countries at interest rates comparable to market rates. In GFF projects to date, only Guatemala, Indonesia, and Vietnam have received IBRD loans.
    - **World Bank – IDA credit** is a loan with highly favorable terms; it includes a grant element of discounted future debt service payments. IDA credits are publicly guaranteed debt extended by the World Bank Group at concessional rates (with no or low interest changes). Most GFF funding has been included in projects financed with IDA credit.
    - **World Bank – IDA grants** are available to countries with a medium or high risk of debt distress. Countries with a medium or high risk of debt distress can receive 50

and 100 percent of their financial assistance in the form of grants, respectively (World Bank, n.d.(c)).

- **Domestic resources:** Countries use their own financial resources to support RMNCAH-N priorities. The GFF supports the government to improve the efficient use and allocation of health sector resources and development of medium- to longer-term financing strategies to increase domestic funding over time, helping to ensure sustainability.
- **Aligned external funding:** Other international donor organizations, including USAID, Gavi, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, may offer complementary funding directed to the implementation of investment cases but managed outside of the GFF process. Some donors, such as Gavi, can also directly co-finance World Bank/GFF projects, where their contribution is merged with and managed by the World Bank.
- **Private sector resources:** The GFF supports the "crowding in" of private capital to support RMNCAH-N through public-private partnerships and blended finance mechanisms. For example, the GFF, Merck for Mothers, the Bill & Melinda Gates Foundation, and the UPS Foundation have created a public-private partnership to improve the effectiveness and efficiency of supply chains in low- and middle-income countries.

GFF, IDA, and IBRD funds are managed by the recipient government and are often pooled together, and with government resources. The fact that these funds are frequently managed in a pool can make it challenging for stakeholders to monitor, track, and account for what funding is being used for what purpose, especially considering public financial management systems constraints.

Table 1 illustrates the multisource financing for World Bank projects in 11 countries, as reflected in the PAD—a document that summarizes the purpose and description of the project and how the funds will be used. Countries can have multiple health sector World Bank projects. In Table 1, PADs were included in this analysis if GFF funding was used; original and additional funding PADs for the same or expanded projects for many of these countries were made without GFF funds and thus were not included in our analysis or in Table 1. For this reason, in some cases only the original (or first) PAD for a project was included in the analysis, whereas in other cases only the additional financing PAD was analyzed because it included GFF funding. The mix of financing varies significantly across countries. It is clear that in comparison to other funding sources, the GFF Trust Fund contribution is minimal—a reflection of its purpose to provide a boost to priority RMNCAH-N interventions and leverage funding from other sources to accelerate progress. Although the GFF offers a significant opportunity to mobilize and leverage additional funding for RMNCAH-N, including family planning, its contribution will not and should not be expected to cover all financing gaps.

Table 1. Financing for PADs, by Country and Financing Source (US$, in millions)

Country	IDA Credit	IDA Grant	GFF Trust Fund (Grant)	Other[i]	National Government	Total PAD Funding
Bangladesh	500	0	15	94[ii]	385	994
Cameroon	100	0	27	0	0	127
DRC: Health Systems Strengthening, additional financing 2017[iii]	120	0	40	3.5[iv]	0	163.5[v]
DRC: Multisectoral Nutrition and Health Project 2019	246	246	10	0	0	502
Ethiopia: additional financing	150	0	60	20[vi]	0	230[vii]
Guinea	22.5	22.5	10	0	0	55
Kenya	150	0	40	1.1[viii]	0	191.1
Liberia: additional financing	0	0	16	0	0	16
Nigeria: Nigeria State Health Investment Project, additional financing 2016	125	0	20	0	0	145
Nigeria: Basic Healthcare Provision Fund Project 2018	0	0	20	0	0	20
Nigeria: Accelerating Nutrition Results in Nigeria 2018	225	0	7	0	0	232
Senegal	140	0	10	0	0	150
Tanzania	200	0	40	350[ix]	2,030	2,620
Uganda	110	0	30	0	0	140

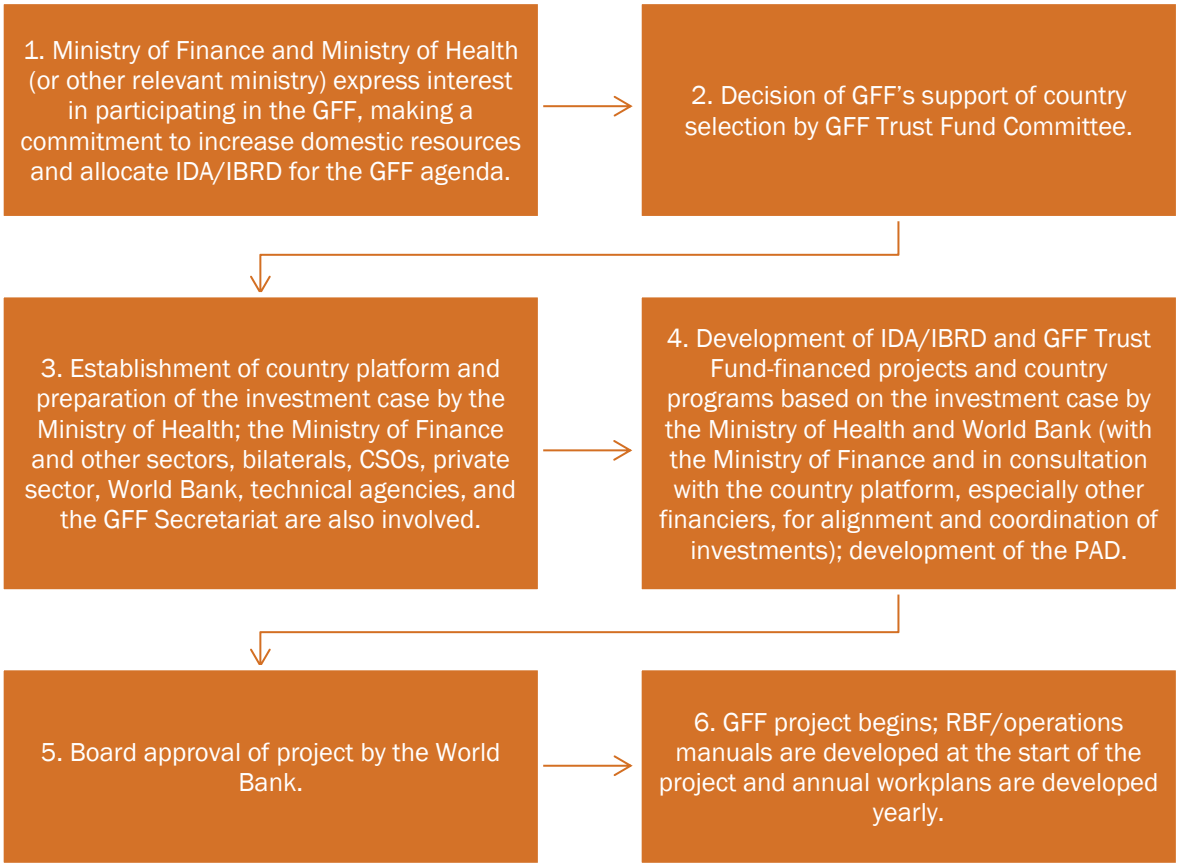
[i] Includes other donors, multidonor trust funds, and other projects.
[ii] Pooled co-financing: World Bank-managed Multi-Donor Trust Fund (TF0A6941-BD) of US$94 million (US$13 million from the Netherlands, US$21.9 million from Sweden, and US$59.9 million from the United Kingdom) as of June 2018.
[iii] DRC and Nigeria had multiple projects using GFF financing; each PAD was analyzed separately for each project. One project with GFF funding in the 11 countries (DRC Human Development Systems Strengthening Project: additional financing, 2016) was excluded from this analysis; its main focus was outside of the health sector.
[iv] USAID.
[v] 163.5. Original PDSS (P147555) is financed by an IDA Grant of special drawing rights (SDR) 60.9 million (US$90 million equivalent) and an IDA Credit of SDR $US88.0 million (US$130 million equivalent) and a US$6.5 million Health Results Innovation Trust Fund which were approved by the Board on December 14, 2014 and became effective on May 30, 2016—total = $US226.5 million.
[vi] Power of Nutrition Trust Fund.
[vii] US$46.2 million left over from original at time of additional financing.
[viii] Japan Policy and Human Resources Development Fund.
[ix] US$40 million USAID Trust Fund; US$20 million Achieving Nutrition Impact at Scale Multi-Donor Trust Fund; US$290 million other development partners (parallel financing).

The GFF Process at the Country Level

Regardless of the financing instrument, in the ideal situation (see Figure 1), the GFF process starts with countries themselves requesting and allocating their own domestic resources and IDA/IBRD funds toward RMNCAH-N. The GFF Trust Fund Committee then makes a decision about country selection at its regular meetings through a defined process and criteria. If selected, a country platform (a broad set of stakeholders for engagement, building on existing structures) is established, and the investment case is prepared; government ministries (particularly the Ministry of Health and Ministry of Finance) are involved, along with various stakeholders, including bilateral donors, CSOs, and the private sector. Next, the project and PAD are developed in alignment with other donors and programs. The World Bank board approves the project and then the World Bank/GFF project begins by creating operations manuals (and RBF manuals, as appropriate).

If stakeholders want to ensure funding for family planning, they must engage and participate in every step of this process to ensure it is highlighted as a priority. What can make this comprehensive engagement challenging is that in some cases, this ideal process is not followed and the investment case—in which the government's priorities for RMNCAH-N are established—is finalized after the PAD, making it more difficult to ensure alignment between the investment case and the PAD. This situation is discussed further in the next chapter.

Figure 1. Country Process for GFF Engagement and IDA/IBRD Mobilization



Source: Global Financing Facility, n.d.(b).

How GFF Financing Priorities are Established

As illustrated in Figure 1, the GFF process includes a number of opportunities for priorities to be established during the development of the investment case and PAD. Additionally, the project's operations manuals and annual workplans (see Box 1 for definitions of these key documents) are other places where specific operational decisions are made, affecting the prioritization of family planning in implementation. Family planning can be prioritized or de-prioritized through any of these stages.

Box 1. Key Definitions

- **Investment case:** A country-owned multiyear plan that identifies, costs, and determines the resources available for a prioritized set of high-impact RMNCAH-N interventions. It outlines the results a country wishes to achieve. It lists and costs out the priority investments, and outlines the mechanism for monitoring and evaluating progress toward the desired goals. Countries are required to have or develop an investment case as part of the GFF process.
- **Project appraisal document:** A PAD serves as the contractual point of reference between the government, GFF, and World Bank. It is the World Bank's feasibility assessment and justification for the project, used to help decision-makers at the World Bank approve or reject a project.
- **Results-based financing** manuals and general operations manuals: RBF and operations manuals are the country-generated operational documents that describe the actors, processes, and procedures to follow in the country program. They can include information and templates on health facility plans, the types of services offered at different levels of health facilities, quality and quantity measurement indicators, reporting of results, supply chain, claims invoicing by facilities, verification of indicators, data analysis, payment disbursement processes, flow of RBF funds, financial management processes, allocation of funds, and templates to be used at the health facilities for quality evaluations.
- **Annual workplans and budgets:** Countries develop annual workplans based on the activities to be implemented with the GFF funding. In investment project financing programs, **procurement plans**, detailing items and amounts to be bought for each, can also be part of these annual workplans.

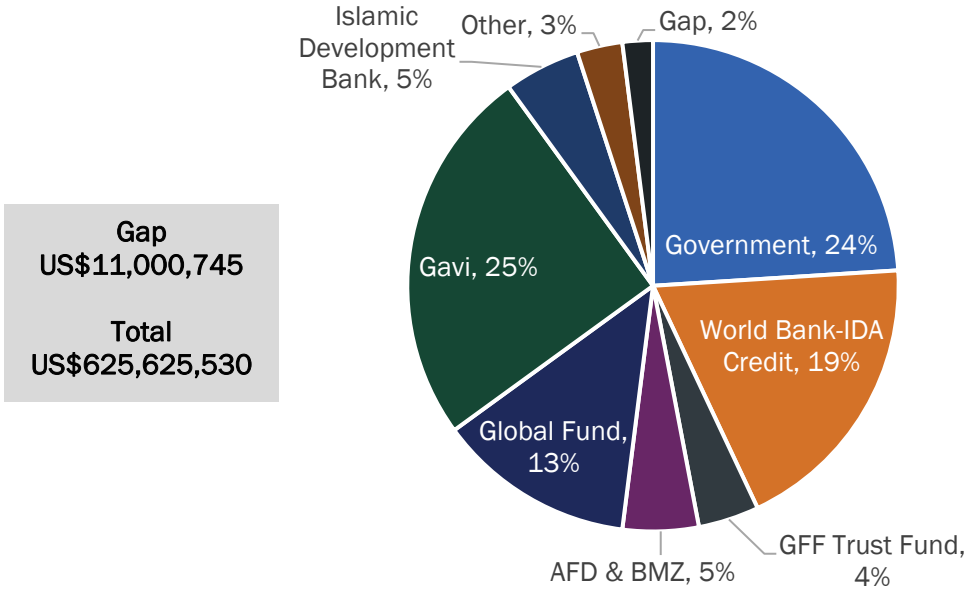
The investment case defines the prioritized interventions and costs required to achieve the country's desired results to improve women's, children's and adolescents' health and nutrition. The investment case should prioritize evidence-based, high-impact practices in RMNCAH-N, including rights-based family planning.

The PAD should be aligned with the investment case and developed considering other ongoing projects and funding in the country. However, the translation process from investment case to PAD is often a missed opportunity to ensure alignment of priorities. As mentioned above, in some countries, development of the investment case came after the PAD was already developed. In addition, the PAD development process is often opaque to civil society because it is a negotiation between the World Bank and the country government, and subject to policies around disclosure. The GFF and ministry staff interviewed for this report almost universally said

that civil society has not had a large role (if at all) to play in the development and negotiation of the PAD; thus, if the government itself does not prioritize family planning, it can be overlooked and under-funded without the opportunity for external advocacy from civil society. The World Bank and GFF staff can also serve as advocates for family planning-related activities in the project.

The GFF Trust Fund and World Bank financing is not the only, or even the main source of financing for the investment case in many countries. Thus, resource mapping is essential to determine funding gaps after factoring in all other resources, including other donor contributions. Some countries, like Cameroon (see Figure 2) and Ethiopia, have significant resources (from the GFF Trust Fund, World Bank, the government and other donors) to support the implementation of the investment case with little to no funding shortfall. However, other countries, such as Senegal, have significant shortfalls. Even after conducting a further prioritization of the investment case, Senegal has a current funding gap of one-third—that is, available resources meet only two-thirds of the planned activities in the investment case.

Figure 2. Resources Contributing to Cameroon's Investment Case



Source: Global Financing Facility, 2019c.
AFD is the French Development Agency, BMZ is the German Ministry for Economic Co-operation and Development

PADs are often very broad, not necessarily specifying the types of activities and at what level they will be implemented. As a staff member of the GFF Secretariat stated, *"The PAD is part of the legal document trail. So, they tend to be very broad—so it is hard to see detailed information. Details are almost purposefully left out of the PAD to leave room] for flexibility in implementation."* Thus, financing priorities are also established through project activities and what types of services are funded (or reimbursed) through the project; these details are specified in the operations manuals, annual workplans and procurement plans, and RBF plans, where results-based financing is implemented. The operations manuals and RBF manuals can specify what health services will be reimbursed (and at what rates), set tariffs, and determine how

quality is assessed. For family planning, they determine what specific family planning methods are reimbursed (and at what rates), and therefore may affect the promotion of certain methods of family planning over others. For example, in some countries, only oral contraceptives, injectables, IUDs, and implants may be included as reimbursable family planning methods. The rates of reimbursement may also be set in the RBF and operations manuals, and factors other than the actual cost of providing the service can be taken into account. For example, regarding the pricing of reimbursement rates for health services, the Uganda RBF manual states, "In arriving at the [price] index, due consideration was accorded to the significance of the indicator, i.e., the associated result in attaining the MNCH national and programme goals as well as the level of complexity in conducting the requisite intervention."

The annual workplans and procurement plans also inherently set priorities by detailing what specific types and amounts of commodities should be procured, as opposed to PADs, which are generally very broad. Thus, these financing decisions and prioritizations must be made on a yearly basis, so funding can be shifted, often dramatically, to favor some RMNCAH-N areas over others.

Given that a variety of documents and tools are used to support implementation of World Bank/GFF programs, it will be important for family planning stakeholders to be aware of and involved in developing and reviewing each of them as much as possible so as to be able to provide input regarding the inclusion of family planning. This involvement is in line with the GFF's own guidance on including multistakeholder country platforms, and recommendations that countries engaging in the GFF process should follow the minimum standards for inclusiveness, transparency, and accountability. CSOs should be considered equal partners in the multistakeholder country platform and participate meaningfully in planning, implementing, and monitoring national investment cases (GFF, 2018).

> "The GFF works with the World Bank to finance essential services, taking a systems approach. This is often organized around an essential service package that includes FP [family planning]. Because of this integrated approach, it's hard to tease out FP specific financing. But that doesn't mean FP isn't important. Our analysis suggests that expanded access to modern contraception will account for around 30 percent of prospective GFF impact, and therefore it is key that countries undertake reforms that support expanded access to contraception."
>
> –Staff, GFF Secretariat

Family Planning Inclusion in GFF Documents

Family planning is supported in all GFF-related projects, albeit to varying degrees across the investment cases, PADs, and RBF/operations manuals (see Table 2 and Annex B). Family planning can be included in the results for project development objectives (PDOs), project components, and disbursement-linked indicators (DLIs). However, the level of prioritization of family planning between a country's investment case and PAD is variable. For example, Guinea's investment case does not feature family planning prominently, but it is mentioned once as a high-impact intervention, included in the service package, and the cost is detailed in the budget. In Guinea's PAD, family planning is featured more prominently; it is included as a PDO indicator, and the RBF program includes family planning services and contraceptive procurement and

distribution. In addition, in the DRC, family planning is featured at a low level in the investment case (it is not included explicitly in the priority areas but is an indicator in the results framework and package of services). Family planning is prioritized more in the GFF-financed PADs. In one GFF-funded project in DRC, it is featured at a medium level, with inclusion in multiple intermediate result indicators, the RBF program, and family planning commodity procurement. In addition, in another GFF-funded project in DRC, family planning is featured more prominently—the PDO indicator and performance-based financing program include it, contraceptive procurement is part of the project, and performance-based contracts with nonstate providers of family planning (US$62.0 million) are also included.

On the other hand, in Tanzania, family planning is featured prominently in the investment case, which explicitly mentions quantifying, procuring, and distributing family planning commodities; conducting targeted outreach and service delivery; training providers; and specific detailing of tracking family planning data. Additionally, in the investment case, family planning is recognized as a separate program containing five operational targets with budgets; it is included explicitly in three of 11 key RMNCAH strategies; and the results framework contains family planning indicators. Despite the strength of family planning in the investment case, it features only at a medium level in the Tanzania PAD. Furthermore, it is not mentioned in the PDO or PDO indicators but is included as a subcomponent of two DLIs: it is included in the US$100 million RBF program under DLI3, and family planning (modern method contraceptive prevalence rate [mCPR]) is given 1/10 of the weight for US$82 million DLI4 (local government areas have improved annual maternal, neonatal, and child health service delivery and quality as measured by the LGA Balanced Score Card).

Table 2. Family Planning Representation in Investment Cases, PADs, and RBF Manuals[i]

Country	Priority Level in Investment Case[ii]	Priority Level in PAD[iii]	Priority Level in RBF/Operations Manual[iv]
Bangladesh	**High**	**High**	None reviewed
Cameroon	**High**	**Medium**	**High**
DRC: Health Systems Strengthening, additional financing 2017	**Low**	**Medium**	**High**
DRC: Multisectoral Nutrition and Health Project 2019	**Low**	**High**	**High**
Ethiopia: additional financing	**Medium**	**High**	None reviewed
Guinea	**Low**	**High**	None reviewed
Kenya	**High**	**High**	None reviewed
Liberia: additional financing	**Medium**	**Medium**	**High**
Nigeria: Nigeria State Health Investment Project, additional financing 2016	**Low**	**Low**	**High**

Country	Priority Level in Investment Case[ii]	Priority Level in PAD[iii]	Priority Level in RBF/Operations Manual[iv]
Nigeria: Basic Healthcare Provision Fund Project 2018	Low	Low	High
Nigeria: Accelerating Nutrition Results in Nigeria 2018	Low	Low	None reviewed
Senegal	Medium	High	None reviewed
Tanzania	High	Medium	Low
Uganda	High	High	High

[i] See Annex B for more detail. Given the sensitive nature of family planning in some countries, different language, such as "child spacing" or "birth spacing," may be used in the investment cases, PADs, and operational/RBF manuals for political reasons; when "family planning" language is included, it may not be in proportion to its actual importance in the budget or implementation. In this analysis, we specifically looked for explicit language around family planning; because of this methodological design, some scores may be lower than the actual projects reflect in financing or implementation for family planning.
[ii] "High" indicates that family planning is included in an objective/priority area; "Medium" indicates it is included as an activity under more than one objective/priority area; "Low" indicates it is included in one or no activities under an objective/priority area, or rarely mentioned. All investment cases include family planning in the package of services. For this reason, it is assumed that contraceptives are also always included in the costing (even if not explicitly mentioned in the budget), so these factors were not used in the scoring criteria.
[iii] "High" indicates that family planning is explicitly included as a PDO result indicator or a DLI; "Medium" indicates it is included as an activity under more than one PDO; "Low" indicates it is included in one or no activities, or rarely mentioned.
[iv] "High" indicates that family planning is included in at least 10 percent of the RBF performance indicators and all or almost all modern family planning methods are incentivized for both new and continuing users. "Low" indicates that family planning is included in less than 10 percent of the performance indicators and only new users are incentivized (providing ongoing family planning to continuing users is not incentivized). No documents were reviewed in some countries if they could not be located in the public domain or released for analysis.

Of the six RBF/operations manuals included in our analysis, five scored "high"—meaning that family planning is included in at least 10 percent of the RBF performance indicators and all or almost all modern family planning methods are incentivized for both new and continuing users. Only one country scored "low," meaning it was included in less than 10 percent of the performance indicators and family planning services for continuing users are not incentivized.

In the few procurement plans directly included in the analysis, family planning was often not specifically mentioned. Contraceptives were mentioned specifically in select procurement plans from DRC, Guinea, and Uganda. In Kenya and Cameroon, RMNCH commodities were mentioned in the procurement plans, but family planning was not called out specifically (although in Kenya, all of the RMNCAH commodity funds were used for contraceptive procurement). The level of detail in each procurement plan is likely very dependent on the country; thus, the non-specificity of contraceptives or family planning commodities in procurement plans should not be considered a strong indicator of prioritization.

Family Planning Intervention Areas in Investment Cases and PADs

Table 3 highlights how investment cases and PADs cover different intervention areas of family planning: contraceptive and commodity procurement; service delivery; demand creation; supply chain and distribution; financing; coordination/management/monitoring and evaluation; and policy. Both investment cases and PADs tend to cover procurement of contraceptives (and related equipment and supplies), service delivery, and demand creation at more explicit levels than financing, coordination/management/monitoring and evaluation, or policy. In the 11 countries where HP+ analyzed multiple World Bank/GFF projects, the level of family planning inclusion was highly variable.

Eight (of eleven countries) investment cases explicitly mentioned contraceptive procurement; however, it was included explicitly in only 5 of 14 PADs. Demand creation for family planning was included in seven of the 11 investment cases and in 7 of 14 PADs. Supply chain and distribution for family planning was explicit in eight of the investment cases and six PADs; an additional five PADs included RMNCAH-N supply chain activities and/or objectives. Financing for family planning was explicit in six investment cases and implicit in an additional three, and was included explicitly in three PADs and implicitly under RMNCAH-N in an additional nine. Almost all investment cases and PADs addressed some level of coordination, management, and monitoring. Investment cases are much more likely to include family planning explicitly in the coordination, management, and monitoring intervention area (8 of 11). Although all 14 PADs included some sort of RMNCAH-N activities in this area, only three explicitly mentioned family planning.

Policy was the least common intervention area, with only 1 of 14 PADs and 2 of 11 investment cases explicitly addressing family planning policy activities. Investment cases and PADs tend to be focused on health systems strengthening, which might explain why thematic areas such as policy are less likely to be included—family planning-specific policy development is program specific and would not directly support other RMNCAH program areas. These results suggest that family planning stakeholders should focus on the inclusion of interventions and activities that relate back to common health systems strengthening improvements that would support not only family planning but other RMNCAH program areas.

Table 3. Summary of Family Planning Intervention Areas in Investment Cases and PADs[i]

Country	Investment Case or PAD	Contraceptive and Commodity Procurement[ii]	Service Delivery	Demand Creation	Supply Chain and Distribution	Financing	Coordination/ Management/ Monitoring and Evaluation	Policy
Bangladesh	Investment case	Explicit	Explicit	Explicit	Explicit	Implicit	Explicit	Explicit
	PAD	No mention	Explicit	Explicit	Explicit	Explicit	Explicit	Explicit
Cameroon	investment case	Explicit	Explicit	Explicit	Explicit	Explicit	Implicit	Implicit
	PAD	No mention	Explicit	Implicit	Implicit	Explicit	Implicit	Implicit
DRC	Investment case[iii]	No mention		No mention	Explicit	Implicit	No mention	No mention
	PAD: additional financing for Health Systems Strengthening 2017	Explicit	Explicit	Explicit	Explicit	Implicit	Explicit	No mention
	PAD: Multisectoral Nutrition and Health Project 2019	Explicit	Explicit	Explicit	Explicit	No mention	Implicit	No mention
Ethiopia	Investment case[iv]	No mention	Explicit	No mention	No mention	No mention	Explicit	No mention
	PAD: additional financing	Implicit	Explicit	Implicit	Explicit	Implicit	Implicit	Implicit
Guinea	Investment case	Explicit	Explicit	No mention	No mention	No mention	Explicit	No mention
	PAD	Explicit	Explicit	Implicit	Implicit	Implicit	Implicit	No mention
Kenya	Investment case	Explicit	Explicit	Explicit	Explicit	Explicit	Explicit	No mention
	PAD	Explicit	Explicit	Explicit	Explicit	Implicit	Implicit	Implicit
Liberia	Investment case	Explicit	Explicit	Explicit	Explicit	Explicit	Explicit	Implicit
	PAD	No mention	Explicit	Explicit	Implicit	Implicit	Implicit	No mention
Nigeria	Investment case	Explicit	Explicit	No mention	Explicit	Explicit	Explicit	No mention
	PAD: Nigeria State Health Investment Project, additional financing 2016	Implicit	Explicit	Implicit	No mention	Implicit	Implicit	No mention
	PAD: Basic Healthcare Provision Fund Project 2018	Implicit	Explicit	Implicit	No mention	Implicit	Implicit	Implicit
	PAD: Accelerating Nutrition Results in Nigeria 2018	Implicit	Explicit	Explicit	No mention	No mention	Explicit	No mention
Senegal	Investment case	Explicit	Explicit	Explicit	Implicit	Explicit	Explicit	No mention
	PAD	Implicit	Explicit	Implicit	Implicit	Implicit	Implicit	Implicit

Country	Investment Case or PAD	Contraceptive and Commodity Procurement[ii]	Service Delivery	Demand Creation	Supply Chain and Distribution	Financing	Coordination/ Management/ Monitoring and Evaluation	Policy
Tanzania	Investment case	Explicit	Explicit	Explicit	Explicit	Implicit	Explicit	Implicit
	PAD	Implicit	Explicit	Implicit	Implicit	Implicit	Implicit	Implicit
Uganda	Investment case	No mention	Explicit	Explicit	Explicit	Explicit	No mention	Explicit
	PAD	Explicit	Explicit	Explicit	Explicit	Explicit	Implicit	Implicit

Key:

- Explicit (green)—Family planning explicit. For the contraceptive and commodity procurement column, contraceptives are explicitly included in the budget (not just a family planning line item).
- Implicit (yellow)—Family planning implicit in RMNCAH activities/objectives. For the contraceptive and commodity procurement column, RMNCAH commodities are specifically in the budget (not just a line item for RMNCAH).
- No mention (red)—No mention of family planning, even implicitly. For the contraceptive and commodity procurement column, no specific mention of family planning or RMNCAH commodity procurement.

[i] Detailed information for each country is available upon request (policyinfo@thepalladiumgroup.com).

[ii] Family planning is included in the service package in every country; thus, contraceptives are assumed to be costed in every investment case. However, depending on how the budget was developed and presented (e.g., using a tool such as OneHealth), family planning commodity or contraceptive procurement is not necessarily mentioned explicitly in the investment case text or tables. For the purpose of this review, it was not sufficient for contraceptives to be listed only as part of the service package or for a general budget line item to exist for family planning. Specific language related to the procurement and availability of contraceptives, and/or the explicit mention of contraceptives in the budget, were considered explicit mentions and coded Green. Therefore, some countries scored "Low" or "Medium" if they did not explicitly include family planning and/or reproductive health-related procurement or commodity/contraceptive language in the budget.

[iii] The DRC Investment Case is a national health development plan that is much broader than most investment cases; thus, family planning is rarely mentioned explicitly, similar to the rate of mention of other health intervention areas.

[iv] Ethiopia uses the Health Sector Transformation Plan as its investment case, which is much broader than most other countries' investment cases; thus, family planning is rarely mentioned explicitly in the Ethiopia investment case.

Overall, Table 3 indicates that family planning generally is well integrated into investment cases and PADs. For example, Kenya's investment case and PAD both include explicit language related to contraceptive procurement, service delivery, demand creation, and supply and distribution. This language indicates a strong prioritization of family planning and alignment between the family planning priorities in the investment case and the PAD. However, at the same time, a deeper dive into the details shows that the focus of intervention areas can be very different across investment cases and PADs in one country. For example, in the Bangladesh investment case, a focus on youth is evident, particularly regarding behavior change communication, delay of first pregnancy, and birth spacing among adolescents. However, the country's PAD had a much stronger focus on postpartum family planning (which was included in the investment case but did not feature as prominently). Additionally, the PAD included more specific interventions and activities that were not in the investment case, such as specific policy and guideline development; budget planning and allocation (including family planning budget codes); and specific coordination and management activities around postpartum family planning.

Because there is significant evidence that family planning plays a key role in RMNCAH programming and maternal and child health more broadly, it may seem puzzling that representation of family planning varies across GFF programs, and even across the GFF documents in one country. Considering that the GFF is not the only funder of the investment case, the manner in which family planning is included will vary by country. In an ideal situation, the investment case is developed before the PAD; however, for some countries (such as Kenya and Tanzania), the PAD was finalized before the investment case—a situation that may also have contributed to the lack of alignment between the investment case and PAD priorities. In other countries, such as Ethiopia and DRC, the health sector strategic plans were used as the investment cases (by definition these plans are less specific); therefore, the PADs are more specific in the interventions detailed.

In part, the variation across countries could also be attributed to a lack of specific inclusion of family planning in the GFF at the global level. The GFF itself does not include the contraceptive prevalence rate or total fertility rate in its eight core programmatic indicators, although adolescent birth rate, maternal mortality, a measure of child spacing, and five measures of child health are included (Global Financing Facility. n.d.(d)).[1]

However, there are several considerations important for determining alignment between the World Bank/GFF project financing and the investment case, including the tools used to develop the case and the full funding sources for it. It is important to consider the types of tools used to develop the GFF project documents and determine priority interventions. For example, many investment cases use the Equitable Impact Sensitive Tool to prioritize high-impact interventions for RMNCAH-N based on their effectiveness in reducing deaths and saving lives of women and children. The evidence base comes from the Lives Saved Tool, which considers only a specific

[1] The eight indicators include the following: adolescent birth rate, a measure of child spacing (births at least 24 months apart), maternal mortality ratio, and five indicators measuring child health (under-5 mortality rate, neonatal mortality rate, prevalence of stunting among children under 5 years of age, prevalence of wasting among children under 5 years of age, and proportion of children developmentally on track).

and limited set of RMNCAH-N interventions, including family planning, as having an impact. As a result, the tools do not consider the full range of high-impact family planning practices, particularly policy and enabling environment interventions. The Equitable Impact Sensitive Tool—known as EQUIST—also does not include interventions specifically related to adolescent health. For these reasons, family planning and GFF stakeholders should not rely solely on these tools for prioritization, but should consider the inclusion of a full range of high-impact practices.

As previously noted, the GFF Trust Fund and World Bank financing are only two funding sources for the investment case. World Bank/GFF projects are developed with consideration of other domestic and external funding allocations to avoid duplication of efforts and ensure that GFF support complements other donor and governmental support, and addresses funding gaps. For example, if the United Nations Population Fund or another donor has already committed to funding contraceptives or specific family planning service delivery programs, those activities would not necessarily also be included in the PAD for the GFF project. Therefore, the PADs may not cover the full scope or all of the priorities highlighted in the investment case.

Specific family planning financing in the most recent World Bank/GFF Trust Fund allocations cannot be clearly mapped through PADs, RBF/operations manuals, or procurement plans, mainly because most of the PADs do not include family planning as a separate operational activity; rather, it is included in larger health systems and/or RMNCAH activities. Procurement for contraceptives also often is included in larger RMNCAH procurements, and funding for contraceptives regularly remains unspecified.

Family Planning Funding in GFF Projects

Financing also is almost always dealt with on a health systems level, meaning it is not possible to separate out the total amount of family planning funding in GFF projects, although sometimes some specific components of projects that address only family planning can be defined (see Table 4 for a partial list of family planning financing in GFF projects).

This fact does not mean that family planning is not financed in GFF projects; rather, family planning activities may just not be visible in PADs and other documents. For example, in Uganda, although the RBF program includes family planning as an incentivized service and also includes contraceptives in the list of essential RMNCAH commodities to be procured (with a budget of US$10 million), the PAD does not give a detailed breakdown of how much will go to family planning contraceptives and how much to other commodities, such as delivery kits, oxytocin and misoprostol (for the prevention and treatment of postpartum hemorrhage), magnesium sulfate (for the treatment of pre-eclampsia and eclampsia), and the like. However, to date, the program has committed at least US$2.27 million for instrument sets for long-acting reversible contraception as part of the allocation of approximately US$17 million for family planning commodities over five years (Logistics Advisory, RMNCH at Uganda Ministry of Health, 2019). In many countries, because family planning is included in the RBF program or as a DLI, it comprises a significant portion of the budget.

Table 4. Family Planning in GFF Programs (Non-Exhaustive)

Country	Family Planning Investment
Bangladesh	US$37.225 million to improve postpartum family planning services (includes contraceptive logistics, social and behavior change communication, development of facility readiness criteria and assessment instrument for postpartum family planning services, development of reporting and training guidelines for these services) (PAD)
Cameroon	US$13.1 million for family planning (sum of US$2.59 million for performance-based financing; US$2.714 million for implementation and supervision of performance-based financing; US$7.75 million of additional support for improving access to a key package of RMNCAH and nutrition services) (PAD)
DRC: Health Systems Strengthening, additional financing 2017	US$30 million for family planning supplies in addition to family planning purchased through performance-based financing covering 60 percent of the country (Global Financing Facility. n.d.(c))
DRC: Multisectoral Nutrition and Health Project 2019	Performance-based financing program includes family planning; contraceptive procurement; performance-based contracts with nonstate providers of family planning are worth US$62 million (2019 nutrition PAD)
Ethiopia: additional financing	US$17 million DLI for increasing rural mCPR (PAD)
Guinea	RBF program includes family planning services, contraceptive procurement, and distribution (PAD)
Kenya	Increasing county-level mCPR is one of six indicators used to measure subnational performance to partially determine RBF allocations of up to US$130 million to counties (PAD); US$20 million for family planning contraceptives (Global Financing Facility staff member, 2020)
Liberia: additional financing	Family planning included in performance-based financing at the facility level and the community health assistant program at the community level for both demand and supply side (PAD)
Nigeria: Nigeria State Health Investment Project, additional financing 2016	Family planning is included in performance-based financing program (Nigeria State Health Investment Project PAD)
Nigeria: Accelerating Nutrition Results in Nigeria	In one of 12 project states, social and behavior change communication, counseling, and birth spacing services will be provided to adolescent girls (Accelerating Nutrition Results in Nigeria PAD)
Nigeria: Basic Healthcare Provision Fund Project	Family planning included in service package of Basic Healthcare Provision Fund
Senegal	In-service trainings of healthcare professionals and regional planners, workshops, consultants, and communication strategies related to quality of care include a focus on family planning; family planning included in universal healthcare basic package (PAD)
Tanzania	Family planning is included in the US$100 million RBF program under DLI3; family planning (mCPR) is given 1/10 of the weight for US$82 million in DLI4: local government areas have improved annual MNCH service delivery and quality as measured by the LGA Balanced Score Card (PAD)
Uganda	Family planning is prioritized in the payment formula for RBF (PAD); US$17 million for family planning commodities, including cycle beads, implant and IUD insertion/removal kits (Logistics Advisory, RMNCH at Uganda Ministry of Health, 2019)

Recommendations for Family Planning Stakeholders: Actionable Steps to Inform the GFF Development Process

Given the level of variation found in the inclusion and prioritization of family planning across different GFF-related documents and financing instruments, the active involvement of family planning stakeholders in the GFF process becomes even more critical to ensure its appropriate inclusion. The steps below are recommendations for stakeholders to best engage with and help inform the GFF process. In addition, Box 2 provides ideas, based on family planning inclusion in GFF documents (particularly the PAD), for family planning interventions that stakeholders could consider for inclusion. The ideas considered should align with the country's CIP for family planning, investment case, and other family planning-related strategic documents.

Before or following the decision of country selection by the GFF Trust Fund Committee:

- Government program managers and all stakeholders can prepare to be advocates for family planning in the GFF process by reviewing the family planning CIP (and financial gap analysis, if available), assess current progress on this issue, and ensure that the CIP is used to provide data during development of the investment case.
- CSOs should secure an invitation to the official GFF meetings and prepare for them. Only a few CSOs will be invited to official GFF meetings throughout the process. CSOs need to build alliances and reach consensus among themselves on family planning priorities. In some countries, CSOs elect a representative to attend meetings, report back to a larger CSO group, and pool their inputs.
- Family planning stakeholders should develop a family planning advocacy strategy for the GFF process.
- Civil society entities should use information on the GFF from sources such as the Civil Society GFF Hub (https://www.csogffhub.org/).

During the investment case development stage:

- If available, stakeholders should use the family planning CIP for evidence on specific interventions and costs. The GFF investment case development process is structured around seven steps. At each step, stakeholders can act to ensure full engagement and appropriate alignment of family planning services with the family planning CIP, including using the ImpactNow analysis from the CIP process to advocate for the inclusion of this issue as a priority intervention in the investment case; pulling in detailed costs as inputs to the OneHealth tool; and using mapping of family planning partner allocations to inform the GFF resource mapping exercise. Refer to Lang and Lasway (2019) for more detailed recommendations.
- If the national health strategy includes family planning, stakeholders should make sure the priorities are carried into the investment case.
- Family planning stakeholders, including CSOs, should act as a voice for rights and stand against political pressures in the investment case prioritization process. For example,

infrastructure may be a political concern for the government, but prioritizing community-based services and distribution may have a much larger impact on family planning.

During the development of the PAD:

- Stakeholders should advocate for the prioritization of family planning as a "best buy" intervention and a PDO in itself. Its importance extends beyond its contribution to reducing maternal and child deaths; it is also a factor in empowering women.
- As GFF funding is not siloed and does not come with any built-in restrictions; it can be used to help support family planning financing needs. Stakeholders should determine what areas and interventions are unlikely to be financed by national resources and other donors, and advocate to include them specifically in the PAD, particularly those related to health system improvements.
- All family planning stakeholders, including government, donors, and CSOs, should align and collaborate on a common agenda and communicate clearly as to what health systems reforms and interventions will best advance family planning in the country, and ensure that appropriate components and outcomes are included in the PAD.
- The PAD process is generally not as consultative with family planning program managers and civil society as the investment case. In some countries, a consultative workshop may be held with these stakeholders but they are generally not invited proactively into the process; rather, negotiations usually take place between the higher-level government and World Bank/GFF representatives. Therefore, advocacy efforts will need to be targeted at higher levels in the Ministry of Health (e.g., Minister of Health, Secretary General, and GFF focal point) to provide them with further information on specific funding needs for family planning interventions that are included in the investment case. When the GFF Trust Fund is a co-financer of the World Bank project, stakeholders can engage through the GFF Secretariat (including the in-country liaison officer). Family planning stakeholders within the Ministry of Health can take the lead in this process. Specific ideas for including family planning related interventions in GFF investments are listed in Box 2.
- Stakeholders should advocate that the investment case is finalized before the PAD is developed, to allow the PAD to align with the consensus priorities developed during the consultative investment case process.

At the start of the World Bank project implementation phase:

- Stakeholders should ensure strong collaboration between government and civil society in developing the RBF/operations manual. CSOs can collaborate with the GFF focal point and liaison officer, determine who is leading the development of the RBF/operations manual, and offer to provide technical assistance and work with the Ministry of Health and hired consultant(s). RBF manuals may be developed with little to no civil society involvement, but a CSO that has previous experience in doing RBF in the country should be able to offer technical assistance and share lessons learned from the previous projects, and inform the GFF project's manual. Advocates can ensure that family planning and other services are high quality, rights based, and part of the RBF/operations manuals.

- Even if family planning is not included explicitly in the PAD, funding for it can be specified in annual workplans and operational documents. Family planning stakeholders can improve collaboration on the development of these documents. Civil society generally has not been involved in the development or review of these documents, but the civil society representative(s) on the country platform should be aware of the development of these documents; these representatives will need to align and collaborate to be able to offer input into the development processes.
- All stakeholders can advocate to use GFF-IDA co-financing to procure family planning commodities in alignment with the overall financing gap. The GFF will almost never use Trust Fund resources to procure commodities of any kind.

Throughout implementation:

- Build civil society capacity, specifically regarding GFF processes and governance, budget tracking, economic literacy, and monitoring and evaluation.
- During the annual workplan process, advocates should look for opportunities for continued mobilization of resources in support of the investment case to fill funding gaps.
- Stakeholders should get involved in the verification process—in some countries with RBF activities, the GFF may have a fund for CSOs to conduct verification of results. CSOs can also be involved in conducting supervision of RBF projects with Ministry of Health staff, potentially using project resources in some countries.
- Advocates should work with the GFF focal point and liaison officer to develop tools for monitoring and documenting investments related to family planning. They should document successes in using GFF funds for family planning—this evidence will be useful for future advocacy efforts.

Box 2. Ideas for Including Family Planning in GFF Investments

Investment Case and PAD:

- Consider how to better include or engage the private sector in family planning service delivery.
- Consider how to include demand-side financing for family planning.
- Focus on what family planning looks like through the lens of health systems investment—including interventions such as human resources for health training in family planning to improve service delivery; improved logistics management capacity to improve distribution efficiency and reduce family planning stock-outs; community-level service provision; distribution at small private sector pharmacies and drug shops; and nurse staffing in lower-level facilities.
- Consider innovations such as pooled procurement and certification of multiple distributors to manage risk and prevent stock-outs, because family planning programs benefit from strengthened supply chains.

- Advocate for family planning to be included in nontraditional programs such as nutrition, as early fertility has a strong correlation to stunting.
- When social and behavior change communication programs for health are being developed, ensure family planning is integrated, including in those for adolescents.
- Hold governments accountable for their FP2020 commitments to finance more family planning programing and contraceptive commodities from national budgets.
- Ensure that all modern methods of family planning for both new and continuing users are included in the definition of the service package (these methods may be part of the investment case, PAD, or RBF/operations manual).
- In PADs, advocate to link the government's increases in its own funding for family planning to the release of GFF funds through DLIs.
- Analyze data on family planning commodity needs in the country and ensure that procurement is adequately budgeted in the investment case; if there are significant gaps between need and planned contraceptive procurement, advocate for the inclusion of family planning commodities in the PAD. Family planning objectives, indicators, and investments cannot be successful without supplies.

RBF Manuals:

- Ensure that all modern methods of family planning for both new and continuing users are included in the definition of the service package in the RBF/operations manual, appropriate to system capacity and level of care.
- Pay attention to quality of family planning services to ensure that rights are at the forefront, including improving the indicators in the RBF/operations manual used to assess quality. There is ongoing work on improving the measurements and indicators for family planning quality in RBF projects; advocates can be involved in this work and advocate for the use of these new rights-based indicators once they are available.

Annual Workplans, Budgets, and Procurement Plans:

- Advocate with the government to ensure that annual workplans, budgets, and procurements are aligned with the investment case and its family planning priorities. In decentralized contexts, it is also important to look at subnational workplans and budgets, and advocate for commensurate allocations to family planning at these levels.
- Improve the quality of interventions in the workplan—ensure they are effective and evidence-based. Family planning stakeholders can provide technical support to the Ministry of Health to support workplan development and ensure that evidence-based family planning interventions are used across all of their programming, not just the GFF.
- Family planning stakeholders can also become involved in procurement. Take advantage of the lack of restrictions in funding and advocate for a full method mix in the country, using available financing to procure commodities that are under-funded or not funded at all because of donor restrictions on other projects. However, consider procuring family planning commodities with other funding sources (including government) that may be more cost-effective, faster, and/or more sustainable.

Conclusion

Overall, family planning—as an evidence-based intervention with a high return on investment—is included in GFF-financed projects. However, it is not always visible because it is most often integrated into service delivery programs (including RBF projects), and is a regular component of health commodity procurement. Because the PADs are usually purposefully designed to be quite broad, it is up to family planning stakeholders to play a role at key times of the GFF process, including in the development of the RBF/operations manual and annual workplans, which tend to have much less visibility than the investment case development process; the investment case has more clearly defined procedures for involving civil society and family planning program managers.

In part because GFF funding is not siloed and does not come with any built-in restrictions, it can be used for almost anything related to RMNCAH-N. This aspect is positive for family planning advocates, in that there is no cap on the total funding for family planning interventions and no specific components are excluded. If successful, advocates can help their countries leverage GFF funding to better support family planning. Using lessons learned from this brief, family planning stakeholders can better understand the GFF process and how to play a role at key points to ensure that family planning priorities are appropriately included.

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Annex A. Documents Analyzed

Country	Investment Case	PAD	RBF/Operations Manual	Procurement Plan	Other GFF Document (Specify)
Bangladesh	X	X		X	
Cameroon	X	X	X	X	
Democratic Republic of the Congo	X	2017: additional financing, Health Systems Strengthening; 2019: Nutrition and Health	X	X	
Ethiopia	X	2017: additional financing			
Guinea	X	X		X	
Kenya	X	X		X	Analysis of annual budget and workplan
Liberia	X	2017: additional financing	X	X	Workplan and budget, 2018
Nigeria	X	Basic Healthcare Provision Fund Project, Accelerating Nutrition Results in Nigeria, Nigeria State Health Investment Project	Nigeria State Health Investment Project, Basic Healthcare Provision Fund	Basic Healthcare Provision Fund Project, Accelerating Nutrition Results in Nigeria, Nigeria State Health Investment Project	
Senegal	X	X	X		
Tanzania	X	X	X		
Uganda	X	X	X	X	

Annex B. Details of Family Planning Representation in Investment Cases, PADs, and RBF Manuals

Country	Priority Level in Investment Case/Investment Case-Specific Inclusion[i]	Priority Level in PAD/PAD-Specific Inclusion (Family Planning a Development Objective, DLI Indicator, in Results Framework, etc.) [ii]	Priority Level in RBF/Operations Manual/RBF/ Operations Manual-Specific Inclusion[iii]
Bangladesh	**High:** Family planning included in one of eight objectives; family planning indicators included in results framework	**High:** PDO includes population; no PDO indicators with direct mention of family planning; family planning in the RBF program; DLI to improve postpartum family planning services worth US$37.225 million	None reviewed
Cameroon	**High:** Family planning included explicitly in three of four objectives; multiple family planning indicators included in the results framework	**Medium:** PDO includes reproductive health; no PDO indicators with direct mention of family planning; performance-based financing includes family planning; 2 intermediate result indicators: mCPR in project areas; percentage of the total budget for family planning needs funded by the Ministry of Public Health budget	**High:** Family planning is an incentivized indicator for health centers (2/23 services) and for hospitals (3/25) for new and continuing users
Democratic Republic of the Congo: Health Systems Strengthening, additional financing 2017	**Low:** mCPR is included as an indicator in the results framework and though not explicitly, in the budget. However, family planning is not mentioned in the vision, goal, objective or target indicators for the plan. Family planning is included in the package of services.	**Medium:** PDO does not include family planning/reproductive health; family planning is not a PDO indicator but included in multiple intermediate result indicators; family planning included in RBF program; family planning commodity procurement	**High:** Family planning is an incentivized indicator—2 of 22 indicators in the minimum package of activities for health centers and 3 of 24 indicators in the complementary package of activities for hospitals—for new and continuing users
Democratic Republic of the Congo: Multisectoral Nutrition and Health Project 2019	**Low:** see above	**High:** PDO does not include family planning/reproductive health; PDO indicator includes family planning; performance-based financing program includes family planning; contraceptive procurement; performance-based contracts with nonstate providers of family planning worth US$62.0 million	**High:** see above

Country	Priority Level in Investment Case/Investment Case-Specific Inclusion[i]	Priority Level in PAD/PAD-Specific Inclusion (Family Planning a Development Objective, DLI Indicator, in Results Framework, etc.) [ii]	Priority Level in RBF/Operations Manual/RBF/ Operations Manual-Specific Inclusion[iii]
Ethiopia: additional financing	**Medium:** Ethiopia used health sector strategic plan as investment case (so it is by definition less specific). Family planning is mentioned explicitly only in the situational analysis; family planning included in the results framework; family planning is included as two of 31 strategic initiatives under one of 15 objectives	**High:** PDO does not include family planning/reproductive health; rural mCPR included as a PDO indicator (general mCPR target was met under original PAD); mCPR for rural women included as a DLI worth US$17 million	None reviewed
Guinea	**Low:** Family planning mentioned only once as a high-impact intervention; family planning cost detailed in budget and resource mapping; family planning included in service package as high-impact intervention	**High:** PDO includes reproductive health; family planning included as a PDO indicator; RBF program includes family planning services; contraceptive procurement and distribution	None reviewed
Kenya	**High:** Family planning recognized as one of 10 strategies to improve RMNCAH-N; family planning included as a budget line item; service package includes full family planning method mix; family planning included in results framework	**High:** PDO includes reproductive health; family planning included as a PDO indicator; family planning included in service delivery and social and behavior change communication at community and facility levels; increasing county-level mCPR is one of six indicators used to measure subnational performance and partially determine RBF allocations of up to US$130 million	None reviewed

Country	Priority Level in Investment Case/Investment Case-Specific Inclusion[i]	Priority Level in PAD/PAD-Specific Inclusion (Family Planning a Development Objective, DLI Indicator, in Results Framework, etc.) [ii]	Priority Level in RBF/Operations Manual/RBF/ Operations Manual-Specific Inclusion[iii]
Liberia: additional financing	**Medium:** Family planning indicators included in results framework with targets; reduction in teen pregnancy is a key result in conceptual framework; family planning is explicitly included as an activity in two of six priority investment areas	**Medium:** PDO does not include family planning/reproductive health; family planning is not included under any PDO indicator; intermediate results indicator: Number of new users of modern contraceptive methods (includes only: female condoms, intra-uterine contraceptive device, implant/Jadell, Microgynon, Microlut for new users—does not include male condoms, sterilization, or injectable contraceptives, or count continuing users); family planning included in performance-based financing at the facility level and community health assistant program at the community level for both demand and supply side	**High:** Contraceptive prevalence rate is included as a key indicator for health facilities. Two of the 20 performance-based financing indicators are related to family planning
Nigeria: Nigeria State Health Investment Project, additional financing 2016	**Low:** Family planning not included in an objective; included in minimum package of services; included as a budget line item; included as key indicator	**Low:** PDO does not include family planning/reproductive health; family planning not included under any PDO indicator; no intermediate-level result indicators explicitly related to family planning; included in performance-based financing	**High:** Nigeria State Health Investment Project: Three out of 22 quantity-based performance indicators in Nigeria's manual focus on family planning. Family planning is one of the 5 services for which subcontractors can receive renumeration in the Performance-Based Financing Subcontract

Country	Priority Level in Investment Case/Investment Case-Specific Inclusion[i]	Priority Level in PAD/PAD-Specific Inclusion (Family Planning a Development Objective, DLI Indicator, in Results Framework, etc.) [ii]	Priority Level in RBF/Operations Manual/RBF/ Operations Manual-Specific Inclusion[iii]
Nigeria: Basic Healthcare Provision Fund Project 2018	**Low:** see above	**Low:** PDO does not include family planning/reproductive health; family planning is included in services provided to beneficiaries which is a PDO indicator one of 10 interventions covered for free in the service package of the Basic Healthcare Provision Fund	**High:** Basic Healthcare Provision Fund: family planning is included as one of nine free health care services, and 1/15 monitoring and evaluation indicators are for family planning (contraceptive prevalence rate); 1/10 areas for the Quantified Supervisory Checklist address family planning
Nigeria: Accelerating Nutrition Results in Nigeria 2018	**Low:** see above	**Low:** PDO does not include family planning/reproductive health; family planning is not included in any PDO indicators; in one of 12 project states, social and behavior change communication, counseling, and birth spacing services will be provided to adolescent girls	None reviewed
Senegal	**Medium:** Family planning included explicitly as an activity in three of five priorities; included in services package; contraceptive prevalence rate was used as an indicator to identify priority regions	**High:** PDO includes reproductive health; family planning (adolescent mCPR) included as a PDO indicator; mCPR is an intermediate results indicator; family planning included in universal healthcare basic package	None reviewed
Tanzania	**High:** Family planning recognized as a separate program containing five operational targets with budgets; included explicitly in three of 11 key RMNCAH strategies; family planning indicators in results framework	**Medium:** Family planning/reproductive health are not mentioned in the PDO or PDO indicators; family planning is included as a sub-component of 2 DLIs: included in the US$100 million RBF program under DLI3; mCPR is given 1/10 of the weight for US$82 million DLI4 (local government areas have improved annual MNCH service delivery and quality as measured by the LGA Balanced Score Card)	**Low:** "Family planning new acceptors" is one of the 19 quantity-based performance indicators in Tanzania's RBF manual; continuing users not incentivized

Country	Priority Level in Investment Case/Investment Case-Specific Inclusion[i]	Priority Level in PAD/PAD-Specific Inclusion (Family Planning a Development Objective, DLI Indicator, in Results Framework, etc.) [ii]	Priority Level in RBF/Operations Manual/RBF/ Operations Manual-Specific Inclusion[iii]
Uganda	**High:** Family planning mentioned in two of five priority areas; included in core service package; included as a budget line item; family planning indicators included in performance targets	**High:** PDO includes reproductive health; family planning included as a PDO indicator; RBF program includes family planning services at facility and community levels; contraceptive procurement and distribution	**High:** Family planning is one of 10 healthcare services incentivized for new and continuing users

[i] "High" indicates family planning is included in an objective/priority area; "Medium" indicates family planning is included as an activity under more than one objective/priority area; "Low" indicates family planning is included in one or no activities under an objective/priority area, or rarely mentioned. All investment cases include family planning in the package of services; thus, it is assumed that contraceptives also are always included in the costing (even if not explicitly mentioned in the budget), so these factors were not used in the scoring criteria.

[ii] "High" indicates that family planning is included explicitly as a PDO result indicator or a DLI; "Medium" indicates that family planning is included as an activity under more than one PDO; "Low" indicates that family planning is included in one or no activities, or rarely mentioned.

[iii] "High" indicates that family planning is included in at least 10 percent of the RBF performance indicators and all or almost all modern family planning methods are incentivized for both new and continuing users. "Low" indicates that family planning is included in less than 10 percent of the performance indicators and only new users are incentivized (providing ongoing family planning to continuing users is not incentivized). No documents were reviewed in some countries if they could not be located in the public domain or released for analysis.

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