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aid for nutrition emerging financing mechanisms: where is the value for nutrition? a specific focus on gff

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The analytical part of this report was commissioned by Action Against Hunger (AAH) and authored by David Kim, an independent consultant. It was developed with the guidance and support of Aurore Gary and Ahmad Mohseni (AAH). The recommendations have been formulated by Action Against Hunger, and don't necessarily reflect the views of the consultant.

This report is the fourth report in Action Against Hunger's Aid for Nutrition series.

The first report, [Aid for Nutrition: Can investments to scale up nutrition actions be accurately tracked?](#), was published in May 2012 and assesses the scale of investments made by major national and private donors to direct nutrition interventions in the 2005 to 2009 period.

An update of this report with updated figures was published in June 2013: [Aid for Nutrition: Are we on track to meet the needs? 2010 and 2011](#).

The second report, [Aid for Nutrition: Using innovative financing to end undernutrition?](#), was published in September 2012; it forecasts the investments needed to fund the full package of direct nutrition interventions between 2013 and 2020 and proposes financing mechanisms for donor and recipient governments to raise the additional funds.

The third report, [Aid for nutrition: Mobilizing Innovative Financing for the fight against undernutrition](#) was established in 2014 and discusses options for innovative mechanisms to finance the fight against undernutrition by evaluating their potential and added value. A set of criteria that might be relevant for nutrition funding is proposed.

This fourth report of the Aid for Nutrition series follows two side events organized by Action Against Hunger and its partners on the topic of innovative financing mechanisms, first during the Civil Society Policy Forum in the margins of the WB/IMF Annual meetings in October 2016, then during the World Bank Spring meetings in 2017.

WHERE WE WORK



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INDEX OF ACRONYMS AND ABBREVIATIONS

AfDB	AFRICAN DEVELOPMENT BANK
AAH	ACTION AGAINST HUNGER
DRC	DEMOCRATIC REPUBLIC OF THE CONGO
GFF	THE GLOBAL FINANCING FACILITY
HFSS	HIGH FAT, SUGAR, SALT
IBRD	INTERNATIONAL BANK OF RECONSTRUCTION AND DEVELOPMENT
IDA	INTERNATIONAL DEVELOPMENT ASSOCIATION
«THE GLOBAL STRATEGY»	THE UPDATED GLOBAL STRATEGY FOR WOMEN'S, CHILDREN AND ADOLESCENT'S HEALTH (2016-2030)
IFAD	INTERNATIONAL FUND FOR AGRICULTURAL DEVELOPMENT
IYCF	INFANT AND YOUNG CHILD FEEDING
N4G	NUTRITION FOR GROWTH
ODA	OFFICIAL DEVELOPMENT ASSISTANCE
OECD-DAC	ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT
PAD	WORLD BANK PROJECT APPRAISAL DOCUMENT
RMNCAH	REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH
SDGs	SUSTAINABLE DEVELOPMENT GOALS
SUN MOVEMENT	SCALING UP NUTRITION MOVEMENT
WASH	WATER, SANITATION AND HYGIENE
WHA TARGETS	SIX GLOBAL NUTRITION TARGETS INCLUDED IN THE COMPREHENSIVE IMPLEMENTATION PLAN ON MATERNAL, INFANT AND YOUNG CHILD NUTRITION, ENDORSED BY THE WORLD HEALTH ASSEMBLY IN 2012

EXECUTIVE SUMMARY

In recent years, there has been important progress in raising the profile of nutrition on the global development agenda, and in making the case for increases in financing for nutrition. Nevertheless, a sizeable gap remains for financing even a “prioritized” set of interventions for scaling up nutrition.

The nutrition aid architecture is fragmented and complex - it has traditionally been managed and allocated through a multitude of departments and units tied to a variety of sectors, including health; agriculture; water, sanitation and hygiene (WASH) and others. This fragmentation poses challenges for prioritization, tracking, and the overall coherence of nutrition financing. The nutrition financing landscape has traditionally included domestic government expenditures, bi-lateral support, and multi-lateral lending. Some multi-lateral lending sources have begun taking important steps to improve their strategic focus on nutrition, by promoting nutrition as a development priority for countries, as well as by adopting more targeted approaches for funding nutrition.

In recent years, three new financing mechanisms with a nutrition focus have been launched: the Global Financing Facility (GFF), Power of Nutrition and UNITLIFE. These new financing mechanisms all feature “innovative” financing features, through leveraging and deploying resources for nutrition in new ways. All three financing mechanisms are still in the early stages of their work, and their eventual impact is therefore yet to be seen, in terms of overall new financing for nutrition. The GFF has moved a little more quickly in supporting several countries. For this reason, we focus our efforts on the GFF in this report. At the time of this report, both PoN and UNITLIFE were not yet sufficiently advanced to enable us to evaluate them. PoN is funding support to only three countries (Tanzania, Liberia and Ethiopia) and UNITLIFE is experiencing some delays in the launch of the initiative. When fully implemented in several countries, further investigation on both UNITLIFE and PoN will be required. One trend thus far is that there has been a tendency to focus on “donor darling” countries, with relatively little support for many of the poorest countries with the highest malnutrition burdens.

From the analysis conducted as part of this report, the GFF seems to be including nutrition activities in all approved projects to date, and most projects are including nutrition in their results frameworks (e.g. objectives and/or indicators). However, the degree of nutrition focus in GFF projects varies significantly; and it is not possible to accurately estimate the level of GFF financing directed towards nutrition, based on available documentation. No projects were found to be fully, or primarily, dedicated to nutrition, although this is not surprising given the GFF’s broader mandate. In general, the funding provided by the GFF Trust Fund for nutrition is a welcome contribution to countries’ nutrition programs (although it is not clear whether they contribute to finance the costed nutrition plans), but it does not appear that the levels of funding provided for nutrition will significantly address the overall funding gap.

The GFF model is designed to have areas of impact that extend beyond the GFF Trust Fund’s investments alone. Financing from the GFF Trust Fund is consistently being “linked” to larger IDA/IBRD projects. This is intended to help ensure improved aid effectiveness through harmonizing funding sources for countries, and also provides opportunities for prioritizing domestic allocations for nutrition over the long-term. The broader “GFF facility” is also based on country-led Investment Cases, with the intent of mobilizing and harmonizing multiple sources of financing for nutrition, both domestic and international. There are some positive indications of this happening, although these are largely anecdotal, and inherent limitations of this exercise prevented further investigation to establish attribution of these effects to the GFF model, as well as to disaggregate any of these effects for nutrition.

Investment Cases are an extremely consequential feature of the GFF model, because of their role in identifying priorities, and because of the vast scope of areas that the GFF can theoretically support. This exercise did not analyze in any detail specific country experiences in developing Investment Cases.

The GFF has significant potential for making important contributions to nutrition in the coming years. Civil Society will be an important partner in helping the GFF to realize that potential. This will include its roles at country level as implementer and technical partner; and its roles more broadly advocacy, accountability, transparency and governance. Civil Society has the opportunity to leverage these roles to help ensure the robustness of the GFF’s investments and processes, and the GFF’s focus on nutrition and vulnerable populations; and to help drive the strategic direction of the GFF and the on-going refinements of its business model.



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RECOMMENDATIONS

Based on the main findings of the analytical part of the report, Action Against Hunger (AAH) has formulated a series of recommendations. Those recommendations only reflect the view of Action Against Hunger.

- ① At international level, nutrition CSOs along with the health community should advocate for a strong 2018 GFF replenishment with a focus on donor orphans, and help assess the progress made by governments and donors and use it to push for more specific commitments for nutrition to be made during upcoming pledging summits using for example innovative financing mechanisms
- ② At national level, nutrition CSOs should proactively participate in both the development of GFF investment cases and their implementation (so as to make sure that nutrition is prioritized as essential for RMNCAH). Their role should go further from monitoring the use of resources, making project implementation more effective and transparent, delivering services and strengthening accountability for improved nutrition outcomes.
- ③ The World Bank should ensure nutrition remains a priority during GFF and IDA replenishment, and provide more incentives to countries to prioritize nutrition, by including more SMART nutrition-related activities in the PADs, and by relying upon every basic standard WHO nutrition indicator. The GFF country eligibility criteria should capture both nutritionally vulnerable population and countries affected by recurrent famine crisis.
- ④ Southern governments should more systematically include interventions that have been proven to work in improving nutrition of women, children, and adolescents in investment cases, and consult with civil society.
- ⑤ The GFF country platforms should more systematically consult with CSOs (and Civil society in general) throughout the country-level GFF processes
- ⑥ Major donors (including France and Germany) should either contribute directly to the GFF Trust Fund or provide complementary financing in support of the investment cases to leverage more funds for nutrition.

INTRODUCTION

In 2012, the World Health Assembly endorsed a comprehensive implementation plan on maternal, infant and young child nutrition, which specified a set of six global nutrition targets ("the WHA targets").¹ In 2016, the WHA adopted the resolution 69.8 on the decade of action on nutrition, calling Member States to state national nutrition targets and increasing nutrition financing. This marked an important milestone in formalizing the growing political commitment for improving nutrition globally. In 2015, world leaders reaffirmed this commitment in adopting the Sustainable Development Goals (SDGs), which called for ending hunger and all forms of malnutrition by 2030.

One critical input towards achieving these ambitious goals and targets will be *financial resources*. Despite concerted efforts to increase funding commitments for nutrition, current spending on nutrition is inadequate for achieving the global nutrition targets, and for addressing the human and economic challenge related to undernutrition.

Civil society has an important role to play in helping to both 1) increase the financing available for nutrition, and 2) ensure that the use of funds is well planned and -executed to maximize impact, for example through reaching the populations with the greatest needs, including the most vulnerable populations. This includes functions that range from advocacy and accountability to implementation, technical assistance and proposal development- and design in countries.

In order to support this role, Action Against Hunger (AAH) has commissioned the development of a report to review emerging financing mechanisms for nutrition. The report consists of three sections:

- ① A high-level overview of the financing landscape for nutrition. This section provides a summary of the different domestic and external sources of nutrition financing, including new developments and trends in nutrition financing.
- ② An analysis of early experiences with the GFF. This section reviews the early investments made by the Global Financing Facility (the GFF), to understand better how it is supporting nutrition efforts in countries.
- ③ A brief discussion of opportunities for civil society to support the GFF, as well as new nutrition financing mechanisms more broadly. This section briefly maps out the different functions civil society organizations play vis-à-vis nutrition financing, and identifies specific opportunities for civil society to contribute to increased- and more effective financing for nutrition.

1- http://www.who.int/nutrition/publications/globaltargets2025_policybrief_overview/en/

I - THE FINANCING LANDSCAPE FOR NUTRITION

1.1 CURRENT SPENDING AND PROJECTED NEEDS

In 2015, approximately \$3.9 billion was spent on a “costed package of interventions”² towards the four WHA targets for reducing stunting and anemia, increasing exclusive breastfeeding and reducing wasting in low- and middle-income countries. This included an estimated \$2.9 billion by governments, and \$1 billion in official development assistance (ODA).³

These figures fall far short of the investments required for achieving global nutrition targets. According to recent estimates,⁴ an average of \$7 billion (of which \$3.9 billion from national governments, \$2.6 billion from donors and **\$0.5 billion from households and innovative financing mechanisms**) will be required annually over the next 10 years – in addition to the \$3.9 billion currently spent on nutrition annually – in order to reach targets to reduce stunting among children and anemia in women, increase exclusive breastfeeding rates and mitigate the impact of wasting.

Recognizing that resource constraints may limit the ability to raise this level of additional financing, the World Bank has proposed catalyzing progress towards the global nutrition targets by investing in a prioritized set of interventions, which represent the highest returns that are scalable now. Financing this more limited set of actions would require an additional average annual

investment of \$2.3 billion over the next 10 years. While these interventions would not be sufficient for the full achievement of the WHA targets for stunting, anemia, breastfeeding and wasting, they would nevertheless enable an estimated 2.2 million lives saved, and 50 million fewer cases of stunting in 2025 than in 2015.⁵

Financing even the prioritized set of interventions will require rapid and aggressive mobilization of resources for nutrition. Under a “global solidarity” scenario,⁶ the largest share of additional investments would need to come from country governments, particularly those countries in the middle-income categories. But this would need to be complemented by major increases in ODA for nutrition.

The Nutrition for Growth (N4G) summit in June 2013 brought political attention to the issue of undernutrition and served as a platform for large financial pledges, including \$4.1 billion in new money for nutrition-specific work and \$19 billion for nutrition-sensitive investments⁷, over a period of seven years. The Global Nutrition Report⁸ is tracking progress against these commitments. Although these commitments represented an important step towards scaling up nutrition programs in countries, they nevertheless left a sizeable gap towards the financing needs even for the prioritized set of interventions.

2- These are interventions for which there is a strong evidence-basis for their effectiveness in reducing stunting in children under five years of age, reducing anemia in women of reproductive age, increasing exclusive breastfeeding, and reducing wasting, with relevance in low- and middle-income countries.

3- D'Alimonte, M et al. Financing the Global Nutriiton Targets. An investment framework for nutrition: Reaching the global targets for stunting, anemia, breastfeeding and wasting. From An investment framework for Nutrition (World Bank Group). Chapter 8, 2016.

4- Shekar, M et al. An investment framework for nutrition: Reaching the global targets for stunting, anemia, breastfeeding and wasting. The World Bank Group, 2016.

5- Ibid.

6- Ibid.

7- Nutrition-specific interventions address the immediate determinants of fetal and child nutrition and development—adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases, while nutrition-sensitive interventions address the underlying determinants of fetal and child nutrition and development—food security; adequate caregiving resources at the individual, household and community levels; and access to health services and a safe and hygienic environment—and incorporate specific nutrition goals and actions (Ruel MT, Alderman H, and the Maternal and Child Nutrition Study Group. Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition. The Lancet, 2013).

8- <http://www.globalnutritionreport.org/>

1.2 CURRENT LANDSCAPE OF FUNDING SOURCES

The commitments made at the N4G summit furthermore left open the question of how the funds would be channeled to developing countries: whether they would be supplied through existing channels or new ones. This was a particularly important question, given the nutrition aid architecture, which – as has been noted in other analyses⁹ – is *fragmented and complex*. Due to the multi-sectoral nature of nutrition itself, the funding – both from domestic and ODA sources – has typically been managed and allocated by a multitude of departments and units tied to health; agriculture; water, sanitation and hygiene (WASH) and other sectors.

This fragmentation inevitably poses challenges for prioritization, tracking nutrition financing, and to the overall coherence of nutrition financing. Previous studies have found serious difficulties in monitoring nutrition aid flows, due to the deficiencies in reporting and other factors.¹⁰ A number of initiatives are underway to improve the tracking of nutrition financing. These include work by the SUN Movement and its partners to support countries in tracking their nutrition spending; and an on-going initiative to refine the OECD-Development Assistance Committee (DAC) methodology for tracking ODA for nutrition.

As noted previously, **domestic government expenditures** make up the largest share of current nutrition spending, followed by ODA. The latter consists primarily of **bilateral support from OECD-DAC countries**, but also includes **private foundations**, as well as a number of **multi-lateral funding sources**.

Multilateral lending institutions – including the World Bank, regional development banks and the International Fund for Agricultural Development (IFAD) – have historically been an important source of financing for

nutrition (particularly nutrition-sensitive activities), often through concessional financing.¹¹ One important feature of multilateral development banks such as the World Bank and regional development banks is that – in contrast with many thematic funds, which often work primarily with one sectoral ministry – the main counterparts, or “clients,” of multilateral banks are ministers of finance and planning commissions. In discussing budgetary prioritization and allocations for nutrition with these actors, *multilateral development banks are uniquely positioned to play an important role in enabling the long-term scale-up and financial sustainability of nutrition programs.*¹²

A number of these banks are taking important steps to strengthen the strategic focus on nutrition, by promoting nutrition as a development priority for countries, as well by adopting more targeted approaches for funding nutrition. These include for example the World Bank's strategy for large-scale action on nutrition,¹³ IFAD's action plan to mainstream nutrition-sensitive agriculture,¹⁴ the African Development Bank's (AfDB) Feed Africa strategy for agricultural transformation in Africa,¹⁵ and the AfDB's multi-sectoral nutrition action plan (currently under development).

There are furthermore a number of *multilateral financing mechanisms that are set up for other topics, but which nevertheless provide funding for nutrition*, primarily nutrition-sensitive activities. These include health-focused financing mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and GAVI; pooled funds for emergencies; and funds focused on climate change and the environment, such as the Green Climate Fund. These financing mechanisms have been discussed elsewhere.¹⁶

9- RESULTS UK, Nutrition Aid Architecture 2014.

10- ACF, Institute of Development Studies, Aid for Nutrition – Can investments to scale up nutrition actions be accurately tracked? 2012.

11- Loans that are extended on terms substantially more generous than market loans. The concessionality is achieved either through interest rates below those available on the market or by grace periods, or by a combination of these (OECD Glossary of Statistical Terms).

12 - Kim, D, Mapping Exercise – Multilateral Funding Sources for Nutrition, June 2016.

13- World Bank. 2006. Repositioning Nutrition as Central to Development: A Strategy for Large Scale Action. Washington, DC.

14- <https://webapps.ifad.org/members/eb/116/docs/EB-2015-116-INF-5.pdf>

15- https://www.afdb.org/fileadmin/uploads/afdb/Documents/Policy-Documents/Feed_Africa-Strategy-En.pdf

16- Kim, D., June 2016. (*ibid.*)

1.3 INNOVATIVE SOURCES OF FINANCING FOR NUTRITION

Undoubtedly, there has been important progress to date: in increasing the prominence of nutrition on the global political and development agendas; improving the ability to track nutrition financing flows; and re-tooling existing financing sources to strengthen their contributions to nutrition outcomes.

However, even with this progress, the financing gap remains significant. Because of this, there has been an increased focus on the use of “innovative” financing sources, which employ new models for raising and implementing funds for nutrition in countries. Some models discussed in past studies have included:¹⁷

- Nutritional impact bonds;
- Matched funds;
- Levied taxes, e.g. on financial or other transactions, or on HFSS (high fat, sugar, salt content);¹⁸ and
- Lotteries.

In recent years, three new financing mechanisms have been launched, **Power of Nutrition**, **UNITLIFE and the Global Financing Facility (GFF)**. All three have a significant nutrition focus, and include some of the “innovative financing” features noted above.

Both Power of Nutrition and UNITLIFE have a primary focus on nutrition-specific activities. The GFF focuses on reproductive, maternal, newborn, child and adolescent health (RMNCAH), and as such, is also providing funding for both nutrition-specific and nutrition-sensitive activities. These three initiatives represent important new multi-donor funding mechanisms for nutrition (although not at the same stage of development), which had previously been largely absent from the nutrition financing landscape.

Power of Nutrition aims to attract new donors, including private and smaller donors, and to “multiply” these through pre-negotiated co-financing arrangements, such as with International Development Association (IDA) financing through the World Bank, and with matched funds through UNICEF.

The GFF provides grant funding through a multi-donor Trust Fund (“the GFF Trust Fund”), linked to financing from IDA and the International Bank of Reconstruction and Development (IBRD). The Trust Fund is part of a larger GFF “facility” that is organized around developing and co-financing “Investment Cases” (discussed in more detail in the next section). The GFF furthermore provides complementary support for health financing strategies, to promote financial sustainability for their RMNCAH programs, and towards universal health coverage.¹⁹

UNITLIFE will use a micro levy on the extractive industry to raise money for nutrition programs. It is modeled on UNITAID,²⁰ which raises funds for HIV/AIDS, malaria and TB programs in developing countries through a levy on airline tickets. UNITLIFE levies will go into a central fund, which will then disburse funds to support nutrition improvement programs where needed.

All three of these financing mechanisms were launched in 2015. The GFF and Power of Nutrition are both funding or finalizing support to their initial target countries – the GFF with sixteen countries²¹ and the Power of Nutrition with three initial countries. UNITLIFE has not yet released information regarding its plans for initial investments.

Given the early stage in the rollout of each of these financing mechanisms, it is still too early to know the level of impact they will have on the nutrition financing landscape. Approximately \$875 million in pledges have been made to date for the GFF Trust Fund’s current and planned investments.²³ The GFF is expected to hold a replenishment meeting in 2018 to cover its resource needs for the 2019-2021 period.²⁴ The Power of Nutrition’s goal is to raise \$1 billion for its 2016-2020 period, and according to early discussions, UNITLIFE aims to raise \$100 million per year from initial funding agreements. This is in addition to the complementary funds mobilized as part of their financing models (e.g. linked IDA funds in the case of the GFF and Power of Nutrition).

17- ACF-International, Aid for Nutrition: Mobilizing innovative financing for the fight against undernutrition, 2014.

18- Ibid.

19- <https://www.globalfinancingfacility.org/our-approach>

20- <http://www.unitaid.eu/en/>

21- The first four “front-runner countries” were DRC, Ethiopia, Kenya and Tanzania. At the Financing Development Conference in July 2015, seven additional countries were announced (Bangladesh, Cameroon, Liberia, Mozambique, Nigeria, Senegal and Uganda), followed by another five countries (Guatemala, Guinea, Myanmar, Sierra Leone and Vietnam) (<https://www.globalfinancingfacility.org/faq>)

22- Tanzania, Liberia and Ethiopia.

23- <https://www.globalfinancingfacility.org/faq>

24- http://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG4-9%20Resource%20Mobilization.pdf

1.4 THE FINANCING GAP FOR DONOR ORPHANS

Beyond the levels of funding that these new nutrition financing sources will bring, it is perhaps worth noting which countries they have been supporting (and which countries they are not, to date).

A number of the GFF's initial investments are being made in countries that are often referred to as "donor darlings," such as Ethiopia, Kenya, Tanzania, Mozambique, Nigeria, Senegal and Vietnam. Furthermore, to date, all three of the initial Power of Nutrition recipient countries²⁵ are also GFF recipients. One obvious implication is that this *limits the number of countries receiving funding from these new financing mechanisms.*

Meanwhile, many of the poorest countries with the highest malnutrition burdens²⁶ – such as South Sudan, Niger, Chad, Eritrea, Central African Republic, Somalia and Mali – are not currently receiving funding from the GFF or Power of Nutrition. Many of these countries would likely represent

riskier investments, as they have weaker systems and capacity, and in some cases are more unstable and fragile. If part of the strategy for the GFF and Power of Nutrition is to demonstrate early successes and returns on investments, these countries may not easily fit into that strategy. It may also be the case that these financing mechanisms are not optimized towards the particular circumstances of emergency or fragile situations.

Nevertheless, this leaves a critical gap in the nutrition financing landscape, having to do not only with how much money is spent on nutrition globally, but also which "*donor orphans*" continue to be underserved by existing and new nutrition financing sources. The gap carries a particular urgency given that there is a significant threat of famine in a number of these countries, including recurrent famine in some countries.



APARSONS iIMAGES © ACF - 2015

25- Ethiopia, Tanzania and Liberia

26- In terms of stunting and wasting rates.

<http://apps.who.int/gho/data/node.main.1095?lang=en>

II- ANALYSIS OF EARLY EXPERIENCES WITH GFF

All three of the new financing mechanisms mentioned above – the GFF, Power of Nutrition and UNITLIFE – have the potential to make important contributions towards improving the robustness and coherence of nutrition financing in countries. This section examines experiences to date with the new financing mechanisms, in order to identify “early lessons” regarding their support for nutrition, and how to help strengthen their contributions in the coming years.

For a number of reasons, the primary focus of this section will be on the GFF: UNITLIFE has not yet begun providing countries with funding. The Power of Nutrition is still in the early stages of its financing activities, and there is very limited publicly available documentation on its initial investments. However, this section does provide a brief discussion on the interactions between the Power of Nutrition and the GFF.

The following questions are discussed in this section:

- How does nutrition feature in the GFF’s business model ?
 - How has nutrition featured in the GFF’s early investments ?
 - What can we understand about the broader effects of the GFF model ?
 - What are some of the early experiences with the Power of Nutrition, and its relationship with the GFF ?
-

2.1 THE GFF BUSINESS MODEL AND NUTRITION

When the GFF was launched in 2015, it promised a pioneering investing approach to secure the health and well-being of all women, children and adolescents²⁷ through accelerating investments in evidence-based interventions in RMNCAH, including nutrition. Given the significant funding gaps for nutrition and recurrent famine crises, the nutrition community has been particularly interested in how the GFF has prioritized nutrition, and to what extent it is proving to be a significant response to the global nutrition funding gaps.

The GFF is envisioned as a new financing model for RMNCAH. It is one of the key vehicles for financing the updated “Global Strategy for Women’s, Children’s and Adolescent’s Health (2016-2030)” (hereafter referred to as “the Global Strategy”).²⁸ According to the GFF Business Plan, the Global Strategy serves as the “policy framework” for the GFF.²⁹ In other words, the Global Strategy defines the programmatic scope eligible for GFF financing.

The Annexes of the Global Strategy provide details on the range of evidence-based interventions for achieving the strategy’s goals. These include:

- Interventions for women’s, children’s and adolescent health (Annex 2 of the Global Strategy);
- Health systems policies and interventions, including for emergency preparedness (Annex 3); and
- Multisector policies and interventions and determinants of women’s, children’s and adolescent health (Annex 4).

Of the three intervention categories detailed in the annexes of the Global Strategy, nutrition-specific activities are included in two of the categories, and nutrition-sensitive activities are included in all three.³⁰

Thus, although the GFF’s focus is not solely on nutrition, but rather more broadly on RMNCAH, nutrition is nevertheless a prominent component of its strategy.

In separate documentation, the GFF makes this point even more explicit: “the GFF supports nutrition as an essential building block for healthy development and the well-being of women and children. Yet global funding for nutrition programs is inadequate. Given its potential for high impact, *the GFF has made nutrition a priority area for its investments.*”³¹

However, as alluded to above, *the scope of programmatic activities that the GFF can fund is vast*: it includes interventions focused on nutrition, but also on family planning, sexual and reproductive health, postnatal care, education, water and sanitation, gender, human rights, social protection, community engagement, advocacy, human resources for health, and supply chain management, amongst other areas.

The degree to which these programmatic areas are included in Investment Cases – and more specifically proposed for GFF financing – is a question of a country’s needs and priorities. Given the extensive nature of country needs, and the comparatively limited resources available (both from the GFF trust fund as well as more broadly from domestic and ODA sources), *prioritization plays a highly consequential role in the GFF model.*

27- http://www.globalfinancingfacility.org/img/GFF_REPORT.pdf

28- <http://www.everywomaneverychild.org/global-strategy/>

29- Business Plan for the Global Financing Facility in Support of Every Woman Every Child, June 105.

30- For example, case management of severe acute malnutrition and treatment for wasting, exclusive breastfeeding for children under 6 months; continued breastfeeding and complementary feeding from 6 months, dietary counselling for prevention of undernutrition, Periodic vitamin A supplementation and iron supplementation where appropriate are included in the list of evidence-based health interventions for women’s, children’s and adolescents’ health. Furthermore, protect, promote and support optimal nutrition, including legislation on marketing of breast milk substitutes and of foods high in saturated fats, trans-fatty acids, sugars, or salt is recognized as multisector policies and interventions on determinants of women’s, children’s and adolescents’ health.

31- http://www.globalfinancingfacility.org/sites/gff_new/files/documents/Nutrition_GFFfacts.pdf

2.2 THE GFF MODEL IN BRIEF: FROM INVESTMENT CASES TO FUNDING

A starting point and key component of the GFF is the Investment Case, which identifies evidence-based, high-impact prioritized interventions for RMNCAH outcomes. Investment cases are developed in-country with an array of national and international partners, with the aim of attracting and aligning funding from different sources.³²

According to the GFF model, once the priorities of an Investment Case are agreed upon, national and international financiers decide jointly which elements will be supported by each partner, through a country-led process. Each financier may have its own funding procedures and modalities, including pooled funding with the government, single- or multiple-donor trust funds and parallel financing.

The **GFF Trust Fund**, a multi-donor trust fund established at the World Bank, is part of the financing available to support Investment Cases. The GFF Trust Fund provides grant funding, alongside IDA/IBRD financing.

Project Appraisal Documents (PADs) provide more details on the project to be financed by the World Bank, with a description of the project objectives, technical scope, implementation arrangements, monitoring and evaluation arrangements, risk analysis and mitigation measurements, assessments for each of the World Bank safeguards (e.g. on environmental and social standards), and the results framework. The PAD is the basis for the formal financing agreement and becomes a public document once approved by the World Bank Board.

2.3 NUTRITION IN GFF PROJECTS TO DATE

Below are key findings regarding the initial GFF investments in nutrition to date. These findings are based on 1) an analysis of publicly available documents, as well as 2) supplementary information provided by the GFF Secretariat.

Though all projects for GFF Trust Fund support include nutrition, the degree of nutrition focus varies significantly.³³

All GFF projects are including nutrition in their activities: Nutrition-specific interventions have been included in all finalized investment cases to date.³⁴ Furthermore, a detailed review of PADs shows that nutrition-relevant interventions have been included in all World Bank Board-approved IDA or IBRD projects with linked financing from the GFF Trust Fund to date. This includes interventions in each of the four WHA target areas on stunting, wasting, exclusive breastfeeding and anemia (although not all four WHA target areas are included in each PAD). All PADs furthermore include nutrition-sensitive interventions, i.e. health interventions that address the underlying determinants of fetal and child nutrition and development—adequate caregiving resources at the individual, household and community levels; and access to health services and a safe and hygienic environment.

Most GFF Trust Fund-supported projects are including nutrition in their results frameworks: In most PADs for GFF Trust Fund support, one or more of the objectives and/or indicators have been defined in nutrition terms.

Based on information provided by the GFF Secretariat, these patterns seem to be continuing for GFF Trust Fund-supported projects that are still under development (and for which documentation is not yet publicly available).

Examples of GFF projects with relatively significant nutrition focus through activities, objectives and indicators are noted below.



- A range of nutrition-focused activities appear in the PAD, including cash transfer support for health, sanitation and nutrition outcomes; provision of micronutrients for community-based distribution; promotion of infant and young child feeding (IYCF) practices; management of acute malnutrition; promotion of exclusive breastfeeding; promotion of women's nutrition; Kangaroo Mother Care to reduce risks related to low birth weight; amongst others.
- The Nutrition-focused Project Development Objective (PDO) is to increase utilization and improve the quality of health services with a particular focus on reproductive, maternal, child and adolescent health and nutrition services. The nutrition-related indicators used to track progress towards the PDO include “pregnant/lactating women, adolescent girls and/or children under age five reached by basic nutrition services;” and “children under 24 months being weighed for growth monitoring.”
- Intermediate Results Indicators include “pregnant women receiving at least 4 antenatal care visits;” “adolescent girls benefiting from multisectoral services” including for example “cash transfer support for health, sanitation and nutrition outcomes;” and “children aged 6-59 months who received a vitamin A supplement.”

32- <https://www.globalfinancingfacility.org/our-approach>

33- The number of nutrition specific activities mentioned in the PADs ranges from 6 (e.g. in Kenya or Tanzania) to 14 (e.g. in Uganda). The level of impact of described activities also varies greatly: some activities are too broad and should have a low impact as such (e.g. nutrition education, additional cash transfer support for health, sanitation and nutrition outcomes) whereas others are more impactful (e.g. counseling on maternal undernutrition and poor nutrition during pregnancy).

34- Information provided by GFF Secretariat

Democratic Republic
of the Congo (DRC)



- Activities in this project will include growth monitoring and promotion; provision of micronutrients; management of moderate and severe acute child malnutrition; nutrition-sensitive activities such as those related to WASH; pre-natal and postnatal services for pregnant women and newborns; and deworming, amongst others.
- Among other objectives, the project is intended to address key determinants of chronic malnutrition in DRC, such as low birth weight resulting from maternal undernutrition; and poor newborn and infant feeding practices.

Guatemala³⁵



- A recently approved project includes activities to support the delivery of nutrition and health services to mothers and children, including prenatal care; improved access to safe drinking water and sanitation; and promotion of exclusive breastfeeding during the first six months of life.
- The project is designed to improve the practices, services and behaviors to curb chronic malnutrition in Guatemala, with emphasis on the first 1,000 days of life.

Other projects have less of a nutrition focus, for example Kenya's "Transforming Health Systems for Universal Care Project." Of the three components of this project, one component has one sub-component (of 3), with one activity (of 5) with some nutrition focus: "develop and/or disseminate RMNAH-related strategies and guidelines, including improving adolescent, sexual and reproductive health (ASRH), newborn health and nutrition to address high teenage pregnancy, neonatal morbidities and stunting."

2.4 LEVEL OF GFF FINANCING FOR NUTRITION TO DATE

Based on available documentation, **it is not possible to accurately estimate the level of GFF Trust Fund financing directed towards nutrition**, although rough estimates can be made in some cases. PADs provide figures on 1) the total project amount and 2) the portion of the total project that will be financed by the GFF Trust Fund. Beyond this, there is significant variation in the details provided for the levels of GFF funding corresponding to project components, sub-components and activities. Furthermore, some activities include a nutrition element, but with a focus that is broader than just nutrition. For example:

- Based on the limited details provided in the Kenya PAD, it is possible to suggest that the GFF Trust Fund will provide \$5 million for a component that includes some nutrition focus. But it is not possible to determine how much of that \$5 million will be directed towards the one relevant sub-component (of 3); and of that amount, how much will be directed towards the one activity (of 5) that has a nutrition focus. Furthermore, even that one activity is only partly focused on nutrition. Thus, although this project can be said to support some nutrition-focused activities, it is impossible using publicly available information to estimate how much funding is provided for nutrition with any precision. In any case, the level of funding for nutrition for this project appears to be quite modest.
- The Cameroon PAD provides a better ability to estimate nutrition financing by the GFF Trust Fund. In this case, there is much greater detail, with budget figures down to activity level, disaggregated by financing source.³⁶ With this level of detail, it is possible for example to estimate that \$6 million of GFF Trust Fund financing will be provided for two activities that are significantly focused on nutrition-specific interventions.³⁷ This is in addition to several activities that include nutrition-sensitive interventions, with associated GFF Trust Fund financing figures. Again, only rough estimates are possible, since the activities include multiple interventions, some of which are not described in sufficient detail to understand their precise nature or nutrition focus.

35- From World Bank press release, 27 March 2017: <http://www.worldbank.org/en/news/press-release/2017/03/27/the-world-bank-aproves-us100-million-to-combat-malnutrition-in-guatemala>

36- In this case, from a GFF Trust Fund grant and an IDA credit.

37- Including distribution of micronutrients, promotion of IYCF, management of acute malnutrition, promotion of exclusive breastfeeding, promotion of women's nutrition, reducing risks of low birth weight.

It is worth noting a caveat here: first, the question of variability between PADs – and the level of budget details provided – appears to be an issue of variability between PADs in general at the World Bank (rather than a GFF-specific one).

To return to the question of how much financing is being provided by the GFF Trust Fund to nutrition: from the documentation available, it seems that although the GFF Trust Fund is making important and useful contributions to nutrition in countries, *current levels of spending by the GFF are not likely to significantly address the nutrition funding gaps in these countries*. As another point of reference, a number of the projects have been classified by the World Bank as having a “Food Security and Nutrition theme,” but not to a degree greater than 10-20%.³⁸ Other GFF projects cite no Food Security and Nutrition theme.

Furthermore, technically, the current pool of GFF Trust Fund financing may not be entirely additional: it is a mix of new money, together with a “repackaging” of commitments that had previously been made.³⁹

2.5 ASSESSING THE GFF’S “PRIORITY” OF NUTRITION

The GFF has stated that it “has made nutrition a priority area for its investments.”⁴⁰ Based on this exercise, it is difficult to validate that claim.

There does seem to be a trend of including nutrition activities and indicators in GFF-supported projects, but as noted previously, 1) the levels of nutrition programming vary widely between projects; and 2) the actual spending on nutrition is difficult to estimate with any accuracy.

To be clear, this is not to suggest that the GFF should be carrying out any of these activities. It is also not the intent of this report to give preference to nutrition over other important RMNCAH topics such as sexual- and reproductive health, family planning, investing in girls, etc. However, in assessing how the GFF is delivering against its stated prioritization of nutrition, this exercise was only able to identify anecdotal (and somewhat varying) evidence to support the claim.

More broadly, *it is not evident how the GFF is pursuing its prioritization of nutrition, or how it is holding itself accountable for its prioritization of nutrition, in concrete terms.* There is no evidence, for example, of the GFF:



38- However, it is unclear whether these figures serve as an approximation of how much of the projects' resources are directed towards any particular theme.

39- <https://www.globalfinancingfacility.org/faq>

40- http://www.globalfinancingfacility.org/sites/gff_new/files/documents/Nutrition_GFFfacts.pdf

41- This is of interest because of the ‘investment framework for nutrition’ released by the World Bank.

..... 2.6 BROADER IMPACT OF THE GFF: LINKING THE GFF WITH IDA/IBRD

It is important to recall that the *GFF model comprises more than just the GFF Trust Fund*, and the impact of the GFF's work in countries is intended to be broader than from GFF Trust Fund support alone.

The GFF is by design linked to two of the World Bank's "core business" areas: International Development Association (IDA) and the International Bank of Reconstruction and Development (IBRD) financing. IDA lends money on concessional terms, in addition to providing some grants and debt relief. It is one of the largest sources of assistance for the world's 77 poorest countries, and is the single largest source of donor funds for basic social services in these countries, with current annual commitments at approximately \$19 billion.⁴² The IBRD is the largest development bank in the world, providing loans, guarantees and other services to middle-income and creditworthy low-income countries. In the fiscal year 2016, new IBRD lending commitments amounted to \$29.7 billion.⁴³

Allocation of IDA/IBRD financing to countries is determined by World Bank procedures. Each government determines – subject to World Bank approval – how these allocations will be distributed among different national priorities, including for primary education, health, WASH, agriculture, infrastructure, institutional reforms and others.

Financing from the GFF Trust Fund is consistently being "linked" to larger, and sometimes broader, IDA/IBRD projects, at levels that are several times greater than the level of GFF Trust Fund financing (although for reasons discussed above, the level of IDA funds directed towards nutrition is often difficult to estimate):

- **Cameroon:** \$100 million (IDA) and \$27 million (GFF Trust Fund)
- **DRC:** \$120 million (IDA) and \$40 million (GFF Trust Fund)
- **Guatemala:** \$100 million (IBRD) and \$9 million (GFF Trust Fund)
- **Kenya:** \$150 million (IDA) and \$40 million (GFF Trust Fund)
- **Nigeria:** \$125 million (DA) and \$20 million (GFF Trust Fund)
- **Tanzania:** \$200 million (IDA) and \$40 million (GFF Trust Fund)
- **Uganda:** \$110 million (IDA) and \$30 million (GFF Trust Fund)

In the past, there have been discussions about a "multiplier" effect, where each dollar spent through the GFF Trust Fund generates several times that level of *additional* investment from IDA. However, this effect (and its magnitude) is difficult to estimate or verify, partly because IDA money spent on a GFF RMNCAH project may have otherwise been spent on RMNCAH even without the GFF. Reportedly, there have been examples where the availability of GFF Trust Fund resources have played a role in influencing government decisions around using IDA/IBRD for health.⁴⁴

Beyond this however, there are other intended benefits in linking the GFF to IDA and IBRD. First, there are basic efficiencies and improved aid effectiveness in harmonizing funding sources for countries. It also helps to ensure that associated IDA/IBRD support – which is greater in magnitude than GFF Trust Fund financing – is based on prioritized, evidence-based investment cases.

Another important point is that IDA and IBRD systematically involve ministries of finance, and sometimes planning commissions/bureaus. This is in contrast to many other external financing sources, where the primary counterpart is often one sectoral ministry, e.g. the Ministry of Health. Working with the Ministry of Finance to determine the use of funding for RMNCAH and nutrition offers *opportunities for positioning RMNCAH and nutrition more strategically within broader, longer-term national planning and prioritization processes*.

Finally, linking the GFF to IDA/IBRD offers access to a wider range of innovative World Bank financing instruments, for example through the use of a "buy-down" for the Guatemala project.⁴⁵

42- <http://ida.worldbank.org/about/what-ida>

43- <http://www.worldbank.org/en/about/annual-report/roles-resources>

44- These are anecdotal examples provided by the GFF Secretariat, and it was not possible within this limited exercise to investigate these further.

45- In a buy-down, the principle and/or interest of a loan is paid off, which is sometimes contingent on the achievement of pre-defined results, or "Results-Based Financing" (<http://siteresources.worldbank.org/CFPEXT/Resources/299947-126755827203/Buy-Downs.pdf>)

2.7 BROADER IMPACT OF THE GFF: COMPLEMENTARY FINANCING OF THE INVESTMENT CASE

The investment case is also intended to be the reference point and mobilization tool for other sources of financing beyond the World Bank. In theory, multiple financiers decide jointly on which elements of prioritized investment cases would be financed by different national- and international sources. The intent is to improve the efficiency (and aid effectiveness) of current financing, and attract additional resources from multiple sources.⁴⁶ *The intended value of the GFF model is therefore partly to mobilize more financing for RMNCAH and nutrition, but also to make existing financing more efficient and effective.*

To date, other donors do seem to be funding the broader projects with the GFF in-country (e.g. USAID in DRC and Tanzania), and the GFF has been in discussions with other donors such as the Global Fund about complementary financing elsewhere. It is unclear whether these complementary financing arrangements have had a significant nutrition focus.

Again, there are challenges in estimating the additionality of resources, and in estimating the allocation of these resources towards nutrition. However, 1) the model does seem to offer useful opportunities for harmonization and mobilization; and 2) the explicit participation of other donors in these projects seems to be an affirmation of that opportunity.

2.8 FOCUS ON TARGETED AREAS AND POPULATIONS

The GFF Business Plan calls for an emphasis on areas and target populations that have historically been neglected (e.g. adolescents) and under-funded (including nutrition).⁴⁷ This is consistent with guidance elsewhere to prioritize high burden areas and nutritionally at-risk populations.⁴⁸ PADs of projects supported by the GFF trust fund are consistently providing justification for beneficiaries targeted, which suggest that *GFF projects are demonstrating a focus on targeted areas and populations, at least anecdotally*. For example:⁴⁹

- The Cameroon project beneficiaries include vulnerable women, children and adolescents, with a focus in 2016-2018 on scaling up activities in the three northern regions, which had previously not yet been covered by the pre-existing project. The northern regions are marked by disproportionately high levels of poverty and health outcomes (including child mortality, low birth weight, and malnutrition), as well as access to health services. The northern regions have furthermore suffered recently from insecurity and instability related to Boko Haram activities.
- Target beneficiaries of the Nigeria project are women, children and adolescents in the conflict-affected states in the Northeast of the country.
- Beneficiaries of the Uganda project are women of childbearing age, adolescents and children under-five from selected districts in the country with high RMNCAH disease burden and low RMNCAH service coverage and utilization.

46- <https://www.globalfinancingfacility.org/our-approach>

47- Stakeholders are asked to consider data from different sources: Poverty assessments with health modules, population-based surveys, joint Assessment of National Health Strategies, Service Provision, Assessments, National Health Accounts, Public expenditure reviews, Public expenditure tracking surveys, Private sector assessments

48- http://www.actioncontrelafaim.org/sites/default/files/publications/fichiers/acf_2014_nutrition_security_policy_en.pdf

49- PADS for Cameroon, Nigeria and Uganda projects.

..... 2.9 THE GFF AND THE POWER OF NUTRITION

The Power of Nutrition is still in the early stages of its financing activities. This report does not analyze the Power of Nutrition in detail, in part because there is only limited documentation available on the Power of Nutrition's initial investments. There are however a few points worth noting in the initial interactions between GFF and Power of Nutrition investments.

As was noted in Section 1, Tanzania, Ethiopia and Liberia have been targeted as countries for early Power of Nutrition support.⁵⁰ All three of countries are GFF recipients.

This raises the question of *how to ensure that there is a coordinated and complementary approach when these two financing mechanisms are working in the same country*, in accordance with aid effectiveness principles. There does not appear to be any official strategy or approach on this topic. In the cases of Ethiopia and Tanzania, the Power of Nutrition and the GFF Trust Fund are supporting the same IDA project, which should contribute to coordination and complementarity. There have furthermore been some specific attempts to ensure complementarity. For example, the Power of Nutrition has adopted a more nutrition-sensitive approach when the GFF is funding nutrition-specific interventions (e.g. Ethiopia); and the Power of Nutrition taking more of a leadership role on nutrition more broadly when the GFF is more focused on health services (e.g. Tanzania). However, these points are based on information provided through informal discussions, rather than through documentation or deeper analysis.

50- The "Our Investments" page of the Power of Nutrition website (<http://www.powerofnutrition.org/our-investments/>) mentions only Tanzania, with limited details on the program. Separately (but not linked from the investments page), there is a separate page on an investment in Liberia (<http://www.powerofnutrition.org/tackling-child-undernutrition-post-ebola-liberia/>), with some details on the program. The Power of Nutrition also is reportedly supporting a program in Ethiopia, but details on this investment were not publicly available.

III - CIVIL SOCIETY ENGAGEMENT WITH THE GFF

Civil society⁵¹ has an important role to play in contributing to the GFF's work on nutrition – at multiple levels (e.g. sub-national, national and global levels), and on a wide variety of functions.

Because GFF resources are not earmarked for any one approach or sectoral focus, the process for developing **Investment Cases** at country level is extremely consequential within the GFF model. Indeed, as discussed above, even as nutrition is purportedly prioritized by the GFF, the extent to which it is included in GFF-supported projects can vary widely. In this context, and as members of the multi-stakeholder platform in country, **civil society organizations have the opportunity to influence discussions in-country – to push government and other partners to include consideration of the nutrition determinants of poor health and excess mortality as Investment Cases are prepared.**

As a long-standing provider of important technical assistance, civil society is well positioned to strengthen the prioritization process, ensuring that it is data-driven and evidence-based, and focusing on the gaps and barriers that are most relevant to a country's situation and needs. This includes in particular ensuring that investment cases appropriately address the needs of vulnerable and hardest-to-reach populations, and more specifically the communities, families and individuals, which are most affected by, vulnerable to, or at risk of undernutrition.

This exercise did not investigate the work at country level within multi-stakeholder platforms, nor experiences to-date in the development of Investment Cases. However, according to experiences reported through the GFF Civil Society mechanism, these platforms still tend to be opaque, with difficulties in understanding which stakeholders are represented, or who is leading them. According to AAH, multi-stakeholder platforms have furthermore failed in some cases to link with SUN Movement Multi-Stakeholder Platforms in-country, thus resulting in limited “nutrition championing” during Investment Case development. Although the World Bank primarily disburses funds to governments, civil society nevertheless often participates in the implementation of projects. The PADs reviewed as part of this exercise showed only occasional mention of civil society involvement as an implementer. However, it was not possible to determine whether this was an indication that civil society is playing a limited implementation role in GFF projects, or whether this simply reflected the limited level of detail in the PADs. In any case, **project implementation** is another area in which civil society can play a strong role, especially with communities that are relatively poorly served by government programs.



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51- Throughout the report, civil society comprises civil society organizations, as well as national and international non-governmental organizations (including AAH).

It will be important to clarify, increase transparency and improve the engagement of civil society in these country-level GFF processes in the coming years.

Civil society has historically played a crucial role in supporting the fundraising efforts for key financing mechanisms. *The upcoming GFF replenishment activities offer an interesting opportunity to discuss how to strengthen the argument that the GFF is a powerful and effective vehicle for scaling up nutrition in countries.* As this report suggests, that argument exists, but much of it is anecdotal. It may be useful for civil society to work with the GFF to identify concrete ways in which the GFF can more systematically prioritize nutrition, and demonstrate its role and impact in nutrition.

Other specific areas for potential civil society advocacy engagement with the GFF include working to strengthen:

- Nutrition-sensitive approaches in GFF-supported projects;
- The GFF's focus on wasting and stunting, including through systematizing inclusion of nutrition stakeholders in multi-stakeholder platforms and Investment Case development;
- The systematic engagement of civil society in in-country mechanisms and processes; and
- How the GFF can prioritize support for the poorest countries with the highest malnutrition burdens.

One of the key entry points towards this end is the GFF Investors Group, which is the body charged with GFF governance, driving institutional commitments and agreements among partners, monitoring performance and ensuring accountability for results.⁵² With two seats on the GFF Investors Group, *civil society is well positioned to help drive the strategic direction of the GFF, and on-going refinements of its business model.* Civil Society has valuable perspectives and experiences to bring to the deliberations of the GFF Investors Group, including through its work in countries, its technical expertise, and its understanding of the programmatic realities, needs of communities, and the political and social barriers they face.



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IV - CONCLUSION

The emergence of new innovative financing mechanisms – including the GFF, as well as Power of Nutrition and UNITLIFE – is an important addition to the nutrition financing landscape.

All three are still in the early stages of their work. Although they do not appear to be bringing “game changing” levels of new financing for nutrition, they nevertheless show potential for bringing new funds for nutrition from new sources, with positive contributions to aid effectiveness and multi-stakeholder engagement.

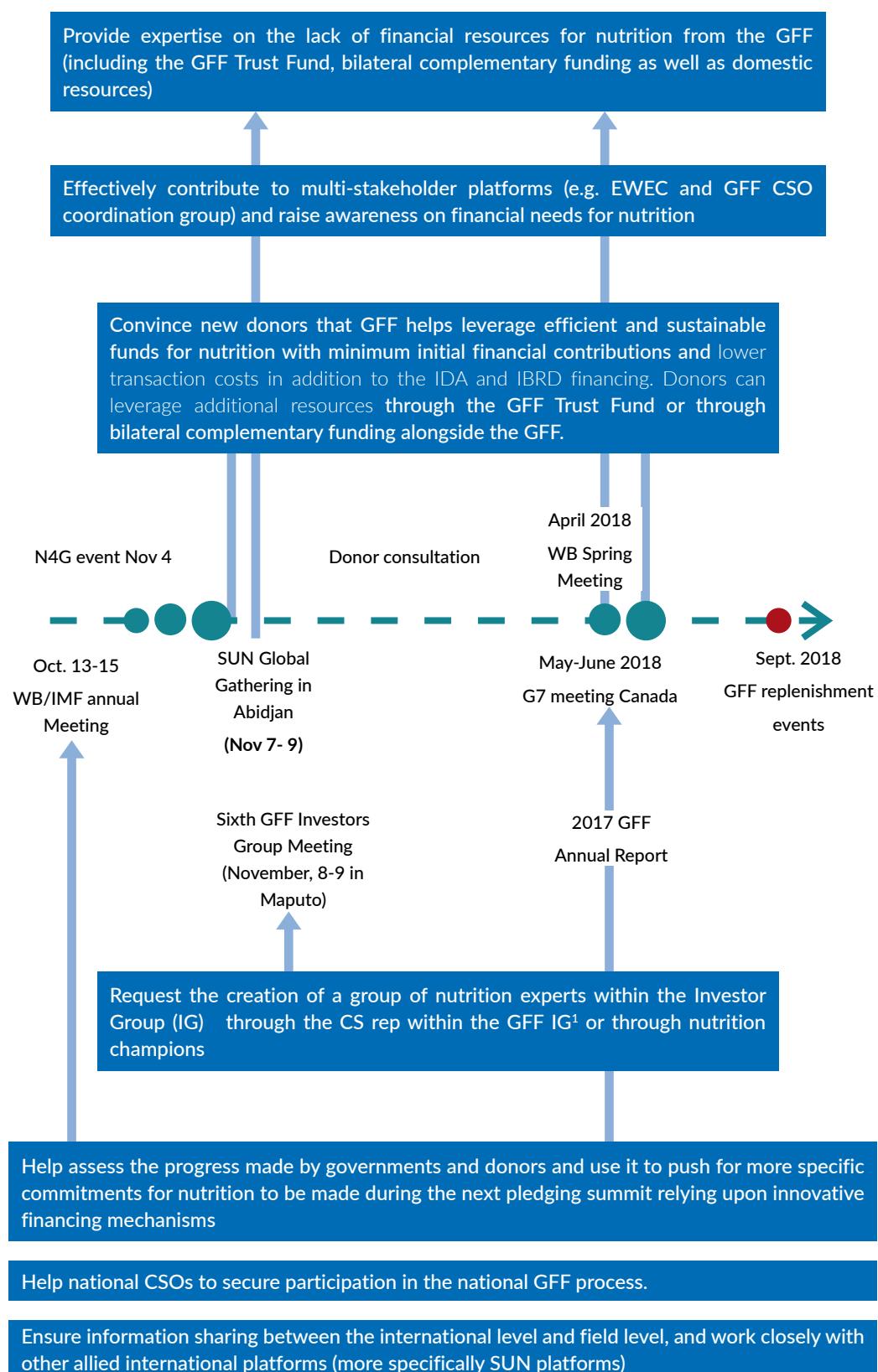
In order to realize this potential however, some work will likely be required, including refining the processes by which they engage multi-stakeholder partners at country level and identifying priorities for funding. In the case of the GFF, there will also be a need to clarify and strengthen its focus on nutrition, and demonstrate that it is an effective mechanism for supporting nutrition scale-up in countries. Civil society will be an important partner in helping these new financing mechanisms to realize this potential.

At national level, CSOs should:

- ▶ *Engage from the start of country discussions* (i.e. participating during both the consultative and implementation phase, and working closely with the MoH and in-country WB offices) specifically to help ensure that nutrition priorities are included in both investment cases and PADs, especially on under-represented topics such as SAM. Effectively contribute to national health platforms
- ▶ *Coordinate with likeminded CSOs* to overcome barriers, *undertake a transparent process* to nominate one organization who takes the lead of coordination, and identify a clear process for the involvement of CS in the national platform in partnership with the ministries (or ask ministries to do so)
- ▶ *Engage in the launch of the national platforms⁵³, and ensure that GFF processes build on existing platforms, and more specifically SUN platforms* (Ensure connections with existing SUN platforms if needed).
- ▶ *Advocate to governments on*
 - how to engage with emerging innovative financing mechanisms,
 - how to monitor the growth and implementation of the different innovative financing mechanisms at national level
 - how to create a country platform
 - why nutrition should be prioritized and financed
- ▶ *Play a role in monitoring the use of resources*, making project implementation more effective and transparent, and strengthening accountability for improved nutrition outcomes by tracking progress in ending under nutrition (e.g. based on the implementation ratings). They should develop Scorecards or other tools which will help ensure that commitments made by relevant actors throughout the process are tracked (from the launch of country platform to ensure mutual accountability). Although the World Bank primarily disburses funds to governments, *project implementation* is another area in which civil society can play a strong role, especially with communities that are relatively poorly served by government programs.

53- Resources for CS will be provided to support the development of well-functioning civil society platforms.

At international level, CSOs should ensure that nutrition remains a priority during both GFF and IDA replenishments and advocate for a strong 2018 GFF replenishment:



<p>THE GROUP OF NUTRITION EXPERTS WITHIN THE INVESTOR GROUP (IG) SHOULD PROVIDE:</p>	<ul style="list-style-type: none"> ▶ <i>Information and evidence on the impacts of GFF on Nutrition</i> to build the case that GFF can more systematically prioritize nutrition and demonstrate its impact on nutrition. ▶ <i>Advice on whether and how GFF is optimized towards the particular circumstances of emergency or fragile situations.</i> The financing gap in <i>donor orphans</i> carries a particular urgency given that there is a significant threat of famine in a number of these countries, including recurrent famine in some countries. ▶ Potential solutions for <i>preventing recurring famines</i> and <i>addressing undernutrition in the long-run</i> ▶ Amend the GFF investment case guidance note to highlight some of the ways that response capacity to famine crisis can be strengthened
<p>THE WORLD BANK SHOULD:</p>	<ul style="list-style-type: none"> ▶ <i>Better prioritize nutrition in the PADs and the guidance notes provided to countries</i>, and include: <ul style="list-style-type: none"> • more systematically every basic standard WHO nutrition indicator (building on the list of indicators developed by WHO for the Global Strategy and indicators for the Sustainable Development Goals), for use in GFF countries in the full set of indicators (as well as in the PADs when relevant) in order to track progress and measure the impact of any given GFF project on WHA targets for nutrition (stunting, wasting, breastfeeding, and anemia). In addition, the percentage of children under 5 affected by wasting should be included in the list of programmatic indicators • nutrition indicators as either project development objective indicators or intermediate result indicators. • an indicator measuring the inclusiveness of CSOs in the country-level GFF processes, in the full set of indicators for use in GFF countries ▶ <i>Better describe the content of the PADs</i> in order to 1/ describe in more details all activities that are likely to be implemented by the institutional and implementation arrangements, and 2/ improve accountability and transparency 3/ describe the role of CS 4/ indicate the details of their funding (especially for nutrition). The list of portmanteau interventions such as family planning, reproductive health, maternal health does not showcase the potential impacts that the project will have. SMART nutrition-related activities should be more systematically included in the PADs (especially in high burden countries). ▶ <i>Provide complementary funding for nutrition</i> through IDA/IBRD if there is a lack of funds for nutrition through GFF ▶ <i>Change GFF country eligibility criteria to capture both nutritionally vulnerable population and high-need populations in fragile states</i> and countries affected by recurrent famine crisis. <p>Those issues could be brought to the attention of the IG by 1/ implementing countries (Ministries of Health or Ministries of Finance) or 2/ public sector financiers or 3/ private foundations or 4/ the World Bank itself, and will be addressed by the Expert Group.</p>

Other stakeholders are key to ensure that nutrition is not set aside.

HIGH BURDEN COUNTRIES SHOULD

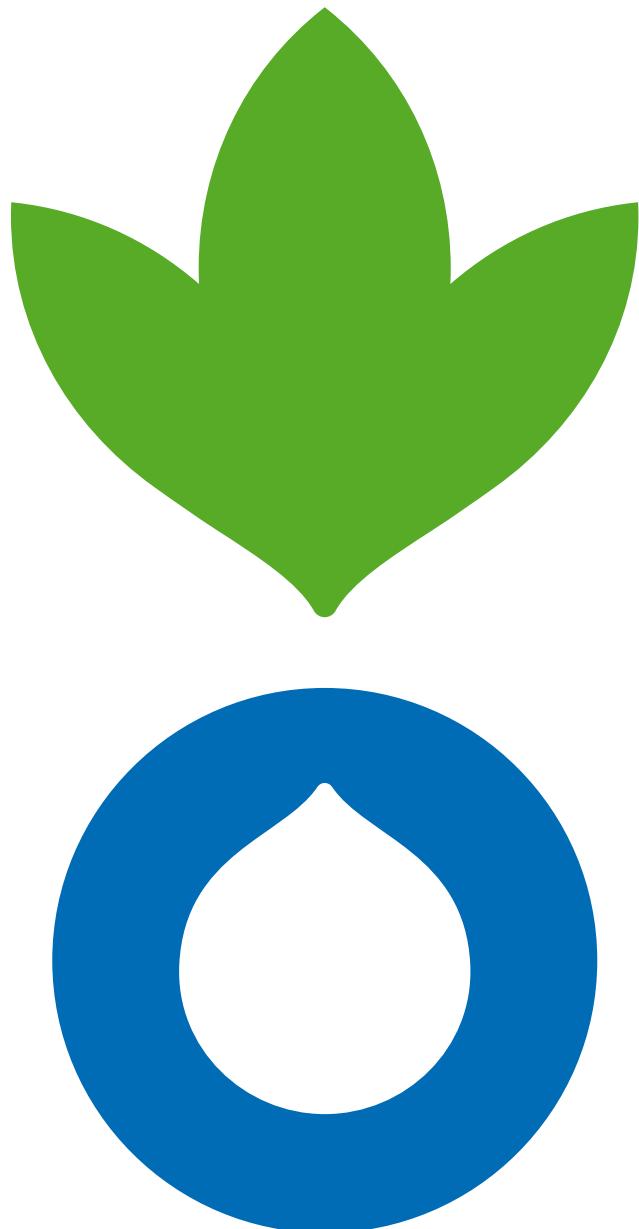
- ▶ From the very beginning of the discussions, proactively work closely with World Bank offices to **request nutrition funding through the GFF**, and consequently develop investment cases (29 new countries will receive funds in 2018)
- ▶ **More systematically look at the prevalence of under nutrition at country level** before developing the investment case, and prioritize nutrition as essential for RMNCAH rather than developing a longer and detailed list of interventions in investment cases.
- ▶ Include a budget line dedicated to nutrition within the investment cases
- ▶ More systematically include interventions that have been **proven to work in improving nutrition of women, children, and adolescents in investment cases**
- ▶ The GFF country platforms should **more systematically consult with CSOs** (and Civil society in general) throughout the country-level GFF processes

DONORS SHOULD

- ▶ For major donors who are not yet involved, **become funders of the 2018 replenishment** (either contributing directly to the GFF Trust Fund or providing complementary financing in support of the investment cases). At least two or three major European donors should be largely involved.
- ▶ Leverage GFF to align with nutrition programs in GFF countries
- ▶ **Influence the discussions in the IG** to leverage more funds for nutrition (given the current financing gap)

Further investigations will be required to explain how previous GFF **investment cases were developed**. Many of the details related to the Investment Case development process (e.g. which stakeholders were involved; using which documentation and evidence; based on which plans and strategies; with what efforts to strike the right balance of participation and engagement from different stakeholder groups and on different topics; the nature of the review process; etc.) are extremely important, especially when the aim is to arrive at a “prioritized” set of interventions.

Another aspect not covered by this exercise is the “**health financing strategies**” component of the GFF, which aim to make health financing more sustainable. The GFF states that these strategies will support “domestic resource mobilization to ensure nutrition is prioritized in the national budget.”⁵⁴



Action contre la Faim-France
14/16 Boulevard de Douaumont
75854 Paris cedex 17
France
www.actioncontrelafaim.org