Review of the Global Financing Facility's Operating Model in Fragile and Conflict-Affected Situations

Overview

This paper was jointly prepared by the GFF Secretariat and the Fragility, Conflict and Violence Group (FCV) Unit at the World Bank Group (WBG). The paper responds to requests from the GFF Investors Group to better understand the GFF's approach to Fragile and Conflict-affected situations (FCS) and opportunities to improve reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) outcomes and achieve impact at scale. The review will also be an input to the development of the GFF's next strategy period.

Action Requested

The Investors Group is requested to review the GFF's approach to FCS countries presented in this paper and provide feedback to the Secretariat. Opportunities to provide comments will be presented during the stocktaking session. A follow-up deep dive discussion can also be organized upon request.

Introduction

The findings and analysis in this paper have been informed by a comprehensive desk review of key documents as well as interviews with relevant GFF country focal points and liaison officers, government focal points, and WBG task team leaders. Quantitative data is used to draw high-level comparisons between the GFF's FCS and non-FCS partner countries regarding progress against key performance indicators (KPIs) and GFF Impact Indicators. Country-specific results data, alongside the findings of the interviews and discussions, provides a more detailed picture of progress and challenges in specific country settings.

This review gives summary-level attention to all 15 of the GFF's FCS partner countries[1], and also draws conclusions from deeper dives in six countries: Afghanistan, Burkina Faso, Democratic Republic of Congo (DRC), Ethiopia, Mozambique, and Somalia. These countries were selected because they represent different types of fragility (e.g., political instability, conflict, institutional weakness, etc.).

This review also introduces some standard FCS considerations or filters. The WBG's current FCV strategy[2] (2020–2025) centers on four key pillars: (1) remaining engaged during conflict and crisis situations; (2) preventing violent conflict and interpersonal violence; (3) helping countries transition out of fragility; and (4) mitigating FCS spillover effects.

[1] The 15 FCS countries are Afghanistan, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Ethiopia, Haiti, Mali, Mozambique, Myanmar, Niger, Nigeria, Somalia, and Zimbabwe.

[2] WBG FCV Strategy: https://documents.worldbank.org/en/publication/documents-reports/documentdetail/844591582815510521/world-bank-group-strategy-for-fragility-conflict-and-violence-2020-2025

Within this framework, the WBG advocates for special emphasis on six priority issues: (1) investing in human capital; (2) supporting macroeconomic stability; (3) creating jobs and economic opportunities; (4) building community resilience and preparedness; (5) engaging in justice and rule of law; and (6) developing approaches to engaging with the security sector. While only a subset of these dimensions are relevant to the GFF, this review explores what focusing on certain elements (for example, remaining engaged, investing in human capital) could mean for the GFF's evolving approach in FCS.

Context

Rising levels of fragility, conflict, and violence are complicating the development landscape and risk compromising the effectiveness of development financing. According to the 2024 Global Peace Index, 97 countries experienced declining peace and stability, with 92 countries involved in conflicts beyond their borders, and 110 million people have been forcibly displaced (both internally and as refugees).[3] By 2030, it is projected that almost 60 percent of the world's poorest people will live in FCS where several phenomena, including climate change, forced migration, debt distress, and rising levels of armed conflict are reversing hard-won development gains.

Women and children in FCS suffer some of the worst health outcomes in the world. As articulated further in Annex 1, FCS carry a disproportionate burden of mortality, compared to non-FCS. Maternal mortality, under five mortality, adolescent birth rates, stunting wasting are all higher on average in FCS supported by the GFF compared to non-FCS.

Fragility and conflict also have a significant impact on food systems, access to markets, and nutrition. Households in FCS are often forced to rely on calorie-dense, low-nutrient foods, leading to widespread micronutrient deficiencies, particularly in women and children.[4] This reduction in dietary diversity is linked to poorer health outcomes and developmental challenges in children and poorer obstetric and other health outcomes among women. Nutrition outcomes show alarmingly low progress in FCS, with stunting rates for children under age five exceeding 40 percent, nearly double the global average of 22 percent.[5]

Women, children and adolescents comprise the vast majority of forcibly displaced persons worldwide, a highly vulnerable population that is growing significantly. At the end of 2023, more than 117 million people worldwide were forcibly displaced due to persecution, conflict, violence, and human rights violations.[6] Of this number, internally displaced persons (IDPs) account for almost 65 percent (76 million) while those moving across international borders (refugees and asylum seekers) comprise 41 million.[7] Women, children, and adolescents make up 70 percent of the forcibly displaced persons worldwide[8] and are especially vulnerable to health and safety risks they face during their movements.

The interaction between fragility and health is complex and bidirectional. Conflicts and instability can rapidly erode health systems and broader human development outcomes, which can, in turn, fuel

[3] Institute of Economics and Peace, *Global Peace Index 2024: Measuring Peace in a Complex World*.
[4] Akseer, N., et al., *Nutrition in conflict and crisis-affected settings: A systematic review,* The Lancet (2017).
[5] https://data.unicef.org/resources/jme-report-2023/
[6] https://www.unhcr.org/us/global-trends.
[7] IDMC-GRID-2024-Global-Report-on-Internal-Displacement.
[8] https://www.unhcr.org/us/about-unhcr/who-we-are/figures-glance.

greater instability. The civil wars in Sierra Leone and Liberia, for example, decimated health infrastructure and contributed to the unchecked spread of Ebola and sparked more unrest. Conversely, investing in access to quality health care can help mitigate fragility not only by preventing outbreaks at their source and improving population health but also by creating jobs, promoting stability, and strengthening civic engagement and government accountability. This dual role of health systems underscores the importance of integrating health system strengthening into broader development and peacebuilding efforts in FCS.

Theoretical Frameworks

The frameworks outlined in box 1 form a lens through which to consider the suitability of the GFF's approach in FCS. The Organization for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) principles include the importance of focusing on state building, avoiding pockets of exclusion, and the criticality of staying engaged. The WBG's FCV strategy also advocates building sufficiently inclusive coalitions for reform and showcasing early results to build citizens' trust in the state while also supporting basic institutional functions for service delivery.

Overview of the GFF in FCS Countries

FCS comprise a major component of the GFF's current portfolio. Fifteen of the GFF's 36 partner countries, or nearly 40 percent, are classified as FCS by the WBG.[9] These countries vary considerably in their dimensions of fragility, such as the level of insecurity, political instability, and institutional capacity.

[9] The 15 FCS countries are Afghanistan, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Ethiopia, Haiti, Mali, Mozambique, Myanmar, Niger, Nigeria, Somalia, and Zimbabwe.

Box 1. Theoretical Frameworks Informing Review of GFF in Fragile and Conflict-Affected Situations

Over the past two decades, the **OECD-DAC Principles** for Good International Engagement in Fragile States and Situations (2007) have provided key guidance on supporting fragile states. Central themes include state building, avoiding exclusion, and remaining engaged to support vulnerable populations in fragile and conflict-affected settings (FCS). The OECD's approach has evolved into a more comprehensive framework that applies six dimensions—economic, environmental, human, political, security, and societal—to address various types of fragility across 60 countries.

The 2011 World Bank World Development Report (WDR) underscores that conflict, security, and development remains influential in shaping strategies to reduce violence in fragile states. The WDR emphasizes building inclusive coalitions, showcasing early results to build trust, and strengthening basic institutional functions such as service delivery. It advocates for pragmatic approaches that prioritize practical progress over perfection, offering important lessons for the GFF in fragile contexts.

The World Bank FCV Strategy (2020–2025) outlines four pillars for engaging in FCS: remaining engaged during conflict, preventing violence, supporting transitions out of fragility, and mitigating spillovers from conflict. These principles, though not specific to human development, guide GFF's approach to building resilience and institutional capacity in FCS settings.

The World Bank FCV Strategy Mid-Term Review (MTR) (2023) emphasizes the need for adaptability in dynamic fragile and conflict-affected environments. It highlights the importance of partnerships and developing in-country expertise to respond to rapidly changing political and operational circumstances. The review also underscores the disproportionate impact of conflict on women and girls, stressing the need for targeted strategies to address gender inequities and GBV.

New research from **the World Bank's FCV Group emphasizes** the importance of robust risk analysis, flexible project design, and engaging nonstate actors in insecure areas. Key lessons also focus on the need for enhanced implementation support, collaborative planning, and the use of third-party monitoring and implementation in highly insecure settings.

The GFF's country-driven and tailored approach has led to considerable diversity of approaches to address and mitigate the risks in FCS.

The GFF experience in FCS to date shows that progress in improving RMNCAH-N outcomes is possible but uneven, as FCS countries are starting from a disadvantaged baseline. The analysis of the changes in GFF's impact indicators in its partner countries (Annex 1) reinforces the point that women and children in FCS suffer considerable setbacks on some indicators but that progress is possible on others. FCS lag behind non-FCS countries on indicators such as maternal mortality ratios (MMRs), wasting for children under age 5, and adolescent birth rates. Even in some areas where FCS seem to be making stronger progress, progress is still slow, such as for stunting in children under age five. Often, FCS countries are starting from a lower baseline of health outcomes, requiring intensified efforts and accelerated progress to close gaps with non-FCS countries.

From its inception, the GFF has been continually learning and adapting its approaches to improve outcomes for women, children, and adolescents in FCS partner countries. The 2015 GFF Task Team on Fragile Settings presented a paper at the February 2016 IG meeting that highlighted the degree to which

RMNCAH-N indicators in FCS countries have lagged those in non-FCS countries. IG members requested further work to be done on how the GFF could adapt and strengthen its support in FCS settings. The task team then presented a second paper in November 2016 that made several recommendations, including: taking a more country-tailored approach to achieving RMNCAH-N results; strengthening the humanitarian-development nexus in areas of the GFF's comparative advantage; considering the use of appropriate innovative financing mechanisms, such as development impact bonds; and prioritizing fragility in the selection of GFF partner countries.

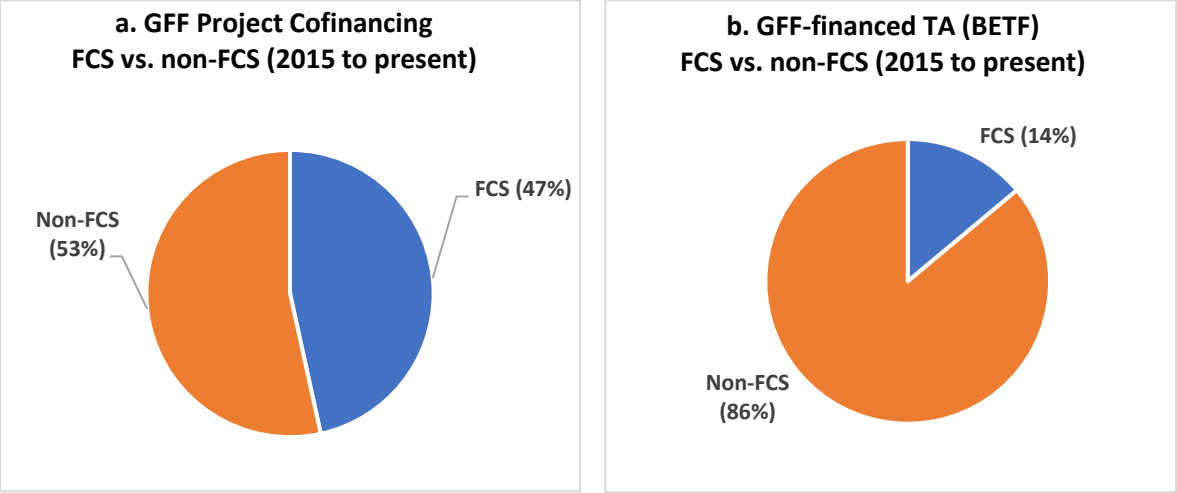
The current GFF strategy (2021–2025) provides limited direction on how the GFF should adapt its approaches in FCS, offering scope to strengthen this area in the next GFF strategy period. While the strategy voices a commitment to supporting more precise efforts to target the needs of refugees and others impacted or displaced by conflict, it is also embedded alongside other aspirations to target the needs of rural populations and those impacted by climate change. The GFF's experience to date suggests that it would be helpful in the next strategy to be more deliberate on how the GFF will engage in FCS countries with a differentiated approach.

GFF Financial Support and Technical Assistance for FCS

In recognition of the high risks to women, children and adolescents, the GFF has made considerable co-financing grant investments in FCS countries. Since 2016, the GFF has provided over US$1.3 billion in total project cofinancing grants to partner countries, with 621 million or nearly half (47 percent) allocated to FCS countries compared to US$712 million for non-FCS (see panel a in figure 2). As FCS countries comprise approximately 40 percent of GFF partner countries, this amount represents the GFF's strong commitment to improving RMNCAH-N outcomes in these challenging contexts. All 15 of the GFF's current FCS partner countries have received cofinancing support to date. Top GFF grant beneficiaries among the FCS partner countries are Ethiopia (US$109+ million), Afghanistan (US$74 million), and Cameroon (US$64 million) respectively.

Beyond project cofinancing, FCS partner countries have also benefitted from a range of GFF-financed technical assistance (TA). The GFF's Bank-Executed Trust Fund (BETF) supports a broad menu of core TA services as well as more flexible and adaptable TA in a range of areas. The GFF's core TA menu includes support for: project preparation; supervision; investment case (IC) design and implementation support; and support for resource monitoring and expenditure tracking (RMET). Flexible TA options include support in areas such as: human resources for health (HRH); domestic resource utilization and mobilization (DRUM); results monitoring; frequent assessment and system tools for resilience (FASTR); alignment; country platform; sexual and reproductive health; and quality RMNCAH-N.

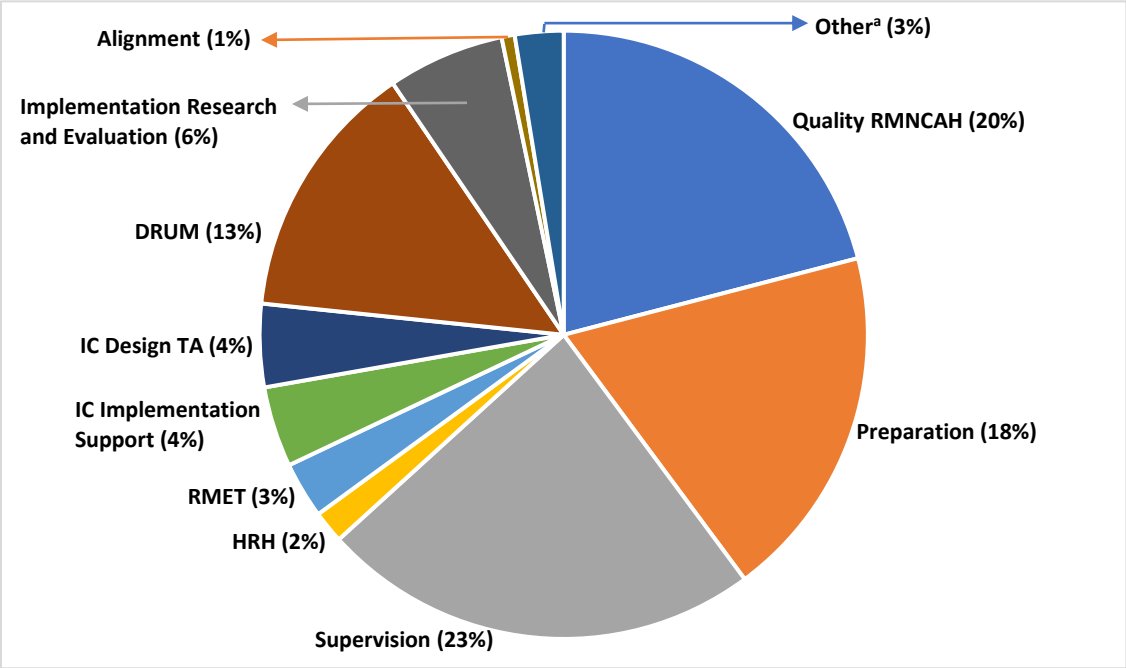
Figure 2. GFF Project Financing and GFF-Financed Technical Assistance, FCS vs. non-FCS, 2015 to Present



Source: Adapted from GFF Secretariat data.

GFF financing for TA, however, suggests an imbalance between FCS and non-FCS countries. Panel b in figure 2 shows that the GFF has provided nearly US$233 million in BETF-financed TA since 2015, but only US$32.4 million of that has been allocated to FCS countries. This may reflect a difference in needs, demand perspectives for different types of TA or readiness to engage. Given the acute capacity and institutional needs in FCS partner countries, the GFF Secretariat through its Country Engagement Strategies (CES) is now correcting this imbalance through greater support to help address the unique challenges FCS countries face. This includes more dedicated attention to TA on gender, on quality of RMNCAH-N services and on specific areas of health systems strengthening such as human resources for health.

Figure 3. Breakdown of GFF Technical Assistance to FCS Partner Countries (2015 to present)
Total: US$32.4 million



Source: Adapted from GFF Secretariat data.
Note: a. "Other" includes technical assistance (TA) for: country platform; sexual and reproductive health and rights; civil registration and vital statistics (CRVS); demand side interventions; private sector; and supply chain and commodity financing.

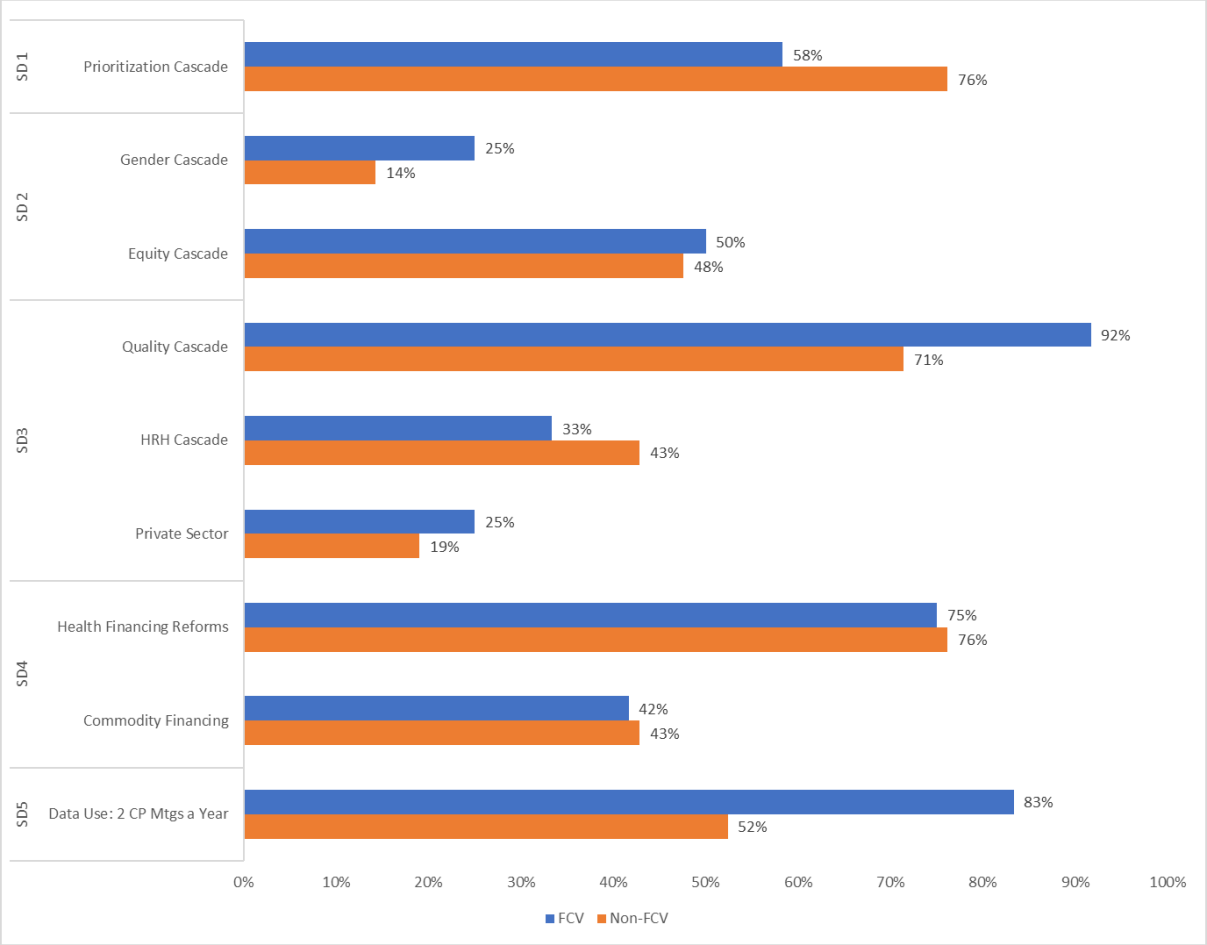
A breakdown of the GFF's TA demonstrates the breadth of nonfinancial support that the GFF provides to FCS partner countries. Figure 3 shows that support for project preparation and supervision accounts for 41 percent of TA financing (18 percent and 23 percent respectively). The GFF's guidance note on TA[10] indicates that preparation grants should aim to ensure that GFF cofinanced projects are aligned to the country's IC, while supervision grants should aim to ensure that GFF cofinanced projects focus on support for a functioning country platform, IC implementation, alignment and other GFF priorities. At the moment, these guidelines do not provide specific measures for FCS countries. Quality RMNCAH-N has also comprised a significant share (20 percent) of GFF TA. This category comprises two areas of support: analytical products[11] and technical assistance to support implementation of evidence-based reforms, policies, and practices, which can help address the FCS parameters for engagement mentioned above. As the GFF Secretariat keeps reviewing its approach to TA, it will pay particular attention to categories of TA that meet FCS needs, such as RMET and human resources for health (HRH), and FCS-specific approaches for domestic resource utilization and mobilization (DRUM).

[10] *GFF Support to Countries—Guidance Note (November 2022).*
[11] These products should be linked to one of the following priorities: High Quality Health Services (HQHS), Service Delivery Redesign (SDR), Rethinking Primary Health Care (PHC), Sexual and Reproductive Health and Rights (SRHR), Nutrition, Gender and Equity, Innovations to Scale (I2S), Human Resources for Health (HRH), and Commodity Security and Supply Chain Management (SCM). These should link to

Achievement of GFF Strategic Directions in FCS and non-FCS

GFF FCS partner countries appear to be showing good progress in some KPI cascades across the five strategic directions as compared to non-FCS countries. Figure 4 reflects the share of FCV and non-FCV partner countries that have met all the criteria for each cascade; a GFF partner country is considered to have achieved a KPI if it meets all pertinent criteria.

Figure 4. Percent of GFF Countries Meeting KPI Benchmarks by FCS vs. non-FCS Status, 2024



There is a total of 15 KPI, of which only the cascade KPIs are presented in this graph. Six additional indices are not shown here. The denominator for the analysis includes 21 non-FCV countries and 12 FCV countries

Source: GFF Secretariat.

Improving gender equality and health equity are at the core of the GFF mission and priorities in the current GFF strategy. Gender-based inequities across a range of human development domains are a common feature in FCS settings. Not only is gender inequality—and related phenomenon, such as gender-based violence (GBV)—an outcome of FCS, it is also a driver of further instability. With most FCS

countries experiencing repeated cycles of political and social instability, weak institutions, limited rule of law, and inadequate access to justice create environments in which GBV thrives. Moreover, GBV does not affect only its survivors; it undermines social cohesion, exacerbates existing grievances, and creates new ones, thus adding to FCS dynamics.

The data in figure 4 shows the percentage of GFF FCS and non-FCS countries meeting the four steps of the GFF's gender cascade.[12] While 25 percent of FCS and 14 percent of non-FCS partner countries were found to have achieved measurable progress in advancing reforms for gender equality, these still indicate significant need for acceleration. While both FCS and non-FCS partner countries prioritized women's and girls' access to quality reproductive and maternal care, non-FCS countries were more likely to prioritize gender equality on structural reforms related to health financing and the health workforce. To dive deeper, the GFF Secretariat is partnering with Johns Hopkins University on the Monitoring and Action for Gender and Equity (MAGE) initiative to provide more hands-on support to the GFF partner countries in prioritizing and measuring gender equality reforms.

FCS country performance on the equity cascade is also important, given the role of inequality and related grievances in driving fragility and conflict and compromising human development outcomes. While grievances related to inequity do not always lead to conflict and violence, they can become an important contributing factor alongside other concerns related to divisive narratives around who has controlled access to opportunities and policy decisions perceived to have excluded or disadvantaged certain groups.

FCS performance on data use also appears relatively strong. Supporting data systems and promoting evidence-based decision making in GFF partner countries are priorities for the current GFF strategy. The criterion for meeting this KPI is that at least two meetings of the GFF country platform or similar forum were convened in the past year, in which progress was reviewed and data and evidence were discussed. Data collection and its effective use in fragile settings is a chronic weakness affecting programs funded by development partners as well as those financed by government resources.

Emerging Lessons for GFF Engagement in FCS

The GFF's design has several strengths that enable it to meet some key needs of FCS countries. The GFF will build on the following strengths going forward:

- **State building.** The GFF's design includes a strong focus on supporting state institutions and systems-strengthening. Its support for ICs that prioritize the use of government systems, and the alignment of donor financing around agreed and costed priorities is central to its approach. This is supported through several core and flexible TA services to support a range of needs.

- **Avoiding exclusion.** ICs and the related projects present an opportunity to ensure attention to equity in service delivery access and reduced disparities in health outcomes. In addition, the GFF's country equity diagnostics provide an analytical platform for continuously monitoring and interrogating service delivery and RMNCAH-N outcomes to inform ongoing efforts to close

[12] The four criteria for the gender cascade are: (1) prioritized one or more strategy(ies) in the IC and/or projects to address gender-equality challenges that affect RMNCAH-N outcomes; (2) measurement approach in place to track implementation; (3) begun implementing the strategy(ies) with GFF support; (4) demonstrated measurable progress toward closing the gaps.

disparities. This is also in line with the GFF's objective to improve the availability and use of data for decision making, program design, and greater accountability.

- **Focusing on gender inequities and gender-based violence (GBV).** An intentional focus on gender inequities including GBV is at the core of the GFF approach.[13] The GFF will integrate the findings from the literature on FCS and gender which highlights the importance of ensuring consistent focus on three key areas: tackling gender disparities in accessing services; identifying opportunities to reduce GBV; and addressing the needs of women and girls who are forcibly displaced. While ICs and projects provide an opportunity to do this, there is additional scope for the GFF to ensure systematic country-level attention to these issues, notably through the TA.

- **Remaining engaged.** Strategically deployed, the GFF's positioning within a wider longer-term World Bank country engagement through a combination of financing and TA provides a strong basis to facilitate sustained support in difficult FCS contexts. With active and intentional management, financing and various forms of TA can be scaled to suit changing contexts.

- **Enabling coalitions for reform.** GFF-supported country platforms are intended to serve as the principal governance mechanism that enables coordination, learning, course correction, and mutual accountability.[14] Country platforms provide opportunities to coordinate and align around the IC and spark collective action focused on key reforms.[15] The GFF emphasizes adequate stakeholder representation, including from civil society and the private sector who can be key partners for alliance and coalition building.

- **Showing early results.** The use of results data for decision-making is a key focus of the GFF. These data on results can be a compelling basis to build citizen trust in state institutions. The greater use of the FASTR tools in FCS countries will support this objective.

Building on these strengths of the GFF approach, following are some topline actions which the GFF Secretariat will take at both the strategic and country levels to further strengthen its approach in FCS countries

[13] Onsrud, M., et al. (2020). *"Gender-based violence and reproductive health in conflict-affected areas: A systematic review."* The Lancet, 395(10235), 865-876.
[14] The World Bank Group Gender Strategy 2024-2030, *Accelerate Gender Equality to End Poverty on a Livable Planet*, includes a useful three-part framework for thinking about policy areas. It includes a focus on institutions, actors, and power relations.
[15] The priority reforms in a country's IC can include health system strengthening reforms, service delivery redesign, strengthening sexual and reproductive health rights, addressing gender inequality, human resource reforms, better frontline service delivery models, community health worker programs, etc. Depending on country context and need, health financing reforms may relate to public financial management, governance, decentralized planning/budgeting/ service delivery, domestic resource utilization and mobilization (DRUM), efficiency, equity, and financial protection (i.e., institutionalization of expenditure tracking, budget evaluation, improved business process for social health insurance, etc.).

Strategic Level

Give more specific attention to FCS needs and support in the next GFF strategy. With FCS comprising a large share of GFF partner countries—and the possibility that the share could grow in coming years—the next GFF strategy could include more attention to the specific challenges facing GFF engagement in FCS, as listed in box 2. Building on the work of the FCV task team, the next GFF strategy should drive a stronger and more holistic work program around these issues, building on the existing strategy's emphasis on more precise and targeted efforts in FCS. This should also drive stronger integration of FCS considerations in the GFF's theory of change and in its KPIs that are monitored through the operational dashboard and in future annual reports.

Box 2. Understanding the Diversity of FCS

Given the diversity reflected in the 15 FCS included in the GFF's partner countries, the following breakdown can help begin to clarify the range of challenges that the GFF is facing. These include countries:

1. *In active conflict with acute capacity constraints*
2. *In active conflict but with sophisticated capacity*
3. *Suffering from high levels of insecurity but that do not breach the quantitative thresholds of conflict*
4. *Affected by deep governance issues but that do not suffer from widespread violence*
5. *Affected by high levels of criminal violence*
6. *Facing severe refugee/migrant inflows*

Sharpen the focus on FCS needs in the GFF Secretariat's operational work plans and performance monitoring systems. Previous experience has shown some lag between the GFF's recognition of the special needs of FCS partner countries in its strategies and actions taken by the Secretariat. This is particularly the case for allocations of TA. A more deliberate application of an FCS lens in the allocations and monitoring of TA will be applied going forward.

Strengthen the GFF Secretariat staff capacity on FCS issues to enable more collective leadership. While several GFF Secretariat staff have experience living and working in FCS countries, this experience and the knowledge of what works can be more systematically integrated into the GFF Secretariat. This will enable more specificity on FCS issues in the strategic planning and operations of the Secretariat going forward.

Accelerate and deepen the application of the MAGE partnership in FCS to enable a sharper focus on the gender gaps in FCS countries. The MAGE partnership with Johns Hopkins University is working to advance a four-part framework to strengthen the prioritization and tracking of gender-related reforms in GFF partner countries. The four pillars are: quality of care; financing for health care access; human resources and governance for health; and data and information systems.[16] This partnership can yield deeper data and analysis to help target GFF approaches and interventions in FCS partner countries.

Country Level

Increase GFF investments in TA for FCS partner countries and provide more FCS-specific guidance to World Bank teams. This review has revealed that the GFF Secretariat has been investing disproportionately less in TA in FCS partner countries despite their high needs for support on critical issues. The GFF will recalibrate TA priorities toward FCS, and seek to facilitate greater alignment among other global partners supporting FCS countries with technical assistance to maximize impact. The GFF's formal guidance to task teams could be adjusted to be more explicit in requiring task teams to follow through and report on how GFF cofinancing, alongside partners' resources, are being used to fulfill one or several of the core FCS parameters specified earlier—that is, building state capacity, remaining engaged, avoiding exclusion, building reform coalitions, or demonstrating results.

Further prioritize actions to address gender and health inequalities in FCS. In 2020, the IG endorsed the *GFF Roadmap to Advancing Gender Equality,* which informed the development of the current GFF strategy, the second strategic direction on gender equality, and the gender cascade.[17] At its 18th meeting (June 2024), the IG was presented with an overview of progress thus far in implementing the gender cascade.[18] The analysis revealed that, while progress on the first two steps of the cascade has been relatively strong, progress on steps 3, 4, and 5 has been noticeably weaker given the relatively short implementation period. As noted earlier, the GFF will continue to accelerate its support on gender issues in FCS countries. **Strengthen attention to country-level data collection and results monitoring, with a focus on the specific challenges in FCS countries.** FCS settings face special challenges with regard to data availability, quality, and use given their particular institutional weaknesses. The GFF has taken important steps in supporting better data utilization that is focused on RMNCAH-N. The GFF will review the special data systems needs in FCS countries, paying particular attention to speed, as information can quickly become outdated in FCS contexts where developments on the ground are constantly in flux. Thus, deployment of a rapid cycle monitoring system may better support the data-driven decision making essential for the efficient use of resources. The GFF could prioritize the implementation of the FASTR platform in FCS partner countries and support countries in utilization of the information generated by FASTR through targeted in-country TA.

GFF country ICs should help the health sectors in FCS partner countries better manage transitions from humanitarian emergencies to longer-term development planning and assistance. The health service delivery in many FCS partner countries, particularly in those with active conflict, is largely

[16] For more background, see: GFF, *Progress Update: Measuring Progress on GFF's Approach to Gender Equality*, paper for the GFF's Eighteenth Investors Group Meeting (June 27, 2024).
[17] The gender cascade involves five steps meant to focus attention to gender integration and results through the lifecycle of GFF investments.
[18] *Progress Update: Measuring Progress on GFF's Approach to Gender Equality*, paper presented to the 18th GFF Investors Group Meeting, June 2024.

focused on humanitarian services often delivered directly by nonstate actors and with a short-term, emergency focus. The experience indicates that successful countries started planning at the same time for the transition to longer-term development of their health systems. Similarly, the COVID pandemic has shown that pre-planning how to pivot essential health services in an emergency setting is vital to saving lives. Achieving this dual focus requires targeted attention to addressing the elements of a sub-optimally functioning health system and how it can be rebuilt while also dealing with immediate health priorities. The GFF investment case process could be more deliberate in filling this gap and aligning partners around transition plans to bolster medium- to long-term service delivery and system building to ensure women, children, and adolescents are able to access the care they need—as well as preparations to ensure continuity of essential health services for these vulnerable populations if/when conflicts or other emergency situations reoccur.

Maintain GFF focus on long-term institutional strengthening and bolstering health system stewardship. The GFF focus on system strengthening in health and other sectors to achieve outcomes for women, children and adolescents should be maintained, both through GFF cofinanced projects and TA. Health services in FCS partner countries may be provided either directly by the government or by private providers—nongovernmental organizations (NGOs) and for-profit private sector—or a mixture of both. Even in situations where the private sector supplies all health services, the government's stewardship role as overseer and regulator of the health sector is vital. Strengthening that stewardship role should continue to be a high priority for GFF support.

GFF country ICs should include evidence-based approaches to scale up service delivery mechanisms that are responsive to the unique needs of women, children and adolescents in fragile settings. FCS contexts are often characterized by instability, displacement, and disrupted health systems, leaving vulnerable women and children without access to essential health services. Given these challenges, traditional health service models may not suffice and more adaptable, context-specific solutions are required. In these envornments, care delivery must go beyond providing access—the quality of interaction and trust between the health system and its users is paramount. The GFF can support countries to institutionalize trauma-informed, gender-responsive, and rights-based care into national primary health care (PHC) systems, ensuring that women and children receive quality care in safe and supportive environments.

The GFF can play a catalytic role in enabling more rapid and constant learning among FCS partner countries. The GFF portfolio is rich in successful approaches in some FCS settings that can be applied in others. For instance, community health workers in Liberia played a crucial role during the Ebola outbreak by continuing to provide essential RMNCAH-N services. In Afghanistan, mobile health clinics were used to serve IDPs, and telemedicine has been employed in many conflict settings to connect patients with doctors. Community-led monitoring approaches have also empowered citizens to define responsive care and monitor service availability and use. While working in FCS countries can be challenging, they also present opportunities for innovations in service delivery. The GFF can serve as a catalyst for scaling these solutions by surfacing promising practices, aligning donor and domestic resources, and ensuring that investments are directed toward approaches that adapt to the specific needs of women and children in such settings.

The GFF should reinforce its support for coordination and alignment in FCS. As noted, FCS countries are often characterized by a fragmentation of external donor support, and ministries of health in FCS often have limited capacity to effectively align and lead their development partners. Donors working in silos risk creating gaps in service delivery, which negatively affects women and children's health. To guard against this, there is an even greater imperative in FCS partner countries for the various GFF enablers of alignment, such as RMET, GFF liaison officers, and country platforms to be well connected and working closely together.

Expand the sectoral lens in FCS to advance the GFF's objectives. While the GFF's primary focus to cofinance programs in the health sector is understandable, other sectors—such as governance, education and social protection—may provide a broader range of important entry points to advance GFF objectives in FCS countries, notably to address gender disparities, strengthen public systems and promote equitable access to health and nutrition services. The GFF pilot of a "Challenge Fund", which will encourage multi-sectoral collaboration to address key systems bottlenecks, will present an opportunity to engage a range of sectors in FCS countries. Multisectoral approaches could also exploit new or unexpected opportunities for expanding reach, including in settings with extensive humanitarian assistance. In addition, as populations transition away from receiving humanitarian assistance, taking a multisectoral entry point from the start could yield longer-term benefits, for example, ensuring they are included in social protection programs providing conditional and/or unconditional cash transfers. Cash transfers targeted toward women also provide important entry points for understanding and addressing dynamics within households.[19]

Seek opportunities to expand the range of possible partnerships for implementation. In most cases explored for this review, the GFF is cofinancing IDA or International Bank for Reconstruction and Development (IBRD) operations in the health sector. But given the WBG's limited mobility in highly conflict-affected settings (Somalia, for instance), other local and international partners should be considered as possible GFF partners depending on objectives and circumstances. Other agencies—for example, UN, international NGOs, and/or local civil society organizations (CSOs)—may have advantages in helping the GFF with data collection, monitoring, and beneficiary selection. Particular attention should be given to finding ways for the GFF to engage more effectively with local CSOs and better leveraging their community perspectives, knowledge, and expertise in GFF country platforms and operations.

NEXT STEPS

Given the centrality of the FCS agenda for GFF, the Secretariat will continue to sharpen its approach and engage the IG for further recommendations as part of the strategy development process.

[19] This conclusion was also highlighted in a recent report from the World Bank's Independent Evaluation Group. See: World Bank, *Addressing Gender Inequalities in Countries Affected by Fragility, Conflict and Violence: An Evolution of World Bank Group's Support*, Independent Evaluation Group, 2023.

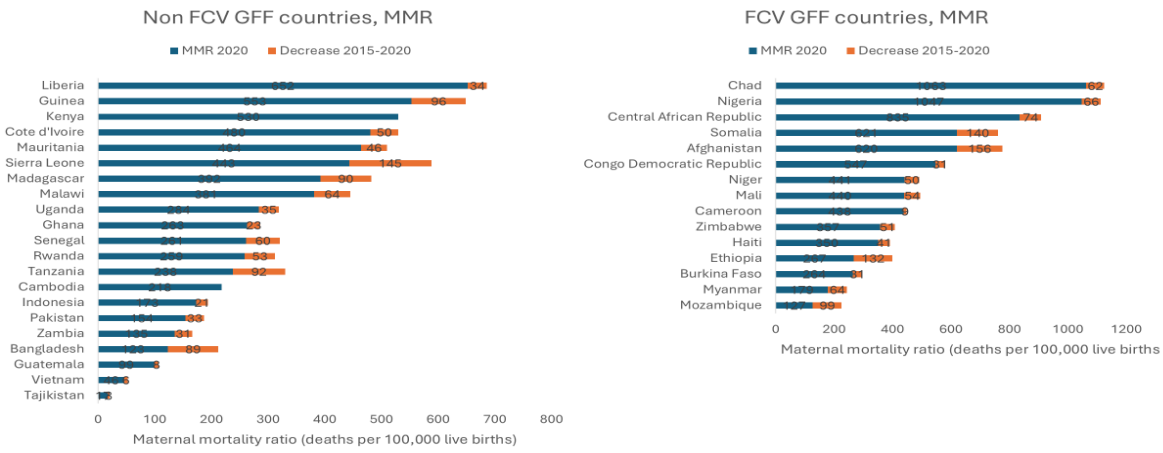
Annex A. Analyses comparing progress on GFF core impact indicators, GFF FCV and non-FCV countries

The following analyses present a comparison of trends on key GFF core impact indicators between the GFF FCV and non-FCV countries. The figures are league tables that show progress from the baseline year of 2015 to the latest year of comparable estimates, hence the end year varies by indicator and is based on data availability.

Maternal mortality

The 15 GFF FCV countries experienced higher maternal mortality levels in 2015 and 2020 on average compared to the non-FCV GFF countries. The median MMR in 2020 among FCV countries was 440 maternal deaths per 100,000 live births compared to 261 in non-FCV countries, 1.7 times higher. Similarly, the median MMR in 2015 among FCV countries was 491 compared to 319 in non-FCV countries, or 1.5 times higher. All GFF countries experienced progress in reducing MMR over time based on the latest UN estimates (see footnote to the figure on Kenya and Cambodia). However, the median percentage reduction between 2015 and 2020 was higher in non-FCV countries (14%) compared to FCV countries (10.5%).

Figure 1. Progress on reducing MMR, FCV compared to non-FCV GFF countries, 2015-2020

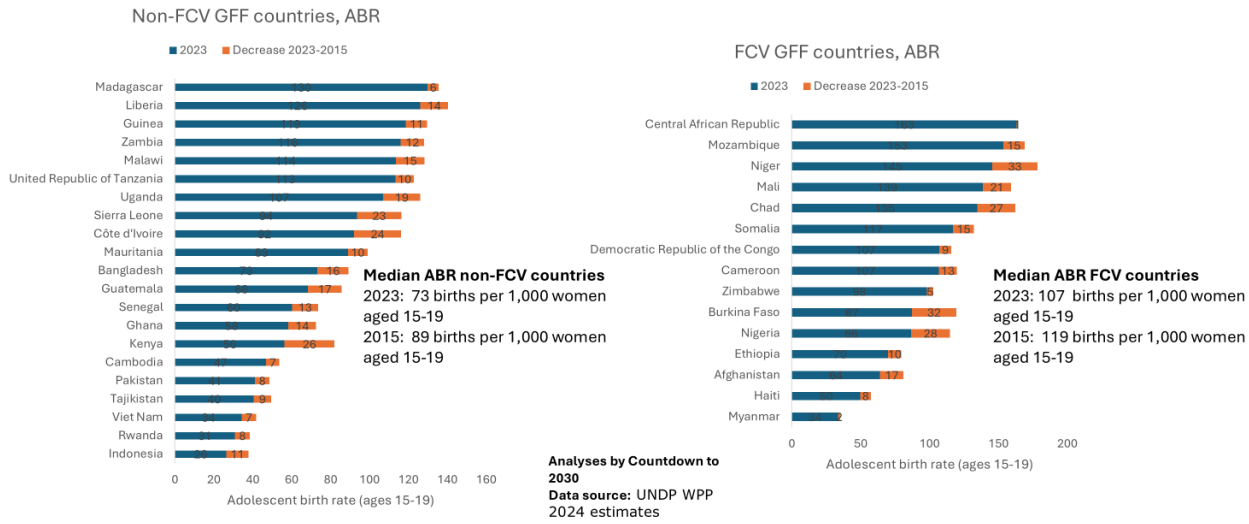


Data source: Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UDESA/Population Division. Geneva: WHO; 2023. Analysis by Countdown to 2030. Note: Kenya and Cambodia reductions are not reflected in the global estimates due to new data available since the estimates were published.

Adolescent birth rate

Examination of trends in the adolescent birth rate, a critical indicator of youth rights and gender barriers, shows a similar pattern of higher adolescent fertility in FCV countries compared to non-FCV GFF countries. Although all GFF countries achieved reductions in their adolescent birth rates between 2015 and 2023, the median percentage reduction was smaller among FCV countries (12%) compared to non-FCV GFF countries (18%).

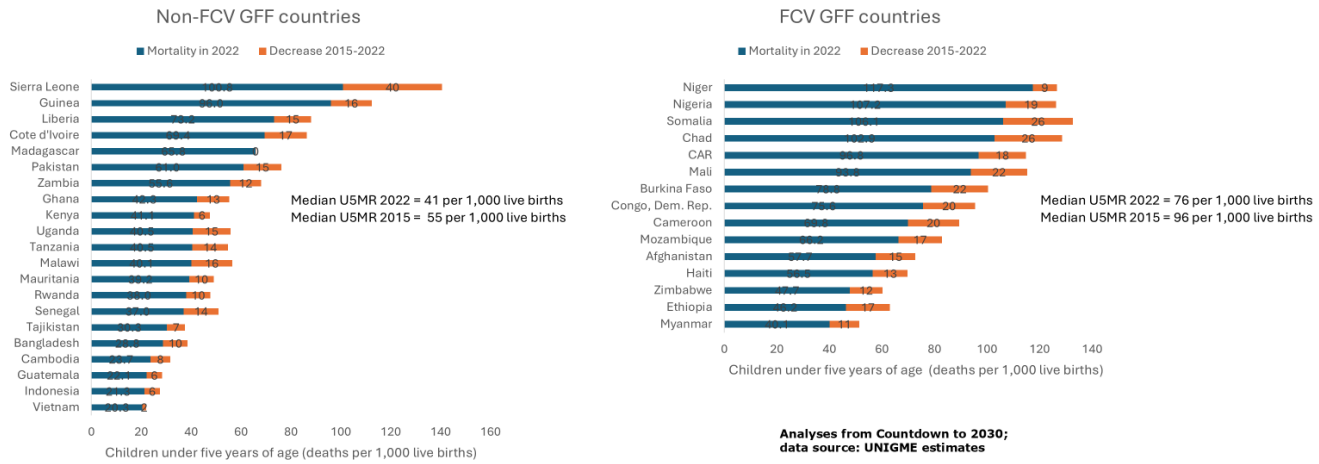
Figure 2. Trends in adolescent birth rate, GFF FCV compared to GFF non-FCV countries, 2015-2023



Under-five mortality rate

Under-five mortality levels have decreased across all GFF countries except Madagascar and at about the same pace over the timeframe 2015 to 2022 in FCV and non-FCV countries. However, levels remain substantially higher in the FCV countries compared to the non-FCV countries, and 8 (80%) of the top 10 highest U5MR mortality countries out of the 36 GFF countries are FCV countries.

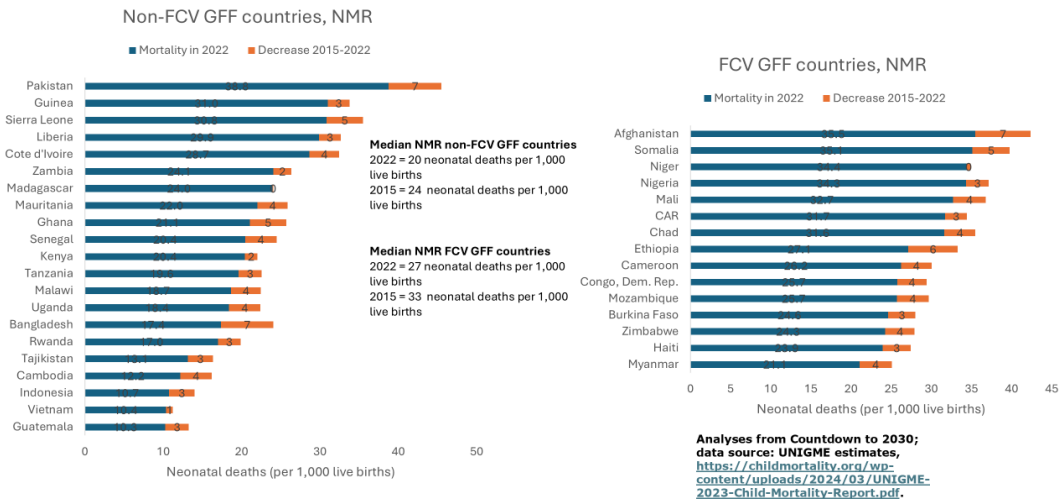
Figure 3. Trends in the under-five mortality rate, GFF non-FCV compared to FCV countries, 2015-2022



Neonatal mortality rate

All GFF countries except Niger and Madagascar achieved reductions in the neonatal mortality rate between 2015 and 2022. However, 8 (80%) of the top ten highest GFF mortality countries are FCV countries, and none of the four countries that have achieved the SDG 3.2.2 target are FCV countries. Neonatal mortality levels were higher on average in the FCV countries at both time points of 2015 and 2022, and the pace of reduction was slower for FCV countries compared to non-FCV countries (the median percentage reduction for the timeframe was about 15% for non-FCV countries and about 13% for FCV countries).

Figure 4. Trends in the neonatal mortality rate, GFF non-FCV compared to GFF FCV countries, 2015-2022



Stunting and wasting

Of the GFF countries, 13 of the 15 FCV countries and 19 of the 21 non-FCV countries have at least two survey data points on stunting, one before and one after 2017. Trend analysis of the stunting data shows that median stunting prevalence in the FCV countries was higher in both survey years compared to the non-FCV countries (earliest survey median prevalence was about 40% in the FCV countries compared to 32% in the non-FCV countries; latest survey prevalence was about 37% in the FCV countries compared to 26% in the non-FCV countries). The median absolute reduction over the timeframe covered by the two surveys was also smaller for the FCV countries (about 2.3 percentage points) compared to the non-FCV countries about 5 percentage points). Wasting is an acute condition and requires an urgent response. Based on latest HH survey estimates (32 GFF countries with surveys during or after 2017), 14 (74%) of the 19 non-FCV countries and 8 (61.5%) of the 13 FCV countries with available data had a wasting prevalence exceeding 5% (the threshold set for the WHA wasting target for 2025). These figures indicate that stunting and wasting remain major problems for many GFF countries regardless of FCV status.