GPR

THE POPULATION AND REPRODUCTIVE HEALTH CAPACITY BUILDING PROGRAM

IEG
INDEPENDENT EVALUATION GROUP

GLOBAL PROGRAM REVIEW
Volume 2 Issue 3

THE WORLD BANK GROUP

WORKING FOR A WORLD FREE OF POVERTY

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Improving Development Results Through Excellence in Evaluation

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IEG WORLD BANK
INDEPENDENT EVALUATION GROUP

The Population and Reproductive Health Capacity Building Program

March 5, 2008
Corporate and Global Evaluations and Methods

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IEG Mission: Improving Development Results Through Excellence in Evaluation

The Independent Evaluation Group (IEG) of the World Bank reviews global and regional partnership programs (GRPPs) in which the Bank is engaged as one partner among many for two main purposes: (a) to provide accountability in the achievement of the program's objectives by providing an independent opinion of the program's effectiveness, and (b) to identify and disseminate lessons learned from the experience of individual GRPPs. The preparation of a global or regional program review (GPR) is contingent on a recently completed evaluation of the program, typically commissioned by the governing body of the program.

The first purpose includes validating the findings of the GRPP evaluation with respect to the effectiveness of the program, and assessing the Bank's performance as a partner in the program. The second purpose includes assessing the independence and quality of the GRPP evaluation itself and drawing implications for the Bank's continued involvement in the program. Assessing the quality of GRPP evaluations is an important aspect of GPRs, since encouraging more consistent evaluation methodology and practice across Bank-supported GRPPs is one of the reasons why IEG embarked on this new product in 2005.

IEG annually reviews a number of GRPPs in which the Bank is a partner. In selecting programs for review, preference is given to those that are innovative, large, or complex; those that are relevant to upcoming sector studies; those for which the Executive Directors or Bank management have requested reviews; and those that are likely to generate important lessons. IEG also aims for a representative distribution of GPRs across sectors in each fiscal year.

A GPR is a "review" and not a full-fledged "evaluation." It assesses the independence and quality of the relevant evaluation; provides a second opinion on the effectiveness of the program; assesses the performance of the Bank as a partner in the program; and draws lessons for the Bank's engagement in global and regional programs. The GPR does not formally rate the various attributes of the program.

A GPR involves a desk review of key documents, consultations with key stakeholders, and a mission to the program management unit (secretariat) of the program if this is located outside of the World Bank or Washington, DC. Key stakeholders include the Bank's representative on the governing body of the program, the Bank's task team leader (if separate from the Bank's representative), the program chair, the head of the secretariat, other program partners (at the governance and implementing levels), and other Bank operational staff involved with the program. The writer of a GPR may also consult with the person(s) who conducted the evaluation of the GRPP.

Each GPR is subject to internal IEG peer review, panel review, and management approval. Once cleared internally, the GPR is reviewed by the responsible Bank department and the secretariat of the program. Comments received are taken into account in finalizing the document, and the formal management response from the program is attached as an annex to the final report. After the document has been distributed to the Bank's Board of Executive Directors, it is disclosed to the public on IEG's external Web site.

Abbreviations and Acronyms

ACCP	Alliance for Cervical Cancer Prevention
AIDS	Acquired immune deficiency syndrome
DFID	Department for International Development (United Kingdom)
DGF	Development Grant Facility (World Bank)
DSW	Deutsche Stiftung Weltbevölkerung (German Foundation for World Population)
ETC	Extended-Term Consultant (World Bank)
EURO NGOS	European NGOs
FCI	Family Care International
FGM/C	Female Genital Mutilation or Cutting
FY	Fiscal year
GPP Group	Global Programs and Partnerships Group (World Bank)
GPR	Global program review
GRPP	Global and regional partnership program
HDN	Human Development Network or Vice Presidency (World Bank)
HDNHE	Health, Nutrition and Population Department or Anchor (World Bank)
HIV	Human immunodeficiency virus
ICPD	International Conference on Population and Development
IEG	Independent Evaluation Group (World Bank)
IMIFAP	Mexican Institute of the Study of Families and Population
IPM	International Partnership for Microbicides
IPPF	International Planned Parenthood Foundation
IYF	International Youth Foundation
LIC	Low-income country
MDGs	Millennium Development Goals
PATH	Program for Appropriate Technology in Health (NGO)
PATS	Partnership Approval and Tracking System (World Bank)
PMNCH	Partnership for Maternal, Newborn and Child Health
M&E	Monitoring and evaluation
MSI	Marie Stopes International
PRHCBP	Population and Reproductive Health Capacity Building Program
PRSP	Poverty Reduction Strategy Paper
RAINBO	Research, Action and Information for the Bodily Integrity of Women (NGO)
RH	Reproductive health
SM/IAG	Safe Motherhood Interagency Group
SRH	Sexual and reproductive health
TBA	Traditional birth attendant
TOR	Terms of reference
TTL	Task team leader
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNESCO	United Nations, Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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This report was prepared by Denise Vaillancourt and Elaine Wee-Ling Ooi. Marie-Jeanne Ndiaye contributed to the compilation and analysis of program data and provided administrative support.

Program at a Glance: Population and Reproductive Health Capacity Building Program

Start date	1999, from a merger of 3 preexisting programs — Safe Motherhood, Population NGOs, and the Program to Reduce the Practice of Female Genital Mutilation and Improve Adolescent Health
Objectives	To build the capacity of civil society organizations to develop and implement culturally appropriate interventions in the sensitive fields of population and reproductive health, leading to healthier behavior at individual and community levels, thus reducing the impoverishing effects of poor reproductive health and improving reproductive health outcomes. Groups and networks supported by PRHCBP work to: • Increase access to and choice in family planning • Reduce maternal mortality and morbidity • Promote the health of adolescents • Reduce harmful practices such as female genital mutilation (FGM) • Promote gender equality, participation and inclusion
Activities	• On-granting through international intermediaries with links to grass-roots groups world-wide, and support to development of networks • Support to operations research leading to the development of cost effective interventions and protocols • Support to organizations active in technology and information transfer to community levels.
WBG contributions	The World Bank is the only source of funding for this program. The DGF has provided US$17.12 million from FY1999 to FY2007 for grants to civil society organizations and for two external evaluations in 2000 and 2005. During this period the Bank's administrative budget provided US$271,800 for program administration, an average of about US$32,000 annually, or under 2 percent of total program allocations.
Other donor contributions	No other donors contributed directly to the program, but grantees have supplemented the grants received from the program with their own and other grant resources.
Location	In the Health, Nutrition and Population (HNP) Department (Anchor) of the World Bank.
Governance and management	There are no external partners. The program is run within the HNP Anchor of the Bank. The HD Council is the default "governance body" for PRHCBP, acting through the HNP Sector Board. A Review Committee comprising senior Bank technical staff provides program direction and advice, and decides on the annual grant awards. The program manager manages the day-to-day affairs, with the help of a program assistant. An extended-term consultant (ETC), funded from a consultant trust fund, has been providing management support, starting in FY07.
Latest program-level evaluation	Bulatao, Rodolfo A., *The World Bank's Population and Reproductive Health Capacity Building Program, 1999–2004: An Evaluation*, March 2005.

Key Bank Staff Responsible during Period under Review

Position	1999 (beginning of evaluation period)	FY04 (end of evaluation period)	Current Responsibilities
Program Manager	Tom Merrick (1999–2001) Janet Nassim (2001–2003)	Elizabeth Lule (2003–2005) Rama Lakshminarayanan (2005–2006)	Sadia Afroze Chowdhury (starting in 2007)
Sector Director, HNP	Christopher Lovelace	Jacques Baudouy	Julian Schweitzer
Vice President, HDN	Eduardo A. Doryan	Jean L. Sarbib	Joy Phumaphi
Operations Officer, DGF	Randall Purcell	Sophia Drewnowski	Sophia Drewnowski
Manager, DGF	Paul Hubbard	Paul Hubbard	Paul Hubbard
Director, GPP Group	–	Margret Thalwitz	Margret Thalwitz

Glossary

Fertility rate	Number of live births per 1,000 female population aged 15 to 49 years
Female Genital Mutilation or Cutting (FGM/C)	Female genital mutilation or cutting is a customary practice indigenous to 28 African countries and is also reported among African immigrants in countries in Europe, North America, Australia, and New Zealand. FGM/C is also found in some Muslim communities in the highlands of India. Female genital mutilation (FGM), often referred to as 'female circumcision,' comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons. There are different types of female genital mutilation known to be practiced today. The most common type is excision of the clitoris and the labia minora, accounting for up to 80% of all cases; the most extreme form is infibulation, which constitutes about 15% of all procedures.
GRPP	Programmatic partnerships in which (a) the partners contribute and pool resources (financial, technical, staff and reputational) towards achieving agreed-upon objectives over time; (b) the activities of the program are global, regional or multi-country (not single country) in scope; and (c) the partners establish a new organization with a governance structure and management unit to deliver these activities.
GPP Council	The management committee responsible for overseeing the strategic framework and operational policies for GRPPs.
GPP Group	Supports the GPP Council and senior Bank management in providing a strategic approach to GRPP.
Maternal morbidity	Illness or disability occurring as a result of or in relation to pregnancy and childbirth.
Maternal mortality	The death of a woman while pregnant, during delivery or within 42 days (six weeks of termination of the pregnancy, irrespective of the duration and the site of pregnancy. The cause of death is always related to or aggravated by the pregnancy or its management; it does not include accidental or incidental causes.
Maternal mortality rate	Number of maternal deaths per 100,000 live births.
Obstetric emergency	A severe, life threatening condition that is related to pregnancy or delivery that requires urgent medical intervention in order to prevent the likely death of the woman.
Primary grantees	Major and/or intermediary NGOs who were awarded PRHCBP grants. Intermediary NGOs on-grant to grass-roots groups, otherwise known as sub-grantees.
Reproductive age	15–49 years for a woman.
Safe Motherhood	This is a term that covers a broad range of direct and indirect efforts to reduce deaths and disabilities resulting from pregnancy and childbirth. Direct efforts include those to ensure that every woman has access to a full range of high-quality, affordable sexual and reproductive health services — especially maternal care and treatment of obstetric emergencies to reduce deaths and disability. Indirect efforts include delaying the age of marriage and first pregnancy and limiting the number of pregnancies.

Skilled birth attendant	A midwife, nurse, nurse-midwife or doctor who has undergone a prescribed course and is registered or legally licensed to practice. This excludes Traditional Birth Attendants (TBAs), even if trained.
Sub-grantees	Grass-roots organizations that receive on-grants from intermediary NGOs (primary grantees) under PRHCBP.

Preface

This is the Global Program Review (GPR) of the Population and Reproductive Health Capacity Building Program (PRHCBP). Established in 1999, PRHCBP is a merger of three pre-existing programs: Population and Reproductive Health, Safe Motherhood, and the Program to Reduce the Practice of Female Genital Mutilation (FGM) and Adolescent Health. The main objective of the program is to build the capacity of civil society organizations to develop and implement culturally appropriate interventions in the sensitive fields of population and reproductive health, leading to healthier behavior at individual and community levels, reducing the impoverishing effects of poor reproductive health, and improving reproductive, maternal and child health outcomes of hard-to-reach populations.

This GPR assesses the quality and independence of the 2005 evaluation of PRHCBP; provides a second opinion on the effectiveness of PRHCBP's work; assesses the performance of the Bank in its management and support of PRHCBP; and documents lessons and insights for the future. It covers the period from the year the program was established (FY1999) through FY2007, incorporating the findings and developments of three additional years not covered in the timeframe of the external evaluation report (FY99–FY04). In addition to the 2005 evaluation report, IEG's assessment draws heavily from its own interviews with HDNHE staff managing PRHCBP, members of its Review Committee, selected Bank staff working on reproductive health, and a selection of PRHCBP grantees. IEG also gathered additional evidence from its review of PRHCBP documentation, annual reports and statistics; reports and documentation of a selected number of NGOs and other agencies benefiting from PRHCBP support; Web sites; and other documentation. An important limitation of IEG's work on this GPR (and of the external evaluation report, which is the subject of this review) is that no field work was undertaken to independently assess or validate on-the-ground the results of PRHCBP's efforts.

The Review follows IEG's Guidelines for preparing GPRs (Annex A). These guidelines were first approved in 2006, well after PRHCBP was initially conceived and implemented. As a new evaluation product of IEG, GPRs are attempting to raise the standards of the design, management, implementation and evaluation of Global and Regional Partnership Programs (GRPPs). This is an ongoing process, and programs that are reviewed are not expected to have adhered to all the standards inherent in these guidelines, which had not been established at their outset.

The IEG team gratefully acknowledges all those who made time for interviews and provided documents and information. It wishes to acknowledge especially the availability of the PRHCBP team, which was cooperative in providing IEG with relevant data and information and expressed interest in using this evaluation as a tool for improving program performance.

Following IEG's normal procedures, copies of the draft GPR were sent to HDNHE and to other Bank units that have responsibility for the Bank's involvement with global programs more generally. The comments that were received were taken into account in finalizing the GPR. The formal response received from HDNHE management can be found in Annex J.

Summary

Program Description

1. The Population and Reproductive Health Capacity Building Program (PRHCBP), established in 1999, is a global partnership program, which provides grants to support and nurture population and reproductive health activities and capacity building. It is a merger of three preexisting programs: Population and Reproductive Health, Safe Motherhood, and the Program to Reduce the Practice of Female Genital Mutilation (FGM) and Improve Adolescent Health that had been started, respectively, in 1987, 1988 and 1996. The objective of PHRCB is to build the capacity of civil society organizations to develop and implement culturally appropriate interventions in the sensitive fields of population and reproductive health, leading to healthier behavior at individual and community levels, reducing the impoverishing effects of poor reproductive health, and improving reproductive, maternal and child health outcomes of hard-to-reach populations. To this end PRHCBP supports three types of activities: (a) the provision of grants to international intermediaries, which on-grant to grass-roots groups; (b) operations research leading to the development of cost-effective interventions and protocols; and (c) technology and information transfer.

2. PRHCBP is funded entirely by the Bank's Development Grant Facility (DGF). Between 1999 and 2008 a total of US$18.32 million in DGF funding has been allocated to PRHCBP, an average of US$1.8 million annually. PRHCBP's small secretariat is housed within the Health, Nutrition and Population Team (HDNHE) of the World Bank, which has allocated an annual average of about US$32,000 of its own budget annually to defray the costs of management and administration. A small Review Committee, comprised of a few Bank experts, provides program direction and advice, and meets once or twice a year to award one-year grants to NGOs and other agencies working to fulfill PRHCBP objectives.

3. While PRHCBP contributes both financially and technically to already established partnerships, it is not, in and of itself, a formally established partnership. It is managed entirely within the Bank's structure and includes no steering committee or other structure that would enable actors external to the Bank to participate in the strategic direction and oversight of the program.

The External Evaluation of PRHCBP

4. The evaluator selected met the technical requirements specified in the terms of reference (TOR), but was a retired Bank staff who worked in the unit where PRHCBP was housed and a former colleague of members of the Review Committee and thus not entirely independent. The TOR was comprehensive but included shortfalls: an extremely small budget (US$10,500 to finance 15 days of the consultant's time and US$5,000 for an analyst); a short timeframe; no provision for field work; and a failure to include an assessment of the program's monitoring and evaluation design and implementation. While the evaluation provided some useful findings, its rigor and evidence base were compromised by inadequate budget and time allocations. It also failed to assess program governance and management, although this was specified in the TOR. It concluded that the program did have positive effects; its relevance was high; it was consistent with DGF eligibility criteria and the Bank's

criteria and priorities; its exclusive management by the Bank provided flexibility; but its links with Bank operations were limited.

5. The external evaluation recommended: a more strategic approach to the selection of NGOs; more support for operations research; more systematic monitoring and evaluation; more support of networking among NGOs; the possible extension of one-year grants to a longer timeframe; and a clearer articulation of the program mission and logic. Its overall positive assessment was instrumental in securing continued financing from the DGF during a period when the Human Development Network (HDN) Management was reviewing and consolidating its DGF-financed portfolio. Program managers of PRHCBP (past and current) have taken some steps to respond to the evaluation's recommendations and their efforts are still underway.

The Effectiveness of the Program

6. The objectives of PRHCBP are ***highly relevant.*** *First,* the statistics underpinning the poor state of population and reproductive health — high maternal mortality and morbidity, unwanted fertility, gaps in reproductive health services, millions of girls suffering from harmful traditional practices such as FGM, gross inequities in health status and in access to services — point to a compelling unfinished agenda. *Second,* there is a strong international consensus about the need to address the poor state of women's reproductive and sexual health in developing countries, which has been articulated at many international conferences for some three decades. *Third,* flowing from this strong international consensus have been the establishment and mergers of various international partnerships, committed to the improvement of reproductive and sexual health, and ultimately broadened to encompass infant and child health.

7. The Bank has participated in these conferences and partnerships, sometimes in a leadership role. The Bank's own HNP strategy and results framework (April 2007) highlights goals and indicators that are relevant to reproductive and sexual health and (by association) to the work of PRHCBP. Furthermore, a 2007 discussion paper on population issued by the World Bank in tandem with the Strategy calls for more intensified work on the unfinished agenda of population and family planning, especially in the 35, mostly Sub-Saharan African, countries with total fertility rates still exceeding five children. But the relevance of the design of PRHCBP is weak because its results chain logic has not been fully developed or articulated.

8. The ***efficacy*** of PRHCBP has been difficult to assess because there was no systematic measurement of the achievement of the program's stated objectives: capacity building of civil society organizations; changes in health-related behaviors; and improvements in the reproductive health outcomes of target (hard-to-reach) populations. Neither did the program systematically collect data on the five (largely process-oriented) performance indicators that were established by the program to monitor and assess its performance. IEG's review of evidence on program performance, including that documented in the external evaluation, and supplemental evidence gathered through interviews, together, were inadequate to document progress against objectives. Available data on program inputs and resource allocation were systematically compiled, but data and information on activities and outputs were partial and

mostly anecdotal in nature. These provided insufficient evidence to determine the extent to which program objectives were met. The assessment of the program's efficacy is therefore very limited to (a) an overview of inputs (grants awarded/implemented); and (b) a glimpse at selected activities and outputs supported by PHRCBP's three main components.

9. *Inputs.* Between 1999 and 2007 PRHCBP awarded a total of 159 grants or an average of 17–18 grants per year to 55 primary grantees. Most grants focused on a range of sexual and reproductive health issues, including HIV/AIDS, general reproductive health and adolescent reproductive health, FGM, reproductive rights, family planning, violence against women, women's empowerment and unsafe abortion. One half of the grants approved during 1999–2007 were awarded to intermediary organizations to provide on-grants to build and nurture the capacities of grass-roots organizations, one third supported technology and information transfer, and the remaining 15 percent supported operations research.

10. Through its *on-granting component* PRHCBP has invested in the building of capacity of local-level civil society organizations. However, the extent to which this capacity has been strengthened and has achieved intended results (improved quality and utilization of services, healthier behaviors, greater empowerment of women, lower rates of FGM, etc.) has not been fully documented. PRHCBP financed effort to improve the availability of sexual and reproductive health services provided by civil society organizations, focusing on the underserved populations. It has also financed efforts to expand awareness-raising and behavior change interventions at the community level undertaken by community members, themselves. PRHCBP has also supported the activities of selected local-level civil society groups in policy and advocacy work.

11. Under its *operations research component*, PRHCBP has supported the development and marketing of appropriate technologies in an effort to contribute to the range and quality of reproductive health services. The most significant contribution to this end has been its financial support to the International Partnership for Microbicides in its efforts to develop new technologies to prevent HIV/AIDS and unwanted pregnancy. Consequent improvements in the quality or cost-effectiveness of services have not been documented.

12. Under its *transfer of technology and information component*, PRHCBP has supported partnerships and networking, which have catalyzed and mobilized a broad range of actors to promote, support and sustain the Safe Motherhood Initiative and the broader agenda for sexual and reproductive health. Despite the program's important contributions to the work of the Safe Motherhood Inter-Agency Group, this Initiative fell short of its goal, set in 1987, to reduce maternal mortality by 50 percent by 2000. While a few countries did succeed in improving access and availability of maternal health services and reducing maternal mortality levels between 1987 and 2003, most countries' efforts were insufficient and their maternal mortality ratios either stagnated or worsened.

13. The ***efficiency (or cost-effectiveness)*** of PRHCBP interventions is difficult to measure in the absence of systematic documentation of the costs of interventions and results. PRHCBP funding is reported to have leveraged significant resources for its grantees. But linkages of the program's efforts to the Bank's country-level activities have been weak. Efficiency has also been compromised by inadequate funding for program management and

administration. An administrative budget of about two percent of annual DGF allocations (ranging between $20,000 and $51,000 annually from 1999 to 2007) has curtailed the ability of staff to strategically manage the program, and to forge stronger country linkages, in line with the external evaluation recommendations. An extended-term consultant (ETC), funded from a consultant trust fund, has provided management support starting in FY07.

World Bank's Performance

14. PRHCBP is managed entirely within the Bank, with two Bank staff devoting part time to its management and administration. Membership of the Review Committee (which awards the grants) is made up entirely of Bank staff. A decision not to include NGO representation in the Review Committee (a recommendation of the first external evaluation in 2000) is a reflection of the very informal process for decision-making. The considerable NGO experience of sitting members has been deemed to be sufficient. Great importance has also been placed on the benefits to the Bank's reputation of this program and its improved relations with population and reproductive health NGOs, especially during periods when the Bank's country-level support to population appeared to be waning. While grant decisions, as documented, appear to have been technically well grounded, they were not entirely transparent. In the program's earlier years, the solicitation of proposals and award of grants were carried out on the basis of the professional knowledge and connections of the (very qualified) Program Manager and Review Committee members, while in more recent years, the invitation of proposals has been posted on the Program's Web site for a wider audience. There are no formally established criteria for evaluating proposals. Not all grant awards are formally documented in the program's file of Review Committee minutes: for almost one quarter of all grant funds awarded (US$4 million out of US$17 million) there is no written record of review decisions.

15. At the global level the Bank has contributed, through PRHCBP, both financially and technically to global initiatives and partnerships aimed at improving sexual and reproductive health. Its financial contributions to the secretariats of the Safe Motherhood Inter-Agency Group (1999–2004) and of the Partnership for Maternal, Newborn and Child Health (PMNCH) (2005 to present) have supported networking and technical and professional exchanges among the broad memberships of these partnerships. The Bank's technical contributions, through seats on the PMNCH board and on the PMNCH working group for country interventions, are considered by some to be even more pivotal than its financial support, but there is no independent assessment of this aspect of the Bank's performance. The Bank's participation in these forums is regarded by partners as a show of commitment and support that adds to the legitimacy of these partnerships and that brings its great convening power with it. A number of informants noted that the Bank is not always regular in its attendance at key meetings. Many (inside and outside of the Bank) are of the opinion that with a larger administrative budget the Bank would have the opportunity to be more regular in its participation in meetings, thereby enhancing its non-financial support to the sexual and reproductive health agenda. This will need to be reconciled with the 2007 HNP Strategy, which calls for more selectivity in the Bank's involvement in global partnerships.

Lessons

16. The following lessons point to opportunities both to improve the performance and results of PRHCBP and, more fundamentally, to reassess its strategic basis and comparative advantage, both within and outside the Bank, against an evolving scenario.

- ***The absence of a well-articulated program logic and results framework diminishes a program's ability to define its strategic value added, to mobilize its resources around the highest-impact interventions, to monitor and fine-tune its performance, and to document its contributions to development results.***

  - *The merging of multiple programs which are linked thematically does not necessarily translate into a consolidated program with clear and coherent goals and objectives.*

  - *A program, whose official mandate and status (as a global program) are not commensurate with its actual set-up and operations (as an institutional grants program), is not likely to be operating at optimal efficiency.*

  - *The failure to clearly define the strategic basis for the Bank's technical and financial support to population, sexual and reproductive health partnerships, as these grow and change, risks compromising the selectivity, coherence and impact of such support.*

- ***Limited involvement of task team leaders and country-level technical staff in the design and implementation of a global program can (a) compromise the principle of subsidiarity, that is the assurance that collective activities are carried out at the most appropriate level — global, regional, national, or local; and (b) lead to under-exploited linkages and synergies between global program interventions and the Bank's country-level interventions.***

- ***The high relevance of a program's objectives is not by itself sufficient to justify a program's continued operation in much the same way as in the past, especially when the global community is increasingly mobilized and active in addressing the same global concerns.***

17. **Future Directions.** The above-cited lessons of this GPR present an opportunity for Bank Management (including the HDN Vice Presidency, the HDNHE Management and Sector Board, and the GPP Group) to take a number of strategic decisions in order to address issues related to the relevance, efficacy, efficiency and governance of PRHCBP and to respond to the new HNP strategy, which calls for increased selectivity and more strategic engagement with regard to the Bank's support to global partnerships. Specifically, Bank Management may want to clearly define its overall role and objectives in improving sexual and reproductive health; to align its instruments with the defined objectives and roles; and, in this context, to review the value added, strategic relevance and design of the PRHCBP. A number of possible steps to this end are suggested in Chapter 5 of the report.

1. Program Description

1.1 The Population and Reproductive Health Capacity Building Program (PRHCBP), established in 1999, is a global partnership program that provides grants to support and nurture population and reproductive health activities and capacity building. PRHCBP is a merger of three pre-existing programs: Population and Reproductive Health (also known as Population NGOs), Safe Motherhood, and the Program to Reduce the Practice of Female Genital Mutilation (FGM) and Improve Adolescent Health that had been started in 1987, 1988 and 1996, respectively. The first and last programs (Population NGOs and the Program to Reduce the Practice of FGM) addressed sensitive and, at times, controversial issues, seeking to engage and support civil society in filling gaps in reproductive health services often neglected by the public sector (e.g., safe abortion) and to generate a better informed constituency to demand and access these services. The Safe Motherhood Program sought to contribute to improved maternal and newborn survival and well-being by promoting and supporting the implementation of cost-effective interventions in the developing world. Specifically, it provided support to an international partnership (The Safe Motherhood Inter-Agency Group, SM/IAG) established immediately after the Safe Motherhood Conference held in Nairobi, Kenya, in 1987 to mobilize technical and financial support to act upon this neglected agenda. These programs were merged into one because they had related objectives and their merger was expected to result in greater synergies. PRHCBP thus embraced the objectives of the three original programs.

Objectives and Components[1]

1.2 **Program Objectives.** The objective of PRHCBP is to build the capacity of civil society organizations to develop and implement culturally appropriate interventions in the sensitive fields of population and reproductive health, leading to healthier behavior at individual and community levels, *reducing the impoverishing effects of poor reproductive health*, and improving reproductive, *maternal and child* health outcomes *of hard to reach populations*.

1.3 **Development Objectives of Grantees.**[2] PRHCBP grants are provided to groups and networks to support them in their efforts to increase access to and choice in family planning *and other reproductive and maternal health services;* reduce maternal mortality and morbidity; promote the *sexual and reproductive* health of adolescents; reduce harmful health practices *affecting the health of women and children* such as FGM; and *promote gender equality, participation and inclusion.*

1.4 **Program Components (or Mechanisms).** PRHCBP financing supports three categories of grantees and activities: (a) the provision of grants to international intermediaries, which on-grant to grass-roots groups to support and nurture their community-

1. This section draws on descriptions of program objectives, components, indicators and activities provided in Global Programs and Partnerships (GPPs) Partnership Approval and Tracking System (PATS) for FY03 and FY06. Note: Text in italics was introduced in PATS 06 to clarify (that is, not change) the originally stated program objective.

2. These are referred to as components in some DGF documentation (PATS).

based activities and to support the development of networks; (b) support to operations research leading to the development of cost-effective interventions and protocols; and (c) support to organizations active in technology and information transfer to community levels. PRHCBP places special emphasis on reaching communities underserved by government agencies. The program is global in scope, with a particular focus on Africa. The grants are made for a period of one year, intended as seed money to leverage funds from other sources of funding.

1.5 **Program Performance Indicators.**[3] The following indicators were established to monitor and assess the performance of PRHCBP: (a) the number of grass-roots groups supported through intermediary organizations; (b) leveraging of additional financial and technical resources; (c) the number of projects providing assistance to activities appropriate at the community level — research, information, technology; (d) the *partnership for* Safe Motherhood *and Newborn Health and International Partnership for Microbicides* sustained *and strengthened* through support to key partners, workshops, operations research, information dissemination; and (e) *tools, protocols and training materials developed.*

1.6 **Program Activities.** *At the global level* PRHCBP was conceived to support advocacy for reproductive health; the definition of best practice in reproductive health (through the SM/IAG), operations research, the generation and dissemination of information and knowledge, enhanced donor coordination and partnerships, the leveraging of additional resources for reproductive health, technical assistance and networking. *At the country level,* PRHCBP is designed to provide advisory services, policy reform advice and advocacy, capacity building, support to the development of community-based services, and support and advocacy for enhancing women's empowerment and inclusion with regard to reproductive health.

Financial Resources

1.7 **Program Financing.** PRHCBP is funded entirely by the World Bank. The Bank's Development Grant Facility (DGF) provided US$17.12 million from FY1999 to FY2007 through its Window 1[4] for grants to civil society organizations and for two external evaluations in 2000 and 2005. For most of this period (FY98 through FY05), DGF funding for the program remained stable, averaging about US$2.1 million annually. However, DGF allocations for the last three years, including that for FY08, have been considerably smaller — about one third less than previous allocations (Figure 1). In addition, the Health, Nutrition and Population Department in the World Bank (HDNHE), in which the program is housed, provided US$271,800 from its administrative budget for program administration from 1999 to 2007 (Annex G, Annex Table 4).

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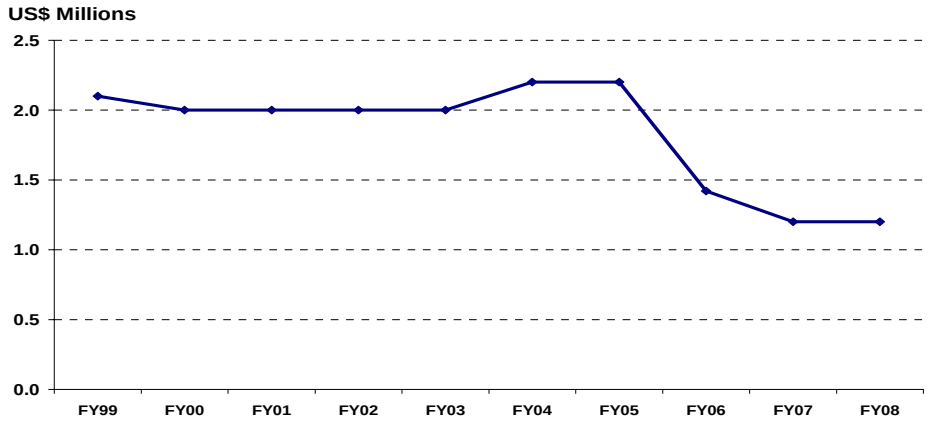
3. Sources: PATS FY03 and PATS FY06. Note: Text in italics shows embellishments to the program indicators and the establishment of an additional indicator. These refinements did not represent a change in the program design or objective, but rather served to provide improved measures of project performance.

4. Window 1 financing is reserved for global programs with medium- to long-term development objectives that could benefit from DGF funding for a period greater than three years. Under this window continued DGF (beyond the initial three years) would be contingent upon the findings of periodic independent evaluations that would assess and refine a disengagement strategy. In contrast, Window 2 financing is reserved for shorter-term programs, with a time horizon for DGF funding of no more than three years.

Figure 1. DGF Allocations to Population and Reproductive Health Capacity Building (FY99–FY07)



Source: PRHCBP data.

1.8 Grantees have typically supplemented the grants received from the program with their own and other grant resources. According to the program, the grants received from the DGF via the program have not exceeded 15 percent of any of the individual grantees' annual budgets, but this has not been systematically documented.

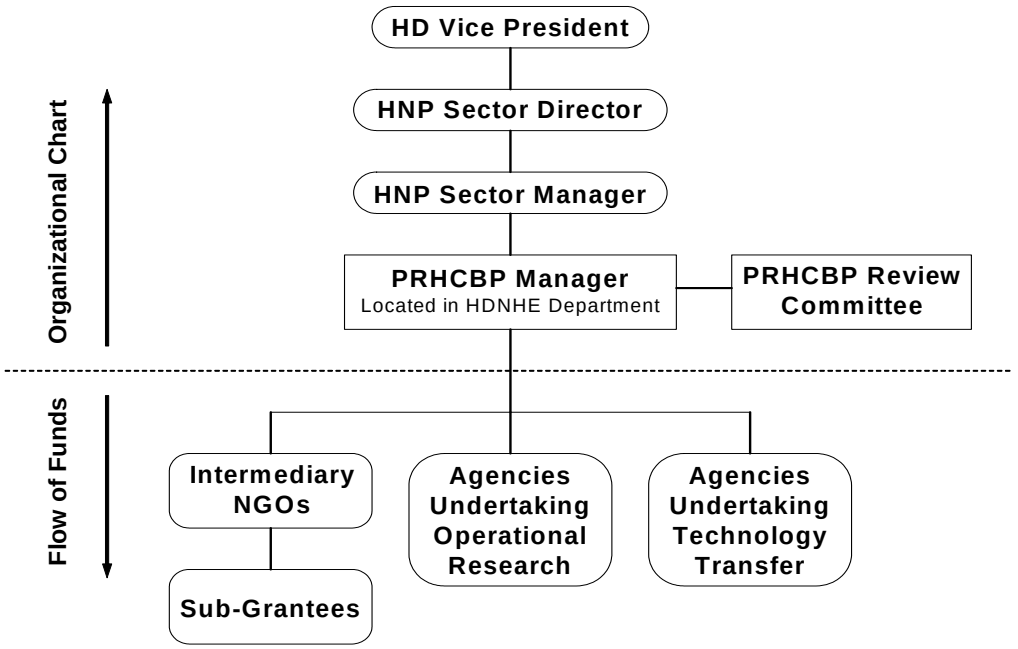
Governance

1.9 PRHCBP is housed within HDNHE in the World Bank (Figure 2). A small secretariat for program management and administration is comprised of a Program Manager (a full-time World Bank Senior Health Specialist, who works part-time on PRHCBP) and an Administrative Assistant (a full-time World Bank Senior Program Assistant, who works part-time on PRHCBP). An extended-term consultant (ETC), funded from a consultant trust fund, has provided management support starting in FY07. On occasion, other staff and consultants of HDNHE provide technical and administrative support to the secretariat.

1.10 A Review Committee, chaired by the Program Manager, and comprised of a select few technical specialists provides program direction and advice, and meets annually (or sometimes semi-annually) to review grant proposals and to award grants. The Review Committee is comprised entirely of Bank staff. While in the earlier years Review Committee members were drawn exclusively from HDNHE (where the program is housed), an effort has recently been made to include representation from the Bank's regions, especially those most in need (Africa and South Asia). On occasion the Program Manager arranges for peer review of certain proposals, particularly if there are implications for country operations. Decisions of the Review Committee are made by consensus. Grantees, all of whom are independent of the Bank, are required to fulfill their responsibilities in terms of the use of funds, reporting, and financial audits as stipulated in the Letters of Agreement. There is no external (non-Bank) representation in the governance or management structure of PRHCBP.

1.11 As is the case for other programs housed in HDNHE, PRHCBP and its secretariat are directly overseen by the Manager of the Health, Nutrition and Population Team, which,

Figure 2. PRHCBP Organizational Chart



itself, is under the overall direction and oversight of the Vice President of Human Development/Head of the Human Development Network (HDN). As part of the annual DGF funding cycle, the HNP Sector Board reviews and prioritizes all proposals for DGF funding in the health sector. Once funding has been approved by the DGF Council and the Bank's Executive Board, then the HDNHE Department is responsible for oversight, management, and quality assurance of global health programs, while regional VPUs are responsible for regional health programs such as the African Program for Onchocerciasis Control (APOC).

Partnership

1.12 PRHCBP contributes to specific global partnerships both financially and technically. The Bank has channeled, through PRHCBP, significant *financial* resources to the Safe Motherhood Initiative — first through Family Care International, which provided the secretariat for the SM/IAG, and more recently through the World Health Organization, which provides the secretariat for the Partnership for Maternal Newborn and Child Health (PMNCH), a more recently established, broad-based partnership, which encompasses the Safe Motherhood Initiative. On the *technical* front, the Bank was a founding member of the SM/IAG. The Bank's HNP Director (who oversees PRHCBP) is a member of the Board of Directors of PMNCH, the PRHCBP Manager is a member of the PMNCH working group on country-level interventions as well as an alternate for the World Bank on the PMNCH Board, and the Lead Reproductive Health Specialist for Africa (who has served on the PRHCBP Review Committee) represented the Bank on the SM/IAG from 2001–2004.

1.13 Notwithstanding these contributions to *other* partnerships, PRHCBP is not, in and of itself, a formally established global partnership program in which the partners contribute and pool resources toward achieving agreed-upon objectives over time, and in which the partners

establish a new organization with a governance structure and management unit to implement its activities. There are no other partners who contribute financial resources to PRHCBP or who are involved in the governance of the program. Therefore, a number of respondents (including the most recent managers of the program) have raised the question as to whether the Bank has correctly classified PRHCBP as a global partnership program in its data base of global programs and partnerships. They have suggested that it might be more appropriately classified as an "institutional grant program" like the Institutional Development Fund, the Small Grants Program, and the Post-Conflict Fund.[5] These three programs, like the PRHCBP, are grants programs that (a) are totally overseen and managed within the Bank's hierarchical structure, (b) receive most of their financial resources from the DGF, and (c) review proposals and award grants by a small committee drawn entirely from within the Bank. How the PRHCBP should be classified — as a global partnership program or an institutional grant program — is especially important in considering various options for its future directions (in Chapter 5 below).

2. The External Evaluation of PRHCBP

The Independence and Quality of the Evaluation

2.1 **Evaluation Design and Methodology.** The evaluation under review was the second conducted on PRHCBP.[6] It was commissioned by the HNP Sector Board and financed with DGF funds available under the program. The Terms of Reference (TOR) were prepared by the Program Manager, with input from the Review Committee. The DGF liaison for global and regional health programs reviewed the TOR, provided inputs and ultimately cleared the TOR. The Program Manager, with the support of the Review Team and in consultation with the DGF liaison, identified a consultant who was considered to meet the technical requirements specified in the TOR. The HNP Sector Board approved the final TOR and the selection of the consultant, who was to report directly to the Program Manager. The recruitment of the evaluator did not involve a competitive process.

2.2 The evaluator was a demographer by training who was highly qualified and well-established in the field of population. As a former staff of the World Bank (retired in May 1996), who had been employed in the HNP Anchor (where the PRHCBP and its three antecedent programs were housed and managed), he was not completely independent. Those involved in program management and members of the Review Committee were former colleagues of the consultant, with whom he had worked closely on population and family planning issues. One respondent recalled that he may have been involved in decision-making on one or some of the three programs before they were merged into PRHCBP.

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5. The GPP Group reclassified these three programs as "institutional grant programs" in its annual presentation of the Development Grant Facility budget to the Bank's Executive Board in June 2006.

6. The first evaluation was carried out in 2000 by Anthony Measham, a retired Bank staff, who was manager of the PHN Division from 1988 to 1993 and had direct oversight responsibility for the three programs that were ultimately merged into PRHCBP: Population and Reproductive Health, Safe Motherhood, and the Program to Reduce the Practice of Female Genital Mutilation (FGM) and Improve Adolescent Health.

2.3 The evaluation was commissioned to be carried out within five years of the previous evaluation. The TOR was comprehensive for the most part. The key evaluation questions were appropriate — covering the program's alignment with global priorities and institutional objectives, relevance, value added, efficiency, governance, efficacy, sustainability and coordination. The purpose of the evaluation encompassed the documentation of lessons of experience to improve program performance, as well as accountability. The methodology specified in the TOR included a desk review of various program documents and relevant documents of program participants, and interviews (from the consultant's Washington base) of intermediary (or partner) NGOs, as well as smaller NGOs and other local groups benefiting from on-granting. The TOR was clear in laying out the requirements for the report's organization and key topics to be covered.

2.4 While the TOR was strong overall, there were a few significant shortfalls in the design of the evaluation that compromised its quality and depth. The budget for the evaluation was only US$16,500 — $10,500 for 15 days of the evaluator's time and $5,000 for an analyst. This compares with the IEG benchmark of 1 to 3 percent of annual program expenditures — closer to 3 percent for smaller programs like PRHCBP and closer to 1 percent for larger programs. (Three percent of US$2 million would have been $60,000.) The budget made no provision for field work, making it impossible for the consultant to independently validate information and evidence collected through documentation reviews and interviews.[7] The TOR did not provide a results framework (or a program logframe) to guide and facilitate the work of the evaluator,[8] nor did it suggest that the evaluator develop a logframe as an evaluation tool. This compromised the results orientation of the study. While the TOR did specify the formulation of recommendations on the identification of appropriate performance indicators for PRHCBP, it did not require an assessment of the program's monitoring and evaluation, including its results framework, thereby missing an important opportunity to focus on this aspect of program management.

2.5 **Quality of Evaluation.** In accordance with the TOR, the evaluation was the product of a 3–4 week desk review, carried out in Washington, DC.[9] It was initiated in February 2005 and submitted to the Program Manager in March 2005.[10] The evaluator relied on interviews with a few Bank staff, [11] and phone interviews with a select group of intermediary grantees to complement documentary reviews. No site visits were conducted, and there were no inputs from developing country sub-grantees.

2.6 The quality of the evaluation was considerably compromised by the above-cited shortfalls in the TOR (para. 2.4). The evaluation also failed to fully assess program

7. Although the first evaluation of PRH in 2000 had recommended desk reviews as an appropriate methodology for future evaluations — commensurate with a $2 million/year program and given the high costs of country visits —,IEG does not agree with this recommendation.

8. A logical framework has not yet been developed for PRHCBP, as noted later in Chapter 3.

9. Program staff has since indicated to IEG that an additional two weeks of another consultant's time was financed by PRHCBP to carry out preparatory work for this evaluation. No costs were provided.

10. The World Bank's Population and Reproductive Health Capacity Building Program, 1999–2004: An Evaluation; Rodolfo A. Bulatao, March 2005.

11. The evaluator was unable to interview a number of Bank principals (including the PRH program managers for 1999–2004) involved in or knowledgeable about the program.

governance and management, although this was specified in the TOR. Nevertheless, the evaluation did manage to fulfill most of the requirements of the TOR, responding, at least in part, to all of the evaluation questions.

2.7 The evaluation report provided a useful overview and analysis of program inputs and activities, showing how resources were allocated across the three main components of the program (on-granting for capacity building; operations research; and transfer of technology and information). It also showed utilization of program funds by topical area, headquarters of NGO grantees (more developed versus less developed countries), and geographical regions benefiting from grant projects.

2.8 While the evaluation did assess the relevance and (to a lesser extent) the efficiency of these activities it was even less able to assess their efficacy. The TOR had specified the program objective "…to build the capacity of civil society organizations to develop and implement culturally appropriate interventions in the sensitive areas of population and reproductive health, leading to healthier behavior at individual and community level, reducing the impoverishing effects of poor reproductive health."[12] But given that there was no logframe that established the linkages between program inputs, outputs, outcomes, and other results, and no independent validation through field visits of reported results, the assessment of efficacy was limited to anecdotal accounts of selected grants as reported by intermediary NGOs.

2.9 The evaluation also assessed PRHCBP's consistency with DGF criteria and with the Bank's HNP strategic objectives, as well as the linkages of PRHCBP's activities with the Bank's country-level operations. It concluded with lessons and recommendations emanating from the evaluation work that sought to guide improvements in program performance as well as future program direction. While the report did emphasize the need for M&E data to document results and to promote the program more widely, within and outside of the Bank, its assessment of program's M&E was weak. Its assessments of the governance of the program, including the process of awarding grants, and of its partnerships were more descriptive than evaluative.

Evaluation Findings and Recommendations, and Program Response

2.10 Boxes 1 and 2 present, respectively, the findings and recommendations of the external evaluation of PRHCBP. The evaluation report was submitted directly to the Program Manager and the DGF, and was also shared by the Program with a selection of NGO grantees in Washington DC. It served two main purposes, discussed below.

2.11 *First,* the evaluation's overall positive assessment of PRHCBP's relevance and performance has been instrumental in securing its continued financing by the DGF. The year the evaluation was issued (2005), the HNP sector Board was undertaking a major exercise to review and consolidate its portfolio of DGF-financed programs and PRHCBP was being considered for discontinuation (Review Committee Minutes and interviews). Many have attributed the decision of the DGF to continue financing of PRHCBP in FY08 to the

12. It is significant to note that the external evaluation report presented an abridged statement of program objectives, "…to build the capacity of civil society organizations to develop and implement culturally appropriate interventions in the sensitive areas of population and reproductive health," omitting the expected outcomes segment of the statement of objectives.

Box 1. Summary Findings of the External Evaluation of PRHCBP

Program Effects. The program had a wide variety of effects on the ground, often small scale, but affecting particularly vulnerable groups with little power and limited or no alternatives for services. For example, PRHCBP on grants supported: peer counseling to young women working in Indonesian factories to deal with sexual harassment; advocacy work that led Mexican educational authorities to produce and distribute materials on reproductive health (RH) for students and parents; and the extension of services provided by a rural NGO clinic in Kenya to include community-based contraceptive distribution and community education on sexually transmitted disease. NGOs supported by PRHCBP have attracted substantial additional support for RH activities.

Program Management. Unlike most other global programs and partnerships, which are externally managed, PRHCBP is managed within the Bank, an arrangement that allows greater control and flexibility to address emergent issues. The Bank's budget provides US$25,000 annually for program overheads, just over 1 percent of the total grants awarded annually. PRHCBP grantees are selected by a small, knowledgeable committee that carefully stays within the topical limits of the program and strives to avoid overlap with other potential funding. Though staffing is adequate for selecting and managing grants, follow up to apply lessons to Bank operations tends to be limited.

Program Goals and Contribution. PRHCBP focuses on improving RH, a priority reflected in various global and institutional statements of development goals: in the MDGs, the Bank's corporate advocacy priorities, and in the indicators adopted for IDA 14. Improving RH is particularly important for the poor, whose maternal mortality levels are substantially higher than levels of other groups. PRHCBP contributes towards this goal by: mobilizing and empowering local and international NGOs, and contributing to development and dissemination of information and tools. It focuses on groups and issues that fall through the gaps, supporting grantees and addressing issues that are culturally and politically sensitive.

Consistency with DGF and HNP criteria. PRHCBP in its design, goals and activities is consistent with the criteria set by DGF. It provides *multi-country benefits* through NGOs that operate cross nationally. PRHCBP *reinforces partnerships* with NGOs, as well as among NGOs working on RH. It also enables grantees to *leverage* additional funds for RH from a variety of other donors. PRHCBP activities *do not substitute* for regular Bank instruments which do not have the flexibility to support small local NGOs — and when other funding is available PRHCBP refers proposals elsewhere. The Bank has a *comparative advantage* because of its reputation, which grantees report as particularly helpful. Grantees are always *independent* and are screened for their record of achievement, while secondary grantees may be chosen specifically to strengthen their capacities. PRHCBP is also supportive of the Bank's Health, Nutrition and Population objectives. It improves health outcomes for the poor and enhances health systems by addressing NGO capacity in reproductive health.

Source: This is drawn directly from the evaluation report, without comment or amendment by IEG.

favorable external evaluation. But the DGF Council approved the request for funding in FY08, conditional on the implementation of the recommendations of the independent evaluation and a review of the HNP strategy with respect to this program.

2.12 Second, all the Program Managers[13] have regarded the evaluation report as a tool for their continued efforts to improve program performance and management; and the program staff, the Review Committee and the HNP Sector Board have discussed the evaluation report on several occasions.[14] The 2005 evaluation report was also shared with PRHCBP grantees at

13. This refers to the series of three Program Managers in place during and after the evaluation report: one until end-2005, one in 2006, and a third taking up her responsibilities in early 2007.

14. One event worth noting was the convening of a special meeting of the Review Committee in September 2006 to discuss the evaluation report and its implication for improving the program. Discussion points noted on the agenda for this meeting included: future direction and priorities of the program; ways to establish closer links to the Bank's operation; ways to articulate and advocate the program's mission; exit strategy; and how to measure and evaluate the success of the program.

Box 2. Summary Recommendations of the External Evaluation of PRHCBP

- In selected instances where future Bank operations can be anticipated, a strategic approach might be taken to selecting local NGOs that could eventually contribute, possibly within a network.
- An attempt could be made to address some substantive issues, namely the supply of emergency obstetric services and the knowledge gaps in relation to unsafe abortion.
- More effort might be made in operations research directed at issues that could affect grantee activities, for instance, to resolve uncertainties about the worth of particular approaches (e.g., the best approach to target ex-circumcisers).
- More systematic narrative reports are suggested on sub-grants, as well as on funds leveraged, as long as definitional issues can be settled in advance (in support of more systematic monitoring and evaluation.
- Some exchange among U.S.-based NGOs about their experiences is worth supporting, somewhat in parallel to what is being accomplished with European NGOs.
- The burdens posed by the limitation to single-year grants (uncertainty and high transaction costs) should be considered, and simplifications introduced where possible.
- The program needs to find a way to articulate its multi-pronged mission as clearly and concisely as possible for diverse audiences both outside and inside the Bank (to promote and foster better understanding of the program).

Source: This is drawn directly from the evaluation report, without comment or amendment by IEG.

a meeting at the World Bank in June of that year. Numerous steps have been taken under the leadership of these managers to implement recommendations emanating from this evaluation. Activities are underway to be more strategic and selective in the award of grants to ensure the appropriate allocation of funds to regions (such as South Asia, in addition to Africa) and activities (such as unsafe abortion) most in need. Activities that are able to attract other funding (such as HIV/AIDS) are now referred to other available financing. Application guidelines and grant-reporting formats have been revised to encourage greater clarity of proposals and of activity reports in order to improve the proposal review process and to achieve more systematic information on program performance. A meeting of U.S.-based grantees was held in 2005 to discuss best practices, lessons and ways to improve the grant process. The PRHCBP Web site was revised in 2006 and 2007 to provide further clarification to applicants on program objectives, selection criteria and application procedures more systematically and for a wider audience. Plans are underway to expand the Web site to include information on grantees and activities supported. The program has also expressed its commitment to foster greater links with the Bank's country operations, and is currently deliberating how this might be done (Annex I).

3. The Effectiveness of PRHCBP

Relevance[15]

3.1 The very poor state of reproductive health in the developing world, the inadequate availability and quality of a minimum package of reproductive health services, and significant inequities in health status and in service availability (both within and across

15. More detail is provided in Annex C.

countries) point to a formidable unfinished agenda for improving reproductive health and for contributing to fertility declines (Box 3).

INTERNATIONAL CONSENSUS

3.2 Strong international consensus about the need to address women's reproductive and sexual health has been articulated at many international conferences held over the past 2–3 decades, from which numerous expressions of commitment and formal declarations have emanated. In February 1987, the *Safe Motherhood Conference* held in Nairobi, Kenya (sponsored by UNFPA, the World Bank and the WHO): (a) brought attention to the high levels of morbidity and mortality associated with pregnancy and childbearing; (b) set a goal to reduce maternal mortality by 50 percent by the year 2000; and (c) called for action to make pregnancy and childbirth safer.

3.3 In 1994 the *International Conference on Population and Development (ICPD)* held in Cairo, Egypt, was attended by representatives of 184 governments, bilateral, multilateral agencies and civil society organizations. The consensus of this group was to address population growth and fertility reduction through (a) a broader sexual and reproductive health agenda, delivered through primary health care services, including reproductive health services and family planning (including safe abortion and the elimination of FGM); and (b) interventions beyond health and family planning that would address determinants of high fertility, including: poverty eradication, sustainable economic development, girls education, gender equity and equality, food security, human resources development and human rights. In September 1995 the *United Nations Fourth World Conference on Women*, held in Beijing, China, established a Platform for Action to: (a) increase women's access to health information and services; (b) strengthen preventive programs; (c) undertake gender-sensitive initiatives that address sexual health; (d) promote research and disseminate information on women's health; and (e) increase resources and monitor follow-up for women's health.

3.4 In September 2000, at the *United Nations Millennium Summit* the Millennium Declaration was signed by 147 Heads of State and passed by the members of the UN General Assembly. Of the eight Millennium Development Goals emanating from this declaration, goals 2, 4, 5 and 6 are most relevant to the PRHCBP (Annex C). In April 2005 at the *Partnership Meeting for Maternal, Newborn and Child Health* held Delhi, India, delegations from developed and developing countries, bilateral and multilateral institutions, academia and civil society recommended the adoption of an additional target for MDG 5 — to achieve universal access to sexual and reproductive health, with appropriate indicators. Several months later at the *UN World Summit* the UN General Assembly endorsed the integration of this target into the MDGs. The declarations of these summits are presented in Annex C.

INTERNATIONAL PARTNERSHIPS

3.5 Flowing from this strong international consensus have been the establishment and mergers of various international partnerships. Immediately following the 1987 Safe Motherhood Conference, the *Safe Motherhood Inter-Agency Group (SM/IAG)* was formed, including the three original sponsors of the Conference (UNFPA, World Bank and WHO) plus UNICEF, UNDP and two international NGOs — the International Planned Parenthood Federation and the Population Council. The goal of the SM/IAG was to contribute to

Box 3. Population and Reproductive Health — The Unfinished Agenda

- High maternal mortality and morbidity, unwanted fertility and poor reproductive health continue in many poor countries, despite some gains in selected countries;
- Nearly 500,000 women die every year from pregnancy-related causes. For every woman who dies, another 15–30 suffer a debilitating injury, often with life-long consequences;
- Gaps in sexual and reproductive health care account for nearly one-fifth of the worldwide burden of illness and premature death, and one-third of the illness and death among women of reproductive age. Maternal mortality is the leading cause of death among women age 15–44;
- There are approximately 75 million unplanned pregnancies a year, one-third of which result in unsafe abortion;
- Poor women still lack access to information about their health and their bodies, and also lack access to basic life-saving services;
- Demand for contraception is growing. An estimated 120 million women want to space or limit further childbearing but lack access to family planning. This number is expected to grow;
- Each year 2 million girls suffer from harmful traditional practices like female genital cutting;
- At least 30–40 percent of infant deaths are the result of poor care during pregnancy and delivery;
- Gender inequality persists as women are disproportionately affected by ill health and poor education; and
- Adolescent health and development needs are growing, as the largest–ever cohort enters their childbearing ages.

Source: Bank HNP Web site, 2007.

improved maternal and newborn survival and well-being by promoting and supporting the implementation of cost-effective interventions in the developing world. Its secretariat, provided by Family Care International, was housed at WHO, Geneva.

3.6 In 2000 the *Healthy Newborn Partnership* was established, with a secretariat in Save the Children, USA. In 2004 the SM/IAG became the *Partnership for Safe Motherhood and Newborn Health*. Still housed at WHO, Geneva, this Partnership broadened its original mandate to promote the health of women and newborns. Also in 2004 the *Child Survival Partnership* was established, whose mandate was to bring together global partners in a shared effort to achieve MDG 4. Housed in UNICEF, New York, this partnership aimed to improve the efficiency and effectiveness of child health programs and to lobby increased support and commitment for expansion of such programs.

3.7 In 2005 the *Partnership for Maternal, Newborn and Child Health (PMNCH)* was established when the above-cited alliances joined forces. PMNCH, comprising some 130 members, devotes itself to the achievement of MDGs 4 and 5. Its secretariat is housed at WHO, Geneva, and it is governed by a Board, on which the Bank's HNP Director has a seat. The Program Manager of PRHCBP is a member of its country support working group. Annex C presents the working groups of PMNCH and their respective mandates.

3.8 Yet another major global partnership focusing on the health MDGs was launched on September 5, 2007 by the Prime Minister of Great Britain, health ministers of developed and developing countries, and leaders from major health agencies and foundations. The *International Health Partnership* aims "to improve the way that international agencies, donors and poor countries work together to develop and implement health plans, creating and improving health services for poor people, and ultimately saving more lives." (DFID News, September 7, 2007). Donors countries and international agencies (including the World Bank)

that signed onto this partnership, which focuses on the provision of basic health care (a large component of which is focused on the health of women and children), are very similar to the active members of previously cited partnerships.[16]

WORLD BANK'S PRIORITIES AND STRATEGIES FOR SEXUAL AND REPRODUCTIVE HEALTH

3.9 The World Bank has been a major player on population and reproductive health issues for decades. Starting over 30 years ago, the Bank has lent more than $3 billion for population and reproductive health activities (World Bank, April 2007). It was a cosponsor of the 1987 Safe Motherhood Conference and an active participant and leader in the above-mentioned international conferences and partnerships. Its recently-issued *Strategy for Health, Nutrition and Population Results* (April 2007) is comprised of four strategic objectives and five strategic directions (Box 4). While the general objectives and directions of this new strategy make no specific reference to reproductive and sexual health, its results framework captures a number of relevant outcomes and indicators that underpin a broad range of reproductive and sexual health services aimed at fertility reduction and women's health and well-being. Annex C presents the results framework, highlighting the goals and indicators that are relevant to reproductive and sexual health (and by association) to the work of PRHCBP. Furthermore, an HNP discussion paper, *Population Issues in the 21st Century, The Role of the World Bank*, which was issued the same month as the new HNP strategy, documents (a) the unfinished agenda of population and family planning efforts (especially in 35, mostly Sub-Saharan African, countries, with total fertility rates (TFRs) still exceeding five children);[17] (b) the relative neglect of population and family planning (by the Bank and others) a result of shifting resources and priorities of donors;[18] and (c) the need for the Bank to step up its efforts to intensify its population and family support through lending and non-lending work.[19] Also the Bank's Africa Region Human Development Department has issued a technical working paper in 2007 which (a) documents the issue of FGM in Africa and examples of (modest) Bank support to date; and (b) highlights opportunities for intensified efforts to end this practice through a range of lending and non-lending instruments that would exploit the Bank's comparative advantage.[20]

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16. WHO, EU, UNAIDS, UNFPA, GAVI Alliance, UNICEF, Bill and Melinda Gates Foundation, African Development Bank, Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, UN Development Group, the World Bank, and bilaterals, including: Norway, Germany, Canada, Italy, the Netherlands, France, and Portugal.

17. This emphasis is also reflected in the regional HNP strategies for the South Asia and Sub-Saharan Africa Regions.

18. Attributable in significant part to complacency with the successful fertility reduction achieved in some countries and to the dramatically increasing allocations of advocacy and resources to the fight against HIV/AIDS. While synergies could have been exploited between family planning and HIV/AIDS programs, these were treated as quite separate.

19. Non-lending work includes analytic work and policy dialogue, both within and beyond the HNP sectors to encompass (1) other development sectors having an impact on the determinants of fertility and population growth and (2) the dynamics of population and the broader development agenda, including macro-economic development and poverty alleviation.

20. Rogo, K., T. Subayi, N. Toubia, *Female Genital Cutting, Women's Health and Development: The Role of the World Bank*, World Bank Working Paper No. 122, Africa Human Development Series, July 2007.

Box 4. ***Healthy Development: The World Bank Strategy for Health, Nutrition and Population Results,*** **April 2007**

Strategic Objectives

1. Improve the level and distribution of key HNP outcomes (e.g., MDGs), outputs and system performance at country and global levels in order to improve living conditions, particularly for the poor and the vulnerable.
2. Prevent poverty due to illness (by improving financial protection).
3. Improve financial sustainability in the HNP sector and its contribution to sound macroeconomic and fiscal policy and to country competitiveness.
4. Improve governance, accountability, and transparency in the health sector.

Strategic Directions

1. Renew Bank focus on HNP results.
2. Increase the Bank contribution to client-country efforts to strengthen and realize well-organized and sustainable health systems for HNP results.
3. Ensure synergy between health system strengthening and priority-disease interventions, particularly in low-income countries (LICs).
4. Strengthen Bank capacity to advise client countries on an inter-sectoral approach to HNP results.
5. Increase selectivity, improve strategic engagement, and reach agreement with global partners on collaborative division of labor for the benefit of client countries.

Source: World Bank, 2007.

SUBSIDIARITY

3.10 PRHCBP supports the production of global and regional public goods, including (a) the generation and dissemination of operations research that documents cost-effective interventions; (b) the support of scientific research aimed at the improvement/development of new technologies; and (c) the financial and technical support of world-wide partnerships that undertake a range of activities at the global and regional levels, including advocacy, coordination, generation and documentation of best practices and capacity building through networking. It also supports, through intermediary NGOs, country-level interventions aimed at building the capacity of grass-roots NGOs to carry out activities that would contribute to improved sexual and reproductive health. PRHCBP staff and managers consider these country-level interventions to be a complement to the Bank's and other support at the country level because (a) they are aimed at the nongovernmental sector, which they consider to be relatively neglected by other investments in sexual and reproductive health; (b) they cover activities/services that can be sensitive and therefore not typically undertaken by the public sector (safe abortion and the fight against FGM); and (c) the sub-grantees at the country level are supposed to have exposure to, and benefit from, the global and regional goods and networks generated by PRHCBP. However, IEG's review raises important caveats with regard to program subsidiarity. The Bank's country-level support to sexual and reproductive health can and does (a) provide substantial financing to the non-governmental sector both to build and to utilize its capacity;[21] and (b) support activities on sensitive issues of sexual and reproductive health.[22] Therefore, the risk of duplication between PRHCBP and country-level efforts does

21. Examples of such support include the large portfolio of HIV/AIDS operations in Africa and in other regions, among which up to one half of funds are allocated to civil society.

22. Including the fight against FGM and work with high-risk, highly marginalized groups in the fight against HIV/AIDS, such as commercial sex workers, intravenous drug-users and men who have sex with men.

emerge as an issue. While the 2007 HNP strategy asserts that more country-level efforts on population and reproductive health are needed, PRHCBP is engaged in specialized activities with local-level clients who have traditionally operated below the Bank's normal level of operation. And these activities could nurture and support the Bank's country-level efforts to strengthen public-private partnerships in the promotion and delivery of reproductive health services. It is perhaps significant to note that PRHCBP has provided more or less the same level of financial support to its global activities from 1999 to the present, while on-granting support for country-level activities amounted to only a quarter of its 1999 level in 2007 (Annex G, Annex Table 4). The significant reduction in the annual DGF allocations to PRHCBP since 2005 has been largely absorbed by the on-granting activities.

ALTERNATIVE SOURCES OF SUPPORT

3.11 While there are other sources of financing for the global public goods cited above, PRHCBP channels a substantial amount of its support to already established partnerships and initiatives (most notably, PMNCH and the International Partnership for Microbicides). Thus, this support is a contribution to ongoing efforts to generate global public goods, rather than a competition with these efforts. At the country level, there are a number of other financing sources available. World Bank HNP operations increasingly provide for the direct financial support and capacity building of the nongovernmental sector and community-based organizations as an important means of improving sexual and reproductive health. The World Bank also finances social funds and community-driven development projects in hundreds of countries around the world, which make financing available to civil society and community organizations to support their development proposals, including those aimed at improving health and wellbeing. Because Governments (in their formal statements of development priorities [Poverty Reduction Strategy Papers, PRSPs] and in their health sector strategies and plans) increasingly document their commitment to partnership with the nongovernmental sector, other bilateral and multilateral partners also provide direct support to NGOs and community-based organizations, both to build their capacity and to achieve improved sexual and reproductive health.[23]

RELEVANCE OF DESIGN

3.12 While the previous paragraphs have documented the high relevance of PRHCBP's purpose and objectives, its design has been weak. The logic of this program and its links to internationally-adopted program goals and objectives have not been fully developed.[24] The program objective, to build capacity of civil society organizations, is intended to contribute to a number of specified outcomes, including: healthier behavior at individual and community levels; reductions in the impoverishing effects of poor reproductive health; and improvements in reproductive, maternal and child health outcomes of hard-to-reach populations. Program design documents indicate that PRHCBP grants are intended to support groups and networks in their efforts to increase access to and choice in sexual and reproductive health services; to reduce

23. A full inventory of such assistance was not undertaken by IEG, but for the purposes of illustration, a few sources of such support are cited here: UNFPA, WHO, USAID.

24. This assessment of the program logic is based on PRHCBP statements of objectives, components/ mechanisms, indicators and activities contained in their design and reporting documents (*PATS* , and summarized in paragraphs 1.2–1.6 of this report).

maternal mortality and morbidity; to promote the sexual and reproductive health of adolescents; to reduce harmful health practices; and to promote gender equality, participation and inclusion. These "efforts" of grantees are a mix of higher-order outcomes (reductions in maternal mortality and morbidity) and activities (promotion of the health of adolescents). None of these elements (objective, goals, activities and expected outcomes of beneficiary efforts) are captured in the performance indicators, which are process-oriented. Furthermore, these elements have not been articulated around a logframe and results framework that would spell out the components of a results-chain (inputs, outputs, outcomes, and impacts), establish their linkages, and allow the tracking of program performance. A monitoring and evaluation system was never designed. This weakness is corroborated by the external evaluation report, which calls for a clear articulation of PRHCBP's multi-pronged mission and stronger monitoring and evaluation. It is also corroborated by interviews of PRHCBP Program Managers and other associated staff and program documentation, all expressing the resolve to establish a logframe and a viable M&E system. In addition, the design did not sufficiently explore its complementarity with the Bank's country-level work (para. 3.10).

Efficacy

3.13 In short, the efficacy of PRHCBP has been difficult to assess because the achievement of stated program objectives have not been systematically measured or assessed, nor were baselines and targets established at the outset. Neither has the Program systematically collected data on the five program performance indicators (para 1.5), although partial information is available on a few of them in program documents and in the external evaluation.[25]

3.14 Because of the paucity of data available on achievement of outcomes by objective, this section is organized into two major subsections: (a) an overview of program inputs, and (b) selected program activities and achievements.[26] These subsections provide information and data on the allocation and use of program resources, the nature of a small selection of activities supported and, in some cases, a few outputs. However, it is important to note that data and information on activities and outputs are partial and to a large extent anecdotal in nature. These provide interesting but insufficient evidence to determine the extent to which the stated objectives of PRHCBP have been met: capacity building of civil society organizations; healthier behaviors; and improvements in reproductive health outcomes of target (hard-to-reach) populations.

25. IEG attempted to formulate a program logframe as a tool for conducting this evaluation. It drew on program documentation and consulted extensively with previous and current program managers to ensure that the program logic would be accurately captured. Several draft logframes were vetted with PRHCBP staff, but ultimately a logframe could not be used in the present report because none of the drafts suggested by IEG were satisfactory to PRHCBP, and PRHCBP itself has not yet produced one, although the program has indicated its intention to do so.

26. Evaluation of efficacy is more appropriately organized by program objective, but the lack of program data did not allow for such an organization of this report.

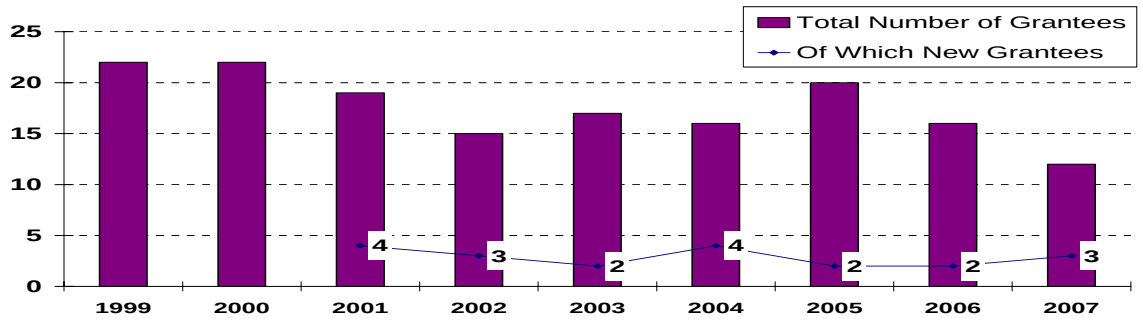
PROGRAM INPUTS

3.15 This section updates the analysis of program implementation statistics included in the external evaluation. The external evaluation analyzed program data for fiscal years 1999–2004. The following analysis adds an additional three years worth of data (FY2005–2007) providing added perspective on overall trends and noting how the program areas of emphasis and allocations may have changed since the external evaluation.

3.16 Between 1999 and 2007 PRHCBP awarded a total of 159 grants, or an average of 17–18 grants per year to 55 primary grantees (Figure 3).[27] These grants ranged in size from US$10,000 to US$300,000. The annual number and level of these awards are a function of the annual DGF funding of PRHCBP (Figure 1). While DGF funding averaged over US$2.0 million annually between 1999 and 2005, it declined significantly to an average of US$1.3 in 2006 and 2007.[28] Annex E provides a list of the primary grantees benefiting from PRHCBP support, indicating the number of grants awarded and the total funding provided to each grantee. During the period 1999–2007 a total of US$17.1 million worth of grants were awarded. Annex F presents a brief description of each individual grant and itemizes the grant amounts awarded to each primary grantee. IEG was unable to find a full tally of the sub-grantees benefiting from the on-grants of intermediary organizations.

3.17 Figure 4 shows the number of PRHCBP grants which focused on key themes of sexual and reproductive health. Many grants focused on more than one theme. While HIV/AIDS is still the theme that has the highest coverage (with one in four grants providing

Figure 3. Annual Number of PRHCBP Grantees (FY99–FY07)

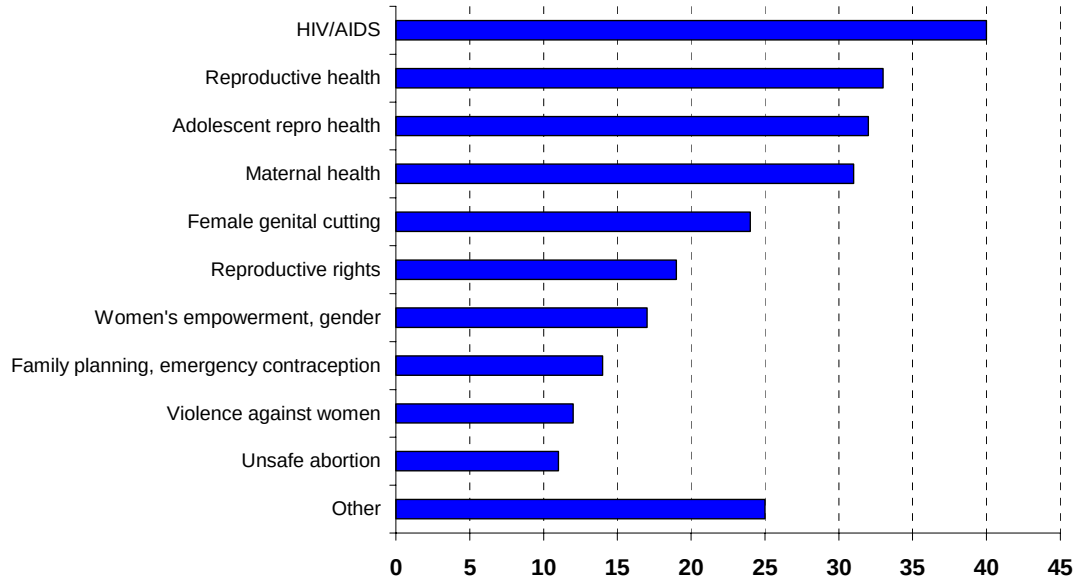


Source: PRHCBP data.

27. While DGF funding for PRHCBP (and other GPPs) is approved at the beginning of each FY (June/July), the one-year grants are awarded at the end of the calendar year and in large part implemented during the calendar year. For example, in FY99 (June 1998) DGF funding of PRHCBP was approved. PRHCBP awarded grants several months later (October 1998) and grant agreements were finalized in December 1998/January 1999. In short, FY99 funding is implemented in CY1999.

28. Between 2005 and 2006 DGF allocations to HNP remained virtually constant at US$24 million, but declined to US$21.6 in 2007. Allocations of these amounts across HNP global programs during 2005–2007 reveal a pattern of no increase or, in a number of cases, decreases in program allocations, and the dropping of other programs. All of these actions represent an attempt on the part of the HNP management to consolidate its portfolio. Some informants also attributed the decline in support to PRHCB to Management ambivalence about the program and its concern about the absence of data on results.

Figure 4. Number of PRHCBP Grants Incorporating Work on Key Themes (FY99–FY07)



Source: PRHCBP data.

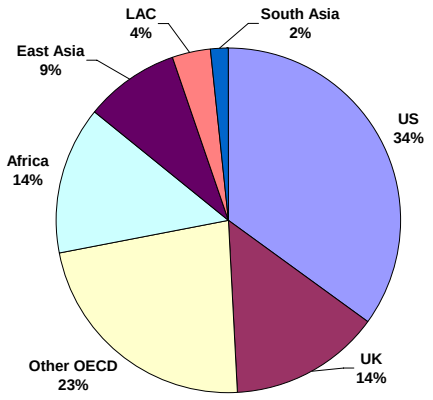
some kind of support to this effort), it is covered less than it had been. The independent evaluation report showed that one in three grants supported HIV/AIDS activities during the period 1999–2004. This decline in coverage is due to a program decision to encourage the use of other available funding for HIV/AIDS. The coverage of other topics falls largely within a few percentage points of coverage rates reported by Bulatao in 2005.

DISTRIBUTION OF GRANTS BY COMPONENT (OR GRANT MECHANISM)

3.18 Annex Table 4 in Annex G shows that one-half of all grants approved during the period 1999–2007 (or US$8.8 million) were provided to intermediary organizations in support of their efforts to build and nurture the capacities of grass-roots organizations, through on-granting. However, the annual amount of funding devoted to on-granting declined from US$1.0 million in 1999 to US$0.3 million in 2007. This may have been attributable in part to the Program's decision following the external evaluation to discontinue the award of grants to activities (especially HIV/AIDS) for which alternative financing was available, but it is primarily a consequence of the dramatic reduction in annual DGF funding for 2006 and 2007, which was largely absorbed by the on-granting component. Annual allocations to operations research and to technology and information during 1999–2007 amounted to15 percent and one-third, respectively. Annual amounts allocated to these two components fluctuated somewhat, but were more or less maintained throughout 1999–2007, with an annual average of US$0.3 million allocated to operations research US$0.6 million to technology transfer.

3.19 Figures 5 and 6 show the geographic distribution of primary grantees and of PRHCBP activities. Almost two thirds of the primary grantees come from the developed countries. Of all the activities supported by PRHCBP, one half are carried out in the Africa Region, 16 percent in the Latin America and Caribbean Region, 8 percent in each the South

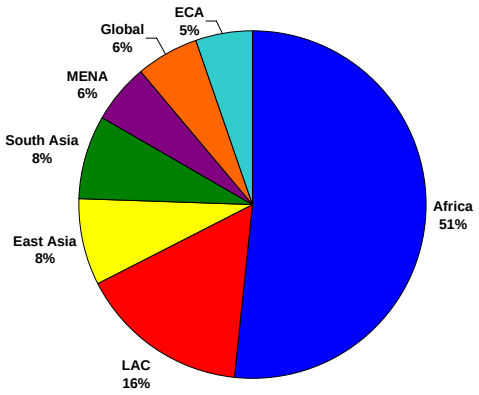
Figure 5: Geographic Distribution of Primary Grantees (FY99–FY07)



Source: PRHCBP data.

Note: Japan is included among other OECD countries in this chart.

Figure 6: Regional Distribution of PRHCBP Activities (FY99–FY07)



Source: PRHCBP Data

Note: This does not include data for 2004, because the intervention areas are not specified in the description of grantee activities for this year.

Asia and East Asia regions, 6 percent in the Middle East and North Africa Region and 5 percent in the Europe and Central Asia Region.

SELECTED PROGRAM ACTIVITIES AND ACHIEVEMENTS

3.20 In addition to the absence of a program results framework, another impediment to the documentation of program achievements is the fact that data on overall project performance has not been systematically recorded or analyzed, an indication of weak M&E design and implementation. While grantees do submit routine reports on activities undertaken with PRHCBP support, (a) the reports are more activities-based than results-based and most do not document baseline data;[29] and (b) PRHCBP does not draw from these reports, partial as they are, to compile systematically the reported activities or achievements of all grantees in an attempt to assess overall program performance.[30] The methodology employed by IEG to compile evidence of program achievements was to (a) draw on key documents, particularly the external evaluation and the program reports to the Bank's management and to the DGF; and (b) conduct interviews with some grantees[31] and collect and review supplemental documentation provided by them. While the evidence below provides a glimpse of some of the accomplishments of some of the grants, organized around the program's three components, it is not the result of a comprehensive or rigorous assessment. Important caveats include the following: (a) evidence presented is partial, based on a few selective interviews and the review

29. Interviews with PRHCBP staff and review of program documentation. This is further corroborated by interviews with primary grantees, which confirmed that — especially for grass-roots organizations benefiting from on-grants — reports focus on activities instead of outcomes, and that the failure to establish baselines for most on-grants further undermine the measurement of progress.

30. Annual reporting by PRHCBP to the DGF through the PATS documentation is provided in summary form and is more anecdotal than systematic.

31. Interviews were conducted with representatives of FCI, DSW, PMNCH, IAG, WHO, International Planned Parenthood Foundation, Global Fund for Women and the International Youth Federation.

of a subset of grantee reports; (b) information is more anecdotal and process-focused than systematic and results-oriented; and (c) no field visits were undertaken, either by IEG or by the external evaluator, to independently validate information provided by the implementers.

3.21 ***Through its on-granting component PRHCBP has invested in the building of capacity of local-level civil society organizations in order to help them develop and implement culturally appropriate interventions in population and reproductive health.*** Between 1999 and 2007 76 grants have been awarded to 56 intermediary organizations, which have on-granted funds to grass-roots organizations. Indications of strengthened capacity achieved through a few selected interventions are provided below. ***However, the extent to which this enhanced capacity has achieved its intended objectives (improved quality and utilization of services, healthier behaviors, greater empowerment of women, lower rates of FGM, etc.) is not documented.***

3.22 ***PRHCBP has financed activities aimed at improving the availability of sexual and reproductive health services provided by civil society organizations, especially to (previously) underserved populations.*** The Mexican Institute of the Study of Families and Population (IMIFAP), which on-granted funds to grass-roots organizations in Peru, Bolivia, Nicaragua and Honduras, is reported to have made available sexual and reproductive health information and services to groups, which were previously underserved. The Commonwealth Medical Association Trust, another intermediary organization, invested in capacity building of medical practitioners and health professionals from India, Pakistan and Uganda to improve their capacity to address sexual and reproductive health needs in their respective countries, in line with the ICPD Program of Action and within the framework of the MDGs. The Program for Assessment of Technology in Health (PATH), an intermediary organization supported by PRHCBP, facilitated the expansion of outreach services provided by an NGO health clinic in a rural area in Kenya and the development of a fee-for-service system that enhanced its sustainability. Under another sub-grant, a local clinic was established in a poor, underserved area of Dakar and is reported to be able to cover half of its costs through user fees.

3.23 ***PRHCBP has also supported efforts to expand awareness-raising and behavior change interventions undertaken at the community level by community members, themselves.*** With PRHCBP support the German Foundation for World Population (DSW) carried out activities to build the capacity of local-level NGOs in selected African countries (Uganda, Ethiopia, Kenya and Tanzania) working on sexual and reproductive health. In particular, it developed the "Youth to Youth" program, through which local youth clubs undertake peer counseling and education of teenagers to avoid risky behavior. Some 6 million young people are reported to have been reached through this program. An evaluation conducted by Heidelberg University in 2005 reported significant behavior change, especially among girls, who reported: greater empowerment, large use of HIV testing services, and changing perceptions in the community towards FGM, abduction and rape of girls and forced under-age marriage.[32] With a PRHCBP grant the World Population Foundation supported a local Indonesian NGO (Mitra Aksi Foundation) in its efforts to help young female factory

32. The evaluation report was provided to IEG by DSW. While the findings are reported here, IEG cannot comment on the rigor of the evaluation methodology. It is significant to note, however, that no baseline data was collected on these indicators, nor were targets set.

workers in one village deal with sexual harassment. Twenty-five peer educators were trained and a sewing group was established to attract an attentive audience. Young girls attending the program reported feeling more confident to: deal with sexual harassment, refuse unwanted sexual intercourse; and better resist social pressures to marry before the age of 20. With the support of yet another sub-grant, Tanzanian primary school-based health counselors were trained to replace expatriates and ultimately were shown to be more effective according to indicators of quality of work, relationships with stakeholders, classroom lessons (Bulatao, 2005). Still another sub-grant helped establish a café in Cote d'Ivoire set up as a venue for peer education, the provision of meals and condoms. (Bulatao, 2005)

3.24 ***PRHCBP has also supported the activities of selected local-level civil society groups in policy and advocacy work.*** PRHCBP financed the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children and the Research, Action and Information for the Bodily Integrity of Women, Inc. (RAINBO), which partnered with local groups to lobby for legal reforms to fight FGM. The Global Fund for Women supported a range of local-level women's groups working on various means of empowering women and girls. The Society for International Development, worked with and through local organizations in Mexico to lobby for the availability of information on reproductive health issues for youth through the public school system. This culminated in action taken by the Ministry of Public Education to support an awareness campaign in collaboration with two local universities. A grant in Senegal involved work with parliamentarians on a public campaign that led hundreds of villages to publicly renounce female genital cutting in compliance with a recently enacted law. (Bulatao, 2005) The Pacific Institute for Women's Health undertook capacity building of women's local NGOs to undertake advocacy and information campaigns to promote and address the sexual and reproductive rights of women and youth and to improve their access to information and services. PRHCBP has also provided support to ensure a harmonized approach by its European grant recipients for training national NGOs on how to engage in their countries' PRSP processes.

3.25 ***Under its operations research mechanism, PRHCBP has supported the development and marketing of appropriate technologies in an effort to contribute to the range and quality of reproductive health services.*** The most significant contribution to this end has been the financing of the International Partnership for Microbicides (IPM) in its efforts to develop new technology to prevent HIV/AIDS and unwanted pregnancy. Specifically, a series of grants has supported IPM's work to accelerate the development, marketing, social acceptance and accessibility of microbicides (vaginally applied substance that could prevent or reduce HIV transmission and pregnancy). IPM undertakes a range of activities to this end, including: building community and political support for clinical trials; facilitating regulatory approvals; conducting market research to enhance demand; and conducting operations research to identify manufacturing capacity, supply chains and distribution venues in Africa. The outcomes of this research with regard to the quality and cost-effectiveness of services has not been documented.

3.26 ***Under its transfer of technology and information component PRHCBP has supported partnerships and networking which have catalyzed and mobilized a broad range of actors to promote, support and sustain the Safe Motherhood Initiative and the broader agenda for sexual and reproductive health.*** During the period 1999–2004 PRHCBP

provided a total of US$1.5 million through a series of annual grants to support the work of the secretariat of the Safe Motherhood Inter-Agency Group (SM/IAG). Family Care International (FCI) (which provided the secretariat) received the largest sum of grant funding of all PRHCBP beneficiaries. This support financed key activities of the Secretariat, including: coordinating and facilitating the activities of the coalition of international, regional and national agencies working on Safe Motherhood; serving as a clearing house for information, technical resources and technologies; raising the profile of maternal and newborn health; mobilizing resources and action on the Safe Motherhood Initiative.

3.27 An evaluation of the Safe Motherhood Initiative, commissioned by FCI and covering the entire history of the SM/IAG,[33] documented some achievements of the Initiative, which are attributable to the work of the SM/IAG. While prior to the 1987 Safe Motherhood Conference there had been virtually no programs or resources dedicated to maternal health, the ensuing 20 years witnessed the creation and financing of maternal health programs by development agencies and the development around the world of many national strategies and programs to reduce maternal mortality as well as the generation of substantially greater knowledge about the topic — both technical and socio-cultural. The evaluation found that the SMI/IAG was most effective, especially in its earlier years, in (a) galvanizing resources and raising awareness and commitment for improving maternal health; and (b) knowledge dissemination. SMI/IAG's country-level report, on the other hand, was found to be less robust, both in terms of its influence on national policies and the implementation of activities. The evaluation documented that the total amount of funds spent on safe motherhood projects increased steadily from US$75 million in 1996 to US$183 million in 1999. However, between 1999 and 2002 there was a gradual decline in annual amounts to US$178 million. The evaluation went on to note that this decline coincided with the significantly increased financial flows to the fight against HIV/AIDS. ***Despite the important contributions of the SMI/IAG, the SMI did not achieve its goal, set in 1987, of reducing maternal mortality by 50 percent by the year 2000***.[34]

3.28 PRHCBP's second largest (cumulative) grant amount (US$1.4 million), channeled to the World Health Organization, was also devoted to the strengthening of partnerships and to the expansion and dissemination of technical materials, tools and support. Almost 60 percent of this amount was provided to WHO's Division of Reproductive Health Research in support of specific tasks supporting the development and dissemination of technical material and guidelines guiding good practices in the design and provision of safe motherhood interventions.[35] The other 40 percent of this amount supported the Secretariat of the PMNCH from 2004, the year the SMI/IAG was merged, along with other programs into this new, expanded partnership (paragraph 3.8). Grants provided to PMNCH supported the 2005

33. A review of the Safe Motherhood Initiative, commissioned by FCI and financed by PRHCBP — *The Safe Motherhood Initiative, 1987–2005: A Review*.

34. A few countries cited in the FCI Evaluation Report (Malaysia, Sri Lanka, Bolivia, Egypt, Honduras) were successful in their efforts to improve access and availability of maternal health services and reduce maternal mortality levels. In other countries, however, investment is reported to have increased only minimally, if at all, with maternal mortality ratios either stagnating or worsening, as a consequence.

35. The production and dissemination of the Safe Motherhood Newsletter and Essential Care Practice Guides on a range of safe motherhood and newborn health topics

summit Meeting on Maternal Newborn and Child Health in New Delhi, at which PMNCH's mandate was decided. Subsequent support to PMNCH has been targeted to the support of selected high-burden countries, aligning PMNCH partner resources and action in an effort to strengthen health systems for improved health outcomes for women and children. The results of this work to date have not been assessed.

3.29 ***PRHCBP is reported to have leveraged significant resources for its grantees.*** One example provided in the Program's annual report to the DGF is the International Partnership for Microbicides (IPM). In addition to PRHCBP funding of US$750,000, this Partnership has received a total of US$46 million in grants from eight countries, the Rockefeller Foundation, and the Bill and Melinda Gates Foundation. In the space of three years (2002 to 2005) IPM is reported to have grown by ten-fold since the Bank began to support it — from $3.8 million in 2002 to $39 million in 2005 (program documentation). Other examples were cited in interviews and documentation provided by representatives from German Foundation for World Population (DSW).[36] PRHCBP grant support is reported to have leveraged more than a million Euros from other European donors. Support from the German government, private companies and Rotary International are supporting the replication and expansion of programs (such as the "Youth-to-Youth" Program) initiated with PRHCBP grants. In Asia local NGOs supported by DSW were capable of attracting bilateral and multilateral financing. These NGOs received support from the EU and UNFPA to provide reproductive health and population outreach services in remote areas of Vietnam, Pakistan and Nepal. DSW attributes strengthened capacity of these NGOs directly to activities carried out with PRHCBP support. Yet another example is the success of the Program for Appropriate Technology in Health (PATH) in attracting US$50 million from the Gates Foundation to coordinate a newly created Alliance for Cervical Cancer Prevention (ACCP). This is attributable, at least in part, to the provision to PATH of a grant to develop prevention and diagnostic tools for cervical cancer.

LINKAGES TO COUNTRY-LEVEL ACTIVITIES AND VALUE ADDED

3.30 The external evaluation, interviews with PRHCBP and regional staff, and program documentation all point to inadequate linkages of program efforts to the Bank's country-level activities. According to the external evaluation "evidence of useful linkages is difficult to obtain or to ascribe to PRH(CBP) influence. Potential instances of components being incorporated into Bank projects are cited by grantees, but actual successes are difficult to document, and may occur beyond the grant periods." Within the Bank, knowledge about the program and its potential contributions to Bank country goals is low. Bank reproductive health staff interviewed share the general view that PRHCBP's links with the Bank's country operations have been inadequate. Efforts have been more visible in the Africa region, where the Lead Specialist for Reproductive Health (who is a member of the PRHCBP Review Committee) actively works at exploiting synergies between PRHCBP grants in specific countries and the Bank's dialogue and support in these countries.

3.31 Since 2003, some modest effort has been undertaken by some intermediary NGOs (Marie Stopes International, MSI; and DSW) to build capacity among sub-grantees

36. Based on interviews, pictures and events reported on DSW's Web site, German newspaper clippings, 1999 Annual Report of the EC-UNPFA Initiative for Reproductive Health in Asia, DSW annual reports and program correspondence, including one to Bank Executive Director for Germany.

(especially in Uganda and Ethiopia) to undertake advocacy and to become involved in the PRSP consultative process. A trust-funded consultant working in HDNHE has recently been devoted in part to strengthening country linkages. However, the small administrative budget available for this program, amounting to 2 percent of annual DGF funding (paragraph 3.35) is deemed to be inadequate.

SUSTAINABILITY OF OUTCOMES AND IMPACTS

3.32 Program files and interviews have revealed that PRHCBP has succeeded in leveraging funds for many of the grantees (PATH, FCI, DSW, Global Fund for Women, etc), whose work is now expanded and sustained by other major donors. However, the sustainability within the country of the activities of strengthened NGOs will depend on much stronger country linkages whereby these NGOs will be systematically included and supported, both to contribute to national policy and program formulation and to deliver key services in line with their comparative advantages in the context of a nationally-owned policies and programs. There is considerable scope for improving the sustainability of PRHCBP by forging stronger links with the relevant working groups of PMNCH and defining its value added to other work and support to these groups, provided by other partners. The four working groups focus, respectively, on the following topics: (a) advocacy; (b) country support; (c) effective interventions; and (d) monitoring and evaluation. Their mandates are presented in Annex C. More direct support to these four global working groups may help to: strengthen PRHCBP's value added and legitimacy, among partners and within countries; attract additional financing; and encourage the effective and sustainable use of capacity strengthened with PRHCBP support by partners and countries.

Efficiency

3.33 The measure of a program's efficiency is the extent to which it has converted its resources (funds, expertise and time) into results; and the measure of its cost-effectiveness is the extent to which it delivered results at the lowest cost. These are both difficult to measure since the Program has not systematically documented Program results. Nevertheless, some elements of efficiency are evaluated as follows.

3.34 ***Overhead/administrative expenditures have been a small share of total program funding.*** Through its PATS documentation, PRHCBP has reported that all grantees receive funding from other sources as well as the DGF. According to program documentation, PRHCBP funds have not exceeded 15 percent of any of the grantees' annual budgets, in line with DGF guidelines.[37] The Health Nutrition and Population Department of the World Bank (HDNHE), in which the program is housed, has provided US$145,850 from its administrative budget for program administration from FY04 to FY07 (Annex G, Annex Table 4), representing a very low 2 percent of total annual DGF allocations during this period. These Bank budget allocations have clearly been inadequate to cover the costs of

37. This represents a generous interpretation of the DGF guideline that "grants should generally not exceed 15 percent of expected funding over the life of Bank funding to a given program," since this requires interpreting the "program" in this guideline, not as PRHCBP, but as the grantee which is receiving funds from the DGF via PRHCBP. That is, it requires interpreting PRHCBP as primarily a channel through with some DGF grants are allocated to other programs, which is in turn are expected to comply with this guideline.

program administration and management, especially if the program is expected to implement the recommendations of the external evaluation, including (a) greater involvement of the regions in program activities; (b) greater effort to forge country linkages; (c) increased outreach; and (d) more rigorous and systematic strategic management of the program, especially the formulation of a program logframe and its monitoring and evaluation. Program staff have raised this issue on occasion with HDNHE management.

3.35 ***Opportunity costs have not been calculated.*** There has been no inventory of the availability of financing for NGOs and other beneficiary agencies to carry out the three key program activities (capacity building through on-granting; operational research; and transfer of knowledge and technology) and so it is difficult to assess the opportunity costs *within the program* (assessing the actual allocation against other possible allocations across the three key activities) or *against alternative activities outside of the program* (exploring either the channeling of more money to ongoing parallel activities/sources of support, or the filling of a critical gap constraining the achievement of program objectives). Weak country linkages indicate an inefficient use of resources, since investments are not fully exploited at the country level.

Governance

3.36 The governance of PRHCBP is described in paragraphs 1.9 to 1.11 in Chapter 1. This section evaluates its structure, functions and processes, as these have evolved over the period from 1999 to the present. This evolution reflects the efforts of the Program Managers to improve program governance over the years. The structure of the *program secretariat* has not changed much since 1999: this is still managed by a (part-time) Program Manager, assisted by a (part-time) Administrative Assistant with occasional technical inputs and support from HDNHE staff and other reproductive health staff in the Bank. An extended-term consultant (ETC), funded from a consultant trust fund, has also been providing management support starting in FY07. The limited technical inputs to the program are a direct function of the small administrative budget made available to support the program.

THE REVIEW COMMITTEE

3.37 The composition of the Review Committee has evolved over time from a very small group that was made up exclusively of HDNHE staff to one that includes representation from the Bank's Regional Vice Presidencies.[38] The composition of the Review Committee is still limited to persons working inside of the Bank. The 2000 external evaluation (Measham, 2000) had recommended that the Review Committee membership be opened up to one or several representatives of the NGO community, but this suggestion was tabled by the Program and its Review Committee, which considered that the existing Committee members, some of whom had previously worked in NGOs before joining the Bank, brought a sufficient NGO perspective to the Committee. Another reason for not including an NGO representative in the Review Committee was the fact that such an NGO would then be ineligible for grant funding.

38. A recent decision to insist on representation from Africa and South Asia to make up a quorum has underpinned the importance of the participation of regions, especially the two accorded highest priority.

3.38 The decision not to include NGO representation is a reflection of the very informal process for decision-making by the Review Committee, inherited from the three previous grant programs before these were merged into PRHCBP. Both the evaluation reports and interviews with those involved in the Review Committee in earlier years note that the review committee awarded grants based on the professional knowledge, connections and networking of its individual members with NGOs. Committee members would identify NGOs that they knew were reputable, invite them to submit proposals and decide on grant amounts to support them. In the early years of PRHCBP there was no public solicitation of proposals that opened up the possibility by other qualified agencies to compete for PRHCBP grants. In more recent years this practice has been improved with the creation of a Web site for the program in 2006, which announces the annual solicitation of proposals and provides guidance to prepare competitive proposals. Criteria for screening proposals have also been developed by HDNHE staff and endorsed by the Review Committee on October 30, 2007.

3.39 A review of the Review Committee minutes from FY99 to FY07 reveals a number of elements regarding the management of this process. The timetable for the award of annual grants is typically as follows:

- DGF decision on grant allocation to the program: June/July
- Solicitation of proposals: August/September
- Review Committee meeting/decision: October/November
- Letters of Agreement prepared: December
- Grant implementation: January – December of the following year.

3.40 With the exception of FY99 and FY04,[39] there was a record of only one Review Committee meeting each year. The Review Committee meetings were prepared by a technical staff (sometimes by the Program Manager, and other times by another qualified staff), which reviewed and summarized proposals, often providing a preliminary assessment and recommendations for the decision-making. Committee members would review the proposals and the summaries, spending about 1–2 days to review 25 proposals, or just over half an hour per proposal; and it would meet subsequently to decide by consensus. The number of voting members was on occasion quite small;[40] and some minutes (FY03 and FY05) did not provide record of who was present. Meeting minutes recorded the number of proposals received, the proposal amounts, the proposals selected for grant awards and the grant amounts. During the early years (through FY02) the vast majority of proposals reviewed were approved (likely a function of the way that proposals were solicited), but from FY04 onward (when proposals were more broadly solicited) the proportion of proposals that were not awarded grants gradually grew to slightly more than one half.[41]

39. During which, respectively, three and two review committee meetings took place.

40. For example, in 2006 only 4 voting members attended the Review Committee meeting, but for two proposals one staff declared conflict of interest and refrained from the decision-making, leaving three (including the Program Manager) to decide.

41. This may also have been a function of the declining DGF allocations in FY06 and FY07.

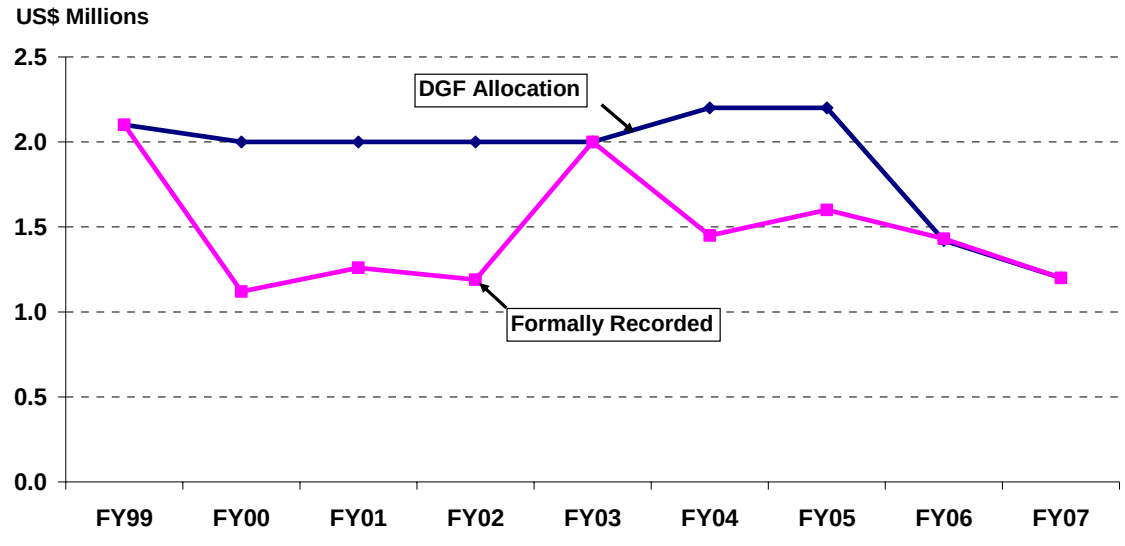
FINANCING AND FINANCIAL ACCOUNTABILITY

3.41 IEG analyzed three different sources of PRHCBP data covering the period FY99 to FY07: (a) the grants disbursed by the DGF Secretariat on behalf of the program; (b) the grant approvals recorded in the minutes of the Review Committee meetings; and (c) PRHCBP's retrospective tallies of grants awarded by fiscal year. This analysis (detailed in Annex G) reveals that of the cumulative amount of US$17.1 million in DGF allocations to PRHCBP, only the award of US$13.3 million is formally recorded in the minutes — a difference of US$3.2 million (Figure 7). There is an indication in some of the minutes that DGF funds (a total of US$1.3 million) were set aside by the Review Committee in anticipation of expected proposals from specific NGOs, but there is no subsequent documentation of the formal review of these proposals or the award of grants. PRHCBP retrospective tallies of all grants awarded (shown in detail in Annex F and summarized in Annex G) show that a total of US$16.5 million in grants were awarded during FY99–FY07, indicating that the decision-making process for the award of some grant awards (US$3.8 million) was not formally recorded (Figure 8). The difference between the total DGF allocations for FY99–FY07 and the total grants awarded according to PRHCBP retrospective tallies (US$655,500) represents the failure to tally some of the grants disbursed by the DGF Secretariat.

FINANCIAL AND RESULTS REPORTING

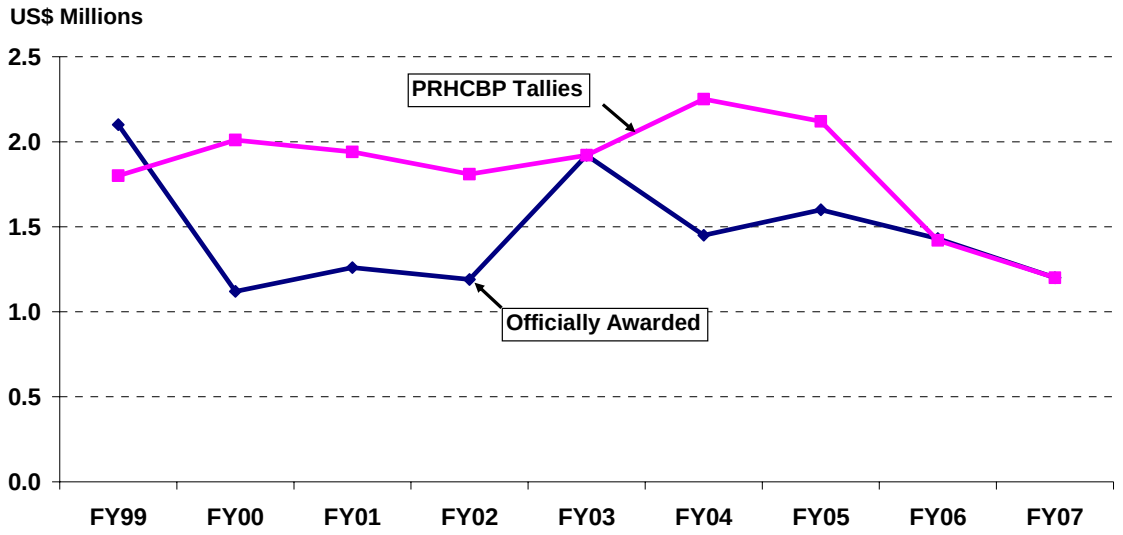
3.42 The DGF Grant Letter of Agreement to each grantee stipulates that grant recipients are requested to submit three activity reports and three financial statements to the Bank. Then a final activity report for the grant period and the audited financial statements covering the entire grant period should be submitted no later than six months after the end of the grant period. The activity report should not exceed 10 pages and should include (a) accomplishments by

Figure 7: Annual Grant Approval Formally Recorded in Review Committee Minutes and Annual Grant Awards According to DGF (FY99–FY07)



Sources: DGF Annual Report FY08 (for official allocations) and Review Committee Minutes.

Figure 8: Annual Grant Approvals Formally Recorded in Minutes and Annual Grant Awards According to PRHCBP Tallies (FY99–FY07)



Sources: DGF Annual Report FY08 (for official allocations) and PRHCBP data.

objectives and links to the results chain; (b) reasons for non-implementation of any planned activities; (c) results reported against performance indicators; (d) lessons; (e) variations from plans and costs; and (f) a sustainability plan. Over and above these activity reports, PRHCBP has required that some funds be set aside from the grant amounts awarded to support evaluation activities. To date, interviews and documentation reveal that (a) activity reports are not sufficiently results-oriented; and (b) the program has been unable to fully exploit activity reporting, for tracking program performance, and for documenting and disseminating lessons and best practices.

PARTNERSHIPS

3.43 There are no formal partners in this program. NGOs benefiting from PRHCBP grants enter into a contractual relationship with the Bank and have no formal involvement in the strategic management of the program. Nevertheless, PRHCBP has tried to foster partnership to some extent by keeping NGOs current on relevant issues and by supporting two meetings, one among European NGOs and one among U.S.-based NGOs, which have aimed to facilitate the exchange of lessons and good practices.

4. World Bank's Performance as a Partner in the Program

4.1 At the ***global level***, and beyond the confines of the PRHCBP, the Bank has shown leadership in addressing issues associated with sexual and reproductive health. It was a cosponsor of the Safe Motherhood Initiative in 1987 and a participant (and often leader), in the various conferences and partnerships that emerged in the ensuing years to address the unfinished agenda of sexual and reproductive health. Informants have indicated that the Bank

has exercised its convening power at major conferences, catalyzed additional resources, and stimulated the interest of other donors. Within this context the PRHCBP has been a vehicle through which the Bank has channeled both financial and technical support to global initiatives. It has provided generous financing to the functioning of the Safe Motherhood Inter-Agency Group's secretariat, and subsequently to the PMNCH's secretariat, into which the Safe Motherhood and other Initiatives were folded in 2005. The Bank has also provided its technical support to these initiatives and partnerships. The HNP Director, who oversees the staff managing PRHCBP, has a seat on the board of PMNCH, and the PRHCBP Manager serves on the PMNCH working group on country support. Some informants have indicated that there is scope for the Bank to demonstrate its commitment and to strengthen its technical support to PMNCH by attending meetings more regularly and by contributing more forthrightly to the substance of this partnership. This will need to be reconciled with the 2007 HNP Strategy, which calls for more selectivity in the Bank's involvement in global partnerships. The efficacy of the Bank's technical support to partnerships has not been independently assessed.

4.2 Many NGO grantees have acknowledged the technical and pedagogical support of the Bank and appreciated their affiliation with the Bank as an endorsement of the importance and value of their activities. This has been especially important to some local NGOs working on particularly sensitive issues, such as FGM. They have noted that their association with the Bank has been instrumental in enhancing their ability to leverage funding and to enter into contracts with other bilateral and multilateral organizations. DWS, a primary PRHCBP grantee, reports that it has earned increased recognition and prominence in the European Union, assuming a role of watchdog on population and reproductive health issues in Germany and undertaking a strong advocacy role on these issues in the EU. Interviews with NGOs and program documentation provide evidence of the PRHCBP's efforts to network with NGOs benefiting from program grants, both to solicit their inputs on program operations and management and to facilitate general technical exchange and learning.[42]

4.3 The Bank, through this Program, has not fully exploited its comparative advantage at the ***country level***. While there has been some modest effort to involve some NGOs (which have been strengthened with PRHCBP support) in the process of developing national poverty reduction strategy papers (PRSPs) in a few African countries, there is considerable scope to pursue this agenda more systematically and rigorously. The Bank's lending and non-lending support to countries to develop their health sector capacity and performance and to improve health outcomes has, for the most part, neither built on PRHCBP's activities nor further developed their contributions. Neither have PRHCBP's activities been built on and their contributions been fully utilized by multiple other partners investing in sexual and reproductive health. There is considerable scope to forge strong and viable country links through the PMNCH working group on country support. HDNHE management has said (a) that the broader representation of the Bank's regions on the Review Committee is also intended to improve linkages with the Bank's country operations, and (b) that information on "good practice examples," "piloted innovative interventions," and "newly developed manuals

42. A December 2002 meeting with 6 European NGOs and 7 of their subgrantees and a June 2005 meeting with US-based NGOs are two events cited where lessons and suggestions for improving the development effectiveness of PRHCBP were discussed.

and tools" supported by PRHCBP is now being shared with regional TTLs in relevant countries in order to facilitate discussions with NGOs and possible adoption in Bank-supported projects.

4.4 Because PRHCBP is housed in HDNHE, the governance and management of PRHCBP is overseen by the HNP Director, who is under the overall authority of the Vice President of Human Development in the World Bank. As such, there is no provision for *independent oversight* of PRHCBP management outside the HDN Vice Presidency. Neither has the Program Manager's responsibilities been clearly defined in a formal TOR. The genuine commitment of the Bank to population and its waning project support to population during the 1990s and the early years of the millennium have been raised as an issue by many informants inside and outside of the Bank, some of whom are encouraged by recent statements about the Bank's renewed commitment.

4.5 This report has documented the formidable unfinished agenda for sexual and reproductive health. The development of nongovernmental capacity to contribute to this agenda and the search for and dissemination of cost-effective technologies and approaches remain critical to the success of investments in sexual and reproductive health.

4.6 In 2006 the Review Committee for PRHCBP decided to phase out organizations which have been successful in obtaining financial support from other sources, in order to support other population and reproductive health organizations in need of funding. One organization for which PRHCBP financial support has been phased is the International Partnership on Microbicides (IPM), which received a total of US$750,000 through the PRHCBP between FY03–06, and which has successfully obtained funds for its work from other donors. Although IPM has not received any funding from the PRHCBP for FY07, HDNHE is assisting IPM in making contacts with and working closely with the Bank's regional operational teams.

5. Findings, Lessons, and Future Directions

5.1 **Findings.** This review has found that the objectives of PRHCBP are highly relevant in light of a compelling unfinished international agenda relating to women's and adolescents' reproductive and sexual health, and in light of the Bank's current HNP strategy (approved in 2007), which articulates a strong commitment to population and sexual and reproductive health. However, the program's design and its monitoring and reporting framework have been weak: neither a program logic nor a results framework has been fully articulated. PRHCBP has invested in the capacity building of a range of civil society organizations, operational research and the nurturing of partnerships and networks, all with a view to improving access to sexual and reproductive health information and services, to changing behaviors, and to improving sexual and reproductive health outcomes, especially of vulnerable groups. However, program efficacy has been difficult to measure in the absence of systematic data collection on key performance indicators and on program objectives and targets. Likewise, the efficiency of the program is difficult to assess, given the lack of data on program costs and results. While the program has supported country-level interventions, its synergies with the Bank's country operations have been limited. Budget allocation for

program oversight and administration has been inadequate. Program managers have been aware of these weaknesses and active in addressing certain aspects of them.

5.2 **Lessons.** The following lessons emanating from this GPR point to opportunities both to improve the performance and results of PRHCP and, more fundamentally, to reassess its strategic basis and comparative advantage, both within and outside the Bank, against an evolving scenario.

- ***The absence of a well-articulated program logic and results framework diminishes a program's ability to define its strategic value added, to mobilize its resources around the highest-impact interventions, to monitor and fine-tune its performance, and to document its contributions to development results.*** Difficulties in articulating a clear and coherent program logic are rooted in a number of factors, which present additional lessons, as follows:

  - *The merging of multiple programs which are linked thematically does not necessarily translate into a consolidated program with clear and coherent goals and objectives.* The three programs, which became PRHCBP, were linked in their support to the population and sexual and reproductive health agenda, broadly speaking, but their respective objectives and approaches were different and, together, lacked full coherence.

  - *A program, whose official mandate and status are not commensurate with its actual set-up and operations, is not likely to be operating at optimal efficiency.* The Bank has classified PRHCBP as a "global partnership program." Notwithstanding its formal classification, this review shows that PRHCBP has so far functioned as an "institutional grant program" which (a) awards grants as its main activity; (b) is totally overseen and managed within the Bank's hierarchical structure, (c) receives most of its financial resources from the DGF, and (d) allocates resources on the basis of decisions of a small committee of professionals drawn entirely from within the Bank. As such, it does not fulfill the requirements of its official classification, which include the formal involvement of other partners in the financing and governance of the program in pursuit of shared common objectives. The successful strengthening of PHRCBP's management and governance structure is contingent on (a) the clarification of its classification — as a global partnership program or an institutional grant program; and (b) the alignment of its management and governance structure with the definition and requirements of the chosen classification.

  - *The failure to clearly define the strategic basis for the Bank's technical and financial support to population, sexual and reproductive health partnerships, as these grow and change, risks compromising the selectivity, coherence and impact of such support*. Informants from inside and outside of the Bank have noted the value of the Bank's technical support to international partnerships for population and reproductive health, but some of the same have asserted that the Bank's presence at key meetings has, at times, been lacking. The strategic basis for the

Bank's (and PRHCBP's) financial support to partnerships, such as PMNCH, is not entirely clear.

- ***The limited involvement of task team leaders and country-level technical staff in the design and implementation of a global program can (a) compromise the principle of subsidiarity, that is the assurance that collective activities are carried out at the most appropriate level — global, regional, national, or local; and (b) lead to under-exploited linkages and synergies between global program interventions and the Bank's country-level interventions.*** IEG's review of PRHCBP's activities reveals opportunities for improved synergies between this global program and the Bank's country-level support through the shifting of responsibilities for the design and implementation of key population and reproductive health activities. Specifically, there is scope (a) for PRHCBP to focus more overtly on the public goods aspects of its agenda and less so on country-level interventions, (b) for the Bank's country-level (lending and non-lending) assistance to intensify its contributions to the population and reproductive health agenda and to civil society capacity building and utilization to this end; and (c) for tighter coordination and collaboration between the two types of support.

- ***The high relevance of a program's objectives is not by itself sufficient to justify a program's continued operation in much the same way as in the past, especially when the global community is increasingly mobilized and active in addressing the same global concerns.***

5.3 **Future Directions.** The above-cited lessons of this GPR present an opportunity for Bank Management (including the HDN Vice Presidency, the HDNHE Management and Sector Board and the GPP Group) to take a number of strategic decisions in order to enhance the relevance, efficacy, efficiency and governance of PRHCBP. Among the five new Bank Strategic Directions aimed at improving the Bank's support to client countries, the 2007 HNP Strategy calls for (in its Strategic Direction 5) the need to increase selectivity, to improve strategic engagement, and to reach agreement with global partners on collaborative division of labor for the benefit of client countries. In this light, Bank Management may want to clearly define its role and objectives in improving sexual and reproductive health; to align its instruments with the defined objectives and roles; and, in this context, to review the value added, strategic relevance and design of the PRHCBP. Key steps would include:

- The review, validation and (re)alignment of this program's goals, objectives, design and results framework in light of the 2007 HNP strategy, priorities and (especially) results focus;

- An assessment of PRHCBP's complementarity with country-level HNP support, examining its potential for producing public goods, as well as the scope for more proactivity on population, sexual and reproductive health issues in the context of the Bank's country-level HNP work;

- The confirmation of the classification of PRHCB as a global program or its reclassification an institutional grants program, and the strengthening of program

management, accountabilities and governance structures and processes in line with its (new) classification;

- A review/prioritization of the Bank's technical and financial contributions to various population and sexual and reproductive health partnerships, including an inventory and assessment of the Bank's various seats on international boards and technical committees[43] (PMNCH, for example) and an assessment of the financial support provided to partnerships and partnership activities (mostly in the form of support to WHO); and

- The allocation of the Bank's budget, human and other resources in the amount needed to enable the Bank to fulfill its (selective) international commitments fully, reliably and with the highest of standards.

43. For example, the Bank has a seat on the Board of PMNCH and on the PMNCH Working Group on Country Support.

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www.alliance-cxca.org/

Center for African Studies
www.cafs.org

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DSW
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http://www.globalfundforwomen.org/

Hesperian
www.hesperian.org

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MARIE STOPES INTERNATIONAL
www.mariestopes.org.uk

Path; Program for Appropriate Technology in Health
www.path.org and info@path.org

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http://www.pmnch.org/landpage.php?nav=2&content=partnership

RAINBO
www.rainbo.org

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Annex A. Evaluation Framework for Global Program Reviews

Note: This evaluation framework is a general framework that has been designed to cover the wide range of such programs in which the World Bank is involved, encompassing policy and knowledge networks, technical assistance programs, and investment programs. It is not expected that every global program review will cover every question in this table in detail.

Annex Table 1. Assessing the Independence and Quality of the Evaluation

Evaluation Questions
1. Evaluation process To what extent was the GRPP evaluation independent of the management of the program, according to the following criteria: • Organizational independence? • Behavioral independence and protection from interference? • Avoidance of conflicts of interest? Factors to take into account in answering these questions include: • Who commissioned and managed the evaluation? • Who approved the terms of reference and selected the evaluation team? • To whom the evaluation team reported, and how the evaluation was reviewed? • Any other factors that hindered the independence of the evaluation such as an inadequate budget, or restrictions on access to information, travel, sampling, etc.?
2. Monitoring and evaluation framework of the program To what extent was the evaluation based on an effective M&E framework of the program with: • Clear and coherent objectives and strategies that give focus and direction to the program? • An expected results chain or logical framework? • Measurable indicators that meet the monitoring and reporting needs of the governing body and management of the program? • Systematic and regular processes for collecting and managing data?
3. Evaluation approach and scope To what extent was the evaluation objectives-based and evidence-based? To what extent did the evaluation use a results-based framework — constructed either by the program or by the evaluators? To what extent did the evaluation address: • Relevance • Efficacy • Efficiency or cost-effectiveness • Governance and management • Resource mobilization and financial management • Sustainability, risk, and strategy for devolution or exit
4. Evaluation instruments To what extent did the evaluation utilize the following instruments: • Desk and document review • Literature review • Consultations/interviews and with whom • Structured surveys and of whom • Site visits and for what purpose: for interviewing implementers/beneficiaries, or for observing activities being implemented or completed • Case studies • Other

Evaluation Questions
5. Evaluation feedback To what extent have the findings of the evaluation been reflected in: • The objectives, strategies, design, or scale of the program? • The governance, management, and financing of the program? • The monitoring and evaluation framework of the program?

Annex Table 2. Providing an Independent Opinion on the Effectiveness of the Program

Every review is expected to cover the first four criteria in the following table: (a) relevance, (b) efficacy, (c) efficiency, and (d) governance and management. A review may also cover (e) resource mobilization and financial management and (f) sustainability, risk, and strategies for devolution or exit if the latter are important issues for the program at the time of GPR, and if there is sufficient information available on which to base an independent opinion.

Evaluation Criteria and Questions
Relevance: The extent to which the objectives and design of the program are consistent with (a) current global/regional challenges and concerns in a particular development sector and (b) the needs and priorities of beneficiary countries and groups.
1. Supply-side relevance — the existence of an international consensus that global/regional collective action is required. To what extent does the program reflect an international consensus on the need for action, on the definition of the problem being addressed, on priorities, and on strategies for action? Is the original consensus that led to the creation of the program still present? Is the program still needed to address specific global/regional public concerns? Take into account the origin of the program in answering these questions: • Is the program formally responsible for implementing an international convention? • Did the program arise out of an international conference? • Is the program facilitating the implementation of formal standards and approaches? • Is the program primarily donor-driven? Did donors establish the program with little consultation with developing countries? • Is the program primarily Bank-driven? Did the World Bank found the program and then seek other partners?
2. Demand-side relevance — alignment with beneficiary needs, priorities, and strategies. To what extent are the objectives consistent with the needs, priorities, and strategies of beneficiary countries as articulated in the countries' own PRSPs, and in donors' strategies such as the World Bank CASs, and the UN Development Assistance Frameworks? To what extent has the voice of developing and transition countries been expressed in the international consensus underlying the program?
3. Vertical relevance — consistency with the subsidiarity principle. To what extent are the activities of the program being carried out at the most appropriate level — global, regional, national, or local — in terms of efficiency and responsiveness to the needs of beneficiaries? To what extent are the activities of the program competing with or substituting for activities that individual donors or countries could do more efficiently by themselves? Pay particular attention to those programs that, on the face of it, are primarily supporting the provision of national or local public goods.

Evaluation Criteria and Questions
4. Horizontal relevance — the absence of alternative sources of supply. What is the comparative advantage, value added, or core competency of the program relative to other GRPPs with similar or complementary objectives? To what extent is the program providing additional funding, advocacy, or technical capacity that is otherwise unavailable to meet the program's objectives? To what extent are the good and services being provided by the program in the nature of public goods? Are there alternative ways of providing these goods and services, such as by the private sector under regular market conditions?
5. Relevance of the design of the program To what extent are the strategies and priority activities of the program appropriate for achieving its objectives? What are the major activities of the program: • Policy and knowledge networking? • Financing country and local-level technical assistance? • Financing investments to deliver national, regional, or global public goods? (See Annex Table 7.) Has the program articulated an expected results chain or logical framework, along with assumptions that relate the progress of activities with the achievement of the objectives? Does the results chain identify the extent to which the achievement of the objectives depends on the effective functioning of bureaucracies, markets, or collectivities? If so, to what extent are these assumptions valid? For programs providing global or regional public goods, is the design of the program consistent with the way in which the individual efforts of the partners contribute to the collective outcome for the program as a whole — whether "best shot," "summation," or "weakest link"?
Efficacy: The extent to which the program has achieved, or is expected to achieve, its objectives, taking into account their relative importance.
6. Achievement of objectives To what extent have the stated objectives of the program been achieved, or has satisfactory progress been made towards achieving these objectives? To what extent are there implicit objectives that are well understood and agreed upon by the partners and to which the program should also be held accountable? To what extent are there any positive, unintended outcomes of the program that have been convincingly document? To what extent have these assessments by the program or the evaluation been evidence-based?
7. Progress of activities, outputs, and outcomes. To what extent has the program or the evaluation measured the progress of activities, outputs, and outcomes? How did the program or the evaluation aggregate its outputs and outcomes at all levels — global, regional, national, and local — to provide an overall summary of its results? To what extent have factors such as changes in the location of the program, its legal structure, or governance processes affected the outputs and outcomes of the program? To what extent have there been outcomes that can be uniquely attributed to the partnership itself — such as the scale of or joint activities made possible by its organizational setup as a GRPP, or its institutional linkages to a host organization?
8. Linkages to country or local-level activities. To what extent has the program established effective operational linkages with country-level activities, taking into account that: • The desired nature of these linkages will vary according to the objectives, design, and implementation of each program? • Positive outcomes at the country or local level are generally a joint product of both global/regional and county-level activities?

Evaluation Criteria and Questions
Efficiency or cost-effectiveness: Efficiency — the extent to which the program has converted or is expected to convert its resources/inputs (such as funds, expertise, time, etc.) economically into results. Cost-effectiveness — the extent to which the program has achieved or is expected to achieve its results at a lower cost compared with alternatives.
9. Efficiency To what extent is it possible to place a monetary value on the benefits arising from the activities of the program? To what extent has the program or the evaluation conducted impact evaluations of representative program activities? To what extent has the program or the evaluation analyzed the program's costs in broad categories (such as overhead vs. activity costs), and categorized the program's activities and associated benefits, even if these cannot be valued in monetary terms?
10. Cost-effectiveness To what extent is the program measuring up against its own business plans: • Has the program cost more or less than planned? How did it measure up against its own costing schedule? • Have there been any obvious cases of inefficiency or wasted resources? To what extent is the program delivering its activities cost-effectively in comparison with alternatives: • How do actual costs compare with benchmarks from similar programs or activities? • Are the overhead costs of governing and managing the program reasonable and appropriate in relation to the objectives and activities of the program? How does the program compare with traditional development assistance programs: • For beneficiary countries, has receiving the development assistance through the GRPP increased the transactions costs compared with traditional development assistance programs? • For donors, has delivering the development assistance through the GRPP reduced donor costs by harmonizing efforts among donors or by reducing overlapping work (such as through joint supervision, monitoring and evaluation)?
Governance and management: Governance — the structures, functions, processes, and organizational traditions that have been put in place within the context of a program's authorizing environment to ensure that the program is run in such a way that it achieves its objectives in an effective and transparent manner. Management — the day-to-day operation of the program within the context of the strategies, policies, processes, and procedures that have been established by the governing body. Whereas governance is concerned with "doing the right thing," management is concerned with "doing things right."
11. Compliance with generally accepted principles of good governance. To what extent are the governance and management structures and processes well articulated and working well to bring about legitimate and effective governance and management? To what extent do governance and management practices comply with the following seven principles: • Legitimacy — the way in which governmental and managerial authority is exercised in relation to those with a legitimate interest in the program — including shareholders, other stakeholders, implementers, beneficiaries, and the community at large? • Accountability — the extent to which accountability is defined, accepted, and exercised along the chain of command and control within a program, starting with the annual general meeting of the members or parties at the top and going down to the executive board, the chief executive officer, task team leaders, implementers, and in some cases, to the beneficiaries of the program? • Responsibility — the extent to which the program accepts and exercises responsibility to stakeholders who are not directly involved in the governance of the program and who are not part of the direct chain of accountability in the implementation of the program?

Evaluation Criteria and Questions
• Fairness — the extent to which partners and participants, similarly situated, have equal opportunity to influence the program and to receive benefits from the program? • Transparency — the extent to which a program's decision making, reporting, and evaluation processes are open and freely available to the general public? • Efficiency — the extent to which the governance and management structures enhance efficiency or cost-effectiveness in the allocation and use of the program's resources? • Probity — the adherence by all persons in leadership positions to high standards of ethics and professional conduct over and above compliance with the rules and regulations governing the operation of the program?
12. Partnerships and participation To what extent has the program identified a complete list of stakeholders, or "stakeholder map," including the agreed-upon or perceived roles and responsibilities of the categories of stakeholders identified? To what extent is this a routine programmatic function, updated regularly, and transparently available? Has the program adopted primarily a shareholder model of governance (in which membership on the governing body is limited to financial and other contributors), or a stakeholder model (in which membership also includes non-contributors)? To what extent, if any, is the program's legitimacy being sacrificed in order to achieve greater efficiency, or vice-versa?
13. Programs located in host organizations To what extent is the location of the program in the Bank or other partner organization adversely affecting the governance, management, or other aspects of the program, such as compliance with the principles of transparency and fairness? For which functions is the program manager accountable to the host organization and the governing body of the program, respectively? Are conflicts of interest being managed appropriately? To what extent does the host organization play such a dominant role in the program, thereby reducing the incentives of other partners to participate effectively, or reducing the ability of the host organization to look at the weaknesses of the program objectively?
Resource mobilization and financial management: Resource mobilization — the processes by which resources are solicited by a program and provided by donors and partners. Financial management — the processes that govern the recording and use of funds, including allocation processes, crediting and debiting of accounts, controls that restrict use, accounting, and periodic financial reporting systems. In cases where funds accumulate over time, this would also include the management of the cash and investment portfolio.
14. Resource mobilization To what extent has the program succeeded in raising financial resources commensurate with its objectives? And from what sources — the Bank, bilateral donors, foundations, etc.? To what extent has the program succeeded in diversifying its funding beyond a small number of donors? To what extent are the sources of funding for the program (including donor restrictions on the use of resources) affecting, positively or negatively: • The strategic focus of the program? • The outputs and outcomes of the program? • The governance and management of the program? • The sustainability of the program?

Evaluation Criteria and Questions
15. Financial management Are there any issues that have emerged during the course of the review in relation to: • The quality of financial management and accounting? • The methods, criteria, and processes for allocating funds among different activities of the program? • Financial management during the early stages of the program?
Sustainability, risk, and strategy for devolution or exit: Sustainability — When applied to the activities of a program, the extent to which the benefits arising from these activities are likely to continue after the activities have been completed. When applied to a program itself, the extent to which the organization or program is likely to continue its operational activities over time. Devolution or exit strategy — a proactive strategy to change the design of a program, to devolve some of its implementation responsibilities, to reduce dependency on external funding, or to phase out the program on the grounds that it has achieved its objectives or that its current design is no longer the best way to sustain the results which the program has achieved.
16. Sustainability of the benefits of the program's activities What is the risk, at the time of evaluation, that the development outcomes (or expected outcomes) of the program will not be maintained (or realized)? This depends on (a) the likelihood that some changes may occur that are detrimental to maintaining or realizing the expected outcomes, and (b) the affect on the expected outcomes if some or all of these changes actually materialize?
17. Sustainability of the program This will depend on a number of factors, such as the continued legitimacy of the program, its financial stability, its continuity of effective management, and its ability to withstand changing market or other conditions. To what extent is there still a sufficient convergence or accommodation of interests among the major partners to sustain the program financially? To what extent has the program developed institutional capacity such as performance-based management, personnel policies, learning programs, and knowledge management that help to sustain a program? In what areas could the program improve in order to enhance its sustainability, such as better marketing of the program's achievements in order to sustain its reputation?
18. Prospects for continuation and strategies for devolution or exit To what extent should the program be sustained? Is the continuation of the program the best way of sustaining the results achieved? Should the design of the program be modified as a result of changed circumstances, either positive or negative? What other alternatives should be considered to sustain the program's results more cost-effectively, in the light of the previous evaluation findings with respect to relevance, efficacy, efficiency, and sustainability: • Reinventing the program with the same governance? • Phasing out the program? • Continuing country or local-level activities with or without devolution of implementation? • Seeking alternative financing arrangements, such as revenue-generation, or self-financing to reduce dependency on external sources? • "Spinning off" from the host organization?

Annex Table 3. Assessing the Bank's Performance as a Partner in the Program

Evaluation Questions
1. Comparative advantage at the global/regional level. To what extent is the Bank playing up to its comparative advantages at the global/regional level — its global mandate and reach and convening power? To what extent is the Bank's presence as a partner in the program catalyzing other resources and partners for the program?
2. Comparative advantage at the country level. To what extent is the Bank contributing multi-sector capacity, analytical expertise, and country-level knowledge to the program? To what extent has the Bank's country operations established linkages to the GRPP, where appropriate, to enhance the effectiveness of both?
3. Oversight. To what extent is the Bank exercising effective and independent oversight of its involvement in the program, as appropriate, whether the program is housed in the Bank or externally managed? To what extent is the Bank's oversight independent of the management of the program? To what extent does the Bank's representative on the governing body have a clear terms of reference?
4. Risks and risk management. To what extent have the risks associated with the program been identified and are being effectively managed? For example, IEG identified the following risks in its global review: • Bank bears a disproportionate share of responsibility for governing and managing in-house programs? • Confusion at the country level between global program activities, Bank activities, and Borrower activities? • Representation of NGOs and the commercial private sector on program governing bodies? • Unclear role and application of Bank's safeguards? • Trust-funded consultants and seconded staff representing the Bank on some program governing bodies?
5. Disengagement strategy. To what extent is the Bank engaged at the appropriate level in relation to the Bank's new strategic framework: • Watching brief? • Research and knowledge exchange? • Policy or advocacy network? • Operational platform? To what extent is the Bank facilitating an effective, flexible, and transparent disengagement strategy for the program, in relation to the Bank's objectives for its involvement in the program: • The program declares "mission accomplished" and closes? • The program continues and the Bank withdraws from all aspects of its participation? • The program continues and the Bank remains engaged, but the degree of the Bank's engagement in some or all aspects (such as financing) declines over time?

Annex B. Program Timeline

Year	Relevant HNP Events in the Bank			PRHCBP Events	International Events
1952	Economic Survey Mission to Jamaica to study the country's development requirements considers the effects of rapid population growth. (March)	Concern over the impact of population growth on development discussed at Seventh Annual Meetings in Mexico City. Chairman of the Board of Governors argues that the World Bank is well placed to combine sound banking principles with creative efforts to address population growth issues. (September)			
1968	Robert McNamara becomes World Bank President. (April) McNamara calls for governments to develop strategies to control population growth. He admits that there is no alternative to the World Bank's involvement in "this crisis." (October)	Population Projects Department established under the Office of the Director of Projects. (November)			
1969	McNamara calls for emphasis on population planning, educational advances, and agricultural growth in his Annual Meetings address. He highlights the need for development in nutrition, water supply, and literacy. (September)				
1970		First Population loan approved for $2 million to support Jamaica's family planning program. (June)			
1972	A Bank-wide reorganization creates a senior vice president of operations with five regional vice presidents and a vice president for project staff. (August)	As a result of the reorganization, Population and Nutrition Projects (PNP) Department and several others with too few staff for decentralization are grouped in the Central Operation Projects Department and provide technical services to the regions.	*Sectoral Programs and Policies Paper* includes recommendations on population policies. It points to the economic effects of population growth in developing countries, describes the Bank's efforts to assist member countries to reduce population growth rates, and outlines its future program in population assistance. (March)		World Bank participates in an advisory capacity in WHO's Special Program of Research Development and Training in Human Reproduction (HRP).
1973	McNamara uses his address at the Annual Meetings to emphasize the need to incorporate population planning into development strategies. (September)				

Year	Relevant HNP Events in the Bank			PRHCBP Events	International Events
1974			*Population Policies and Economic Development* analyzes the impact of population growth on the fight against poverty. (August)		
1975			*1975 Health Sector Policy Paper* published. As the first formal HNP policy statement, it establishes that lending will be only for family planning and population.		
1979		The Population, Health and Nutrition Department (PHN) is established. The Bank approves a policy to consider funding stand-alone health projects and health components of other projects. (July)			
1980	*WDR 1980: Poverty and Human Development* highlights the importance of health sector, education, and social protection to alleviate poverty. Part of the report describes the role of human development programs its effects on productivity and population growth. (August)		*1980 Health Sector Policy Paper* commits the Bank to direct lending in the health sector. The strategy focuses on the need for basic health services, especially in rural areas, and describes the links between the health sector, poverty alleviation, and family planning.		
1981		First loan to expand basic health services made to Tunisia.			
1984	*WDR 1984: Population and Development* emphasizes the role of governments to reduce mortality and fertility.				
1986	Barber Conable appointed as the Bank's 7th President. (July)				
1987		PHN becomes a division of the Population and Human Resources (PHR) Department. Technical departments, including PHN units, are created within each region, and country departments are created within regions, combining the functions formerly divided between programs and projects departments. Dean T. Jamison is appointed Chief Manager of PHN Division.		Population and Reproductive Health (also known as Population NGOs) was established as a special program in the PHN Division of the PHR Department.	World Bank cosponsors the Safe Motherhood Conference in Nairobi, Kenya. The Bank pledges to take specific steps to address issues affecting women, and the Safe Motherhood Initiative is launched. (February)

Year	Relevant HNP Events in the Bank			PRHCBP Events	International Events
1988		First free-standing AIDS project approved in Zaire. This is also the first approved free-standing Bank project for a single disease.	*Acquired Immunodeficiency Syndrome (AIDS): The Bank's Agenda for Action* is prepared by the Africa Technical Department. It was not formally adopted by the Bank management as a strategy but released as a working paper.	Safe Motherhood Program is established as a special program in the PHN Division of the PHR Department.	World Bank becomes a funder of the WHO's HRP.
1989	Bank finances the first freestanding NGO-implemented project for grass-roots development in Togo.				
1991	Lewis T. Preston is appointed as the 8th president of the World Bank. (September)				
1992		Bank issues a statement that abortion is an issue which countries themselves must address and denies advocating the legalization of abortion in Latin America. (March)			
1993	*WDR 1993: Investing in Health* evaluates the roles of governments and markets in health, as well as ownership and financing arrangements to improve health and reach the poor. It introduces the DALY to calculate the Global Burden of Disease, and argues that the international community must commit to addressing health issues. (June)	*AIDS in Asia,* the first Regional AIDS support unit is established in the East Asia and Pacific Region.	*Disease Control Priorities in Developing Countries* provides information on disease control interventions for the most common diseases and injuries in developing countries to help them define essential health service packages. The publication eventually leads to increased Bank lending for disease control. (October)		
1994			*Better Health in Africa,* directed to both Bank and external audiences, argues that because households and communities have the capacity to use knowledge and resources to respond to health problems, policy makers should make efforts to create an enabling environments that stimulate "good" decision making. It also points out that health reforms are necessary, that cost-effective packages of services can meet needs, and that changes in domestic and international financing for health are necessary.		Bank participates in International Conference on Population and Development (ICPD) in Cairo and commits to its plan of action.

Year	Relevant HNP Events in the Bank			PRHCBP Events	International Events
1995	James Wolfensohn is appointed as the ninth World Bank president. (June) *World Bank Participation Sourcebook* launched. Wolfensohn announces that the Bank will involve NGOs, the private sector, community groups, cooperatives, women's organizations, and the poor and disadvantaged in decision-making processes. (February)	The Human Development Department is established and David de Ferranti serves as Department Director. Richard Feachem (Health), Jorge Barrientos (Implementation), Alan Berg (Nutrition) and Thomas Merrick (Population) are appointed as managers/advisers. (July)			The Bank participates in the Fourth World Conference on Women in Beijing (FWCW) and agrees to: reduce the gender gap in education and ensure that women have equitable access and control over economic resources.
1996				The Program to Reduce the Practice of Female Genital Mutilation (FGM) and Improve Adolescent Health was established as a Special program in the PHN Division of the PHR Department.	
1997		The Human Development Network (HDN) is formed, along with the HNP Sector Board when Bank reorganization groups sector staff into regional sector units or departments. Sector staff works with county departments in a matrix relationship. This allows Regional managers working in the HNP Sector to come together.	The 1997 *Health, Nutrition, and Population Sector Strategy Paper* emphasizes the importance of institutional and systemic changes to improve health outcomes for the poor, improve health system performance, and achieve sustainable financing in the health sector. (September) *Confronting AIDS: Public Priorities in a Global Epidemic* demonstrates the rationale for government commitment to controlling AIDS from epidemiological, public health, and public economics perspectives. The report advocates that donors base their support on evidence of country-specific effectiveness for interventions, and finance key international public goods. (November)		

Year	Relevant HNP Events in the Bank			PRHCBP Events	International Events
1999	The OED releases an evaluation of the HNP Sector that suggests that the Bank improve knowledge management, develop more flexible instruments, and support increased economic and sector work to help countries to identify challenges and improve the efficiency, effectiveness, and equity of health reforms. It agues than projects had been too complex, had neglected institutional analysis and that monitoring and evaluation was almost non-existent. It urged that the Sector "do better, not more," that is be more selective to do a few things better rather than too much with poor results.	The AIDS Campaign Team for Africa (ACT*africa)* unit is created to help mainstream HIV/AIDS activities in all sectors.	*Population and the World Bank: Adapting to Change* is shaped largely by its commitment to the 1994 ICPD and by an emphasis on health sector reform in the 1990s. Its objective is to address population issues with a people-centered and multisectoral approach that improves reproductive health through access to information and services, and recognizes the importance of contextual factors such as gender equity and human rights. (January) The Bank's new strategy to fight HIV/AIDS in Africa in partnership with African government and Joint UN Program on HIV/AIDS (UNAIDS) approved by Regional Leadership Team. (May) *A Health Sector Strategy for the Europe and Central Asia Region* responds to changes in the health care systems, particularly in transition countries, by providing a guide to support regionally appropriate, intersectoral health system reforms. Key priorities are identified as: (i) promoting wellness and reducing the prevalence of avoidable illness; (ii) creating affordable and sustainable delivery systems; and (iii) maintaining functioning health systems during the reform process. (September)	PRHCBP established as a Global Partnership Program, a merger of three pre-existing programs (1) Population and Reproductive Health, (2) Program to Reduce the Practice of Female Genital Mutilation and Improve Adolescent Health, and (3) Safe Motherhood.	

Year	Relevant HNP Events in the Bank			PRHCBP Events	International Events
2000	World Bank announces a plan to work with Church groups in Africa to fight poverty and AIDS. (March) The Development Committee of the Spring meetings in Washington renewed its pledge to speed up debt relief and to support the fight against AIDS.	Wolfensohn addresses the UN Security Council and calls for increased resource allocation to fight a "War on AIDS," noting the epidemic's devastating effects on the developing world, especially Africa. (January) The first Multi-Country AIDS Program (MAP) is approved by the Board and provides a $500 million envelope for financing HIV/AIDS projects in Africa. (September)	The overall objective of the *World Bank Strategy for Health, Nutrition, and Population in East Asia and the Pacific Region* is to improve the Bank's effectiveness in health, nutrition and population in the region. The strategy urges selectivity and flexibility to develop new approaches, as necessary, based on lessons learned and experience in the region. It prioritizes: improving outcomes for the poor, enhancing the performance of health care systems, and securing sustainable financing. (June) *Intensifying Action Against AIDS in Africa* emphasizes the importance of increased advocacy to strengthen political commitment to fighting HIV/AIDS, mobilization of resources, and strengthening the knowledge base. It advocates allocation of increased resources and technical support to assist African partners and the World Bank to mainstream HIV/AIDS into all sectors. (August)		At the XIIIth International AIDS Conference, the World Bank pledges $500million. The Multi-count AIDS Program, developed with UNAIDS, helps countries to implement national HIV/AIDS programs. (July)

Year	Relevant HNP Events in the Bank			PRHCBP Events	International Events
2001		Bank announces it will build upon current programs and follow the Caribbean Regional Strategic Plan of Action for HIV/AIDS, devoting up to $150 million to the fight against HIV/AIDS in the Caribbean. (April)		Sub-regional HIV/AIDS strategy for Caribbean. *HIV/AIDS in the Caribbean: Issues and Options* released. (January)	Adoption on September 18, 2000 of the Millennium Declaration by 147 member Governments and the UN General Assembly. The World Bank announces that it will join the UN as a full partner to implement the Millennium Development Goals and to put these goals at the center of the development agenda. (September) WB makes a Declaration of Commitment at Special Session of the UN General Assembly reaffirming pledges made by world leaders to halt and reverse the spread of HIV/AIDS by 2015. (June) The Bank becomes a trustee of the Global Fund to Fight HIV/AIDS, TB, and Malaria (GFATM), a financing mechanism established to foster partnerships between governments, civil society, the private sector, and affected communities to increase resources and direct financing towards efforts to fight HIV/AIDS, TB, and malaria. UN Millennium Declaration is transformed into 8 development goals—the Millennium Development Goals. In cooperation with the Gates Foundation and Dutch and Swedish Governments, The World Bank Health and Poverty Thematic Group initiates the Reaching the Poor Program (RPP). RPP is an effort to find better ways to ensure that the benefits of HNP programs flow to disadvantaged population groups through research, policy guidance, and advocacy. The Bank joins the Rockefeller Foundation, Sida/SAREC, and Wellcome Trust to launch the INDEPTH Network, an international platform of sentinel demographic sites that provides health and demographic data, and research to enable developing countries to set evidence-based health priorities and policies.

Year	Relevant HNP Events in the Bank			PRHCBP Events	International Events
2002	Country Assistance Strategies (CAS), the main vehicle for making strategic choices about program design and resource allocations for individual countries, were based on PRSPs in LICs. (July)	$500 million is approved for the second stage of its Multi-Country HIV/AIDS Program for Africa (MAP). (February) WBI's course "Adapting to Change" becomes "Achieving the MDGs: Reproductive Health, Poverty Reduction, and Health Sector Reform."	The HNP Sector Board presents an HNP strategy update to the Board. It includes trends in: project lending and objectives, AAA, QAG ratings, IFC lending for HNP, and staffing. The update reconfirms the sector's commitment to the objectives in the 1997 strategy. It also emphasizes that to pursue these objectives, greater country selectivity and diversity in lending instruments will be pursued along with efforts to: sharpen the focus on quality and effectiveness, work more closely with clients and communities, and improve training for staff and their allocation to ensure the appropriate skills mix. (March)		The Global/HIV AIDS program is created along with the Global Monitoring and Evaluation Team (GAMET). GAMET is housed at the World Bank and supports efforts with UNAIDS to build country-level monitoring and evaluation capacities as well as coordinate technical support. (June)
2003			Regional AIDS strategy for ECA published: *Averting AIDS Crises in Eastern Europe and Central Asia* (September)		
2004	The Bank sponsors an event for 35 African ambassadors, Harmonizing Approaches to Health in Africa, to intensify efforts to improve women's health in Africa and plan follow-up activities. (April) The OED releases an evaluation of the Bank's approach to global programs, *Addressing the Challenges of Globalization.* The evaluation recommends that the Bank separate oversight of global programs from management, improve standards of governance and management of individual programs, reevaluate selection and exit criteria, strengthen links between global programs and country strategies, and strengthen evaluations and review of global programs within the Bank. WDR 2004: *Making Services Work for Poor People* identifies good governance and accountability mechanisms as key determinants of health system performance.		*Improving Health, Nutrition, and Population Outcomes in Sub-Saharan Africa — The Role of the World Bank* notes that positive trends in health indicators have slowed or reversed in Sub-Saharan Africa. It argues that the Bank must use its comparative advantage to work with governments and partners to strengthen the capacity of countries to improve health outcomes. Nutrition and population must remain central issues in development in Sub-Saharan Africa and accordingly, the report presents a regional guide to shape strategy formulation at the country or sub-regional level. (December) Regional HIV/AIDS strategy for EAP published: *Addressing HIV/AIDS in East Asia and the Pacific*. (January)		WHO and the Bank cosponsor the 1st High-Level Forum on the Health MDGs. Heads of development agencies, bilateral agencies, global health initiatives, and health and finance ministers agree on 4 action areas: (1) resources for health and poverty reduction papers; (2) aid effectiveness and harmonization; (3) human resources; (4) monitoring performance. (January)

Year	Relevant HNP Events in the Bank			PRHCBP Events	International Events
2005	Paul Wolfowitz is unanimously approved by the Board of Executive Directors as the World Bank's 10th President. (March) In his speech at the Annual Meetings, Wolfowitz emphasizes the importance of leadership and accountability, civil society and women, and the rule of law as well as focusing on results. When speaking on the importance of health on the development agenda, he emphasizes the World Bank's commitment to fight malaria with the same intensity as HIV/AIDS. (September) An IEG evaluation of the Bank's HIV/AIDS Assistance, *Committing to Results: Improving the Effectiveness of HIV/AIDS Assistance*, is released. It finds that the Bank's support has raised commitment and access to services but the effect on the spread of HIV and survival is unclear. It recommends that the Bank: help governments to be strategic and selective, and prioritize high-impact activities and the highest risk behaviors; strengthen national institutions to manage and implement long-run responses; and improve monitoring and evaluation to strengthen the local evidence base for decision making.	The Adviser for Population and Reproductive, Maternal and Child Health position is eliminated when Elizabeth Lule is appointed as manager as of ACTAfrica and is never replaced in her former position. (January)	*Rolling Back Malaria: The World Bank Global Strategy and Booster Program* provides the basis and rationale for initiating the five-year Booster Program for Malaria Control. Its objectives are to increase coverage, improve outcomes, and build capacity. Described as a "new business model," it prioritizes flexible, country-driven, and results-focused approaches. (January)	Second Evaluation of PRHCBP by R. Bulatao (March).	World Bank partners to launch the Health Metrics Network, a global partnership to improve the quality, availability and dissemination of data for decision-making in health. (June)
2006				A Review Committee Meeting held to discuss the future directions and priorities of the program.	

Year	Relevant HNP Events in the Bank			PRHCBP Events	International Events
2007	Paul Wolfowitz resigns as World Bank President. (June)	Joy Phumaphi becomes Vice President of the Human Development Network. (February)	The objective *of the 2007 World Bank Strategy for Health, Nutrition and Population Results* is to use a selective and disciplined framework to redouble efforts to support client countries to: improve HNP outcomes, especially for the poor; protect households from illness; ensure sustainable financing; and improve sector governance and reduce corruption. (April)	Pop Issues in the 21st Century: The Role of the WB warns that poor countries, wealthy donors, and aid agencies are losing sight of the value that contraception family planning and other reproductive health programs add to the development process. The paper argues that such programs help boost economic growth and reduce high birth rates that are strongly linked to endemic poverty, poor education and high numbers of maternal and infant deaths.	

Source: Adapted from Annex C: World Bank Timeline, in Fair, M. 2008. "From Population Lending to HNP Results: The Evolution of the World Bank's Strategies in Health, Nutrition, and Population." IEG Working Paper 2008/3, World Bank, Washington, DC.

Annex C. Relevance: International Consensus and World Bank's Core Objectives

International Consensus

MILLENNIUM DEVELOPMENT GOALS RELEVANT TO PRHCBP

MDGs	Targets/Indicators Directly Related to PRHCBP Goals	Targets/Indicators Indirectly Related to PRHCBP Goals
Goal 3: Promote gender equality and empower women		Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and at all levels by 2015. • Ratio of girls to boys in primary, secondary and tertiary education • Ratio of literate women to men (15–24 years old) • Share of women in wage employment in the non-agricultural sector • Proportion of seats held by women in national parliaments
Goal 4: Reduce child mortality	Target 5: Reduce by two-thirds, between 1990 and 2015 the under-five mortality rate. • Under-five mortality rate • Infant mortality rate	
Goal 5: Improve maternal health	Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate. • Maternal mortality rate • Proportion of births attended by skilled health personnel *A new target for Goal 5 is being introduced: Ensure universal access to reproductive health services.*	
Goal 6: Combat HIV/AIDS, malaria and other diseases	Target 7: Halt and begin to reverse the spread of HIV/AIDS • HIV prevalence among 15–24 year-old pregnant women • Condom use, contraceptive prevalence rate and comprehensive correct knowledge of HIV/AIDS • Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	
Goal 8: Develop a global partnership for development	*An implicit target of this goal is improved collaboration and coordination of development partners in their efforts to provide development aid.*	

BASIC PACKAGE OF ESSENTIAL SEXUAL AND REPRODUCTIVE HEALTH SERVICES RECOMMENDED BY ICPD, 1994

The ICPD recommended that the following services should be provided to women through primary health care and family planning facilities, and their appropriate referral facilities.

- Acceptable, affordable and accessible family planning, counseling, information, education, communication, supplies and clinical and community-based services;
- Prevention and treatment of male and female infertility;
- Prevention of abortion through effective contraception, safe abortion provided to the fullest extent of the law and management of the consequences of unsafe abortion;
- Education and skilled services for prenatal care, safe delivery, essential obstetric care, post partum and neonatal care, and the promotion of breastfeeding;
- Prevention and treatment of reproductive tract infections and of sexually transmitted infections, including HIV/AIDS;
- Prevention and management of non-infectious conditions of the reproductive system, such as obstetric fistula and uterine prolapse and of reproductive cancers;
- Sexuality and sexual health information, education and services for adolescents combined with the promotion of gender equality, mutual respect and responsible parenthood; and
- Elimination of harmful practices such as female genital mutilation (FGM), early marriage and sexual and gender-based violence.

DECLARATION OF THE 2005 WORLD SUMMIT OF THE UNITED NATIONS GENERAL ASSEMBLY

We, Heads of State and Government, gathered at the United Nations, New York, 14–16 September 2005, commit to:

- ***Achieve*** universal access to reproductive health by 2015.
- ***Integrate*** this goal into strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty.
- ***Resolve*** to adopt by 2006, and implement comprehensive national development strategies to achieve the internationally agreed development goals and objectives, including the MDGs.
- ***Remain*** convinced that progress for women is progress for all.
- ***Reaffirm*** that the full and effective implementation of the goals and objectives of the Beijing Declaration and Platform for Action is an essential contribution to achieving the internationally agreed development goals.
- ***Resolve*** to promote gender equality and eliminate gender discrimination by:
  - Eliminating gender inequalities in schools;
  - Guaranteeing the free and equal right of women to own and inherit property;
  - Ensuring equal access to reproductive health;
  - Promoting women's equal access to work;
  - Eliminating all forms of discrimination and violence against women and girls; and
  - Promoting increased women's representation in Government decision-making bodies.

- ***Actively promote*** the mainstreaming of a gender perspective in the design, implementation, monitoring and evaluation of policies and programs in all political, economic and social spheres.
- ***Advance*** the human rights of women and children in every possible way, including by bringing gender and child-protection perspectives into the human rights agenda.
- ***Call upon*** States to continue their efforts to eradicate policies and practices that discriminate against women and to adopt laws and promote practices that protect the rights of women and promote gender equality.
- ***Reaffirm*** that all States, regardless of their political, economic and cultural spheres, have the duty to promote and protect all human rights and fundamental freedoms.
- ***Fully implement*** all commitments established by the Declaration of Commitment on HIV/AIDS through stronger leadership, the scaling up of a comprehensive response to achieve broad multisectoral coverage for prevention, care and treatment and support, the mobilization of additional resources from national, bilateral, multilateral and private sources.

DELHI DECLARATION: LIVES IN THE BALANCE: THE PARTNERSHIP MEETING FOR MATERNAL, NEWBORN, AND CHILD HEALTH, APRIL 7–9, 2005, DELHI, INDIA

We, the Ministers and delegations from Bangladesh, Bolivia, Cambodia, Canada, Ethiopia, India, Mali, Mozambique, Nepal, Pakistan, Tanzania and Uganda, as well as the representatives of other governments, the United Nations, the World Bank, foundations, national and international NGOs, professional bodies, academia and civil society from all continents, assembled in New Delhi, India, to participate in *Lives in the Balance: The Partnership Meeting on Maternal, Newborn and Child Health* from 7–9 April 2005 recommend the adoption of a target for MDG 5 relating to universal access to sexual and reproductive health with appropriate indicators, as well as recommend the addition of the neonatal mortality indicator to MDG 4.

This group issued a call to action for countries to orient their national and sub-national development plans and budgets around the goal of fully achieving the maternal and child health MDGs by 2015. And it called on the partnership of multilateral organizations, bilateral partners, international foundations, and NGOs working with countries to:

- Agree to support fully, at all levels of their organizations, the implementation of these comprehensive national plans;
- From this day onward, find and commit additional resources required to close the project resource gap in support of country programs aimed at achieving MDGs 4 and 5;
- Provide the necessary support to countries to deliver interventions at all levels for high and equitable coverage, for reproductive, maternal, newborn and child health programming, and for health-system strengthening;
- Develop and implement strategies to address the critical shortages in skilled health-care providers, thus accelerating progress in reproductive, maternal newborn and child health programs in many developing countries;
- Develop, support and maintain an agreed system to promote greater accountability of, and coordination among, partners at global and national levels to provide the fullest impetus to global action for attaining MDGs 4 and 5; and

- Designate an annual "World Maternal, Newborn and Child Health Day" to encourage greater global visibility of this agenda and to provide an opportunity for countries and the international community to re-assert their commitment to this cause.

FOUR WORKING GROUPS OF THE PARTNERSHIP FOR MATERNAL, NEWBORN, AND CHILD HEALTH

Advocacy: (a) expand and improve advocacy for MNCH at global, regional, national and local levels by building on the strengths and efforts of various partners; (b) explore and implement different advocacy and communication strategies/mechanisms to ensure the inclusion of MNCH on the global development agenda; (c) identify and recruit champions for MNCH from various stakeholder groups at all levels; (d) create and disseminate advocacy messages targeted to various stakeholder groups — politicians, policymakers, program managers, celebrities, civil society and local communities; (e) make the case for significant additional investment in MNCH to accelerate the achievement of MDGs 4 and 5; and (f) advocate for increased access to, and provision of, high-impact interventions for mothers, newborns and children at all levels of the continuum of care.

Country Support: With the overall objectives of including MNCH as a core component of national development and investment plans and aligning partner resources and action: (a) identify and recommend engagement with countries; (b) intensify support to accelerate coverage of essential MNCH interventions; (c) provide information on effective interventions based on research findings and sharing best practices; (d) identify potential key stakeholders in the selected countries; (e) develop close working relationships with Ministries of Health and Finance in priority countries and their donor coordination mechanisms; (f) develop coordination mechanisms and collaboration with the private sector; (g) support develop of a national plan of action undertaken through existing country planning and budgeting processes including PRSPs and SWAPs; (h) ensure that The Partnership initiatives integrate with country-level processes; and (i) support the identification and sharing of good practice.

Effective Interventions: (a) identify, circulate and review new and relevant research findings, best practices and experiences which relate to MNCH; (b) harmonize existing delivery strategies and essential care packages; (c) facilitate and support a process to build consensus among partners on the essential package of MNCH interventions and its scale-up; (d) liaise with the Country Support, Advocacy, and Monitoring and Evaluation Working Groups to ensure synergy and consistency; (e) provide recommendations on advocacy, policy, strategic and technical aspects relevant to in-country implementation; (f) identify appropriate mechanisms for updating and disseminating research findings; (g) identify tools to assist in the design, implementation and evaluation of effective MNCH programs and support the dissemination of knowledge and the networking of organizations and individuals with the aim of increasing knowledge and skills; and (h) assist in identifying critical gaps in knowledge, experience and resources and make appropriate recommendations to address them.

Monitoring and Evaluation: (a) Ensure the indicators related to coverage of priority interventions for MNCH will have been routinely monitored; (b) regularly evaluate progress towards achieving the MDGs for maternal and child mortality reduction; (c) ensure that these results are fed back to decision-makers to improve accountability in policy-making and

programming; (d) ensure that equity and trends in equity gaps for mortality and coverage of essential interventions will be part of routine monitoring and evaluation; and (e) monitor and publish resource allocation and funding flows of both rich and poor governments in meeting commitments.

Bank's Core Objectives

THE WORLD BANK STRATEGY FOR HEALTH, NUTRITION AND POPULATION (HNP) RESULTS

Strategic Vision

With the implementation of this new HNP Strategy, the Bank aims at bolstering client-country efforts to improve health conditions for the poor and the vulnerable and to prevent them from becoming impoverished or made destitute as a result of illness. The Bank envisions that its support and advice will help client countries achieve these HNP results in a way that also contributes to their overall fiscal sustainability, economic growth, global competitiveness and good governance. This new Strategy is embedded in the core mission of the Bank to alleviate poverty worldwide. To achieve these objectives, countries need to articulate a response from multiple sectors that influence HNP results. The Bank, with its 19 sectors working globally in 139 countries, is uniquely positioned to support client-country efforts.

Strategic Objectives: What HNP Results?

1. Improve the level and distribution of key HNP outcomes (e.g., MDGs), outputs, and system performance at country and global levels in order to improve living conditions, particularly for the poor and the vulnerable.
2. Prevent poverty due to illness (by improving financial protection).
3. Improve financial sustainability in the HNP sector and its contribution to sound macroeconomic and fiscal policy and to country competitiveness.
4. Improve governance, accountability, and transparency in the health sector.

Strategic Directions: How Should the Bank Support Country Efforts to Achieve Results?

1. Renew Bank focus on HNP results
2. Increase the Bank contribution to client-country efforts to strengthen and realize well-organized and sustainable health systems for HNP results.
3. Ensure synergy between health system strengthening and priority-disease interventions, particularly in LICs.
4. Strengthen Bank capacity to advise client countries on an intersectoral approach to HNP results.
5. Increase selectivity, improve strategic engagement, and reach agreement with global partners on collaborative division of labor for the benefit of client countries.

HEALTH DEVELOPMENT: RESULTS FRAMEWORK

Outcomes and Indicators by Strategic Policy Objective

Outcomes and indicators relevant to reproductive health highlighted

Strategic Policy Objective #1: Improve the level and distribution of key HNP outcomes, outputs and system performance at country and global levels in order to improve living conditions, particularly for the poor and vulnerable

- ***Final outcome:*** Childhood mortality reduced (by income quintile) (MDG 4, Target 5 and MDG 7, Target 10)
  - ***Final indicator:*** Under-five mortality rate
    - ***Intermediate indicators:***
      - Immunization coverage (DPT3, Measles, Hib, Hepatitis B)
      - % pregnant women who have received a tetanus vaccine
      - % children with diarrhea that received ORT
      - % of children with ARI taken to health provider
      - % population with access to improved water supply
      - % of households with electricity
      - Energy from combustible renewables and waste
- ***Final outcome:*** Childhood malnutrition reduced (MDG 1, Target 2)
  - ***Final indicator:*** Percentage of children under the age of five who are underweight, stunted
    - ***Intermediate indicators:***
      - % infants under 6 months who are exclusively breastfed
      - % of children who receive breastfeeding plus adequate complimentary food (6–9 months)
      - % children 6–59 months) receiving at least one dose of Vitamin A supplementation
      - % households using iodized salt
      - % newborns with low birth weight
- ***Final outcome:*** Avoidable mortality and morbidity from chronic diseases and injuries
  - ***Final indicator:*** Adult mortality rate (15–60)
    - ***Intermediate indicators***
      - Smoking prevalence among teenagers and adults
      - % of adult population with BMI above 25
      - % of road network with safety rating of 3 out of 4 stars
- ***Final outcome:*** Improved maternal, reproductive and sexual health (MDG 5, Target 6)
  - ***Final indicator:*** Maternal mortality rate
  - ***Final indicator:*** Total fertility rate
  - ***Final indicator:*** Adolescent fertility rate
    - ***Intermediate indicators:***
      - Percent women with deliveries attended by skilled health personnel
      - % women with at least one antenatal care visit during pregnancy
      - % of rural population with access to an all-season road
      - Contraceptive prevalence rate among women of reproductive age
      - Unmet need for contraception
      - Prevalence rate of STIs among adults and young people (15–24 years)
      - HPV immunization coverage
- ***Final outcome:*** Reduced morbidity and mortality from HIV/AIDS, TB, malaria and other priority pandemics
  - ***Final indicator:*** Adult HIV prevalence among (a) all antenatal women; (b) women 15–24
    - ***Intermediate indicator:***
      - % young women and men aged 15–24 reporting the use of a condom the last time they had sex
  - ***Final indicator:*** Reduced AIDS mortality: % of people living with AIDS who survive at least 12 months after a complete anti-retroviral therapy (ART) course

        - ***Intermediate indicator:***
            - % men and women with advanced HIV receiving ART
    - ***Final indicator:*** Reduced morbidity and mortality from malaria
        - ***Intermediate indicators:***
            - % children who slept under an insecticide treated bednet (in malarious areas)
            - % of children with fever in malarious areas who receive anti-malarial treatment
            - % pregnant women in malarious areas who receive treatment or preventive treatment for malaria
    - ***Final indicator:*** Reduced TB mortality
        - ***Intermediate*** *indicator:* % TB cases detected and cured under DOTS
    - ***Final indicator:*** Increased country readiness to detect outbreaks and prevent/contain/address rapid onset of pandemic (e.g., Avian Influenza)
        - ***Intermediate indicators:***
            - # health facilities/providers who routinely report ILI to national authorities
            - % increase in the number of ILI reported annually
            - # specimens from sentinel surveillance sites examined and subtyped annually
            - Evidence of secured source of funding for outbreak investigation as per the prerequisites of the integrated AI pandemic contingency plan
            - Evidence of simulation exercises being conducted in an integrated fashion together with veterinary authorities

Strategic Policy Objective #2: Prevent poverty due to illness (by improving financial protection

- ***Final outcome:*** Improve financial protection (reduce the impoverishing effects of illness for the poor or near poor)
    - ***Final indicator:*** % population falling below the poverty line due to illness
        - ***Intermediate indicators:***
            - % out-of-pocket expenditures in health (for a basic package of services) as a proportion of total household income
            - % of lowest quintiles households participating in risk-pooling schemes
            - % of households receiving income substitution of ill breadwinner
            - % of workers receiving treatment for common productivity reducing illnesses (e.g., intestinal worms, iron deficit anemia)

Strategic Policy Objective #3: Improve financial sustainability in the HNP sector and its contribution to sound macroeconomic and fiscal policy and to country competitiveness

- ***Final outcome:*** Improve funding sustainability in the public sector from both domestic and external sources
    - ***Final indicator:*** to be developed

Strategic Policy Objective #4: Improve governance, accountability, and transparency in the health sector

- ***Final outcome:*** Improved governance and transparency and reduced corruption in the health sector (MDG 8, Target 12)
    - ***Final indicator:*** improved CPIA indicator 9a rating
    - ***Final indicator:*** reduced health workers absenteeism
    - ***Final indicator:*** reduced "under the table" payments
    - ***Final indicator:*** reduced excess payment for medical supplies
        - ***Intermediate indicators:*** to be developed

Source: World Bank, April 2007.

Annex D. Announcement of PRHCBP Grant Program and Invitation for Proposals

The Population and Reproductive Health Capacity Building Program, a program of the World Bank's Development Grant Facility, supports innovative ways to stimulate and sustain local responses to population and reproductive health needs. It provides funding for organizations working to:

- increase access to and choice in family planning
- reduce maternal mortality and morbidity
- promote the health of adolescents
- reduce harmful health practices such as Female Genital Mutilation.

The program works with developing country groups — usually through organizations with links to country partners — to support community and peer groups in responding to reproductive health needs, pilot new approaches, carry out small-scale operations research, disseminate relevant materials in local languages, build local organizational capacity and networks, and facilitate the participation of community based organizations in major global and regional conferences and initiatives. The main funding mechanism is on-granting — i.e. the Bank funds intermediary organizations which then make sub-grants to local partners.

The Bank's criteria for grant support include requirements that grants should not substitute for, or be in competition with, regular Bank instruments, and that they should provide multi-country benefits. The Population and Reproductive Health Capacity Building program therefore does not provide support for an activity that might be funded from a Bank-supported government program, (e.g. service delivery), unless clearly a pilot which might contribute to the national program. And while it is not necessary in every case that a grant-funded activity take place in more than one country, it is desirable that the applicability of the project's approach or findings to other settings be demonstrated.

Applying for DGF

Application is by way of a proposal which should:
i) briefly cover the objectives of the project
ii) provide a budget for its components making clear how the Bank grant would be used
iii) describe the experience of those responsible for the project and the organization's track record in the field, and
iv) include an externally audited budget for the organization as a whole (e.g. an Annual Report).

The grants are usually made for a period of one year. They are intended as seed money, and cannot be used to fund activities amounting to more than 15% of an organization's operating budget, nor should more than 15% of the grant be used for administrative purposes.

The Committee that decides on proposals meets once a year in October. Proposals should be received by the beginning of September. If approved, a letter of agreement between the World Bank and the recipient organization forms the legal basis for the grant. It takes about two months to process, gain agreement, and disburse the grant.

Proposals may be sent to:

The World Bank
Attention: Ms. Rama Lakshminarayana
Coordinator, Reproductive and Child Health Programs
Population and Reproductive Health Capacity Building Program
MSN G7–702
1818 H. Street, N.W.
Washington D.C. 20433

Source: World Bank Web site.

Annex E. Overview of Grants Received from the PRHCBP, 1999–2007: Number of Grants by Mechanism and Total Funding

	Organization	Grants by mechanism				Total funding (US$ '000)
		Total	On-Granting	Opera-tions research	Tech/ info transfer	
1	Family Care International (Safe Motherhood Inter-Agency Group)	8			8	1,785
2	Research, Action & Information for the Bodily Integrity of Women (RAINBO)	8	8			1,034
3	German Foundation for World Population (DSW)	9	8		1	1,002
4	Global Fund for Women	7	7			880
5	WHO - Department of Reproductive Health & Research (WHO RHR)	4		4		829
6	World Population Foundation (WPF)	7	5		2	810
7	Int'l Partnership for Microbicides (IPM)	4		4		750
8	Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children	6	5		1	740
9	Equilibres & Populations	5	3		2	624
10	Marie Stopes International (MSI)	4	1	1	2	610
11	WHO - Partnerships for Maternal, New Born & Child Health (PMNCH)	3			3	590
12	Pacific Institute for Women's Health (PIWH)	5	5			547
13	Instituto Mexicano de Investiogacion de Familia y Poblacion, A.C. (IMIFAP)	5	4		1	540
14	Interact Worldwide (formerly Population Concern)	5	3		2	540
15	Program for Appropriate Technology in Health (PATH)	5	5			520
16	Int'l Council on Management of Population Programs (ICOMP)	4	3	1		445
17	IPAS	5	1	4		405
18	Hesperian Foundation (HP)	7	6		1	385
19	Project Concern International (PCI)	3	3			350
20	Centre for African Family Studies (CAFS)	2			2	300
21	Regional Prevention of Maternal Mortality Programme (RPMM)	2	2			300
22	Alan Guttmacher Institute	2		2		275
23	Youth Development Foundation (YDF)	3	3			275
24	Associazione Italilana Donne per lo Sviluppo (AIDOS)	3	1	1	1	239
25	Int'l Planned Parenthood Federation (IPPF)	2	1		1	175
26	African Population Advisory Council (APAC)	3			3	169
27	International Youth Foundation	1			1	150
28	Int'l Health Policy Program - Thailand	1		1		150
29	Pathfinder International	1			1	150
30	College of Physicians & Surgeons, Pakistan	3			3	140
31	John Snow Research & Training	1		1		118
32	Catholics for a Free Choice	1	1			115

	Organization	Grants by mechanism				Total funding (US$ '000)
		Total	On-Granting	Opera-tions research	Tech/ info transfer	
33	Väestöliitto	1	1			115
34	Commonwealth Medical Trust (Commat)	3			3	110
35	White Ribbon Alliance for Safe Motherhood	1			1	100
36	Japanese Organization for International Cooperation in Family Planning (JOICFP)	1			1	100
37	African Population and Health Research Center (APHRC)	1		1		90
38	Our Bodies Ourselves	2	1		1	80
39	Int'l Confederation of Midwives (ICM)	3		2	1	75
40	Centre for Development and Population Activities (CEDPA)	1		1		50
41	Int'l Federation of Gynecology & Obstetrics (FIGO)	1			1	50
42	Multi-Disciplinary African Women's Health Network (MAWHN)	1			1	50
43	World YWCA	1	1			50
44	University of Toronto	2			2	48
45	American College of Nurse Midwives (ACNM)	1		1		35
46	Asian-Pacific Resource & Research Centre for Women (ARROW)	2	2			30
47	Int'l Assoc. For Maternal & Neonatal Health 2000 (IAMANEH 2000)	1			1	30
48	Partners of the Americas	1			1	30
49	Healthlink Worldwide	1			1	20
50	Society for International Development	1			1	20
51	Regional AIDS Training Network	1			1	18
52	Int'l Forum of Parliamentarians	1			1	15
53	Center for Health and Gender Equity/Tides Center (CHANGE)	1		1		15
54	ActionAid	1			1	10
55	El Colegio de Mexico	1			1	10
	Number of grants	159	80	25	54	
	Percent of total grants	100	50	16	34	
	Amount of funding (US$ thousands)		8,833	2,831	5,428	17,092
	Percent of total funding		52	16	32	100

Annex F. Grantee, Amount, and Purpose of Each Grant from the PRHCBP, 1999–2007

Source: Development Grant Facility, Bulatao (2005), and PRHCBP data.

ActionAid	**Total grants: $10,000**
1999 ($10,000) Tech/Information Transfer: To support for the period March 1, 1999 to February 29, 2000 ActionAid's work on the Strategies of Hope (SFH), a series of books and videos on issues related to HIV and AIDS in the developing world. The grant will support the distribution of French editions of Books 12 and 13, and the reprinting of the series.	
African Population Advisory Council (APAC)	**Total grants: $169,000**
2001 ($89,000)[44] Tech/Information Transfer: To support for the period from January 1, 2001 to December 31, 2001 the Recipient's Secretariat functions and program with particular attention to HIV/AIDS prevention activities. The Recipient is a key partner of the Bank in pursuing population and reproductive health issues at the continental and country levels in the Africa region.	
2002 ($50,000) Tech/Information Transfer: To support for the period from May 1, 2002 to April 30, 2003 the Recipient's restructuring and merger of resources with a regional research organization also based in Kenya. The aim is to link policy development with research and build capacity for evidence-based policy and program development for population and reproductive health in the Africa region. Following this grant, the DGF will not provide any further funding for general institutional support to APAC.	
2005 ($30,000) Tech/Information Transfer: To organize a regional conference in Nairobi, Kenya from March 14–17, 2005.	
African Population and Health Research Center (APHRC)	**Total grants: $90,000**
2006 ($90,000) Operations Research: To generate new knowledge for improving the reproductive health of adolescents and women. Strengthen the research skills of a network of African-based researchers through collaborative empirical research on adolescent health and reproductive health. Countries: Sub-Saharan Africa.	
Alan Guttmacher Institute	**Total grants: $275,000**
2002 ($150,000) Operations Research : To support the Recipient's work on developing in-country capacity to document the incidence and impact of unsafe abortion, a significant cause of maternal mortality, and to improve program and policy responses in Bangladesh, Guatemala and Uganda for the period March 1, 2002 to February 28, 2003.	
2005 ($125,000) Operations Research: To support for the research and analysis needed to address the consequences of unwanted pregnancy and clandestine abortion worldwide.	
American College of Nurse Midwives (ACNM)	**Total grants: $35,000**
2000 ($35,000) Operations Research: To support during the period from April 1, 2000 to March 31, 2001, an evaluation of the Life Saving Skills (LSS) program in one of the five countries where the program has been implemented. The Bank had funded the LSS program under previous grants to the Recipient. The Recipient will select the country for the evaluation.	
Asian-Pacific Resource and Research Centre for Women (ARROW)	**Total grants: $30,000**
2000 ($15,000) On-Granting: To support for the period from May 1, 2000 to April 30, 2001 the research activity, "Research and Action on Women's Reproductive and Sexual Health: Investigating the Role of Men," to be undertaken by the country teams of the International Reproductive and Rights Research Action Group (IRRRAG). The Recipient is the international coordinating office for IRRRAG and manages the project grants and the operations of the international research project.	
2001 ($15,000) On-Granting: To support a researchers' meeting aimed at promoting the findings of the Recipient's study "Research and Action on Women's Reproductive and Sexual Health: Investigating the Role of Men" to be held in September 2001. The study was supported by an FY2000 grant from the World Bank's Development Grant Facility for the Population and Reproductive Health Capacity Building Program.	

44. From Bulatao (2005); only $30,000 is recorded in PRHCBP tallies provided by the program to IEG.

Associazione Italiana Donne per lo Sviluppo (AIDOS)	**Total grants: $239,000**
2004 ($120,000) Operations Research: To support the design and production of a prototype training manual aimed at eliminating the practice of Female Genital Mutilation (FGM), validation of the manual, and organization of a 5-day workshop to discuss the content and methodology of the training modules for the Recipient's program "FGM: Changing Behaviors in Changing African Societies" for the period from January 1, 2004 to December 31, 2004.	
2006 ($50,000) On-Granting: To contribute to the abandonment of FGM in Western Africa by increasing the number of actors involved in preventing and contrasting the practice, as well as by introducing FGM/C prevention activities into all kind of development program and projects, in particular those addressing issues such as health, in particular reproductive and sexual health, HIV/AIDS, human rights, women's rights, women's empowerment, education, poverty eradication, etc. Countries covered are the following: Mali, Burkina Faso.	
2007 ($69,000) Tech/Information Transfer: Development of a methodological tool kit for the introduction of comprehensive sexual and reproductive health services in existing family planning and mother and child health centers in the Middle East.	
Catholics for a Free Choice	**Total grants: $115,000**
2000 ($115,000) On-Granting: To support for the period from January 1, 2000 to December 31, 2000 CFFC's program of assistance to groups currently working for greater access to reproductive health care, and to religious organizations of women who are cultivating an interest in reproductive health and rights. The Grant will enable CFFC to make small sub-grants to its partners world-wide, identify promising new groups, and provide technical assistance. Not more than 15 percent of the total Grant will be used for administrative purposes.	
Center for Health and Gender Equity/Tides Center (CHANGE)	**Total grants: $15,000**
2000 ($15,000) Operations Research: To support for the period from May 1, 2000 to April 30, 2001 the study on domestic violence and maternal and infant health in Purworejo District, Central Java, Indonesia, that is being undertaken by CHANGE. The study aims to evaluate possible mechanisms for the impact of domestic violence during pregnancy on maternal and infant health, with special reference to maternal use of prenatal care, nutrition and infection.	
Centre for African Family Studies (CAFS)	**Total grants: $300,000**
2003 ($150,000) Tech/Information Transfer: To support for the period May 1, 2003 to April 30, 2004, the Recipient's program of courses in capacity building for advocacy and program management and leadership in Francophone Africa. The Grant will provide training to program managers of Non-Governmental Organizations (NGOs) on advocacy for reproductive health, and courses on gender and reproductive health rights, on communicating reproductive health to youth groups, on interpersonal communication and counseling for reproductive health and HIV/AIDS, on community-based reproductive health services and on managing HIV/AIDS prevention interventions.	
2005 ($150,000) Tech/Information Transfer: Building of Capacities in Reproductive Health in Francophone Sub-Saharan Africa.	
Centre for Development and Population Activities (CEDPA)	**Total grants: $50,000**
2002 ($50,000) Operations Research: To help fund research on progress in achieving the objectives of the Cairo agenda for the women of the world and publish the results for three regional meetings and a world forum on revitalizing the Cairo agenda. The period of the Grant is from May 1, 2002 to April 30, 2003.	
College of Physicians and Surgeons Pakistan	**Total grants: $140,000**
1999 ($40,000) Tech/Information Transfer: To support for the period of two years from May 1, 2000 to April 30, 2002 the CPSP's activities in the training and education of medical practitioners in the area of reproductive health, including the review and strengthening of program implementation, the development of teaching and learning tools and distance education, and the development of mechanisms for quality assurance.	
2000 ($40,000) Tech/Information Transfer: Recorded by DGF Secretariat. No information found in Bulatao (2005) or PRHCBP tallies.	
2001 ($60,000) Tech/Information Transfer: To support for the period from May 1, 2001 to April 30, 2002 the Recipient's project "Reproductive Health: from development to implementation." The project was supported by an FY2000 grant from the Bank's Development Grant Facility for the Population and Reproductive Health Capacity Building Program.	

Commonwealth Medical Assoc Trust (Commat)	**Total grants: $110,000**
1999 ($15,000) Tech/Information Transfer: To provide support for the activities of the Advocacy for Women's Health, a group convened by ComMAT for bringing together international organizations of health professionals, for the period May 1999 to June 2000, aimed at advocacy and coordination of different groups promoting women's sexual and reproductive health.	
2006 ($40,000) Tech/Information Transfer: To strengthen the capacity of medical practioners and other health processionals to improve reproductive health in selected developing countries in accordance with the ICPD Programme of Action and within the framework of the MDGs. Countries covered are the following: Uganda, India, Pakistan.	
2007 ($55,000) Tech/Information Transfer: To strengthen the capacity of Medical Practitioners, other health professionals and their associations to improve Reproductive Health services for Women and Adolescents.	
El Colegio de México	**Total grants: $10,000**
1999 ($10,000) Tech/Information Transfer: To support the seminar held in Guadalajara from April 28 to 30, 1999 promoting the integration of the ICPD agenda into population studies programs in the countries of the Latin America region.	
Equilibres & Populations	**Total grants: $623,500**
2000 ($150,000) On-Granting: To support for the period from December 1, 1999 to November 30, 2000, ten projects in four countries in Africa. Specifically, the Grant will support: (a) Senegal: an information campaign against Female Genital Mutilation (FGM), the creation of a health center in Malicka, improvement of the abilities of NGOs working on health and AIDS, and the project "Young people care about young people" (b) Ivory Coast: Kpote Kafe (AIDS information), activities aimed at reproductive and sexual health of teenagers and young people (c) Mali: improve the reproductive health of young people and a follow up program on the International Conference of Population and Development (ICPD) called "Perspectives of Francophone African Youth" and (d) Niger: a program for young people and adolescents on reproductive health.	
2001 ($150,000) On-Granting: To support for the period from May 1, 2001 to April 30, 2002, the Recipient's on-granting program. The program provides small grants to grass-roots NGOs working in the Africa region to strengthen capacities to address health and population issues, prevention of HIV/AIDS transmission, providing care to HIV/AIDS patients and Female Genital Mutilation (FGM) victims, providing reproductive health services to youth in school and undertaking information and education campaigns.	
2003 ($150,000) On-Granting: To support the Recipient's program of building the capacity of local Non-Governmental Organizations (NGOs) working in the field of reproductive health and population for the period from January 1, 2003 to December 31, 2003. The Grant will provide financial support to local NGOs for use over a one-year period and will also provide financing for local NGO capacity building and participation in training seminars.	
2005 ($123,500) Tech/Information Transfer: To support of two-fold program on (a) training and (b) implementation of innovative micro-projects in Western Francophone Africa.	
2006 ($50,000) Tech/Information Transfer: To improve access to SRH (mainly covering services, counseling, products, reliable information) in facilitating a "healthier behavior" of local populations. The aim is to support their partners in the formalization/ modeling and dissemination of their experience with local communities to modify their behavior as regards SRH and convince them to use SRH services. Will cover the following countries: Niger, Benin, and Senegal.	
Family Care International (Safe Motherhood Inter-Agency Group) (FCI)	**Total grants: $1,785,000**
1999 ($300,000) Tech/Information Transfer: To continue for the period May 1999 to June 2000 support of FCI's work as the secretariat for the Safe Motherhood Inter-Agency Group (IAG). Activities to be supported under the grant will include serving as a clearing house for information and resources, efforts to involve private multinational corporations in supporting safe motherhood, and supporting the IAG's workplan, which will include a technical consultation on skilled attendance at delivery.	
2000 ($300,000) Tech/Information Transfer: To support for the period from June 1, 2000 to May 31, 2001 the following: (a) the activities of the Recipient as the Secretariat for the Safe Motherhood Inter-Agency Group such as the promotion of skilled attendance at delivery, strengthening outreach efforts to improve maternal health, production and dissemination of key information materials and advocating use of new technologies and (b) the Recipient's country level work in the areas of comprehensive sexual and reproductive health approach advocacy, strengthening of sexuality and reproductive health education and outreach programs for adolescents particularly in Africa, and working with national and local partners to design and implement strategies that will strengthen skilled attendance at delivery.	

2001 ($300,000) Tech/Information Transfer: To support for the period June 1, 2001 to May 30, 2002 the Recipient's work as the secretariat for the Safe Motherhood Inter-Agency Group (IAG), including coordinating and facilitating the activities of the coalition of international, regional and national agencies on the issue of safe motherhood, and the Recipient's global, regional and country-level activities, including technical assistance in the design, implementation, and evaluation of reproductive health programs.
2002 ($300,000) Tech/Information Transfer: To contribute to the support of the Recipient's program related to Safe Motherhood including country-level follow-up to the Tunis Conference on improving skilled care at birth, and disseminating the skilled attendance materials to a range of audiences addressing unsafe abortion within the context of Safe Motherhood materials and support activities and working with a group of bilateral and implementing agencies to establish an expanded global partnership to raise the profile of maternal and newborn health at the global and country levels. The Grant will cover a thirteen month period from June 1, 2002 to June 30, 2003.
2003 ($225,000)[45] Tech/Information Transfer: To support these activities of the Safe Motherhood Inter-Agency Group from June 1, 2003 to December 31, 2003: (a) A strategy to build on the "skilled care during childbirth" message, specifically promoting country action and international advocacy on skilled care as a priority intervention in reducing maternal deaths. (b) A regional meeting on unsafe abortion to exchange information, experiences, and strategies on reducing the toll of maternal deaths from unsafe abortion, and the development of information materials that highlight basic terms and definitions related to unsafe abortion within the context of safe motherhood. (c) Establishing an expanded global partnership to raise the profile of maternal and newborn health at the global- and country-levels. (d) June 3, 2003: The grant is increased by $50,000 to total $225,000 to supplement the work on the "International Conference on Population and Development at Ten and Beyond" to review progress on Safe Motherhood goals.
2004 ($160,000) Tech/Information Transfer: To support activities related to the Index (aka the Global Report Card) and the larger communications strategy being implemented jointly by the Recipient and by Population Action International for the initiative on Assessing Progress, Counting Costs: The International Conference on Population and Development (ICPD) at Ten and Beyond for the period from December 1, 2003 to November 30, 2004.
2006 ($100,000) Tech/Information Transfer: To contribute to further reduction of maternal mortality and morbidity in the project areas by establishing mechanisms for sustained improvements in the quality and utilization of maternal health services. Focus will be on strengthening civil society participation and the use of innovative approaches in Kenya and Burkina Faso.
2007 ($100,000) Tech/Information Transfer: To contribute to the goal of reducing HIV infection rates among youth. The specific objective is to equip grass-roots and community-level organizations with the information and skills necessary to advocate for the implementation of government policies to meet young people's needs in the area of sexual and reproductive health.
German Foundation for World Population (DSW) **Total grants: $1,002**
1999 ($115,000) On-Granting:[46] To continue support of the Foundation's work in identifying and nurturing emerging NGOs and strengthening networking among the organizations the Foundation has supported with previous Grants. This year's Grant will support innovative, replicable activities focusing on the sexual and reproductive health needs of adolescents in the Eastern Africa Region. The Foundation will provide technical assistance to the recipients of the sub-grants, and ensure reporting.
1999 ($67,000) On-Granting: To improve and strengthen during the period from May 1999 to June 2000, 8 youth organizations located in Eastern Africa specializing in reproductive health through systemic institution building, development of models for replication, management training, establishment of local support systems and a regional exchange and support network among the youth organizations.
2000 ($200,000) On-Granting: To cover the period March 1, 2000 to February 28, 2001, and its purpose is two-fold. First, it will continue support for the Recipient's program to identify and nurture grass-roots organizations in developing countries working in the area of reproductive health with a focus on youth. Second, it will support the development of a network linking the strongest of these organizations, for exchange of experience and to build the groups' networking capacity.

45. From Bulatao (2005); only $175,000 is recorded in PRHCBP tallies.

46. From Bulatao (2005); this grant is not reflected in PRHCBP tallies.

2001 ($125,000) On-Granting: To support for the period from May 1, 2001 to April 30, 2002, the Recipient's on-granting program to grass-roots organizations in developing countries working in the area of reproductive health, with specific emphasis on strengthening networks and encouraging South-South exchanges on adolescent sexual and reproductive health and gender based violence.	
2002 ($150,000) On-Granting: To support the Recipient's small grant and capacity building program for adolescent sexual and reproductive health initiatives and the establishment of a South-South-NGO Network for adolescent reproductive health in Sub-Saharan Africa, for the period from March 1, 2002 to February 28, 2003.	
2003 ($20,000) Tech/Information Transfer: To cover the costs of the preparation and logistical arrangements for the meeting to evaluate the Population and Reproductive Health Capacity Building Program under the DGF on December 9 and 10, 2002 in Paris, France. The Grant will also cover the costs of participation including travel and subsistence of selected participants.	
2003 ($150,000) On-Granting: To support for the period May 1, 2003 to April 30, 2004, the Recipient's small-grant and capacity building program for adolescent sexual and reproductive health (SRH) initiatives and further development of existing South-South collaboration towards an initial South-South-North Network of DGF-partners for adolescents reproductive health in Sub-Saharan Africa.	
2005 ($100,000) On-Granting: To support African youth NGOs in Kenya, Tanzania, Uganda and Ethiopia (Youth-to-Youth Initiative).	
2006 ($75,000) On-Granting: To increase Southern civil society access to, and to further mobilize resources for SRHR. Will cover the following countries: Ethiopia, Kenya, Tanzania, and Uganda.	
Global Fund for Women	**Total grants: $880,000**
1999 ($150,000) On-Granting: To continue support of the Global Fund for Women's work towards building the capacity of small grass-roots groups, facilitating networking and communications, and developing cross-national strategies to address issues of critical importance to women. Specifically, the grant will: (a) support grass-roots women's groups working on broad issues of development and (b) support women's groups in Africa, with an emphasis on organizations addressing girls' education, female genital mutilation, HIV/AIDS, and women's access to economic opportunity. The Global Fund for Women will provide technical assistance to the recipients of the sub-grants, and ensure reporting.	
2001 ($125,000) On-Granting: To support for the period from January 1, 2001 to December 31, 2001 the Recipient's small-grants program. The program supports (a) grass-roots women's groups working on broad issues of development, and (b) women's groups in Africa, with an emphasis on organizations addressing girls' education, female genital mutilation, HIV/AIDS, and women's access to economic opportunity. The Recipient will provide technical assistance to increase the organizational capacities of the organizations receiving sub-grants.	
2002 ($150,000) On-Granting: To support the Recipient's grant making program to new groups and maturing organizations involved in improving women's health and reproductive rights from March 1, 2002 to February 28, 2003 with special emphasis to identify and nurture women's groups in Afghanistan, Pakistan, as well as the Middle East and North Africa.	
2003 ($125,000) On-Granting: To support the Recipient's grantmaking program to women's rights organizations working on core women's rights issues from May 1, 2003 to April 30, 2004. The Grant will support sub-grantees work on increasing organizational capacity, strengthening and expanding income-generating and skills training programs, and enhancing the effectiveness of advocacy efforts.	
2004 ($120,000) On-Granting: To support the Recipient's on-granting program to grass-roots women's organizations working on advancing health and sexual and reproductive rights for the period from June 1, 2004 to May 31, 2005.	
2005 ($110,000) On-Granting: To strengthen and expand support to grass-roots women's organizations worldwide.	
2006 ($100,000) On-Granting: To strengthen and expand support to grass-roots women's organization worldwide working to Advance Health and Sexual and Reproductive Rights. (Worldwide coverage).	
HealthLink Worldwide	**Total grants: $20,000**
2000 ($20,000) Tech/Information Transfer: To support for the period from April 1, 2000 to March 31, 2001 Healthlink Worldwide's production and distribution of its publication, "Child Health Dialogue on Safe Motherhood." The publication is aimed at health and community workers at local level, health managers, policymakers and academics. The special issue is due for release by April 2000.	

Hesperian Foundation (HP)	**Total grants: $384,500**
1999 ($50,000)[47] Tech/Information Transfer: To continue to support Hesperian in translating its publication, "Where Women Have No Doctor," into 13 languages in addition to the translations already supported by the World Bank's FY98 grant. Hesperian will provide sub-grants to local organizations which will undertake the translations.	
2001 ($68,500) On-Granting: To support for the period from January 1, 2001 to December 31, 2001 the Recipient's small-grants program, the Creative Education Fund. The Creative Education Fund provides grants of up to $3,000 to grass-roots women's groups in developing countries that promote health education. The fund helps provide grants for the development of innovative materials and techniques. The Recipient will provide technical assistance to increase the organizational capacities of the organizations receiving sub-grants.	
2002 ($66,000) On-Granting: To support creative health education projects and locally designed strategies for bringing vital health care information to women with low literacy skills in less-developed countries from March 1, 2002 to February 28, 2003.	
2003 ($50,000) On-Granting: To support the Recipient's Creative Education Fund to support communities in determining the materials and techniques needed to promote women's health, and to provide funding for the development of innovative health education projects for the period from January 1, 2003 to December 31, 2003.	
2004 ($50,000) On-Granting: To support the grass-roots efforts of community-based groups in developing local responses to the lack of health resources and providing health education information to underserved populations under the Creative Education Fund for the period from December 1, 2003 to November 30, 2004.	
2005–($50,000) On-Granting: To support of the Creative Education Fund, which offers direct financial support to grass-roots women's groups worldwide and enables them to provide health education information to underserved populations, particularly poor women with limited or no literacy skills.	
2006 ($50,000) On-Granting: To support the efforts of local, grass-roots women's groups increase their capacity to respond to critical population and reproductive health needs in their communities. Countries: Worldwide (not specified).	
Instituto Mexicano de Investigación de Familia y Población, AC (IMIFAP)	**Total grants: $540,000**
2000 ($75,000) On-Granting: To support the Extension of Integral Sexuality and Life Skills Education in Bolivia and Peru through the Provisions of Training, Supervision and Follow-Up Support to Program Multipliers for the period from February 1, 2000 to June 30, 2001. The program will replicate the multi-stage strategy successfully introduced and implemented by IMIFAP in Mexico, and lead to the adoption of the courses by appropriate government Ministries and leading NGOs.	
2001 ($125,000) On-Granting: To cover the period from June 1, 2001 to May 30, 2002, and its purpose is two-fold. First, it will support the continuation into a second phase and the strengthening of the Recipient's program "Extension of Integral Sexuality and Life Education in Bolivia and Panama." Second, it will support the expansion of the Recipient's program "Si yo estoy bien, mi familia tambien" in Guatemala by providing the workshop to women in Coban, Rabinal, and Peten regions.	
2003 ($150,000)[48] On-Granting: To support the Recipient's "Multi-Country Program of Capacity Building of Selected NGOs in Latin American Countries (Peru, Panama, Bolivia, Nicaragua, Honduras and Guatemala) for the period from January 1, 2003 to December 31, 2003. The Grant will provide for capacity building of Non-Governmental Organizations (NGOs), establish a network of NGOs in the countries served, provide training to NGO staff, evaluate the programs and strategies for effectiveness and adaptability in different settings, share good practice, and evaluate the Program for process and impact, and share the results of such evaluation. June 3, 2003: the grant is hereby increased by $50,000 to a total of $150,000. We are also extending the period of the grant to June 30, 2004.	
2005 ($100,000) On-Granting: To increase the capacity and capabilities of NGOs in Guatemala, Honduras and Nicaragua, while also implementing an educational program for young women, emphasizing psychosocial skill development, empowerment, and health-related self-care behaviors.	
2007 ($90,000) Tech/Information Transfer: Mexico — Central America: Education in Sexuality, Health, and Life Skills, Phase III.	

47. From Bulatao (2005); only $30,000 is recorded in PRHCBP tallies.

48. From Bulatao (2005); only $100,000 is recorded in PRHCBP tallies.

Interact Worldwide (formerly Population Concern)	**Total grants: $540,000**
1999 ($115,000) On-Granting: To support Population Concern's work with young people in the area of sexual and reproductive health and rights for the period May 1999 to June 2000. Specifically, Population Concern will work with five NGOs of the south to enhance their effectiveness in providing sexual and reproductive health information, education and quality services for young people through on-granting and technical assistance.	
2002 ($125,000) On-Granting: To support the Recipient's program to help build the capacity of small grass-roots Non-Governmental Organizations (NGOs) working on sexual and reproductive health services for young people in Namibia, Zambia, Uganda, Burkina Faso, Kenya, Nigeria, Sierra Leone and Senegal. The period covered by the grant will be from May 1, 2002 to April 30, 2003.	
2003 ($125,000) On-Granting: To support the Recipient's on-granting program "Capacity Building of Partners in rights-based approaches to Sexual & Reproductive Health" for the period from April 1, 2003 to March 31, 2004. The Grant will support activities focusing on capacity building, knowledge and exchange interventions with Partners in Africa, Asia and Latin America & the Caribbean, to enable implementation and communication of rights-based approaches to SRH, promoting wider support from civil society and the donor community.	
2005 ($100,000) Tech/Information Transfer: To facilitate working with partner organizations to facilitate their organizational development in ways that will contribute to better coordinated services within district and national level responses and broader health sector strategies.	
2006 ($75,000) Tech/Information Transfer: To promote SRH&R through strengthened civil society coordination, influence and engagement. Countries covered: Malawi, Madagascar, Ethiopia, Pakistan, and Peru.	
Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC)	**Total grants: $740,000**
2000 ($140,000) On-Granting: To support the work of IAC and its national committees for the period from March 1, 2000 to February 28, 2001 on the prevention of Female Genital Mutilation (FGM). The Grant will contribute to the Recipient's Alternative Employment Opportunities (AEO) for traditional circumciser's projects in the Gambia, Guinea Conakry and Mali. The Grant will also support the training of local agents carrying out sensitization campaigns in Benin, Egypt, Guinea Conakry, Senegal and Togo.	
2001 ($140,000) On-Granting: To support the work of IAC for the period from May 1, 2001 to April 30, 2002 on the prevention of Female Genital Mutilation (FGM). The Grant will contribute to the Recipient's Alternative Employment Opportunities (AEO) for traditional circumcisers and in the training of Traditional Birth Attendants, health workers, community leaders, youth groups and change agents (i.e., opinion leaders and policy makers) in the campaign against FGM. The Grant will also support monitoring and evaluation in countries to be identified by the Recipient.	
2003 ($140,000) On-Granting: To support the work of the Recipient for the period from November 1, 2002 to October 31, 2003 on the eradication of Female Genital Mutilation (FGM) in Africa. The Grant will cover the following activities of the Recipient: Training Information and Communication (TIC) campaign the Alternative Employment Opportunities (AEO) for ex-excisers and project evaluation.	
2004 ($140,000) On-Granting: To support grass-roots activities against harmful traditional practices such as female genital mutilation, and for its promotion of maternal and adolescent health for the Common Agenda for Action for the Elimination of Female Genital Mutilation for the period from December 1, 2003 to November 30, 2004.	
2005 ($130,000) On-Granting: To eradicate harmful traditional practices such as female genital mutilation, early marriage, nutritional taboos, etc.	
2006 ($50,000) Tech/Information Transfer: To implement the following: 2 training information campaigns, 2 alternative employment opportunities, 2 youth projects, lobbying and advocacy, production of educational materials, monitoring (worldwide coverage).	
International Association for Maternal and Neonatal Health (IAMANEH)	**Total grants: $30,000**
1999 ($30,000) Tech/Information Transfer: To contribute towards the costs of organizing the 7th International Conference of IAMANEH 2000. The conference will be held in Stellenbosch, Western Cape, South Africa from April 2 to 5, 2000 to share research findings and to identify ways to implement knowledge for the benefit of women and children. The conference will draw participants from both developing and developed countries.	

International Confederation of Midwives (ICM)	**Total grants: $74,500**
1999 ($50,000) Tech/Information Transfer: To contribute towards the costs of organizing: "Frontiers of Midwifery Care: STDs, HIV/AIDS in Safe Motherhood," a workshop for midwives, and the costs of participation of midwives at the workshop to be held in Manila, Philippines from May 19 to 22, 1999.	
2000 ($12,000) Operations Research: To support for the period from May 1, 2000 to November 30, 2001 the program, "Introduction to Field Testing of the ICM Provisional Essential Competencies for Midwifery Practice. The field testing aims to determine the relevance and applicability of a draft document on essential competencies for midwifery practice to actual practice, training, and licensing of qualified midwives in a broad range of international settings.	
2001 ($12,500) Operations Research: To support for the period from May 1, 2001 to April 30, 2002 field testing of the Recipient's study on Core Competencies for Midwifery Practice. The initial stage of this study was supported by an FY2000 grant from the World Bank's Development Grant Facility for the Population and Reproductive Health Capacity Building Program.	
International Council on Management of Population Programmes (ICOMP)	**Total grants: $445,000**
2002 ($130,000) On-Granting: To support the Recipient's project to enhance effectiveness of selected Non-Governmental Organizations (NGOs) working on sexual and reproductive health in the Philippines, Kenya and Bolivia for the period March 1, 2002 to February 28, 2003. Specifically, the project supported by the Grant will document governance and best practices, develop and disseminate assessment tools and mechanisms to improve governance practices, enhance skills of stakeholders, improve rules and regulations of NGOs and improve the Recipient's capacity to offer training and technical assistance to NGOs.	
2004 ($120,000) On-Granting: To support the project on Increasing Institutional Capacity of Reproductive Health (RH) and HIV/AIDS NGOs for linked response to RH and HIV/AIDS for the period from June 1, 2004 to May 31, 2005.	
2006 ($75,000) Tech/Information Transfer: To increase NGO capacity on linked response to RH and HIV/AIDS for accelerating diffusion of and creating a momentum for this innovation to create sustained impact on RH and HIV/AIDS. Countries covered are the following: Ethiopia, Tanzania, Uganda, and Zambia.	
2007 ($120,000) On-Granting: Increasing Capacity of NGOs for Engendered Linked Response to Reproductive Health and HIV/AIDS in Sub-Saharan Africa.	
International Federation of Gynecology and Obstetrics (FIGO)	**Total grants: $50,000**
2004 ($50,000) Tech/Information Transfer: To support activities related to advocacy and training — reproductive health for the "Obstetrician/ Gynecologists for Women's Sexual and Reproductive Rights" project for the period from October 1, 2003 to September 30, 2004.	
International Forum of Parliamentarians	**Total grants: $15,000**
1999 ($15,000)[49] Tech/Information Transfer: To support an International Forum of Parliamentarians to review progress made and constraints encountered in individual countries in following up the recommendations and commitments made at the International Conference of Population and Development (ICPD) in 1994. The forum will be held at the Hague, Holland, from February 4 to February 6, 1999, inclusive, immediately preceding the UN International Forum on ICPD + 5 to which it will provide input. The grant will support the participation in the forum of Parliamentarians from developing countries active in the national or regional committees on population and development organized to carry forward the work of ICPD.	
International Health Policy Program (IHPP)	**Total grants: $150,000**
2007 ($150,000) Operations Research: Research for Development of an Optimal Policy Strategy for Prevention and Control of Cervical Cancer in Thailand.	
International Partnership for Microbicides (IPM)	**Total grants: $750,000**
2003 ($100,000) Operations Research: To support the work of the Recipient in accelerating the discovery, development and accessibility of microbicides to prevent the transmission of HIV for the period January 1, 2003 to December 31, 2003. The Grant will cover the costs associated with holding two IPM Access Advisory Committee meetings during its first full year of operation.	

49. From Bulatao (2005); no amount was specified in PRHCBP tallies.

2004 ($225,000) Operations Research: To support multi-country project to develop models for country preparedness to facilitate rapid access to a microbicide product for the Access Program for the period from January 1, 2004 to December 31, 2004.	
2005 ($200,000) Operations Research: To enable the ethical and efficient conduct of clinical trials, build community and political support for such trials, enhance regulatory approvals for safe and effective microbicides, conduct market research to enhance demand for microbicices and conduct operations research to identify manufacturing capacity, supply chains, and distribution venues to enhance access to resource poor populations.	
2006 ($225,000) Operations Research: To conduct a marketing study in multiple African country settings where cultural norms of vaginal lubrification vary widely, and to obtain women's and men's perspectives and preferences for gel formulation, based on their experiences using gel products during sexual intercourse. Countries covered are the following: Botswana, Nigeria, South Africa, and Zambia.	
International Planned Parenthood Federation (IPPF)	**Total grants: $175,000**
2004 ($100,000) On-Granting: To support sub-grants to organizations in developing countries to cover the costs of the field review and the field test and contribute towards the translation and publication/dissemination costs and the cost of the expert working group meeting and staff travel for "Building Capacity among International Sexual and Reproductive Health Programs to Conduct Evaluation" for the period from January 1, 2004 to December 31, 2004.	
2005 ($75,000) Tech/Information Transfer: To fund the Roundtable "Countdown 2015" from August 30 – September 2, 2004, in London.	
International Youth Foundation	**Total grants: $150,000**
2004 ($150,000) Tech/Information Transfer: To support the field-based activities including technical assistance, regional learning workshop, and monitoring and evaluation for "Empowering Africa's Young People Initiative: A Holistic Approach to Countering the HIV/AIDS Pandemic and Improving Reproductive Health" for the period from December 1, 2003 to November 30, 2004.	
IPAS	**Total grants: $405,000**
2000 ($25,000) Operations Research: To continue support for the period from December 1, 1999 to February 28, 2001 to the Recipient's work on Post-abortion Care (PAC) Interventions in Latin America (LAC). The Grant will contribute to testing of a model to determine the sustainability of PAC interventions in LAC. The development of these interventions was supported by the Bank under previous grants to the Recipient, and has evolved into a model for several Latin American health care systems.	
2002 ($100,000) On-Granting: To support the Recipient's Africa Alliance for Women's Reproductive Health and Rights, a network of partnerships working at the regional, sub-regional, and country levels to improve African women's reproductive health, focusing on preventing the death and injury of women from complications of unsafe or incomplete abortion. The period of the Grant is from May 1, 2002 to April 30, 2003.	
2003 ($100,000) Operations Research: To support for the period July 1, 2003 to June 30, 2004, the Recipient's research project of Estimating Costs of Alternative Service Delivery Strategies to Reduce Maternal Mortality and Morbidity Caused by Unsafe Abortion. As a result of the study, the Recipient aims to develop, test, and launch a user-friendly, interactive computer-based model that will assist key stakeholders in estimating the cost of alternative delivery strategies to reduce maternal mortality and morbidity caused by unsafe abortion.	
2005 ($80,000) Operations Research: To address unsafe aborting by engaging a wider range of stakeholders in promoting the new actions required by donors, governments, and reproductive health NGOs if policy changes and commitment to action are to reach women in their communities.	
2007 ($100,000) Operations Research: Strengthening Capacity in Africa to Reduce Abortion-Related Maternal Mortality and Morbidity through Evidence-Based Interventions.	
Japanese Organization for International Cooperation in Family Planning (JOICFP)	**Total grants: $100,000**
2006 ($100,000) Tech/Information Transfer: Making Young People's Voices Heard through Visual Media for Promoting Adolescent Sexual and Reproductive Health.	
John Snow Research and Training, Inc.	**Total grants: $118,000**
1999 ($118,000) Operations Research: To support a research project to document and analyze successful program models for Safe Motherhood from countries in Africa, Latin America and the Middle East followed by the development of program strategies for different settings and a workshop to explore program elements. At the end of these activities, a monograph would be developed with the country representatives from the case studies and workshops and disseminated widely to officials of governments, donor agencies, research institutes, and other interested parties. The period covered by the grant will be from June 1999 to November 2000.	

Marie Stopes International (MSI)	**Total grants: $610,000**
1999 ($80,000) On-Granting: To support for the period May 1999 to June 2000 the pilot project, "Social Licensing of Reproductive Health Clinics for the Underserved in Central America." The project aims to develop a new model of operating small, high quality reproductive health clinics within the region that is sustainable, has high impact and is appropriate to the needs of the target groups. The "social license" will be offered to individuals with a capacity to run their own businesses and experience in reproductive health. The license agreements will be in the form of no interest loans with a three-year grace period and payable over a fixed period to be determined between Marie Stopes International and the beneficiaries.	
2003 ($70,000) Operations Research: To support for the period May 1, 2003 to April 30, 2004, the Recipient's project of developing a replicable participatory poverty-mapping tool and a manual that enables the tool to be implemented in limited-resource settings. The tool allows for a quick and equitable method for determining which households within a community should receive free or subsidized services.	
2004 ($400,000) Tech/Information Transfer: To support the project to "Mobilize Southern NGOs through a joint capacity building initiative" for the period from June 1, 2004 to May 31, 2005. The Program is initiated and implemented by the following European NGOs: Marie Stopes International, Interact Worldwide, Equilibres & Populations, the German Foundation for World Population (DSW) and the World Population Foundation (WPF).	
2005 ($60,000) Tech/Information Transfer: To support a project entitled "Photovoice: (a participatory development project to improve sexual and reproductive health status of migrant workers in Hanoi).	
Multi-disciplinary African Women's Health Network (MAWHN)	**Total grants: $50,000**
2000 ($50,000) Tech/Information Transfer: To support the Recipient's work in strengthening regional communication between Networks and organizations, strengthening regional capacity of organizations in the region addressing women's health issues, and facilitating advocacy on women's rights and health issues for the period January 1, 2000 to December 31, 2000.	
Our Bodies Ourselves	**Total grants: $80,000**
2005 ($30,000) Tech/Information Transfer: To support global translations and cultural adaptation of "Our Bodies, Ourselves for the new century."	
2007 ($50,000) On-Granting: To disburse capacity building sub-grants to nine women's organizations in the Middle East, Africa, Asia and Russia new culturally adapted editions of OBOS book in Arabic, Bengali, Hebrew, Russian, Swahili, and Turkish will be produced and made accessible to individuals, health educators, providers, advocates and researchers. Short alternative formats in Nepali, Vietnamese, and indigenous Nigerian languages will also be developed.	
Pacific Institute for Women's Health (PIWH)	**Total grants: $547,000**
2001($92,000) On-Granting: To support for the period from January 1, 2001 to December 31, 2001 the Recipient's small-grants program. The program focuses on provision of training and technical assistance to enable women's organizations to work on reproductive and sexual health. The Recipient's small-grants program includes selected youth-serving organizations that provide adolescents access to reproductive and sexual health information and services.	
2003 ($115,000) On-Granting: To support the Recipient's project aimed at strengthening the capacity of women's nongovernmental organizations (NGOs) in terms of both sexual and reproductive health (including outreach, IEC materials and service provision, advocacy, strategic use of communications technology and networking) and organizational effectiveness (including governance structures, grant application procedures, evaluation and reporting and fiscal management) for the period from January 1, 2003 to December 31, 2003. The focus of the Recipient's grant-making will be Latin America (Northern Mexico, Nicaragua, El Salvador, Brazil) and Africa (Burkina Faso, Kenya, Uganda, Zimbabwe).	
2004 ($120,000) On-Granting: To support small grants to women's and youth serving NGOs in Africa and Latin America to build capacity in both sexual and reproductive health and organizational effectiveness for "Pacific Institute Action Grants: Strengthening NGOs to Respond Effectively to Local Reproductive Health Needs" for the period from January 1, 2004 to December 31, 2004.	
2005 ($150,000) On-Granting: To facilitate continuation of the project entitled "Pacific Institute Action Grants: Strengthening NGOs to Respond Effectively to Local Reproductive Health Needs."	
2006 ($70,000) On-Granting: To improve the reproductive health and rights of women and girls by increasing access to contraception (including EC), and build organizational capacity and networks among women's, youth-serving, and youth-led NGOs which provide sexual and reproductive health information and services. (Continuation of 2005 project). Countries covered are the following: Zimbabwe, Uganda, Guatemala, el Salvador, Mexico, and Philippines.	

Partners of the Americas	**Total grants: $30,000**
1999 ($30,000) Tech/Information Transfer: To support during the period May 1999 to June 2000 the Training Workshop for Caribbean NGOs aimed at strengthening the capacity of local organizations and to share information. Partner chapters will identify individuals in the region working in population and reproductive health with the potential to train others and share information from the workshop with their colleagues and communities. The specific skills training will be in the areas of board development, financial management, media relations, and fundraising.	
Pathfinder International	**Total grants: $150,000**
2005 ($150,000) Tech/Information Transfer: To promote civil society's engagement in meeting the sexual and reproductive health needs of young people in Uganda.	
Program for Appropriate Technology in Health (PATH)	**Total grants: $520,000**
1999 ($105,000) On-Granting: To support PATH's work with local nongovernmental organizations providing education and health services to underserved populations for the period from May 1999 to June 2000. PATH's program sub-grants approximately $15,000 to $20,000 to recipient organizations, enabling them to carry out activities related to family planning and reproductive health. At the same time the organizations supported enter into a partnership with PATH through which PATH provides information, services and training, and builds capacity in project management, evaluation and sustainability.	
1999 ($125,000) On-Granting: To continue support, for the period from January 1 to December 31, 2001, to the Recipient's on-granting program. The program provides small grants to grass-roots NGOs working to provide family planning and reproductive health education and services to poor, vulnerable groups. The Recipient will provide technical assistance to increase the organizational capacities of the organizations receiving sub-grants.	
2000 ($40,000) On-Granting:[50] To support PATH's work with local non-governmental organizations providing education and health services to underserved populations for the period from May 1999 to June 2000. PATH's program on-grants approximately $15,000 to $20,000 to recipient organizations, enabling them to carry out activities related to family planning and reproductive health. Ate the same time the organizations supported enter into a partnership with PATH through which PATH provides information, services and training, and builds capacity in project management, evaluation and sustainability.	
2001 ($125,000) On-Granting: [51] To support local, non-governmental organizations in developing countries address reproductive health needs, and build the capacity of such organizations to improve access to and quality family planning and other reproductive health services in the marginalized communities under the Recipient's Small Grants Program from March 1, 2002 to February 28, 2003).	
2002 ($125,000) On-Granting: Recorded by DGF Secretariat. No information found in Bulatao (2005) or PRHCBP tallies.	
Project Concern International (PCI)	**Total grants: $350,000**
2001 ($115,000) On-Granting: To support for the period from January 1, 2001 to December 31, 2001 the Recipient's program to strengthen the ability of local NGOs in Guatemala, Nicaragua and Mexico to provide family planning and reproductive health education to adolescents and women living in areas where maternal mortality is high, and use of family planning is low. The Recipient will provide technical assistance to increase the organizational capacities of the organizations receiving sub-grants.	
2003 ($115,000)[52] On-Granting: To support Phase 2 of the Recipient's program "Building NGO Capacity to Provide Family Planning and Reproductive Health Education in Latin America" for the period from January 1, 2003 to December 31, 2003. Phase 2 of the Program will examine lessons learned in NGO capacity building and disseminate these lessons learned throughout the Recipient's partnership.	
2004 ($120,000) On-Granting: To support work with nongovernmental organizations (NGOs) in Latin America on strengthening capacity assessment and capacity building using the Recipient's I-STAR capacity assessment toolset and to support the Recipient's on-granting program with partner NGOs for the period from January 1, 2004 to December 31, 2004.	

50. From Bulatao (2005); this grant is not reflected in PRHCBP tallies.

51. From Bulatao (2005); this grant is not reflected in PRHCBP tallies.

52. From Bulatao (2005); no amount was specified in PRHCBP tallies.

Regional AIDS Training Network	**Total grants: $18,000**
2000 ($18,000) Tech/Information Transfer: To supplement the Recipient's core funding to carry out its activities for regional network building and training of HIV/AIDS workers, trainers and policy makers, and to provide resources for the conduct of an internal review of the program. The period of the Grant will be from April 1, 2000 to March 31, 2001.	
Regional Prevention of Maternal Mortality Programme (RPMM)	**Total grants: $300,000**
2000 ($150,000) On-Granting: To support for the period from March 1, 2000 to February 28, 2001, the expansion of the Recipient's network of multidisciplinary teams addressing the problems of women dying from pregnancy and childbirth complications in sub-Saharan Africa. The Grant will fund the development of multidisciplinary teams in Zimbabwe, Malawi or Namibia, Senegal, and Chad, the provision of technical assistance, and linking of the country teams through seminars, study tours, reports and newsletters.	
2002 ($150,000) On-Granting: To work in capacity building of national multi-disciplinary teams in Chad, Senegal and Zimbabwe to design and implement projects aimed at reducing maternal deaths, to facilitate the design and implementation by District Health Management Teams of activities to improve quality and access to Emergency Obstetric Care, to mobilize local resources to support interventions, and to support production and dissemination of a bi-annual Newsletter and Reports for the period March 1, 2002 to February 28, 2003.	
Research, Action & Information for the Bodily Integrity of Women, Inc. (RAINBO)	**Total grants: $1,034,000**
1999 ($140,000) On-Granting: To support Rainbo's Africa-based Small Grants and Institutional Capacity-Building Program for the period July 1999 to June 2000 aimed at strengthening and supporting African NGOs and to support the creation of an African Partnership for Health and Human Rights, a network of organizations based in Africa, to work on promoting and protecting women's reproductive and sexual health and rights.	
2000 ($138,000) On-Granting: To continue support for the period July 1, 2000 to June 30, 2001 of the Recipient's Africa-based Small Grants and Institutional Capacity-Building Program aimed at strengthening the organizational capacities of Africa-based NGOs and supporting their work on promoting and protecting women's reproductive and sexual health and rights.	
2001 ($140,000) On-Granting: To support for the period from January 1, 2001 to December 31, 2001 the Recipient's Africa-based Small Grants and Institutional Capacity Building Program. The program provides technical assistance and institutional capacity building to grass-roots organizations in Africa working to empower women to reduce the practice of female genital mutilation. The Grant will also support the Recipient's program, AMANITARE, aimed at promoting and protecting the sexual and reproductive health and rights of African women.	
2002 ($140,000) On-Granting: To support small innovative projects implemented by African Non-Governmental Organizations (NGOs) working to empower women and researchers who work in the field of Female Circumcision/Female Genital Mutilation for the Recipient's Africa-based Small Grants and Institutional Capacity Building Project for the period from January 1, 2002 to December 31, 2002.	
2003 ($140,000) On-Granting: To renew support of the Recipient's Small Grants and Institutional Capacity Building Project which focuses on individuals and nongovernmental organizations (NGOs) involved in research, training, and advocacy programs seeking to stop the practice of Female Circumcision/Female Genital Mutilation in Africa for the period from January 1, 2003 to December 31, 2003.	
2005 ($140,000) On-Granting: To eliminate female genital mutilation/cutting through accelerated social change by providing technical and financial assistance to Africa-based organizations to strengthen their capacity to provide sound and effective anti-FGM (Female Genital Mutilation) activities.	
2006 ($80,000) On-Granting: To stop FMG/C (Female Genital Mutilation/Cutting) through accelerated social change. By providing financial and technical sub grants to Africa based organizations, this project will strengthen their programming and management capacity enabling them to offer sound and effective anti-FGM interventions. Will cover mainly Kenya and Sudan, with continued support to Nigeria, Ghana, Somali, Somaliland and Sierra Leone.	
2007 ($116,000) On-Granting: To stimulate access to reproductive health services and help protect sexual and reproductive rights of girls and women in Africa, particularly Kenya and Sudan. Sub-grantees will strengthen their networking, programming and management capacity which will enable them to offer sound and effective reproductive health/ rights and anti FGM/C interventions.	

Society for International Development	**Total grants: $20,000**
2001 ($20,000) Tech/Information Transfer: To support for the period from January 1, 2001 to December 31, 2001 the last phase of the Recipient's project entitled "Meeting Young Girls' Needs: A New Approach to Adolescent Reproductive Health." Specifically, the grant will provide seed money (a) to promote knowledge of the outcomes of the first phases of the project in public meetings in Brazil and Mexico, and (b) for an international meeting resulting in further replication and international dissemination.	
University of Toronto	**Total grants: $48,000**
2000 ($25,000) Tech/Information Transfer: To continue support for the period from March 1, 2000 to February 28, 2001 to the University of Toronto for the expansion of the reproductive and sexual rights section of the Women's Human Rights Resources (WHRR) Web site, a project of the Faculty of Law, University of Toronto and the Bora Laskin Law Library. The development of the reproductive and sexual rights section of the Web site was supported by a grant from the Bank in FY1998. The current proposed expansion will focus on materials of specific use and interest to audiences in developing countries and countries with economies in transition, making information more accessible for advocacy, capacity building, teaching and training purposes.	
2001 ($23,000) Tech/Information Transfer: To support for the period from January 1, 2001 to December 31, 2001 the development of a shared on-line database network to support the Sister Site Partnership, a project of the Faculty of Law, University of Toronto and the Bora Laskin Law Library. The development of the reproductive and sexual rights section of the Web site and its expansion to address audiences in developing countries and countries with economies in transition was supported by earlier grants from the Bank.	
Väestöliitto	**Total grants: $115,000**
2004 ($115,000) On-Granting: To support projects in five developing countries (India, Mexico, Namibia, Nepal and Malawi) to improve the sexual and reproductive health and rights for the period from June 1, 2004 to May 31, 2005.	
White Ribbon Alliance for Safe Motherhood	**Total grants: $100,000**
2007 ($100,000) Tech/Information Transfer: To provide members of WRA in Tanzania, Burkina Faso and India with DV cameras and training, enabling them to film their own communities, health centers, and each other. They will also be involved in the editing of this footage. The short films will be screened locally, nationally, and internationally.	
World Health Organization	**Total grants: $1,419,000**
1999 ($270,000) Operations Research: To support for the period May 1999 to June 2000 the following specific activities under the RHR: (a) Safe Motherhood Newsletter 1999–2000. (b) Essential care practice guides for maternal and newborn health care. (c) Improving family and community practices for maternal-newborn health. (d) Financing of maternal and reproductive health. (e) WHO technical support to safe motherhood programs (WHO RHR).	
2000 ($260,000) Operations Research: To support for the period from May 1, 2000 to April 30, 2001 the following specific components under the WHO RHR proposal: (a) Safe Motherhood Newsletter 2000–2001. (b) IMPAC and Essential Care Practice Guides. (c) Essential Care Practice Guides community practices work. (d) Essential Care Practice Guides costing and financing components (WHO RHR).	
2002 ($189,000) Operations Research: To continue support for the period from May 1, 2002 to April 30, 2003 of the following specific components under the WHO RHR proposal: (a) Safe Motherhood Newsletter 2002–2003. (b) IMPAC and Essential Care Practice Guides. (c) Essential Care Practice Guide: community practices work. (d) Essential Care Practice Guide: costing components (WHO RHR).	
2004 ($110,000) Operations Research: To support the following products: (a) Safe Motherhood Newsletter, (b) Integrated Management Pregnancy and Childbirth, (c) Empowering individuals, families and communities to improve maternal-newborn health, and (d) Essential health technology and costing for maternal and newborn health, under the WHO Making Pregnancy Safer Initiative for the period from January 1, 2004 to December 31, 2004 (WHO RHR).	
2005 ($200,000) Tech/Information Transfer: To support the summit Meeting on Maternal Newborn and Child Health in New Delhi, India, from April 7–8, 2005 (WHO PMNCH).	
2006 ($240,000) Tech/Information Transfer: To provide country support for accelerated program delivery, provide to selected priority countries catalytic technical and financial resources as necessary for capacity strengthening at national, health systems, and community levels (countries not specified, worldwide) (WHO PMNCH)	
2007 ($150,000) Tech/Information Transfer: To strengthen national health systems (including HRH, financing and commodities, to support MNCH) in selected high high-burden countries and to align PMNCH partner resources and action (WHO PMNCH)	

World Population Foundation (WPF)	**Total grants: $810,000**
1999 ($150,000) On-Granting: To contribute towards the costs of participation of NGOs and young people from developing countries in the NGO and Youth Fora to be held immediately prior to the ICPD +5 (International Conference on Population and Development) Conference in The Hague on February 6–7, 1999.	
1999 ($115,000) Tech/Information Transfer: To support WPF's work with NGOs involved in the advancement of reproductive rights, adolescents/youth, IEC and advocacy, and reproductive health service delivery (including family planning and STDs/HIV-AIDS). Specifically, WPF will continue to make sub-grants to NGOs working at the grass-roots level, providing technical assistance and ensuring monitoring and evaluation.	
2000 ($115,000) On-Granting: To cover the period May 1, 2000 to April 30, 2001. To continue the support of the Recipient's successful program of on-granting to nongovernmental organizations (NGOs) working on small and innovative reproductive health projects. With the Grant, the Recipient will focus on three themes: adolescent reproductive health, violence against women and female genital mutilation.	
2001 ($125,000) On-Granting: To support the Recipient's program "Action-oriented South-South Exchange Program" for the period from May 1, 2001 to April 30, 2002, which builds on and strengthens the network between grass-root NGOs active in the reproductive health sector in Asia and Africa, and enhances the capacities of NGOs in planning, implementing and evaluating sexual and reproductive health programs for adolescents and women.	
2002 ($125,000) On-Granting: To support small-scale innovative local initiatives, encourage on-the-ground innovation and linkages among community groups, networking to share experiences and lessons learned, and South-South exchange among Non-Governmental Organizations (NGOs) for the period from March 1, 2002 to June 30, 2003. The 16-month Grant period responds to the request of the Recipient for purposes of programming of the project, standardizing reporting periods and audit reports.	
2004 ($100,000) Tech/Information Transfer: To support the revision and adaptation of an existing CD-ROM based sexual and reproductive health curriculum for Ugandan youth to the specific context of selected countries in Africa and South-east Asia for the "Sexual Health Promotion through Information Communications Technology (ICT) Programme" for the period from December 1, 2003 to November 30, 2004.	
2005 ($80,000) On-Granting: To enhance the immediate accountability and efficiency of NGOs working in ARH in Pakistan through external accreditation, in association with the adoption of a rights-based approach to future fund-raising proposal development.	
World YWCA	**Total grants: $50,000**
2005 ($50,000) On-Granting: To build YWCA organizational capacity in Africa to strengthen responses to the reproductive health needs of women and girls in local communities, including HIV and AIDS; and to enable women leaders working on reproductive health issues at the community level in Africa to build knowledge and networks through global conferences and events. Countries: 8 in Central, West, South and East Africa (not specified).	
Youth Development Foundation (YDF)	**Total grants: $275,000**
2000 ($50,000)[53] On-Granting: To support for the period from March 1, 2000 to April 30, 2001, the project Strengthening Grass-Roots African Organizations for the Replication and Expansion of What Works Best for Adolescents in Reproductive Health and Rights, also known as the Ghana-Cameroon Initiative. Using the experience gained in its work in Ghana, the Recipient will provide oversight and technical assistance to grass-roots organizations in Cameroon working in the field of adolescent reproductive health-building capacity in areas such as governance, financial management and reporting, networking, and information, education and communication.	
2001 ($150,000) On-Granting: To support for the period from May 1, 2001 to April 30, 2002, phase II of the Recipient's project Strengthening Grass-Roots African Organizations for the Replication and Expansion of What Works Best for Adolescents in Reproductive Health and Rights. Using the experience gained in its work in Ghana and Cameroon, the Recipient will provide oversight and technical assistance to grass-roots organizations in Cameroon, Ghana, Togo, and Burkina Faso working in the field of adolescent reproductive health-building capacity in areas such as governance, financial management and reporting, networking, and information, education and communication.	
2003 ($75,000) On-Granting: To support for the period April 1, 2003 to March 31, 2004, the Recipient's project "Strengthening Grass-Roots African Organisations for the Replication and Expansion of What Works Best for Adolescents in Reproductive Health and Rights — Phase III." The Grant will also support the Recipient's Capacity Building efforts in line with its overall plan for improved program management, resource mobilization and sustainability.	

53. From DGF Secretariat and Bulatao (2005); $115,000 is recorded in PRHCBP tallies.

Annex G. PRHCBP: Sources and Uses of Funds, FY99–FY07, US$

Annex Table 4. PRHCBP: Sources and Uses of Funds, FY99–FY07, US$ Thousands

	1999	2000	2001	2002	2003	2004	2005	2006	2007	Total
Development Grant Facility										
On-Granting	1,047	1,188	1,495	1,261	1,335	885.0	860.0	475.0	286.0	8,832.5
Operations Research	388	347	12	389	270	455.0	405.0	315.0	250.0	2,831.5
Tech/Information Transfer	665	453	492	350	395	860.0	918.5	630.0	664.0	5,427.5
External Evaluation		12					16.5			28.5
DGF Total	2,100	2,000	2,000	2,000	2,000	2,200.0	2,200	1,420.0	1,200.0	17,120.0
Program Administration										
Bank's Administrative Budget	20.0	25.0	30.0	25.0	26.0	28.3	51.2	32.1	34.2	271.8
Consultant Trust Fund									40.4	40.4
As % of Total Program Funding	0.9%	1.2%	1.5%	1.2%	1.3%	1.3%	2.3%	2.2%	5.9%	1.8%
Total	2,120.0	2,025.0	2,030.0	2,025.0	2,026.0	2,228.3	2,251.2	1,452.1	1,274.6	17,432.2

Source: Development Grant Facility, PRHCBP Tallies, and Bank's Management Information System.

Annex Table 5. DFG Allocation and Grant Tallies, FY99–FY07, US$ Thousands

FY	Official DGF Allocation (a)	Total Grants Approved and Recorded in Minutes (b)	Funds Set Aside by Review Committee, But No Record of Formal Approval (c)	Funds Unaccounted for in Minutes (a) – (b)	PRHCBP Retrospective Tallies of Grants (d)	DGF Allocation Not Used (a) – (d)	DGF Funds Used for Which No Formal Approval Is on Record (d) – (b)
FY99	2,100	2,100	0	0	1,800	300	-300
FY00	2,000	1,115	805 /1	885	2,005	-5	890
FY01	2,000	1,262	0	738	1,941	59	679
FY02	2,000	1,186	497 /2	814	1,809	191	623
FY03	2,000	1,995	0	0	1,916	84	0
FY04	2,200	1,445	0 /3	755	2,250	-50	805
FY05	2,200	1,600	0	600	2,124	76	524
FY06	1,420	1,430	0	-10	1,420	0	-10
FY07	1,200	1,200	0	0	1,200	0	0
Total	**17,120**	**13,332**	**1,302**	**3,782**	**16,465**	**655**	**3,211**

/1 Minutes record this amount as “Other allocations made, based on proposals expected.”

/2 Minutes record these as proposals placed on “hold.”

/3 A second Review Committee Meeting held in March 2004 reviewed 8 additional proposals totaling US$1.429 million, but there is no formal record of any grant approvals emanating from that meeting.

Annex H. Persons Consulted

Rodolfo Bulatao (Evaluator, The World Bank's Population and Reproductive Health Capacity Building Program, 1999–2004: An Evaluation)

PRHCBP Staff
Elizabeth Lule, Manager, AFTHV (formerly Reproductive Health Adviser and PRHCBP Manager 2002–05)
Tom Merrick, Consultant, WBIHD (formerly Population Adviser and PRHCBP Manager 1999–2002);
Rama Lakshminarayanan, UNDP (formerly Coordinator, Reproductive and Child Health, and PRHCBP Manager 2006–2007)
Sadia Afroze Chowdhury, Senior Health Specialist and current PRHCBP Manager, HDNHE (Program Manager, 2007 – present)
Janet Nassim (Senior Operations Officer, HNP-DGF Coordinator 1999–2006)
Haddas Giorgis Wordu (consultant to PRHCBP Manager)
Yvette Atkins, Senior Program Assistant and Program Administrator
Laura Coronel, Learning Analyst, HDNHE (former program administrator, PRHCBP)
Pia Axemo, Senior Health Specialist, HDNHE
Kanako Yamashita-Allen, Consultant, HDNHE
Adrien Arnoux Dozol, Junior Professional Officer, HDNHE
Anne Tinker, retired from Save the Children (formerly – in early 1990s -- Reproductive Health Adviser and Safe Motherhood Program Manager)

DGF Secretariat
Sophia Drenowski (Liaison to Health programs, DGF Secretariat)

PRHCBP Review Committee
Khama Rogo (Lead Health Sector Specialist, Africa Region, also Bank representative on IAG/SMI)
John May (Senior Population Specialist, Co-Chair Thematic group on Population and Reproductive Health)

Health Sector Board
Ok Pannenborg (Senior Adviser for HNP, Africa Region)

(Other Bank Staff)
Eduard Bos (Lead Population Specialist, HNP Anchor and monitors MDGs)
Mark Sundberg, Task manager of the Global Monitoring Report, March 2006
Barbara Burns, Author, Health Chapter of GMR 2006
Zia Qureshi, Task manager, Global Monitoring Report, 2005

Gender and Development Sector Board
Mayra Buvinic (Sector Director)
Lucia Fort (Sr. Gender Specialist; M&E Specialist; LAC Regional Representative)
Mark Blackden (Lead Specialist, Africa Regional Representative)

Mercy Tembon (Human Development/Non Regional Representative)

Civil Society Group
Yasmin Tayyab (Sr Civil Society and Partnerships Officer; Africa Region)

Bank Country Offices
Gebreselassie Okubagzhi (Sr. Health Specialist, Ethiopia)
Jean Delion (Sr. Social Development Specialist, AFTS2)
Tshiya Subayi
Anne Tinker, Save the Children, former Program Manager of Safe Motherhood Small Grants Program, World Bank

Partners/Grantees

(1) Ongranting NGOs

German Foundation for World Population (DSW)
- Joerg Maas (Executive Director – Hanover, Germany)
- Karen Hoehn (Director, European Affairs – Brussels, Belgium)
- Pamela Foster (Director, Development Programs – Uganda)

Global Fund for Women
- Nicky McIntyre (Vice President, Development and Communications) International Youth Foundation
- Sravani Ghosh Robinson – Program Manager

(2) Technology Development NGO

Program in Appropriate Technology for Health (PATH)
- Christopher Elias – Executive Director
- Jacqueline Sherris – Strategic Program Leader, Reproductive Health

(3) Grantees supported under Safe Motherhood Initiative

Family Care International NGO (supported as Secretariat of IAG/SMI)
- Ann Starrs – Vice President

World Health Organization (member of IAG/SMI)
- Dr. Paul Van Look – Director, Department of Reproductive Health and Research (member of IAG/SMI)

Partnership for Maternal, Newborn and Child Health (PMNCH) housed in WHO
- Petra ten Hoope Bender, Executive Officer, Secretariat for PMNCH; previously from
- International Planned Parenthood Federation (member of IAG/SMI but not a grantee)

Annex I. Recommendations of the Independent Evaluation and Program Response

Evaluation Recommendations	Program Response
More strategic in selecting NGOs for stronger links with Bank operations	Reach out to organizations in priority regions whose RH needs would indicate more support from PRHCBP, particularly South Asia *(Review Committee meeting, 9/05).* Through regional representatives inform relevant TTLs about the projects/grantees funded by PRHCBP in their countries, provide updates to regional representatives, inform WBI about training supported under PRHCBP *(Review Committee meeting, 11/06).*
	In light of recommendations and given reduction of grant allocation, let NGOs and CBOs seek other available funding for HIV/AIDS and keep program's primary focus of capacity building of NGOs working in family planning, reproductive health and maternal health.
More support to the supply of emergency obstetric services and to filling the knowledge gaps in relation to unsafe abortion	Grants provided to IPAS and Alan Guttmacher Institute support activities directed at unsafe abortion. The provision of emergency obstetric services is very costly, requiring sophisticated services and a functioning health system and perhaps not appropriate for small-grants support.
More operations research to assess what works	(check research as a share of total grants: 1999–2004 vs. 2005–2006)
More systematic reporting on subgrants covering substance and financing	Application guidelines have been revised so that (a) the budget will reflect the cost of implementing activities with intended outcomes (reducing scope for high, unexplained proportion for personnel and travel); and (b) justification for the administrative cost is provided (*Review Committee meeting, 11/06).* Reporting formats for interim and final reports were introduced and have been used in 2006; request for audited financial statements from applicants *(PRHCBP documentation, 2006).* The quality of proposals and of grant reports has improved as a consequence *(Program staff interviews).*
Some exchange of experience among U.S.-based NGOs	Meeting of US-based grantees on June 3, 2005 to discuss best practices, lessons and ways to improve the grant process.
More clarity and precision in the articulation of PRHCBP's mission for better dissemination	Revision of PRHCBP Web site in 2006 to include program objectives, criteria and application procedures. Further development of Web site to include tallies of grantees and activities. Decision to inform TTLs about PRHCBP grants in their countries, to link PRHCBP Web site to in-country Web sites relevant and accessible to local NGOs and CSOs and to make information available in French.
Consideration of limits and constraints of single-year grants	Introduced set minimum and maximum grant amounts at $50,000 and $250,000, respectively, to reduce managerial burden of administrating multiple small grants.
	Refinements to the functioning of the Review Committee: quorum would be Program manager and three regional representatives, two of whom should be from Africa and South Asia regions; maximum years to serve would be 3 years; declaration of any conflict of interest and refrain from decision-making in such cases; maintenance of regional diversity and continuity when appointing new members; more systematic sharing of program information and updates with committee members (*Review Committee Meeting, 9/06*).
Sources: For evaluation recommendations: Bulatao, 2005. For program response: interviews and minutes of Review Committee meetings, 2005 and 2006.	

Annex J. Response of HDNHE Management to IEG's Global Program Review

February 19, 2008

Mr. Alain Barbu
Manager
Sector, Thematic and Global Evaluation Division
Independent Evaluation Group
The World Bank

Dear Alain,

IEG Review of the Population and Reproductive Health Capacity Building Program (PRHCBP)

Thank you for the draft Global Program Review (GPR) of the Population and Reproductive Health Capacity Building Program (PRHCBP) which we have reviewed and discussed. First of all, we would like to congratulate the IEG team for conducting this review and are pleased that the IEG review has concluded that the objectives of PRHCBP are highly relevant.

As you know the Bank has unwavering commitment to Population and SRH issues embedded in the Program of Action of the International Conference on Population and Development (ICPD). The Population and Reproductive Health Capacity Building Program provides the Bank with a mechanism by which it can support innovative ways to stimulate and sustain local responses to population and reproductive health needs. The program contributes not only to critical MDGs on maternal health, child health and HIV/AIDS, but also plays a critical role in addressing gender equity. By addressing specifically the reproductive health needs of the poor and vulnerable groups, the program is well aligned with the Bank's HNP strategy.

Following are our specific comments on the report:

The report proposes that the classification of PRHCBP as a "global partnership program" be re-examined, as it is not a formally established partnership with participation of other donors; includes no steering committee with participation of external actors.

The program is unique in that it focuses on capacity building of developing country groups (NGOs/CSOs) - usually through organizations with links to country partners. Hence it is not a conventional Partnership. The program has also supported key partnerships such as the earlier Safe Motherhood Initiative and the recently launched Partnership on Maternal, Newborn and Child Health which work at both the global and country level to advance the PRH agenda. The organizations supported by the program are important partners for the Bank and often placed in a better position to address sensitive issues such as adolescent sexual and reproductive health.

In principle, we agree that from a functional point of view, PRHCBP fits better with an "institutional grant program" which awards small grants as its main activity; is totally overseen and managed within the Bank, and allocates resources on the basis of decisions of a small committee composed of Bank staff. However, this program signals the Bank seriousness about collaborating with NGOs in the field of PRH; provides us with a unique channel of communication with key partners from the NGO community; and, is highly visible within the PRH NGO community and therefore watched closely. This re-classification therefore needs to be carefully considered and could be done only if continued funding for the PRHCBP is ensured.

The report states that the absence of a well-articulated program logic and results framework diminishes the program's ability to define its strategic value added and to monitor and fine-tune its performance.

We agree that the program would benefit from reformulating the objectives, developing results framework in line with the new objectives and an M&E plan to measure the program outcomes. This is a priority for us and as planned in the Work Program, we expect to revisit the logic of this program and its goals and objectives of the program, ensuring their coherence with the HNP Strategy; develop a well articulated program logic and a M&E framework for assessing the results achieved by the program. This exercise is expected to be completed within this FY.

The report points out that the technical inputs to this program are limited, which are a direct function of the small administrative budget made available to support the program.

Given that the PRHCBP is unique in that it makes grants to multiple recipients, most of whom are relatively small grants to NGOs, monitoring and follow-up is difficult unless there is dedicated time for a person, with the appropriate experience in grant management. For the past two years (FY 2007, 2008) the Hub has had a CTF supported consultant with the necessary experience to work on this Program. However, this needs to be institutionalized, and adequate administrative budget made available for this work.

The importance of developing linkages with the Bank's country operations has also been stressed in the report.

One of the unique features of this program is to address sensitive RH issues that cannot be dealt with directly by Bank operations. However, there is considerable scope to share information with Bank TTLs on the activities being supported at the country level as well as engaging capable NGOs to participate in the policy dialogue at the national level for their inputs and contributions. As the review team had been informed, we have already widened representation from regions at the Review Committee to improve linkages with Bank's country programs. By broadening regional involvement, it is also expected that we can enlist Bank staff at the country level to provide some informal feedback on the activities being supported in-country. In addition, information on "good practice examples," "piloted innovative interventions" and "newly developed manuals and tools" supported by PRHCBP is being shared with TTLs in the relevant countries, to facilitate discussions with the NGOs and possible adoption in the projects.

We have also noted some factual inaccuracies and data errors. Our comments on those are in the attachment. Through a separate note we are also sharing with Denise Vaillancourt data on fund utilization, which have not been reflected in the review findings.

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The Global Program Review Series

The following reviews are available from IEG.

Volume #1, Issue #1: ProVention Consortium

Issue #2: Medicines for Malaria Venture

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Volume #2, Issue #1: Critical Ecosystem Partnership Fund

Issue #2: Association for the Development of Education in Africa

Issue #3: Population and Reproductive Health Capacity Building Program

Issue #4: International Land Coalition

Volume #3, Issue #1: Consultative Group to Assist the Poor

GPR

The **Population and Reproductive Health Capacity Building Program** has provided $18.3 million in grants since 1999 to develop and document cost-effective interventions to improve sexual and reproductive health, as well as to strengthen the capacity of grassroots nongovernmental organizations to carry out such interventions at the country level. IEG found that the program's objectives are highly relevant. But this alone is not sufficient to justify its continued operation in the absence of a well-articulated program design or evidence of results and in the presence of a global community that is increasingly mobilized and active in addressing the same global concerns. Although the program is managed entirely within the Bank, its administrative budget has been inadequate to efficiently manage the program, and its linkages with country operations have historically been weak. The program has taken actions to select its nongovernmental organization grantees more strategically and has expressed its intent to follow up on evaluation recommendations to articulate the program's logic more clearly and to improve monitoring of results.

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