

Methodological Note on Analysis of IDA Commitments to RMNCAH-N

Global Financing Facility for Women, Children and Adolescents

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I. PURPOSE

The purpose of this note is to document methods used by the Global Financing Facility for Women Children and Adolescents (GFF) to analyze changes in patterns of International Development Assistance (IDA) commitments to Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAH-N) over time and across countries. Through these analyses, the GFF has addressed two primary questions:

1. How have the amounts and proportions of IDA commitments to RMNCAH-N by country varied over time, including before and after GFF engagement?
2. How have absolute and proportional changes in IDA commitments to RMNCAH-N varied between GFF supported countries and a comparison group consisting of GFF eligible but not yet supported countries?

II. Dataset Selection and OPCS Codes

The World Bank Operations Policy and Country Services (OPCS) coding system was used in this analysis because it is the definitive institutional source of information about the distribution of IDA commitments to different thematic areas of interest. Through this system, every World Bank project is assigned sector and theme codes. Sector codes are mutually exclusive and reflect the sectoral area in which the activities supported by the operation take place. Themes are not mutually exclusive and reflect the main policy development objective(s) supported by the operation. Each project's Project Appraisal Document (PAD) is assigned preliminary codes by a team of OPCS coders located in Chennai, India, after project approval by the Board and validated by Project teams. Following this initial coding, the sector and thematic code allocations are submitted back to the project's Task Team Lead (TTL) for verification and update. The codes are finalized in the World Bank system after the OPCS team receives the updated and confirmed code allocations from the TTL. Once the sector and theme codes are released in the Annual Report for the fiscal year, no changes are made.

The sector and theme codes from the OPCS database include the following:

1. Project codes for all World Bank project commitments from fiscal years 2011 through 2023¹
2. Codes by theme group 3: the most granular thematic code
3. Total IDA commitments and commitments by project, sector, and theme

¹ World Bank Fiscal Years begin on July 1. Fiscal Year 2023 ended on June 30, 2023.

The World Bank theme taxonomy was revised on July 1, 2016, for all lending operations and Advisory Services and Analytics (ASA) products. At this time, new thematic codes were added to the system and the approach was revised in such a manner that codes are no longer mutually exclusive and can sum to more than 100%. Projects coded prior to this date were re-mapped to the new sector and theme codes in 2016. The intent of the taxonomy is to track and monitor World Bank project investments in various activities and policy areas. This can capture World Bank support to Sustainable Development Goals and other global initiatives, as well as monitor World Bank operations internally. The complete updated list of theme codes, including sub-themes, can be found [here](#). The sector and theme operational coding remap notes, including limitations, may be found [here](#).

Recognizing that there are limitations in the World Bank OPCS coding system used in the analysis, the percentage of IDA going to RMNCAH-N across the portfolio should be taken as an estimate with some inherent uncertainty. Any subjectivity or inconsistency in code allocation by OPCS may bias the analysis in different directions depending on the country and TTL in place. While the effect at the portfolio level is estimated to be limited when comparing different groups of countries, classifications of IDA commitments to different areas in any one individual country should be taken in the context of the overall situation in the country, with careful review of relevant Project documents.

III. Analytical Approach: Methodology

a. Dataset Creation

The dataset with the OPCS sector and thematic codes was pulled from the World Bank Business Intelligence (BI) Operations Portal, in coordination with the BI team. Pull parameters included:

- World Bank Thematic Codes, at the level 3 (most granular) level
- World Bank thematic sector
- Date of World Bank project board approval
- GFF eligibility status and whether the country is currently supported (see section IIIb)
- Project number
- Project name
- Project status
- Additional financing flag
- Commitment amount
- Source of funding
- Managing Global Practice

The pulled dataset includes all IDA commitments for Board approved projects since fiscal year 2011 with sectoral and thematic codes. The analysis is based on the IDA commitment amount on the date when the project was approved by the World Bank Board.

RMNCAH-N definition:

The OPCS coding system does not include one unambiguous code for RMNCAH-N or each individual component part. For the purpose of this analysis, the GFF identified 13 codes related to RMNCAH-N. These financing areas are listed below:

1. *Reproductive and maternal health*
2. *Child health*
3. *Adolescent health*
4. *Health systems strengthening*
5. *Health service delivery, including private sector delivery in health*
6. *Nutrition*
7. *Food security*
8. *HIV/AIDS*
9. *Social safety nets*
10. *Non-communicable diseases*
11. *Health financing*
12. *Civil Registration and Vital Statistics (CRVS)*
13. *Malaria & neglected tropical diseases*

While each of these financing areas is included in the scope of RMNCAH-N-related services, some of the areas may include activities that go beyond the scope of RMNCAH-N and may risk inflating the estimated amount of IDA being allocated for RMNCAH-N activities. For example, preventing mother-to-child transmission (PMTCT) of HIV through testing and treatment during pregnancy is a crucial component of antenatal care and falls within the scope of reproductive, maternal, neonatal, and child health. However, counting an entire HIV project as RMNCAH-N may run the risk of inflating the amount of financing going to RMNCAH-N – especially given that the codes do not separate PMTCT from other HIV prevention, testing, and treatment activities.

To address the potential for over-counting projects captured under codes related to RMNCAH-N, the GFF undertook a two-step process for estimating IDA financing. First, the team identified projects tagged under one of three “anchor” RMNCAH-N codes that presently exist within the OPCS system. Anchor codes are those which for which any activity included in the code would be likely to fall within the broad scope of RMNCAH-N with a minimal risk of over-counting:

1. *Reproductive and maternal health*
2. *Child health*
3. *Adolescent health*

Projects that did not include explicit tags with these anchor codes were determined to be non-RMNCAH-N projects for purposes of this analysis and none of the IDA included in the project was counted toward RMNCAH-N. Projects that did include explicit tags with one or more of these three codes were tagged as RMNCAH-N inclusive projects for purposes of this analysis.

Next, for any project tagged as an RMNCAH-N project under one of the three anchor codes, the amount of funding to all 13 broad RMNCAH-N code areas was summed. By following this two-step approach, a project that included both reproductive/maternal health and HIV could be assumed to have components relevant to reproductive and maternal health, and thus would be included in the estimation, while a project tagged as HIV but no anchor code would not be included in the analysis.

This conservative approach prioritized accounting for the risk of inflating the amount of IDA going to RMNCAH-N over the risk of missing IDA that may be going towards RMNCAH-N goals under projects that did not include reproductive, maternal, child, or adolescent health goals.

As noted above, from 2016 onwards the coding structure was altered such that most sectoral codes applied to a given project summed up to more than 100%. From 2011-2015, about 30% of all projects approved in GFF-supported and GFF-eligible but not yet supported countries had theme-level codes that summed up to more than 100%. However, from 2016 onwards this rose to nearly 90% of all projects approved in these countries (see Annex figure 2.4A). The dataset for this analysis thus needed to be restructured to account for the change in coding allocation structures over the time period in question. This restructuring was necessary to understand any sum of two or more codes used in the analysis, for both percentages of IDA going to a group of codes and for calculating the total dollar amount of IDA going to a group of codes. If this restructuring were not done, the total amount of IDA could be double-counted, potentially resulting in a higher amount of IDA going to RMNCAH-N than the total envelope of IDA in the project(s).

To resolve this, the total amount of IDA within a project ascribed to all individual thematic codes was summed by multiplying the percentage indicated for each thematic code by the total amount of IDA within the project. Following that, new percentages were created that were normalized to 100% by dividing the indicative amounts for each thematic code by the total amount indicated for all thematic codes together. This ensured that the percentage distribution of IDA for each project totaled 100%. This was done for all IDA projects, irrespective of whether GFF supported or not, and across all years of data included in the analysis.

The operational definition of RMNCAH-N and the method for determining the amount of RMNCAH-N resource in each project is the same for GFF supported and GFF eligible countries that are not yet supported. For GFF supported countries, GFF Trust Fund resources were excluded from the numbers and percentages, in order to isolate changes in the distribution of IDA over time. The amount and share of resources committed to RMNCAH-N in GFF supported countries would thus be larger than indicated in this analysis if GFF Trust Fund resources were included.

b. Analysis methodology

To assess changes in IDA commitments to RMNCAH-N before and after GFF engagement, the median dollar amount and percentage of IDA allocated to RMNCAH-N were calculated and compared between the pre- and post-GFF engagement periods. More specifically, the total amount and percentage of IDA allocated to RMNCAH-N were obtained for the periods before and after GFF engagement for each country separately (2 amounts/proportions per country), and the median values were calculated across GFF-supported countries. The change in the median share of IDA going to RMNCAH-N was assessed through a simple percentage change between the pre- and the post-GFF engagement periods, and the change in the median amount of IDA allocated to RMNCAH-N was assessed through a simple difference between the two periods. For each country, the year of GFF engagement was considered as the year in which the first WB co-financed project was approved. The 'pre-GFF engagement' period was defined as all years preceding this year in each country, while the 'post-GFF engagement' period was defined as all subsequent years (see Annex Table 4.1 for detailed country-level data).

Using medians enables the mitigation of potential skewing effects of big ‘outlier’ countries and provides a more accurate reflection of country-level funding trends when compared to looking at aggregated values of financing pooled across countries. For example, if RMNCAH-N funding were to decrease slightly in all countries after GFF engagement, except for one country where it increased by a large amount (by more than the combined decrease in funding in all other countries), an analysis relying on aggregate values would indicate an overall positive change in RMNCAH-N IDA. However, an analysis based on median values would show an overall negative change in RMNCAH-N IDA across countries, providing in this case a more accurate reflection of the central tendency of country-specific values across the portfolio. As the GFF Logic Framework and Theory of Change is expected to operate at the country level, emphasis is placed on median comparisons in the analyses presented in this note.

The same calculations were done for GFF-eligible countries that are not yet supported by the GFF, to serve as a comparison group. To align the timeframes with when the GFF/World Bank co-financed projects were approved by the Board for first wave GFF countries, 2016 was used to determine the cutoff between the ‘pre-GFF period’ (FY 2011-2015) and the ‘post-GFF period’ (FY 2016-2023) for the comparison group of GFF eligible but not yet supported countries.

Selecting a comparison group of countries:

The countries selected as the reference group for comparison in this analysis were the 25 IDA-receiving countries eligible for GFF financing, but which are not yet supported by the GFF. Countries eligible for partnership with the GFF were identified based on a combination of factors, including maternal and child mortality, disease burden, income status, population, unmet need for family planning. Countries must have also expressed interest in participating in the GFF partnership. For further information related to the eligibility criteria of countries for GFF support, please see the GFF website [here](#).

Aside from these countries, there are 17 other IDA recipient countries that are neither GFF supported nor GFF eligible (see Annex 1). These countries were not included in the analysis because they are more dissimilar from GFF supported countries vis-à-vis maternal and under-five mortality and other factors included in the GFF eligibility determination when compared to GFF eligible but not yet supported countries. These additional IDA recipient countries that are not GFF eligible are, however, included in a sensitivity analysis, as described further in a subsequent section.

Countries included in the analysis

32 GFF supported countries with IDA projects approved by the end of Fiscal Year 2023 were included in the analysis:

1. Afghanistan
2. Bangladesh
3. Burkina Faso
4. Cambodia
5. Cameroon
6. Central African Republic
7. Chad
8. Cote d’Ivoire

9. DRC
10. Ethiopia
11. Ghana
12. Guinea
13. Honduras
14. Haiti
15. Kenya
16. Liberia
17. Madagascar
18. Malawi
19. Mali
20. Mozambique
21. Myanmar
22. Niger
23. Nigeria
24. Pakistan
25. Rwanda
26. Senegal
27. Sierra Leone
28. Somalia
29. Tajikistan
30. Uganda
31. Tanzania
32. Zambia

25 GFF eligible but not yet supported countries were included in the analysis:

1. Angola
2. Benin
3. Bhutan
4. Bolivia
5. Burundi
6. Comoros
7. Republic of Congo
8. Djibouti
9. The Gambia
10. Guinea-Bissau
11. India
12. Kyrgyz Republic
13. Lao People's Democratic Republic
14. Lesotho
15. Nepal
16. Nicaragua
17. Papua New Guinea
18. Sao Tome and Principe

19. Solomon Islands
20. South Sudan
21. Sudan
22. Timor-Leste
23. Togo
24. Uzbekistan
25. Republic of Yemen

Five GFF supported countries and five GFF eligible countries were not included in the analysis, due to reasons summarized in the table below:

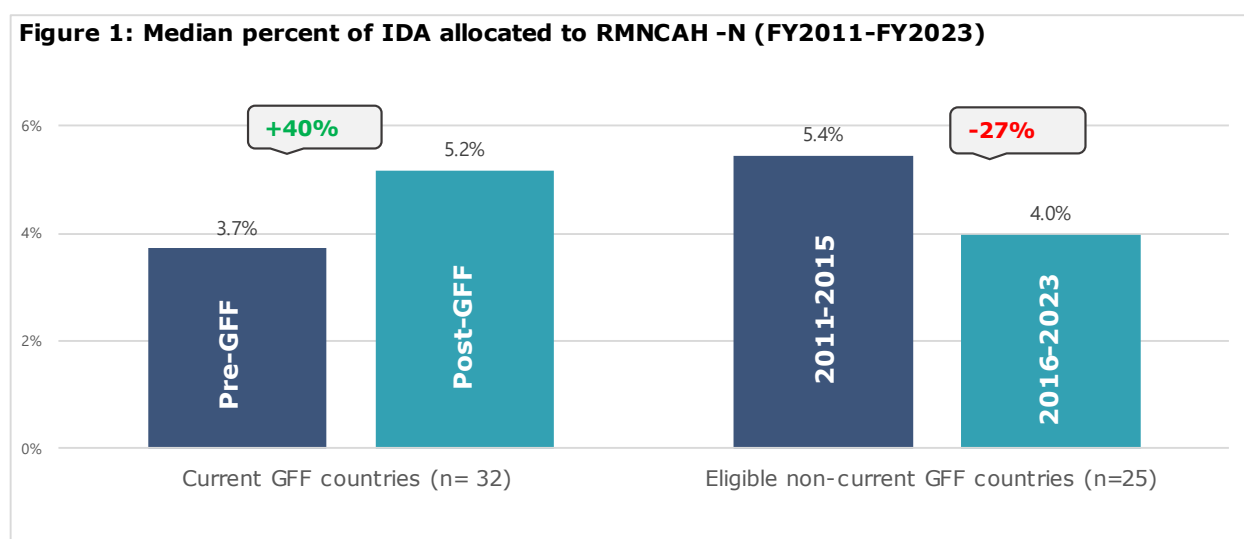
Support status	Country name	Reason for exclusion
GFF supported	Guatemala	IBRD country, no IDA received during the FY2011-FY2023 period
GFF supported	Indonesia	IBRD country, no IDA received during the FY2011-FY2023 period
GFF supported	Mauritania	No approved WB project co-financed by GFF at the time of the analysis
GFF supported	Vietnam	Co-financed project is a buy-down which operates differently from other co-financed projects
GFF supported	Zimbabwe	Not eligible for IDA financing as of 2014 due to being in arrears to the World Bank Group
GFF eligible	Egypt	IBRD country, no IDA received during the FY2011-FY2023 period
GFF eligible	Eritrea	No IDA received during the FY2011-FY2023 period
GFF eligible	Eswatini	IBRD country, no IDA received during the FY2011-FY2023 period
GFF eligible	Morocco	IBRD country, no IDA received during the FY2011-FY2023 period
GFF eligible	Philippines	IBRD country, no IDA received during the FY2011-FY2023 period

IV. Findings

In GFF supported countries, the median country experienced a 40% increase in the percentage of World Bank IDA allocated to RMNCAH-N after engaging with the GFF (see Figure 1). This corresponded to an increase in the median GFF partner country of about \$71.5 million in IDA allocated to RMNCAH-N between the pre- and the post-GFF period. Across all GFF supported countries, the amount of IDA allocated to RMNCAH-N increased by \$3.2 billion since joining the GFF. This is in addition to the \$704 million approved for RMNCAH-N from the GFF Trust Fund as of FY 2023.

In the comparison group of GFF eligible but not yet supported countries, the median eligible country experienced a 27% decrease in the percentage of IDA allocated to RMNCAH-N over a comparable period. The median IDA allocated to RMNCAH-N between the two periods increased by about \$12.9 million, indicating that total IDA outpaced the increase in IDA to RMNCAH-N in these countries. In aggregate, the

amount of IDA allocated to RMNCAH-N increased by \$672 million in the 2016-2023 period in the GFF-eligible group, relative to the 2011-2015 period.



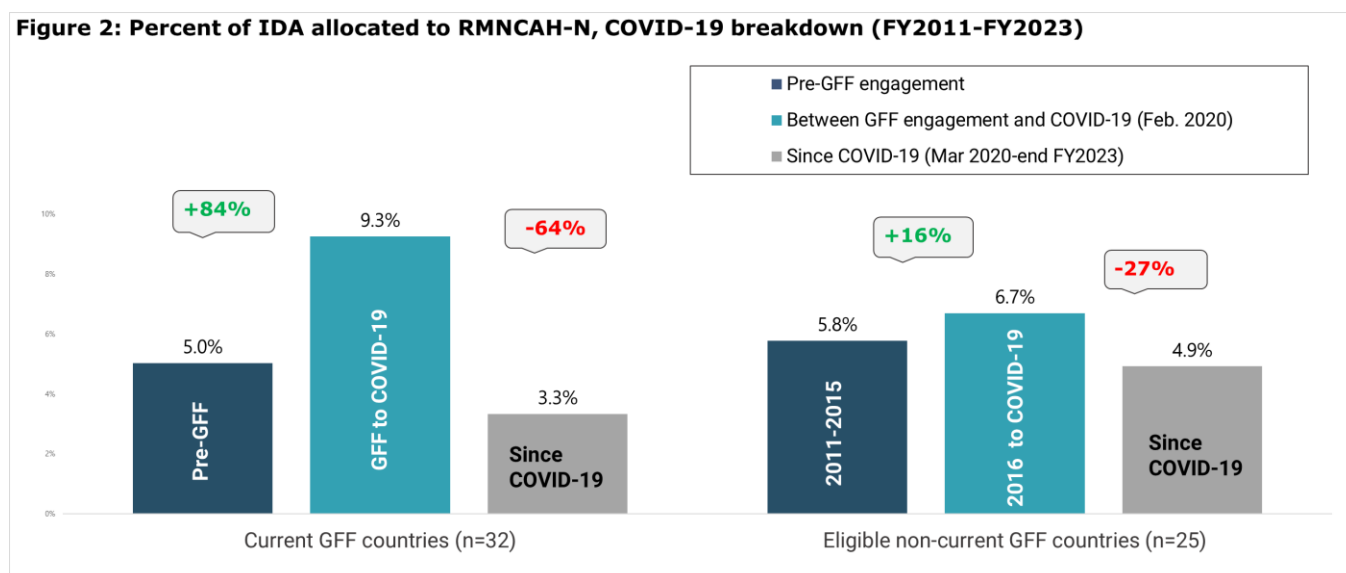
Country group	Period	Total IDA commitments to RMNCAH-N	Total IDA commitments	Median IDA commitments to RMNCAH-N	Percent of total IDA going to RMNCAH-N	Median percent of IDA going to RMNCAH-N
Current GFF countries	Pre-GFF engagement	\$ 3,695,833,860	\$ 77,496,401,000	\$53,350,990	4.8%	3.7%
	Post-GFF engagement	\$ 6,930,357,401	\$ 125,635,810,960	\$124,883,426	5.5%	5.2%
	Diff./Prop. Change	\$ 3,234,523,541	\$ 48,139,409,960	\$71,532,436	+16%	+40%
Eligible GFF countries	FY2011-FY2015	\$ 1,022,894,747	\$ 17,707,777,619	\$8,680,000	5.8%	5.4%
	FY2016-FY2023	\$ 1,695,063,248	\$ 30,084,241,256	\$21,569,566	5.6%	4.0%
	Diff./Prop. Change	\$ 672,168,501	\$ 12,376,463,637	\$12,889,566	-2%	-27%

Figure 2 shows that GFF-supported countries experienced an even larger increase in IDA towards RMNCAH-N before the onset of the COVID-19 pandemic. Between the start of GFF engagement and March 2020, the median GFF-supported country saw an increase of 73% in the percentage of IDA allocated to RMNCAH-N, when compared to the pre-GFF engagement period. This corresponded to a median country increase of \$44 million in IDA allocated to RMNCAH-N between the pre- and the post-GFF periods. In aggregate across all GFF-supported countries, the total percentage of IDA allocated to RMNCAH-N increased by 84% after engaging with the GFF.

This contrasted with the trends observed in the GFF eligible but not-yet-supported group of countries during a comparable time period. The median GFF eligible country experienced a sharp decrease in the share of IDA allocated to RMNCAH-N, receiving a median value of \$0 IDA for RMNCAH-N during the 2016-February 2020 period. Overall, the aggregate percentage of total volume of IDA allocated to RMNCAH-N still increased by 16% in the eligible group during this period compared to pre-2016, due to the skewing effect of a few big outlier countries (mainly India, whose share of IDA allocated to RMNCAH-N grew by 75% between the two periods – see Annex 2 for detailed country-level results).

After the onset of the Covid-19 pandemic, there was a large shift in IDA allocation away from RMNCAH-N and towards the pandemic response in both GFF-supported countries as well as countries that are GFF eligible but not yet supported. The decrease in percentage of IDA going to RMNCAH-N after March 2020 corresponds directly with a rapid shift in allocations toward pandemic response. The share of IDA going to pandemic response in GFF supported countries increased from <0.1% to 14.6% in the first two years of the COVID-19 pandemic. This coincided with a 65% drop in the median share of IDA allocated to RMNCAH-N in GFF supported countries in the COVID-19 pandemic period, and a 64% drop in the total share of IDA allocated to RMNCAH-N. This phenomenon highlights the critical importance of maintaining focus on the health and wellbeing of women, children, and adolescents, through Essential Health Services grants and other efforts to safeguard and strengthen essential service delivery.

Figure 2: Percent of IDA allocated to RMNCAH-N, COVID-19 breakdown (FY2011-FY2023)



Note: The above graph shows the percent of total IDA going to RMNACH-N, and not the median percent of total IDA going to RMNACH-N, where a null value exists for the comparator group of GFF eligible but not yet supported countries

Country group	Period	Total IDA commitments to RMNCAH-N	Total IDA commitments	Median IDA commitments to RMNCAH-N	Percent of total IDA going to RMNCAH-N	Median percent of IDA going to RMNCAH-N
Current GFF countries	Pre-GFF engagement	\$3,517,816,422	\$69,909,511,000	\$53,350,990	5.0%	3.9%
	Between GFF & COVID-19	\$4,170,399,107	\$45,046,780,000	\$97,647,058	9.3%	6.7%
	Since COVID-19 (Mar2020-2023)	\$2,937,975,732	\$88,175,920,960	\$26,737,563	3.3%	2.3%
	Diff./Prop. Change (period 1-2)	\$652,582,685	\$(24,862,731,000)	\$44,296,068	+84%	+73%
	Diff./Prop. Change (period 2-3)	\$(1,232,423,375)	\$43,129,140,960	\$(70,909,495)	-64%	-65%
GFF eligible countries	FY2011-FY2015	\$1,022,894,747	\$17,707,777,619	\$8,680,000	5.8%	5.4%
	FY2016-Feb 2020	\$809,514,865	\$12,085,471,256	\$-	6.7%	0.0%
	Mar 2020-FY2023	\$885,548,383	\$17,998,770,000	\$1,849,803	4.9%	2.5%
	Diff./Prop. Change (period 1-2)	\$(213,379,882)	\$(5,622,306,363)	\$(8,680,000)	+16%	-100%
	Diff./Prop. Change (period 2-3)	\$76,033,518	\$5,913,298,744	\$1,849,803	-27%	-

V. Sensitivity Checks

A series of sensitivity checks were conducted to assess the extent to which results are affected by different decisions made in designing the analysis. The following sensitivity checks were performed:

A. RMNCAH-N definition

1. Removing the “HIV/AIDS” code from the list of RMNCAH-N thematic codes included
2. Removing the “Malaria & NTDs” code from the list of RMNCAH-N thematic codes included
3. Removing the “CRVS” code from the list of RMNCAH-N thematic codes included
4. No normalization of total funding shares associated to different thematic codes (see section III.A for details)

B. Composition of country groups

5. Excluding GFF-eligible countries that graduated from IDA during the analysis period (India, Angola, Bolivia)
6. Including buy-downs (Vietnam)
7. Including the 17 IDA-recipient countries not eligible to GFF support as of FY2023 (see Annex 1).
8. Leave-one-out analysis: removing one country at a time and assessing variance in results.

C. Analysis periods

9. Replace the 2016 cut-off year for the GFF eligible group by the median year of GFF engagement (i.e., FY 2018 as of FY2023).

The sensitivity analyses were conducted on the full set of results from the FY 2011-2023 period, given that this represents the longest time span of the analyses conducted. Detailed results for each sensitivity check can be found in Annex 2.

Table 1: Summary results of sensitivity checks

	Change in the median share of IDA to RMNCAH-N pre- and post-GFF, GFF partner countries	Change in the median share of IDA to RMNCAH-N pre- and post-GFF, GFF eligible countries
Main analysis results	+40%	-27%
1: removing HIV/AIDS	+45%	-16%
2: removing Malaria and NTDs	+43%	-18%
3: removing CRVS	+40%	-27%
4: no normalization	+273%	+144%
5: removing graduates	+40%	-35%
6: including buy-downs	+41%	-27%
7: including non-GFF eligible IDA-recipients	+40%	n/a (0% to 0%)
8: Leave-one-out analysis	+37%-+42%	-46%+5%
9: replacing 2016 cut-off with 2018	+40%	-24%

RMNCAH-N definition:

The initial four sensitivity analyses reveal minor variations in the results when adopting a narrower definition of RMNCAH-N, one that either excludes thematic codes for *HIV/AIDS*, *Malaria & NTDs*, or *CRVS*. The median GFF partner country tends to display a slightly larger increase in its share of IDA allocated to RMNCAH-N (between 40%-45% instead of 40%), while the median GFF eligible country exhibits a smaller reduction in its share of IDA allocated to RMNCHA-N during the post-GFF engagement period (between 16%-27% instead of 27%). The core findings of the analysis remain unchanged, with GFF-supported countries showing a larger increase in IDA amounts for RMNCAH-N than GFF-eligible countries in all sensitivity analyses conducted.

The fourth sensitivity check underscores that, as anticipated, when funding shares attributed to different thematic codes are not normalized to sum up to 100%, both groups display a significantly higher increase in their IDA allocations to RMNCAH-N following GFF engagement. As detailed in section III.A, the higher shares in IDA allocated to RMNCAH-N in the 2016-2023 period likely result from more frequent thematic funding shares exceeding 100% in the database during this timeframe. These results emphasize the importance of normalizing theme-level funding shares to 100% to facilitate more meaningful pre- and post-GFF comparisons in both groups. Additionally, the results indicate that, even without data normalization, the median GFF-supported country would still display a higher increase in its share of IDA to RMNCAH-N (+273%) than the median GFF-eligible country (+144%).

Composition of country groups:

Sensitivity checks 5-7 assess the robustness of the results to changes in the composition of the GFF-supported and GFF-eligible country groups. In the 5th sensitivity analysis, three countries (India, Angola, and Bolivia) are excluded from the GFF-eligible country group as they have graduated from IDA during the analysis period, arguably no longer serving as suitable comparators. Excluding these countries maintains relatively similar results, albeit with a larger relative decrease in the median share of IDA allocated to RMNCAH-N in the GFF-eligible comparison group (from -27% to -35%). In the sixth sensitivity analysis, Vietnam re-enters the analysis after its initial exclusion due to the co-financed project being a buy down that operates differently from other co-financed projects. The inclusion of Vietnam results in a slight uptick in the change in the proportion of IDA allocated to RMNCAH-N in the median GFF-supported country (from 40% to 41%) but does not substantially impact the overall analysis results. The 7th sensitivity check examines the effect of including all 17 IDA-recipient countries that are neither GFF-supported nor GFF-eligible in the comparison group (see Annex 1 for the detailed list of countries). These 17 countries tend to be smaller but share similar income and health profiles with GFF-supported countries, thus potentially serving as suitable comparators. Including these countries does indeed alter the results, with median shares of IDA to RMNCAH-N remaining stagnant (as opposed to decreasing). Nevertheless, these results still indicate a larger relative increase in the percentage of IDA to RMNCAH-N in GFF-supported countries compared to a group of countries with similar characteristics over the period.

Finally, the individual influence of each country on results was assessed through a “leave-one-out” analysis. The median percent change in the proportion of IDA allocated to RMNCAH-N was calculated by leaving out one country at a time and noting the variance in estimates (see Annex Table 2.8 for detailed results). In the group of GFF partner countries, the median percent change in the proportion of IDA allocated to RMNCAH-N ranged between +36.8% and +42.3%, with a low standard deviation (about 2.3%). This suggests that no country in the group of GFF partner countries had a disproportionate effect on the

main findings. Conversely, in the group of GFF-eligible countries, the median percent change ranged between -46.3% and +4.7%, with a relatively high standard deviation of 17.3%. This indicates that the results obtained in the counterfactual group of countries are likely to be highly sensitive to the choice of comparator countries included in the group. This underscores the importance of formally testing the selection of comparator countries, a point further discussed in the 'Limitations' section of this note. Despite this limitation, the results still indicate a higher relative increase in the share of IDA to RMNCAH-N in GFF-supported countries (ranging from +37% to +42%) than in the comparator group (ranging from -46% to +5%) over the period.

Analysis periods:

The final sensitivity check examines the choice of 2016 as the cut-off year for the pre- and post-GFF periods in the GFF-eligible group. Instead of 2016, the median year of GFF engagement among the GFF-supported countries (i.e., 2018) is used as a substitute benchmark. This adjustment does not significantly alter the results, with a slightly reduced relative decrease in the change in the median share of IDA allocated to RMNCAH-N between the pre- and post-GFF periods (from -27% to -24%) within the comparison group.

VI. Limitations

This analysis includes a number of limitations, many of which are inherent to the World Bank's OPCS coding system, which was not designed for the purpose of tracking IDA commitments to RMNCAH-N specifically.

The World Bank's revision to the OPCS codes in 2016 represents one important limitation. This is especially relevant given that the change happened to occur during the first year of GFF engagement for many countries. The changes were applied retrospectively by OPCS going back to 2011, which helps to some extent with consistency across time, but it is recognized that retrospective application of the codes to previous years may be different than application of the codes to newly approved projects. This change reinforces the need to include a comparison group in the analysis. The change in the coding system and the way that it was retrospectively applied was the same for all projects in the World Bank system, irrespective of GFF support status. As shown in the sensitivity checks, this limitation does not meaningfully affect the comparison between GFF supported countries and the group of GFF eligible but not yet supported countries, which are subject to the same limitation in the coding.

Another significant limitation relates to how codes are applied. Given that the OPCS coding system was not designed to specifically track commitments to RMNCAH-N, codes related to RMCNAH-N are not always applied in a consistent manner within the system. Many IDA commitments that are critical for improved RMNCAH-N are missed by the coding system, which can lead to an underestimate in the amount of IDA committed to RMNCAH-N from both GFF supported countries as well as the comparator group of GFF eligible but not yet supported countries. For example, direct investments related to prevention of cervical cancer in women may be coded under the theme *Non-Communicable Diseases (code #625)*, despite their critical importance to women's health. If the project were tagged as *Reproductive and Maternal Health*, *Adolescent Health* or *Child Health* within the system, these commitments would be accounted for as RMNCAH-N within this analysis. However, if none of these three anchor tags that

constitute the main definition of RMNCAH-N are present, commitments related to prevention of cervical cancer would not be accounted for within this analysis, despite their clear and direct importance to improved RMNCAH-N outcomes.

Given the World Bank and GFF's strong focus on systems strengthening and improving delivery of integrated packages of services, many RMNCAH-N investments are classified within the OPCS system as *Health Systems Strengthening* or *Health Service Delivery* rather than as *Reproductive and Maternal Health*, *Adolescent Health* or *Child Health*, despite the fact that many investments to strengthen systems and improve service delivery aim explicitly to improve RMNCAH-N outcomes. Where such projects are tagged as *Reproductive and Maternal Health*, *Adolescent Health* or *Child Health*, investments in *Health Systems Strengthening* and *Health Service Delivery* are accounted for as contributing toward RMNCAH-N within this analysis. But where tags for *Reproductive and Maternal Health*, *Adolescent Health* and *Child Health* are not explicitly present for a given project within the OPCS system, IDA commitments coded to *Health Systems Strengthening* or *Health Service Delivery* are not accounted for as RMNCAH-N within this analysis. This makes the analysis described in this document a conservative way of estimating IDA commitments to RMNCAH-N, because it excludes investments that may not carry certain tags as a result of how the codes have been applied within the system despite strong focus on those areas.

An example of this is the Accelerating Progress towards Universal Health Coverage project in Mali (P165534 approved in FY19), as shown in Box 1. Despite the Project Development Objective being "to improve the utilization and quality of reproductive, maternal, neonatal, child, adolescent health and nutrition services, especially among the poorest households," the primary codes used were *Health Financing* and *Health Service Delivery*. No tag was applied to *Reproductive and Maternal Health*, *Child Health*, or *Adolescent Health*. The funds from this project are thus excluded from the operational definition of RMNCAH-N used in this analysis, leading to a clear underestimate in the amount of IDA committed to RMNCAH-N.

Box 1: Example of project whose central objective is to improve RMNCAH-N but is not coded as RMNCAH-N within the system due to lack of tags for *Reproductive & Maternal Health*, *Child Health* or *Adolescent Health*

Mali, P165534, "Accelerating Progress towards Universal Health Coverage".

Project Development Objective: "to improve the utilization and quality of reproductive, maternal, neonatal, child, adolescent health and nutrition services, especially among the poorest households, in targeted areas."

Amount of IDA: \$50M

Approved in: FY19, following GFF engagement

OPCS codes applied to project:

- *Health systems strengthening (8%)*
- *Health Service Delivery (20%)*
- *Health Financing (45%)*
- *Nutrition (11%)*
- *Participation and Civic Engagement (11%)*

- *Climate Mitigation (3%)*
- *Climate Adaptation (1%)*

This underestimation of RMNCAH-N commitments is especially common among projects that include significant focus on nutrition, which is not consistently captured in the World Bank coding system. This is illustrated with an example shown in Box 2.

Box 2: Example of project whose central objective is to reduce stunting but is not coded as RMNCAH-N within the system due to lack of tags for *Reproductive & Maternal Health, Child Health or Adolescent Health*

Rwanda, P164845, “Rwanda Stunting Prevention and Reduction”

Project Development Objective: [to be added]

Amount of IDA: \$25M

Approved in: FY18, following GFF engagement

OPCS codes applied to the project:

- *Health Service Delivery (42%)*
- *Nutrition (42%)*
- *Food Security (4%)*
- *Flood and drought risk management (11%)*

It is also possible that the amount of IDA committed to RMNCAH-N may be overestimated in some cases. For instance, if a *Child Health* tag is present with most resources ascribed to *Health Service Delivery*, an overestimate of the level of RMNCAH-N commitment would occur if child health services are excluded from the service delivery package. However, this would be rare within the World Bank system, given two factors: 1) when a *Child Health, Reproductive & Maternal Health or Adolescent Health* tag is present, this usually represents a significant focus of the project, and 2) only in exceptional circumstances would RMNCAH-N services be excluded from service delivery packages. It is not consistent with the World Bank or GFF model to finance only a narrow band of services that excludes RMNCAH-N. This is therefore more of a theoretical limitation than one that is likely to have a large influence on results.

The inclusion of certain codes in level 2 of the analysis could introduce an additional limitation. For example, financing coded as HIV/AIDS or malaria could be interpreted by some as vertical disease-focused financing rather than RMNCAH-N financing. HIV/AIDS and malaria are included in this analysis because they play such a significant role in affecting RMNCAH-N outcomes, especially in high burden countries – for example through maternal to child transmission of HIV or malaria in pregnancy. Furthermore, the World Bank and GFF support efforts to address HIV/AIDS and malaria through an integrated systems-oriented approach, and IDA commitments to HIV/AIDS and malaria are only included in this analysis if the tag for *Reproductive and Maternal Health, Child Health or Adolescent Health* is present. Similarly, CRVS

could be interpreted as a simple investment to strengthen an information system, rather than a direct investment in RMNCAH-N. Investments in CRVS are included in the analysis because improving registration of births and deaths with recording of cause of death are critical for improving RMNCAH-N outcomes. As described in the section above, sensitivity analyses conducted with exclusion of codes for HIV/AIDS, malaria and CRVS demonstrate that the effect of inclusion of these codes is relatively small, with no material change on the main findings of the analysis.

The majority of these limitations are inherent to the OPCS coding system and apply equally to GFF supported and GFF eligible but not yet supported countries, which reinforces the importance of using a comparison group for this analysis. There is no evidence that these limitations operate in a systematically different manner between the two groups of interest.

Another limitation of the study's methodology lies in the absence of an evaluation of potential pre-existing trends in IDA allocations to RMNCAH-N prior to GFF engagement. For instance, if RMNCAH-N IDA allocations were already on the rise in the GFF-supported group before joining the GFF and continued to increase at the same pace after GFF engagement, a simple comparison of pre- and post-GFF figures might inaccurately suggest improved access to RMNCAH-N IDA following GFF engagement. However, evaluating these trends at the country level proves challenging, given that most countries do not consistently receive IDA for RMNCAH-N – nearly two-thirds of GFF partner countries had fewer than two projects with an RMNCAH-N component before GFF membership (refer to Annex Table 4.1). In such cases, discerning a meaningful trend prior to GFF participation is not feasible. Moreover, if GFF-eligible countries serve as a suitable control group, one would anticipate comparable secular trends between them and the GFF-supported countries prior to GFF involvement. This suggests that any potential bias would be non-differential between the two groups, and thus not affect the comparative analysis.

The selection of the comparison group of countries against which IDA funding trends in GFF-supported countries are benchmarked is potentially an important limitation of the study. Eligibility for GFF engagement is determined based on criteria such as mortality, income, and a set of RMNCAH-N indicators. While the GFF-eligible but not yet supported group was deemed the closest match to the GFF-supported group, the two groups are not identical. To evaluate the comparability of GFF-supported countries with this control group, a formal comparison was conducted using various indicators that have potential to affect IDA allocations. Specifically, differences in income, population size, 7 key RMNCAH-N indicators, and levels of external funding for health were examined between the two groups (detailed results in Annex Table 3.1). The analysis shows that, at a 5% significance level, most indicators did not differ substantially between the groups. However, significant differences were observed in GNI per capita, child mortality rates, and the amount of development assistance for health (DAH) received, which could influence IDA allocations to RMNCAH-N and may have diverged over time between the two groups. In assessing whether a different set of comparator countries should have been used, similar comparisons were made between GFF-supported countries and a "second-best" set of 17 IDA-receiving countries not considered to be eligible support. In contrast to the results obtained for the GFF-eligible group, most indicators significantly differed between the two groups at the 5%, indicating that these countries were unlikely to constitute a more appropriate reference group for comparison. Additionally, a series of sensitivity checks were performed, testing the effect of using different sets of comparator countries (see Section V). These analyses indicated either stagnant or declining trends in the comparator group, regardless of small changes in the set of comparator countries. While more granular country-specific evaluations could be conducted, these findings suggest the GFF-eligible group is a reasonable reference

group to use for purposes of comparison. It does not aim to provide a perfect counterfactual for what would have happened in the absence of GFF support, but should instead be understood as a comparison set of countries that meet similar standards.

Finally, it is important to acknowledge that the analysis described in this study is descriptive rather than causal, and that the use of a comparison group only serves to provide context to the changes observed in the GFF-supported group. An assessment of the GFF's *impact* in channeling IDA towards RMNCAH-N would require a formal econometric model that would control for group differences and account for potential pre-existing secular trends in IDA allocations.

VII. Annexes

Annex 1: List of IDA-recipient countries that are not GFF-supported or GFF-eligible-not-yet-supported

1. Cabo Verde
2. Dominica
3. Fiji
4. Grenada
5. Guyana
6. Kiribati
7. Kosovo
8. Maldives
9. Marshall Islands
10. Micronesia
11. Samoa
12. Sri Lanka
13. St. Lucia
14. St. Vincent and the Grenadines
15. Tonga
16. Tuvalu
17. Vanuatu

Source: The list of IDA recipient countries can be accessed on the World Bank website at the following link:
<https://ida.worldbank.org/en/about/borrowing-countries>

Annex 2: Detailed results for the sensitivity checks

Table 2.1: Sensitivity check 1: HIV/AIDS removed from the RMNCAH-N definition

Country group	Period	Total IDA commitments to RMNCAH-N	Total IDA commitments	Median IDA commitments to RMNCAH-N	Percent of total IDA going to RMNCAH-N	Median percent of IDA going to RMNCAH-N
Current GFF countries (n= 32)	Pre-GFF engagement	\$ 3,632,101,092	\$ 77,496,401,000	\$ 41,995,050	4.7%	3.6%
	Post-GFF engagement	\$ 6,913,622,793	\$ 125,635,810,960	\$ 124,883,426	5.5%	5.2%
	Diff./Prop. Change	\$ 3,281,521,701	\$ 48,139,409,960	\$ 82,888,376	17%	45%
Eligible GFF countries (n=25)	FY2011-FY2015	\$ 1,016,304,747	\$ 17,707,777,619	\$ 8,680,000	5.7%	4.8%
	FY2016-FY2023	\$ 1,694,271,644	\$ 30,084,241,256	\$ 21,569,566	5.6%	4.0%
	Diff./Prop. Change	\$ 677,966,897	\$ 12,376,463,637	\$ 12,889,566	-2%	-16%

Table 2.2: Sensitivity check 2: Malaria/NTDs removed from the RMNCAH-N definition

Country group	Period	Total IDA commitments to RMNCAH-N	Total IDA commitments	Median IDA commitments to RMNCAH-N	Percent of total IDA going to RMNCAH-N	Median percent of IDA going to RMNCAH-N
Current GFF countries (n= 32)	Pre-GFF engagement	\$ 3,569,924,400	\$ 77,496,401,000	\$ 53,350,990	4.6%	3.6%
	Post-GFF engagement	\$ 6,861,377,817	\$ 125,635,810,960	\$ 124,883,426	5.5%	5.2%
	Diff./Prop. Change	\$ 3,291,453,417	\$ 48,139,409,960	\$ 71,532,436	19%	43%
Eligible GFF countries (n=25)	FY2011-FY2015	\$ 1,011,001,777	\$ 17,707,777,619	\$ 8,680,000	5.7%	4.9%
	FY2016-FY2023	\$ 1,681,653,936	\$ 30,084,241,256	\$ 21,569,566	5.6%	4.0%
	Diff./Prop. Change	\$ 670,652,159	\$ 12,376,463,637	\$ 12,889,566	-2%	-18%

Table 2.3: Sensitivity check 3: CRVS removed from the RMNCAH-N definition

Country group	Period	Total IDA commitments to RMNCAH-N	Total IDA commitments	Median IDA commitments to RMNCAH-N	Percent of total IDA going to RMNCAH-N	Median percent of IDA going to RMNCAH-N
Current GFF countries (n= 32)	Pre-GFF engagement	\$ 3,695,833,860	\$ 77,496,401,000	\$ 53,350,990	4.8%	3.7%
	Post-GFF engagement	\$ 6,844,328,459	\$ 125,635,810,960	\$ 124,883,426	5.4%	5.2%
	Diff./Prop. Change	\$ 3,148,494,599	\$ 48,139,409,960	\$ 71,532,436	14%	40%
Eligible GFF countries (n=25)	FY2011-FY2015	\$ 1,022,894,747	\$ 17,707,777,619	\$ 8,680,000	5.8%	5.4%
	FY2016-FY2023	\$ 1,695,063,248	\$ 30,084,241,256	\$ 21,569,566	5.6%	4.0%
	Diff./Prop. Change	\$ 672,168,501	\$ 12,376,463,637	\$ 12,889,566	-2%	-27%

Table 2.4: Sensitivity check 4: No normalization of funding shares to sum up to 100%

Country group	Period	Total IDA commitments to RMNCAH-N	Total IDA commitments	Median IDA commitments to RMNCAH-N	Percent of total IDA going to RMNCAH-N	Median percent of IDA going to RMNCAH-N
Current GFF countries (n= 32)	Pre-GFF engagement	\$ 4,626,755,504	\$ 77,496,401,000	\$ 60,810,000	6.0%	4.0%
	Post-GFF engagement	\$ 18,573,954,080	\$ 125,635,810,960	\$ 305,787,000	14.8%	15.0%
	Diff./Prop. Change	\$ 13,947,198,576	\$ 48,139,409,960	\$ 244,977,000	148%	273%
Eligible GFF countries (n=25)	FY2011-FY2015	\$ 1,023,544,796	\$ 17,707,777,619	\$ 8,716,800	5.8%	5.4%
	FY2016-FY2023	\$ 6,221,711,584	\$ 30,084,241,256	\$ 90,400,000	20.7%	13.3%
	Diff./Prop. Change	\$ 5,198,166,788	\$ 12,376,463,637	\$ 81,683,200	258%	144%

Figure 2.4A: Proportion of projects with funding shares summing up to more than 100% over time, GFF eligible vs GFF-supported countries (FY2011-FY2023)

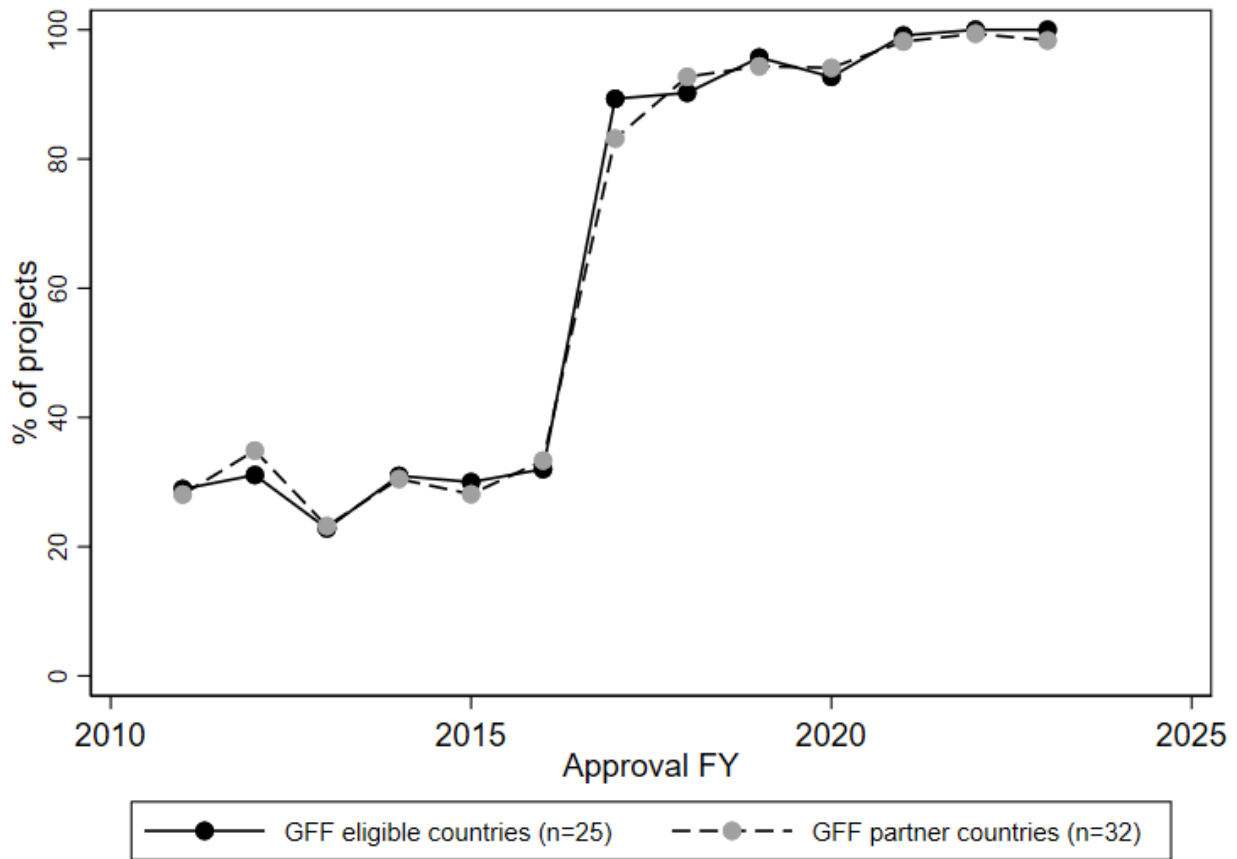


Table 2.5: Sensitivity check 5: Removing IDA graduates from the set of GFF eligible countries

Country group	Period	Total IDA commitments to RMNCAH-N	Total IDA commitments	Median IDA commitments to RMNCAH-N	Percent of total IDA going to RMNCAH-N	Median percent of IDA going to RMNCAH-N
Current GFF countries (n= 32)	Pre-GFF engagement	\$ 3,695,833,860	\$ 77,496,401,000	\$ 53,350,990	4.8%	3.7%
	Post-GFF engagement	\$ 6,930,357,401	\$ 125,635,810,960	\$ 124,883,426	5.5%	5.2%
	Diff./Prop. Change	\$ 3,234,523,541	\$ 48,139,409,960	\$ 71,532,436	16%	40%
Eligible GFF countries (n=25)	FY2011-FY2015	\$ 581,894,747	\$ 6,432,324,573	\$ 8,890,000	9.0%	6.8%
	FY2016-FY2023	\$ 1,564,768,600	\$ 26,778,361,256	\$ 23,284,784	5.8%	4.4%
	Diff./Prop. Change	\$ 982,873,853	\$ 20,346,036,683	\$ 14,394,784	-35%	-35%

Table 2.6: Sensitivity check 6: Including buy-downs to the set of GFF-supported countries

Country group	Period	Total IDA commitments to RMNCAH-N	Total IDA commitments	Median IDA commitments to RMNCAH-N	Percent of total IDA going to RMNCAH-N	Median percent of IDA going to RMNCAH-N
Current GFF countries (n= 32)	Pre-GFF engagement	\$ 3,804,150,692	\$ 87,194,651,000	\$ 1,561,150,000	4.4%	4%
	Post-GFF engagement	\$ 6,930,357,401	\$ 127,026,665,029	\$ 2,028,200,000	5.5%	5%
	Diff./Prop. Change	\$ 3,126,206,709	\$ 39,832,014,029	\$ 467,050,000	25%	41%
Eligible GFF countries (n=25)	FY2011-FY2015	\$ 1,022,894,747	\$ 17,707,777,619	\$ 8,680,000	5.8%	5%
	FY2016-FY2023	\$ 1,695,063,248	\$ 30,084,241,256	\$ 21,569,566	5.6%	4%
	Diff./Prop. Change	\$ 672,168,501	\$ 12,376,463,637	\$ 12,889,566	-2%	-27%

Table 2.7: Sensitivity check 7: Including IDA-recipients that are not GFF-eligible to the set of GFF-eligible countries

Country group	Period	Total IDA commitments to RMNCAH-N	Total IDA commitments	Median IDA commitments to RMNCAH-N	Percent of total IDA going to RMNCAH-N	Median percent of IDA going to RMNCAH-N
Current GFF countries (n= 32)	Pre-GFF engagement	\$ 3,695,833,860	\$ 77,496,401,000	\$ 53,350,990	4.8%	3.7%
	Post-GFF engagement	\$ 6,930,357,401	\$ 125,635,810,960	\$ 124,883,426	5.5%	5.2%
	Diff./Prop. Change	\$ 3,234,523,541	\$ 48,139,409,960	\$ 71,532,436	16%	40%
Eligible GFF countries (n=25)	FY2011-FY2015	\$ 1,253,656,839	\$ 19,704,840,619	\$ 0	6.4%	0%
	FY2016-FY2023	\$ 1,706,421,433	\$ 35,871,517,226	\$ 0	4.8%	0%
	Diff./Prop. Change	\$ 452,764,594	\$ 16,166,676,607	\$ 0	-25%	No diff

Table 2.8. Sensitivity check 8: “Leave-one-out” analysis

Country group	% Change in the median <i>percentage</i> of IDA allocated to RMNCAH-N between the pre- vs post-GFF engagement period				% Change in the median <i>amount</i> of IDA allocated to RMNCAH-N between the pre- vs post-GFF engagement period			
	Min	Max	Std. Dev.	CV*	Min	Max	Std. Dev.	CV*
GFF partner countries (n=32)	+36.8% ¹	+42.3% ²	2.3%	0.06	119.4%	221.4%	48.5%	0.33
GFF eligible countries (n=25)	-46.3% ³	+4.7% ⁴	17.3%	-0.75	94.7%	192.8%	29.5%	0.17

Note: The values presented here correspond to the minimum value, maximum value, and standard deviation of the set of result that are obtained by running the analysis removing one country at a time from each group of countries. *CV: coefficient of variation. Corresponds to the ratio between the standard deviation and the mean. Removed countries: 1. Obtained by removing either Chad, Ethiopia, Ghana, Honduras, Liberia, or Somalia; 2. Obtained by removing either Bangladesh, Cambodia, CAR, Guinea, Mali, or Mozambique; 3. Obtained by removing either Guinea-Bissau, India, PNG, Togo; 4. Obtained by removing either Gambia, Kyrgyz Republic, Lao PDR, or Uzbekistan.

Table 2.9: Sensitivity check 9: Replacing the 2016 cut-off by 2018 for the set of GFF-eligible countries

Country group	Period	Total IDA commitments to RMNCAH-N	Total IDA commitments	Median IDA commitments to RMNCAH-N	Percent of total IDA going to RMNCAH-N	Median percent of IDA going to RMNCAH-N
Current GFF countries (n= 32)	Pre-GFF engagement	\$ 3,695,833,860	\$ 77,496,401,000	\$ 53,350,990	4.8%	3.7%
	Post-GFF engagement	\$ 6,930,357,401	\$ 125,635,810,960	\$ 124,883,426	5.5%	5.2%
	Diff./Prop. Change	\$ 3,234,523,541	\$ 48,139,409,960	\$ 71,532,436	16%	40%
Eligible GFF countries (n=25)	FY2011-FY2015	\$ 1,417,320,268	\$ 22,818,448,875	\$ 9,100,000	6.2%	4.9%
	FY2016-FY2023	\$ 1,300,637,727	\$ 24,973,570,000	\$ 17,443,608	5.2%	3.8%
	Diff./Prop. Change	-\$ 116,682,541	\$ 2,155,121,125	\$ 8,343,608	-16%	-24%

Annex 3: Comparative descriptive statistics for the GFF-supported vs GFF-eligible groups

Table 3.1: Descriptive statistics on a set of income, population, RMNCAH-N, and health financing indicators for GFF-supported vs GFF-eligible vs IDA-receiving countries

Indicator	G1: GFF-supported countries (N= 32)		G2: GFF-eligible countries (N= 25)		G3: Other IDA recipients (N=17)		T-test of mean differences (p-value)**	
	Mean	Std. Dev	Mean	Std. Dev	Mean	Std. Dev	G1 vs G2	G1 vs G3
Income								
GNI per capita (current US\$) ¹	\$1,239	\$723	\$1,780	\$842	\$6,907	\$3,404	0.01	0.00
Population								
Female population of age 0-19 (in thousands) ²	11,421	13,847	12,012	46,306	257	800	0.95	0.00
RMNCAH-N								
Percentage of children under 5 whose births were registered (%) ³	58.9	25.6	70.4	26.1	85.2	16.5	0.11	0.00
Proportion of women who die from pregnancy-related causes (per 100,000 live births) ⁴	396.7	256.4	289.7	264.4	66.4	31.1	0.12	0.00
Proportion of children who die before reaching age 5 (per 1,000 live births) ⁵	64.9	28.9	46.0	23.3	21.0	11.1	0.01	0.00
Proportion of women 0-49 married/union with FP demand satisfied by modern method (%) ⁶	54.0	18.3	55.8	18.2	58.5	18.9	0.72	0.62
Percentage of surviving infants aged 12–23 months who received DPT3 vaccine (%) ⁷	73.8	18.4	78.2	17.0	87.9	11.0	0.37	0.01
Percentage of live births attended by skilled health personnel (%) ⁸	67.8	18.7	76.3	20.0	97.0	3.9	0.10	0.00
Percentage of children <5 with HFA <2SD from WHO Child Growth Standards median (%) ⁹	29.3	8.2	29.5	12.5	13.3	10.6	0.95	0.00
Health financing								
Development Assistance for Health (DAH) disbursed (constant 2015 million US\$) ¹⁰	\$417	\$366	\$102	\$142	\$11	15\$	0.00	0.00
Domestic general government health expenditure (% of general government expenditure) ¹¹	6.46	2.50	7.40	3.95	9.6	3.7	0.28	0.00

Source: 1. World Bank & OECD National Accounts data (data available for 2022 or latest year); 2. UN-DESA World Population Prospects 2022 (available for 2021); 3. UNICEF's State of the World's Children (2021 or latest year); 4. WHO, UNICEF, UNFPA, World Bank Group, and the UN Population Division (2020 data); 5. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) (2021 data); 6. UN DESA, Population Division. Model-based Estimates and Projections of Family Planning Indicators (2023 data); 7. WHO and UNICEF (2021 data); 8. UNICEF, State of the World's Children, Child info, and Demographic and Health Surveys (2021 or latest year); 9. UNICEF, WHO, World Bank: Joint child malnutrition estimates (JME) (2022 or latest year); 10. Institute for Health Metrics and Evaluation (IHME). Development Assistance for Health Database 1990-2016). Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME) (2014 data); 11. WHO Global Health Expenditure database (2021 or latest year). The World Bank 2024 income classification can be accessed here: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups#:~:text=For%20the%20current%202024%20fiscal,those%20with%20a%20GNI%20per.>

*The 17 countries included here correspond to all remaining IDA recipients that are neither GFF-supported nor GFF-eligible countries. ** A p-value above 0.05 indicates we cannot reject the null hypothesis of no difference between the means of the GFF eligible and GFF partner countries at the 5% significance level.

Annex 4: Detailed country-year-level IDA to RMNCAH-N in GFF-supported countries and GFF-eligible countries

Table 4.1: Total \$ IDA allocated to RMNCAH-N in GFF-supported and GFF-eligible countries, by country and year, FY2011-FY2023 (million US\$)

Country/GFF implementation start date	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total pre-GFF	Total post-GFF
GFF partners (N=32)															
Afghanistan	2018	0	0	85	0	0	0	131	0	0	0	0	0	85	131
Bangladesh	2015	359	0	0	0	300	150	0	313	0	0	0	0	359	763
Burkina Faso	2018	0	29	0	0	0	35	0	0	98	0	0	0	64	98
Cambodia	2019	0	0	0	0	0	24	0	0	15	0	11	0	24	26
Cameroon	2016	0	0	0	12	0	99	0	29	0	0	23	0	140	23
CAR	2018	0	11	0	0	12	0	0	0	34	0	16	0	23	50
Chad	2020	0	0	0	16	0	0	0	0	0	5	0	0	146	16
DRC	2016	24	0	73	0	220	0	120	0	581	196	0	50	317	947
Cote d'Ivoire	2019	0	0	0	0	60	0	0	50	176	0	0	0	187	110
Ethiopia	2017	0	0	0	0	0	0	150	121	0	0	0	0	460	0
Ghana	2022	0	0	18	68	0	0	0	0	0	0	0	107	0	86
Guinea	2018	0	0	0	0	12	12	0	0	0	0	0	0	24	0
Haiti	2019	0	0	69	0	0	0	25	0	50	0	0	16	0	94
Honduras	2022	0	0	0	0	0	0	0	0	0	0	0	54	0	0
Kenya	2016	0	57	0	41	0	149	0	0	0	0	0	0	98	149
Liberia	2017	0	0	0	0	0	0	0	0	0	52	0	6	20	0
Madagascar	2020	0	6	39	10	0	0	0	79	0	20	71	79	0	134
Malawi	2018	0	69	0	0	0	0	0	0	50	0	0	0	98	69
Mali	2019	0	30	63	0	0	0	0	0	0	0	0	0	93	0
Mozambique	2017	39	0	37	15	0	0	0	80	0	18	62	0	91	160
Myanmar	2020	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Niger	2022	0	0	0	0	98	0	0	0	0	27	0	125	0	125
Nigeria	2016	60	135	86	0	680	226	0	123	0	592	0	0	961	941
Pakistan	2022	156	0	124	0	0	89	52	60	0	178	0	231	322	659
Rwanda	2017	6	0	0	0	0	0	0	75	0	0	0	0	6	75
Senegal	2019	0	10	0	54	0	0	0	0	34	132	0	0	64	166
Sierra Leone	2022	0	17	0	13	0	10	0	0	0	0	0	30	0	40
Somalia	2021	0	0	0	0	0	0	0	0	0	0	59	0	0	59
Tajikistan	2020	0	0	0	14	10	0	0	0	0	32	0	0	24	32
Tanzania	2015	33	0	0	0	200	0	0	0	0	0	0	0	248	33
Uganda	2016	23	20	0	0	0	0	109	0	0	0	15	0	43	124
Zambia	2020	0	0	0	41	0	0	0	0	0	33	0	0	41	33
GFF eligible (N=25)															
Angola	2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benin	2016	0	10	0	28	0	0	0	0	0	0	0	178	20	38
Bhutan	2016	0	0	0	0	0	0	0	0	3	6	0	0	0	9
Bolivia	2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Burundi	2016	0	0	25	0	0	0	31	0	0	30	0	53	0	25
Comoros	2016	0	0	0	0	0	0	0	0	0	0	13	0	0	13
Congo, Rep.	2016	0	0	0	9	0	0	0	0	0	21	46	33	0	9
Djibouti	2016	0	0	6	0	0	3	0	0	17	0	0	12	0	6
Gambia, The	2016	0	0	0	4	5	0	8	0	0	0	0	0	9	8
Guinea Bissau	2016	0	0	0	0	0	0	0	25	0	0	0	0	0	25
India	2016	0	152	139	150	0	0	130	0	0	0	0	0	441	130
Kyrgyzstan	2016	24	0	0	0	0	0	0	0	17	0	0	0	24	17

Country/GFF implementation start date		Year												Total pre-GFF	Total post-GFF	
		FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022			FY 2023
Lao PDR	2016	6	0	3	4	28	0	1	10	0	22	0	0	0	41	33
Lesotho	2016	0	0	12	0	0	0	0	0	0	0	22	0	0	12	22
Nepal	2016	0	30	0	0	0	0	0	0	0	0	0	0	0	30	0
Nicaragua	2016	21	0	0	10	60	0	0	59	0	0	0	0	0	91	59
PNG	2016	0	0	0	0	0	0	0	0	0	0	0	61	0	0	61
Sao Tome and P.	2016	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2
Solomon Islands	2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South Sudan	2016	0	0	0	35	0	40	0	0	102	0	45	123	51	35	361
Sudan	2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Timor-Leste	2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Togo	2016	0	0	0	0	0	0	0	0	0	0	56	0	0	0	56
Uzbekistan	2016	67	0	60	0	0	0	0	0	0	0	0	0	0	127	0
Yemen, Rep.	2016	35	0	90	10	0	0	182	0	152	0	0	0	122	135	456
Total partners		700	384	594	284	1592	794	457	1062	1038	1284	259	698	1480	3696	6930
Total eligible		153	192	334	250	93	43	352	94	291	80	181	461	194	1023	1695
Median partners		0	0	0	0	0	0	0	0	0	0	0	0	0	53	125
Median eligible		0	0	0	0	0	0	0	0	0	0	0	0	0	9	22

Table 4.2: Percentage of IDA allocated to RMNCAH-N in GFF-supported and GFF-eligible countries, by country and year, FY2011-FY2023 (%)

Country/GFF implementation start date		Year												Total pre-GFF	Total post-GFF	
		FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022			FY 2023
GFF partners (N=32)																
Afghanistan	2018	0	0	50.7	0	0	0	35.8	0	0	0				6.1	6.8
Bangladesh	2015	16.8	0	0	0	15.6	9.6	10.5	0	0	0	0	0		5.6	4.2
Burkina Faso	2018	0	9.5	0	0	0	17.1	0	0	17.6	0	0	0		3.6	3.1
Cambodia	2019	0					18.5	0	0	7.1	0	3.6	0		4.6	2.1
Cameroon	2016	0	0	0	13.6	0	58.2	0	6.3	0	0	4.7	0		2.2	4.8
CAR	2018	0	65		0	54.5	0	0	0	10.1	0	6.8	0		7.5	5.2
Chad	2020	0	0	0	43.6	0	0	0	0	0	2.6	0	0	33.2	2.2	11.7
DRC	2016	9.3		13.7	0	45.2	0	22.9	0	71.6	13.2	0	2.5		20.3	11.4
Cote d'Ivoire	2019		0		0	25.1	0	0	8.2	16.8	0	0	0	10.1	5.4	7.3
Ethiopia	2017	0	0	0	0	0	0	16.6	3.9	0	0	0	0	31.7	0	6.1
Ghana	2022	0	0	11.6	17.4	0		0	0	0	0	0	13.8	0	2	8.4
Guinea	2018	0	0	0	0	12.1	17.9	0	0	0	0	0	0		5.6	0
Haiti	2019	0	0	29.5	0	0		13.4	0	33.7	0	0	3.3	0	10.2	5.9
Honduras	2022	0	0	0	0	0	0	0	0	0	0	0	31.8		0	31.8
Kenya	2016	0	8	0	7.7	0	24	0	0	0	0	0	0		3.3	1.9
Liberia	2017	0	0	0	0	0	0	0	0	0	31	0	3.2	10.3	0	8.5
Madagascar	2020	0	100	23.5	13.3	0	0	0	20.5	0	6.4	6.9	8.3	0	7.7	5.2
Malawi	2018	0	29.3	0	0	0	0	0	0	13.9	0	0	0	27.7	5	6.6
Mali	2019	0	56.6	45	0	0	0	0	0	0	0	0	0		8.4	0
Mozambique	2017	9.4	0	11	3.7	0	0	0	15.2	0	3.3	5.4	0	0	4.1	3
Myanmar	2020														0	0
Niger	2022	0	0	0	0	83.8	0	0	0	0	5.4	0	8.2	0	3.8	6.2
Nigeria	2016	11.2	11.8	8.4	0	69.7	21	0	4.8		23.7	0	0		18.1	6.5
Pakistan	2022	12.1	0	16.7	0	0	6.1	7.1	3.1	0	12.1	0	21.1	14	4.2	16.3
Rwanda	2017	4	0	0	0	0	0	0	16.8	0	0	0	0		0.5	2.2
Senegal	2019	0	15.2	0	25.7	0	0	0	0	9.3	18.5	0	0		3.7	4.7

Country/GFF implementation start date	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Total pre-GFF	Total post-GFF
Sierra Leone	2022	0	26	13.4	0	11.1	0	0	0	0	0	14.1	0	4.1	7.2
Somalia	2021								0	0	14.9	0	0	0	5.2
Tajikistan	2020	0	0	0	37.3	13.8	0	0	0	10.5	0	0	0	3.4	3.4
Tanzania	2015	7.8	0	0	0	23.8	0	0	0	0	0	0	13.5	1.6	5.1
Uganda	2016	6.7	8.4	0	0	0	0	31.3	0	0	1.9	0	0	2.2	2.6
Zambia	2020	0	0	0	78.2	0	0	0	0	11.2	0	0	0	3.6	1.8
GFF eligible (N=25)															
Angola	2016	0		0										0	
Benin	2016	0	11.6	0	23.5	0	0	0	0	0	0	21	3.2	8	6.4
Bhutan	2016	0	0	0	0	0	0	0	9.8	10	0	0		0	3.4
Bolivia	2016	0	0	0	0	0	0	0		0				0	0
Burundi	2016	0	0	50	0	0	0	26.6	0	15.4	0	20.4	0	6.8	11.4
Comoros	2016	0	0	0	0	0	0	0	0	0	20.8	0	0	0	3.6
Congo, Rep.	2016	0	0	31.1	0	0	0	0	0	34.8	59.9	26.6	0	13.1	18.4
Djibouti	2016	0	0	44.7	0	0	25.5	0	0	29.6	0	8.1	0	11.5	7.9
Gambia, The	2016	0	0	10.1	100	0	9.9	0	0	0	0	0	0	14.6	1.3
Guinea Bissau	2016	0		0	0	0	0	62.5	0	0	0	0	0	0	11.7
India	2016	0	5.6	14.7	4.8	0	0	25.6	0	0	0	0	0	4.2	4.4
Kyrgyzstan	2016	17.6	0	0	0	0	0	0	39.6	0	0	0	0	6.7	1.9
Lao PDR	2016	14	0	4	4	34.3	0	1.9	7.7	0	12.5	0	0	12.4	3.5
Lesotho	2016	0	0	37.5	0	0	0	0	0	0	49	0	0	9.8	5.3
Nepal	2016	0	21	0	0	0	0	0	0	0	0	0	0	1.8	0
Nicaragua	2016	41.6	0	0	8.3	70.6	0	40.4			0	0		24.4	10.5
PNG	2016	0	0				0		0	0	0	39.8		0	8.9
Sao Tome and P.	2016	0	0	0	0		0	0	0	0	0	3.6		0	1
Solomon Islands	2016	0	0	0	0	0	0	0	0	0	0	0		0	0
South Sudan	2016			0	79.5	0	100	0		96.9	0	26.3	22.2	26.3	31.3
Sudan	2016										0			0	0
Timor-Leste	2016	0		0			0			0		0		0	0
Togo	2016	0	0	0	0	0	0	0	0	0	28.3	0	0	0	6.2
Uzbekistan	2016	37		18.9	0	0	0	0	0	0	0	0	0	12.1	0
Yemen, Rep.	2016	29.9	0	38.1	5.2	0		23.3	0	28.2	0	0	23.2	16.9	13.1
Total partners		7.4	4.5	6.1	2.4	13.6	7.5	3.6	5.8	6.6	6.3	1.0	2.8	6.3	5.5
Total eligible		4.1	5.6	13.4	5.2	2.8	2.7	10.0	3.1	11.6	1.8	2.9	8.3	5.8	5.6
Median partners		0	0	0	0	0	0	0	0	0	0	0	0	3.7	5.2
Median eligible		0	0	0	0	0	0	0	0	0	0	0	0	5.4	4.0

Table 4.3: Total \$ amount and percentage of IDA allocated to RMNCAH-N in GFF-supported and GFF-eligible countries, by country and year, FY2023 only

Country	Total \$ IDA allocated to RMNCAH-N	Total \$ IDA	Total share of IDA allocated to RMNCAH-N (%)
GFF-partners (N=32)			
Afghanistan	\$0	\$0	-
Bangladesh	\$0	\$2,000,000,000	0.0%
Burkina Faso	\$0	\$460,000,000	0.0%
Cambodia	\$0	\$334,000,000	0.0%
Cameroon	\$0	\$730,000,000	0.0%
CAR	\$0	\$53,000,000	0.0%
Chad	\$146,194,496	\$440,000,000	33.2%
DRC	\$0	\$1,540,000,000	0.0%
Cote d'Ivoire	\$186,595,168	\$1,850,000,000	10.1%
Ethiopia	\$459,542,848	\$1,450,000,000	31.7%

Country	Total \$ IDA allocated to RMNCAH-N	Total \$ IDA	Total share of IDA allocated to RMNCAH-N (%)
Ghana	\$0	\$500,000,000	0.0%
Guinea	\$0	\$80,000,000	0.0%
Haiti	\$0	\$130,000,000	0.0%
Honduras	\$0	\$0	-
Kenya	\$0	\$960,000,000	0.0%
Liberia	\$19,559,472	\$190,000,000	10.3%
Madagascar	\$0	\$950,000,000	0.0%
Malawi	\$98,316,496	\$355,000,000	27.7%
Mali	\$0	\$587,000,000	0.0%
Mozambique	\$0	\$1,200,000,000	0.0%
Myanmar	\$0	\$0	-
Niger	\$0	\$500,000,000	0.0%
Nigeria	\$0	\$1,551,000,000	0.0%
Pakistan	\$322,183,424	\$2,305,000,000	14.0%
Rwanda	\$0	\$470,000,000	0.0%
Senegal	\$0	\$1,052,000,000	0.0%
Sierra Leone	\$0	\$203,000,000	0.0%
Somalia	\$0	\$280,000,000	0.0%
Tajikistan	\$0	\$200,000,000	0.0%
Tanzania	\$247,863,248	\$1,835,000,000	13.5%
Uganda	\$0	\$350,000,000	0.0%
Zambia	\$0	\$898,000,000	0.0%
GFF-eligible (N=25)			-
Angola	\$0	\$0	-
Benin	\$20,207,256	\$630,000,000	3.2%
Bhutan	\$0	\$0	-
Bolivia	\$0	\$0	-
Burundi	\$0	\$120,000,000	0.0%
Comoros	\$0	\$45,000,000	0.0%
Congo, Rep.	\$0	\$75,000,000	0.0%
Djibouti	\$0	\$35,000,000	0.0%
Gambia, The	\$0	\$20,000,000	0.0%
Guinea Bissau	\$0	\$20,000,000	0.0%
India	\$0	\$56,570,000	0.0%
Kyrgyzstan	\$0	\$127,700,000	0.0%
Lao PDR	\$0	\$117,000,000	0.0%
Lesotho	\$0	\$0	-
Nepal	\$0	\$320,000,000	0.0%
Nicaragua	\$0	\$0	-
PNG	\$0	\$0	-
Sao Tome and P.	\$0	\$0	-
Solomon Islands	\$0	\$0	-
South Sudan	\$51,234,040	\$195,000,000	26.3%
Sudan	\$0	\$0	-
Timor-Leste	\$0	\$0	-
Togo	\$0	\$100,000,000	0.0%
Uzbekistan	\$0	\$750,000,000	0.0%
Yemen, Rep.	\$122,222,216	\$526,500,000	23.2%
Total GFF partner	\$697,607,334	\$23,453,000,000	6.3%
Total GFF eligible	\$460,998,026	\$3,137,770,000	6.2%

Table 4.4: Total \$ amount and percentage of IDA allocated to RMNCAH-N in GFF co-financed projects, FY2011-FY2023

Period	Total \$ IDA allocated to RMNCAH-N	Total \$ IDA	Share of IDA allocated to RMNCAH-N (%)
Through FY23	\$ 4,695,361,326	\$ 8,250,100,000.00	57%
In FY23 only	\$ 1,006,306,350.00	\$ 1,642,500,000.00	61%

Note: This includes all 32 GFF-supported countries included in the main analysis. IBRD countries were not included in the calculations.

Table 4.5: Total \$ amount and percentage of IDA and IBRD funding allocated to RMNCAH-N in GFF co-financed projects, by project, FY23 only

Country	Project ID	Project Name	IDA or IBRD	Total amount of GFF TF financing	Total amount of IDA or IBRD	Amount of IDA or IBRD allocated to RMNCAH-N per WB codes	% of IDA or IBRD allocated to RMNCAH-N per WB codes
CIV	P179550	“CIV Human Capital Project”	IDA	\$20,000,000	\$200,000,000	\$186,595,168	93%
Ethiopia	P172284	“Ethiopia Human Capital Operation”	IDA	\$5,000,000	\$400,000,000	\$131,564,992	33%
Ethiopia	P175167	“Ethiopia PforR SPHCS”	IDA	\$45,000,000	\$400,000,000	\$327,977,856	82%
Indonesia	P178559	“INEY IPF AF”	IBRD	\$4,000,000	\$0	\$0	-
Indonesia	P180491	“INEY Phase 2”	IBRD	\$16,000,000	\$600,000,000	\$471,595,360	79%
Kenya	P179414	“NYOTA”	IDA	\$9,000,000	\$220,000,000	\$0	0%
Liberia	P177050	“Liberia Additional Financing for IFISH”	IDA	\$11,000,000	\$20,000,000	\$19,559,472	98%
Tajikistan	P178878	“TJ SPE project”	IDA	\$2,500,000	\$35,000,000	\$0	0%
Tanzania	P170435	“Tanzania Investing in People Project”	IDA	\$25,000,000	\$250,000,000	\$247,863,248	99%
Ukraine	P180245	“HEAL Ukraine”	IBRD	\$10,000,000	\$103,500,000	\$101,826,144	98%
Senegal	P181056	“COVID-19 AF”	IDA	\$15,000,000	N/A	N/A	N/A
Total	-	-	-	\$162,500,000	\$2,228,500,000	\$1,486,982,240	67%

Note: This includes both all 32 IDA-receiving and IBRD-receiving GFF-supported countries.