Global Financing Facility for Women, Children and Adolescents (GFF)

Effective investment in nutrition and GFF's unique role

Photo: Dominic Chavez

Undernutrition contributes to 45% of child deaths and anemia causes 20% of maternal deaths worldwide, and 149 million children under five are stunted. Stunting, in particular, affects lifelong physical and cognitive development, leading to a decline in countries' human capital indicators. In addition, the secondary health impact of COVID-19 on nutrition is significant, and the World Bank with partners' estimates than by 2022, COVID-19 related disruptions could result in an additional 9.3 million wasted children, 2.6 million stunted children and 168,000 additional child deaths.

The Sustainable Development Goals (SDGs) aim to eliminate all forms of malnutrition by 2030. The Global Financing Facility for Women, Children and Adolescents (GFF) is a global partnership housed at the World Bank dedicated to improving health and nutrition and strengthening health systems for mothers, children and adolescents in underserved low- and middle-income countries. The GFF's expertise and funding, combined with the mobilization of International Development Association (IDA)/International Bank for Reconstruction and Development (IBRD) resources, support effective investment, planning, and implementation by governments in the nutrition sector by encouraging dialogue and collaboration among national and international stakeholders.

There are several unique roles that GFF is playing in improving the nutrition sector.

1. Effective integration of nutrition measures into national UHC policies

One of the unique features of the GFF is the establishment of a united national platform involving national and international partners, including ministries, international organizations, donors, and civil society, to support data-driven cross-sectoral planning under the country's ownership. Nutrition is said to be relevant to 12 of the 17 SDG goals, and is an area that is particularly effective when discussed and implemented as an integrated part of a larger plan for universal health coverage (UHC) and primary health care (PHC). GFF's mission is to strengthen national and international partnerships, which is a unique strength of the organization.

For example, GFF supports the integration of nutrition into the full continuum of maternal and child health services in countries like Cambodia and Tanzania. The organization helps building human resources capacities at the community and health facility levels to effectively deliver high quality nutrition services in Mozambique and strengthen supply chains to ensure the integration and delivery of nutrition commodities such as micro-nutriments, supplements and ready-to-use therapeutics foods in Guatemala, the Democratic Republic of Congo and Cameroon.

2. Provide financial and technical support to boost the implementation of measures that reach the most vulnerable people

GFF is contributing to a better return on investment by providing catalytic funding and technical support for implementation challenges. This is also the case in the nutrition sector, for example, where GFF provides focused support for capacity and systems issues such as human resource development, nutrition supply chains, and other bottlenecks in health service delivery, as well as governance issues, to ensure improved overall results.

In Indonesia, technical assistance to underpin service delivery to the most vulnerable populations included strengthening the capacity of the Office of the Vice President to lead nutrition projects, building capacity for budget tracking and management accountability, and working with the Ministry of Finance to distribute and incentivize budgets to facilitate reliable program implementation in rural areas.

In addition, in a large and diverse country, the government has been able to implement a variety of programs. Since decentralization of measures was critical to success in a large and diverse country, the GFF provided funding to the government to hold "stunting summits," at national, provincial and district levels to enable dissemination of the concepts, plans and commitments to address child stunting at all levels of the decentralized health system in Indonesia. By creating specific measures, targets, and opportunities to learn from efforts at all levels of government, Indonesia has successfully reduced stunting in children under 5 by 3 percentage points between 2018 and 2019, with a decline from 30.8 to 27.7 percent.

3. Catalyze resource mobilization for nutrition and build relationships among partners

One of GFF's major strengths is the ability to mobilize funds from IDA/IBRD. The current ratio of GFF to IDA/IBRD is US \$1.00 GFF/US\$7.3 IDA/IBRD or more than seven times the amount invested through the GFF's trust fund. Up to 30% of the GFF grants linked to IDA/IBRD projects support nutrition initiatives. In addition, the GFF promotes sustainable health and nutrition financing by working with countries over time to build their capacity to use their own resources more efficiently and to self-finance their systems in the longer run.

In Cambodia, for example, the GFF co-finances the Cambodia Nutrition Project along with the World Bank, Germany and Australia as well as US\$12 million in domestic resources from the Royal Government of Cambodia. The nutrition project supports the investment case for reproductive, maternal, child and adolescent health and nutrition that was developed under the leadership of the government with GFF support and the involvement of international and domestic stakeholders, UN agencies, NGOs and others.

In Rwanda, the World Bank and the Power of Nutrition Foundation agreed to co-finance an integrated nutrition plan, and GFF provided technical support for strategic policy reform, efficient and sustainable health financing, and monitoring of results to maximize the impact. Rwanda's approach to tackle stunting goes beyond the health and nutrition sectors to include social protection measures and strengthening civil registration and vital statistics. GFF's catalytic role helps maximize the impact of these investments to deliver a core package of diverse services to families that need them the most. This is translating into better nutrition for children and expanded access to services, particularly for the poorest families. In parallel, the GFF is supporting key policy and public financing reforms that are laying the foundation for sustained impact.

The GFF pivoted its support to countries to respond to the consequences of the secondary health crisis resulting from Covid-19's disruption of essential health and nutrition services for women, children and adolescents along the pandemic's devastating impacts on household income and food security. The GFF launched a campaign to "Reclaim the Gains" and secure US\$1.2 billion of new commitments to support countries between 2021-2023 and enable them to protect the health and nutrition gains made prior to the onset of the pandemic and. This ask is part of the new GFF strategy for 2021-2025 which aims to mobilize a total US\$2.5 billion from 2021 to 2025.

In response to these efforts, including the prioritization and funding of nutrition initiatives in the countries in which GFF operates, Japan announced the renewal of its \$50 million contribution to the GFF. This contribution will help with building (or "help to build") momentum for the Tokyo Nutrition for Growth Summit in December. In terms of achieving Japan's focus on UHC and supporting multi-sectoral efforts in health, nutrition, education, and water, sanitation and hygiene (WASH) in each country, support for the GFF will contribute to the realization of Japan's "human security" approach. It can be said that the support to the GFF will contribute to the realization of the "human security" approach that Japan is aiming for, and further cooperation is expected in the future. Considering the high-impact of the GFF and its alignment with the Japanese government priority, it is recommended that Japan increases its contribution for the next strategic period.





Photos: John Rae and Dominic Chavez

A Closer Look into the Importance of Prioritizing Nutrition

According to the GFF Annual Report for 2020-21, the GFF invested around 30% of resources into nutrition connected to the \$1.84 billions of financing from the World Bank used to scale up nutrition across 22 countries, with an additional \$14 million in GFF grants used for financing technical support and capacity building for nutrition. The GFF's nutrition Roadmap for 2021-2025 aims to continue and deepen this effort to fully integrate nutrition into the overall maternal and child and adolescent health services and to accelerate progress on fight against malnutrition and hunger in the 36 GFF countries, with the overall goal of catalyzing more and better financing by committing up to 30% of GFF country investments into nutrition activities by 2025.

This goal comes in part from the desire of countries to prioritize strengthening nutrition and other essential health services especially considering the COVID-19 pandemic which has exacerbated nutritional inequities for countries around the world.

GFF works through a country-led, collaborative approach which helps support the use of national-level monitoring and data collection for investment case (IC) development as well as establishing a strong results framework.

The information below shows an excerpt of data from the 2020-2021 Annual Report, illustrating the results of prioritizing nutrition in country's ICs in 2021 (in the 25 countries with an approved IC):

	Newborn Nutrition	Child Nutrition	Adolescent Nutrition	Maternal Nutrition	Nutrition (other)	6	
Total	18	22	17	21	6	Some improvements in nutrition	
Afghanistan	0	0		0		outcomes that were observed	
Bangladesh	0	0	0	0		between 2020 and 2021:	
Burkina Faso	0	0	0	0			
Cambodia	0	0		0			
Cameroon	0	0					
Central African Republic	0	o	o	o		Number of countries on track to achieve reproductive, maternal,	
Cote d'Ivoire		0				16 (+2) newborn, child and adolescent	
DRC	0	0	0	0	0	health and nutrition	
Ethiopia	0	0	0	0	0	(RMNCAH-N) outcomes.	
Guatemala		0	0	0	0		
Guinea	0	0	0	0	0	Number of countries showing	
Indonesia		0	0	0	0	9 (+1) improvement in 75% or more o	
Kenya	0	0	0	0		their nutrition outcome indicate	
Liberia			0	0			
Madagascar	0	0		0		New Joseph Commentation and the	
Malawi	0	0	0	0		Number of countries seeing	
Mali	0	0	0	0		8 (+2) reduction in stunting in children	
Mozambique		0				<5 years of age.	
Nigeria	0	0	0	0	0		
Rwanda	0	0	0	о		Number of countries that have	
Senegal	0	0	0	о		seen reductions in moderate to	
Sierra Leone	0	0		0		9 (+2) severe wasting in children <5	
Tanzania		0	0	о		years of age.	
Uganda	0		0	0		, ,	
Vietnam				0			

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SPOTLIGHT ON Rwanda



Photo: Miriam Schneidman/World Bank

As in many countries during the pandemic, health services, including nutrition services, have been particularly vulnerable to disruptions in Rwanda. To protect these essential health services, GFF has provided support to the government in Rwanda through an additional \$15 million Essential Health Services grant.^{1,2} This grant also works to ensure that the gains made through the country's longstanding efforts to strengthen health systems will not be lost due to the impacts of the pandemic. Through this support, GFF has worked with the government of Rwanda to provide incentives such as cash transfers to beneficiaries who commit to using money for key health and nutrition services, as well as supporting key policy and public financing reforms to make additional long-term impacts.

Even before the pandemic, Rwanda made efforts with the support of GFF to strengthen nutrition services with the hopes of combating the issues of chronic malnutrition (stunting), and wasting. The GFF partners with the World Bank and the Power of Nutrition to support the Rwandan government to develop and implement an integrated nation plan to combat chronic malnutrition and to address the bottlenecks in accessing nutrition services to make significant progress in the journey to reach nutrition goals. The GFF is contributing a total of US\$10 million in co-financing to the Stunting Prevention and Reduction Project which helps to reform the health workforce program as well as scale-up multi-sectoral interventions in 13 districts with high rates of stunting. In addition, the GFF co-finances the Strengthening Social Protection Project (US\$8 million) to support innovations in social protection services and civil registration and vital statistics in a holistic approach to fight malnutrition.

Impact Indicators for Rwanda (%)	2014	2015	Change		
Stunting among children <5 years of age	37.9	33.1	-4.8		
Moderate to severe wasting among children <5 years of age	2.2	1.1	-1.1		
From GEE Appual Report 2020-2021 RMNC AH-N - reproductive maternal newborn child and adolescent health and putrition					

Rwanda is already seeing impressive reductions in child stunting, dropping nearly 5 percentage points between 2014 and 2019 from 37.9 to 33.1%, but there is more work to be done.³ In support of the country's nutrition goals, the number of children screened nationally for malnutrition by community health workers increased from 79% in 2019 to 86% in 2020.⁴ Furthermore, between 2018 and 2019, the percentage of newborns breastfeed within one hour of delivery increased by 15%, and the number of children receiving fortified foods increased by 3.3%.5

https://documents1.worldbank.org/curated/en/593761618884080433/pdf/Rwanda-COVID-19-Emergency-Response-Project-Second-Additional-Financing.pdf Rwanda Demographic and Health Surveys 2014-15 and 2019-20 Rwanda Health Management Information System

SPOTLIGHT ON Cambodia



Photo: Dominic Chavez/Global Financing Facility

In Cambodia, GFF has contributed to improving the quality and integration of essential health and nutrition services. In 2019, Cambodia launched the five-year Cambodia Nutrition Project. GFF is co-financing this project, along with the World Bank Group, the Royal Government of Cambodia, the German KfW Development Bank, and the Australian Government, with a \$10 million GFF grant to help invest in maternal and child health and nutrition priorities determined by the country's 2019-23 IC. GFF works in collaboration with the project's partners to address the country's nutrition needs, including the goals to reduce maternal and child undernutrition.^{1,6}

In addition to GFF, Cambodia utilized funding from the Japan Trust Fund for Scaling Up Nutrition to initiate integral policy discussion on nutrition and set the stage for complementary resources provided by the GFF to support the strengthening of health systems as well as improve nutrition service delivery and the uptake of positive nutrition behaviors.

With GFF's support of the Cambodia Nutrition Project, the country has been able to maintain and improve upon nutrition goals despite the overall impacts of the pandemic. Between 2018 and 2020, child growth monitoring increased by 26%, and the percentage of pregnant women receiving micronutrient supplementation increased from 80% to 89%.¹

In addition, while more recent numbers have not been available, between 2010 and 2014 there were improvements observed in both stunting and wasting rates of children under the age of 5.

Impact Indicators for Cambodia (%)	2010	2014	Change		
Stunting among children <5 years of age	39.9	32.4	-7.5		
Moderate to severe wasting among children <5 years of age	10.9	9.6	-1.3		
From GFF Annual Report 2020-2021. RMNCAH-N = reproductive, maternal, newborn, child and adolescent health and nutrition					

Indonesia



Photo: Fauzan Ijazah/World Bank

Despite progress and gains in economic growth over the last few decades, nutrition outcomes such as undernutrition including stunting and child development continue to be matters of concern in Indonesia. To address these issues, Indonesia has made an IC that prioritizes nutrition, and utilizes a multi-sectoral approach to address nutritional goals and improve nutrition interventions. The Indonesian government launched a whole-of-government stunting reduction national strategy, known as StraNas Stunting. The GFF has committed US\$20 million linked to a US\$400 million project financed by the World Bank, Investing in Nutrition and Early Years Program for Results, to support its roll-out and specific actions, including investments to accelerate multisectoral coordination and aid in providing technical support for scaling up nutritional interventions and intervention delivery.¹

Utilizing this approach, Indonesia has seen strong improvements in nutrition outcomes and impacts. Between 2018 and 2019, child stunting decreased from 30.8% to 27.7%.¹ In addition, between 2018 and 2020, the district-level coverage of nutrition-specific and nutrition-sensitive interventions increased from 63.9% to 67.3%, and the percentage of beneficiaries that received a complete package of village-level priority nutrition intervention services increased from 25% to 45%.⁷ These changes have led to improvements in the uptake of positive nutritional health behaviors such as feeding children a minimal acceptable diet.

Impact Indicators for Indonesia (%)	2018	2019	Change		
Stunting among children <5 years of age	30.5	27.8	-2.7		
Moderate to severe wasting among children <5 years of age	10.2	7.4	-2.8		
From GFF Annual Report 2020-2021. RMNCAH-N = reproductive, maternal, newborn, child and adolescent health and nutrition					







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