Global Financing Facility
Results Measurement Framework (2026-2030)

BACKGROUND

The Global Financing Facility (GFF) Results Measurement Framework is the main tool for tracking and reporting on the performance of the GFF's 2026-2030 Strategy.[1] The Strategy was developed through an inclusive consultative process led by the GFF Secretariat and endorsed by the GFF Trust Fund Committee and Investors Group (1). This document lays out the purpose, structure, and components of the GFF Results Measurement Framework.

OVERVIEW

The Framework reflects the GFF's country-centered approach[2] and provides a way to assess the GFF's *contribution* to progress, while recognizing that countries lead on and own the improvements achieved. A 2025 independent evaluation confirmed the value of this contribution perspective but found that the GFF's country-focused model and integration with the World Bank make its role less visible (2). The evaluation therefore recommended the GFF improve how it measures and communicates its contributions.

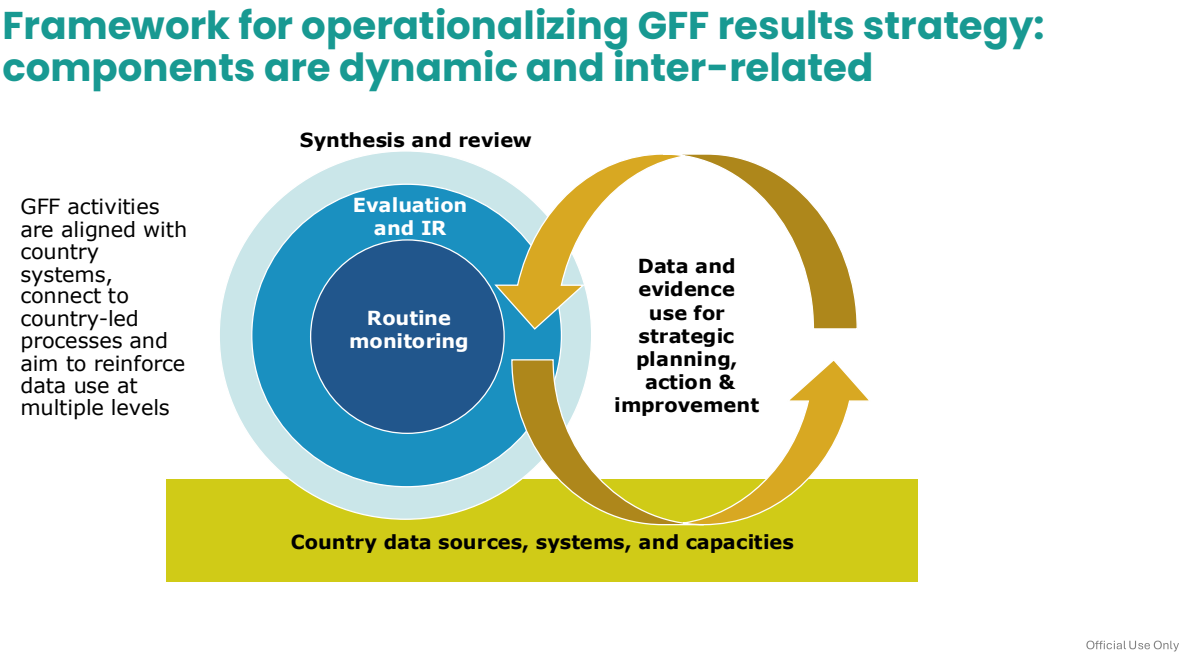
The Results Measurement Framework provides a more systematic way to assess the GFF's specific contributions to country-led results. This includes monitoring progress toward the GFF's mission to help countries expand and sustain access to affordable, high-quality primary health care (PHC), as well as the World Bank Group's goal of reaching 1.5 billion people with quality, affordable health services by 2030. Stronger results measurement is a key enabler for achieving the GFF's mission and broader vision of supporting countries to end preventable deaths among women, children, and adolescents.

[1] The GFF 2026-2030 Strategy includes three objectives: (1) mobilize more and smarter country-led health financing for integrated PHC systems, (2) accelerate progress by improving quality of service delivery and scaling sustainable access to commodities and innovations, (3) foster health system sustainability, sovereignty, and resilience. These objectives are associated with a set of priorities and four cross-cutting enablers, including strengthening results measurement.

[2] The GFF's country-focus approach helps promote sustainability of progress achieved during the investment case period. Keeping countries in the lead ensures country ownership over investment case development and implementation as well as responsibility for results.

Figure 1 presents the guiding principles of the GFF Results Strategy. These include alignment with country systems, promoting country leadership, and recognizing the links between data generation, analysis, data use, system strengthening, and country capacity building.

Figure 1: GFF Results Strategy: Strengthening country capacity for collecting, analyzing, and using evidence



The GFF Results Measurement Framework is grounded in a theory of change aligned with the World Bank Health Target Implementation Plan (3). It also draws from the common evaluation framework[3] (4) and has been updated to reflect the GFF's 2026-2030 Strategy and recommendations from the independent evaluation.

As shown in Figure 2, the theory of change identifies the inputs, activities, outputs, medium- and long-term outcomes, and impacts of GFF-supported operations, while accounting for implementation timelines. As recommended by the independent evaluation, it also provides a way to capture how GFF-supported activities contribute

[3] The common evaluation framework, or general health sector monitoring framework, was designed to monitor and evaluate both global progress and performance of country health systems and specific programs. It is premised on a theory of change that health sector inputs, such as financing and human resources, lead to measurable outputs such as services delivered and pooled financing schemes. These outputs, in turn, result in improved outcomes such as higher intervention coverage, greater financial protection, and reduced risk factors. These changes combined yield improvements in health impacts such as increased survival and well-being. Results at each step are influenced by policies as well as broader social, political, and environmental determinants of health. Boerma T, AbouZhar C, Evans D, Evans T (2014) Monitoring Intervention Coverage in the Context of Universal Health Coverage. PLOS Medicine 11(9): e1001728.

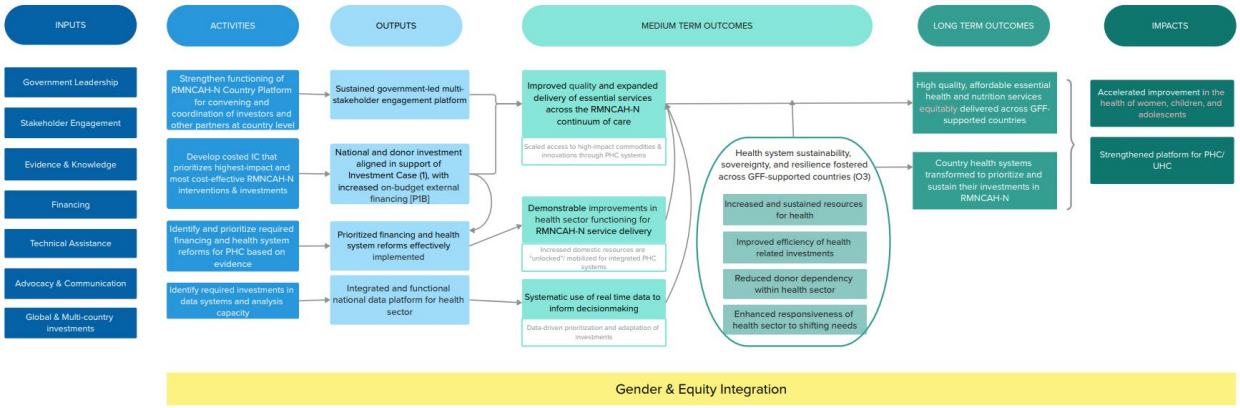
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to measurable improvements in country health and financial systems, as well as the health of women, children, and adolescents. At its core are the country-led, prioritized, and costed country investment cases and a focus on strengthening health system resilience. Gender and equity considerations are integrated across all dimensions of the theory of change, including measurement. The theory of change rests on assumptions that are asserted rather than evidenced, for example:

- That a country's platform functionality translates into meaningful policy decisions.
- That improved data use at the national level will translate into improved implementation quality.

The assumptions highlight factors that are in the GFF's sphere of influence but are outside its direct control. As noted in section 1.7 of this document, the Contribution Analysis approach uses the updated theory of change to ensure the most important pathways to change and underlying assumptions are well articulated. The full set of assumptions underpinning the GFF theory of change will be enumerated and tested as part of the Contribution Analysis approach.

Figure 2: GFF High-level Theory of Change



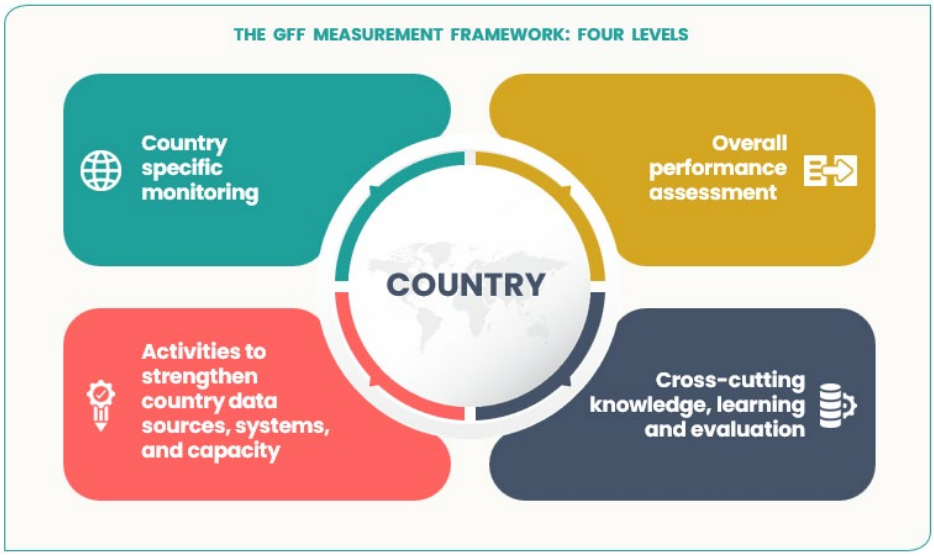
The GFF Results Measurement Framework is organized around four interconnected levels that support a holistic and flexible approach to monitoring, with countries at the center. These include:

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- **Overall performance assessment** of progress toward the GFF 2026-2030 Strategy, based on the GFF theory of change and supported by the GFF's core indicators[4]
- **Country-specific monitoring** tailored to country investment cases, prioritization processes, and country projects co-financed with the World Bank[5]
- Activities to **strengthen country data sources, systems, and capacities** to improve planning, measurement, monitoring, accountability, and cross-country knowledge sharing [6]
- **Knowledge, learning, and evaluation** activities focused on thematic areas central to the GFF Strategy and relevant across all GFF partner countries.

Figure 3 shows how these four levels complement each other while highlighting the GFF's country-centered approach.

Figure 3: Levels of the GFF Results Measurement Framework



[4] The Strategy's key performance indicators provide information on the overall impact of investment case-related activities and GFF support on women's, children's, and adolescents' health and financial systems. The indicators track progress on the GFF's mission and provide insights into conditions that facilitate and hinder progress in GFF- supported countries. These insights can inform decisions on scaling successful activities nationally and introducing similar activities in other countries.

[5] GFF technical assistance and catalytic grants are operationally linked to World Bank International Bank of Reconstruction and Development (IBRD) and International Development Association (IDA) financing. Linking GFF grants with World Bank financing in GFF-supported countries helps leverage available financing to achieve more and better results. Technical assistance will focus on achieving greater convergence between country-led alignment processes and the results monitoring agenda, including the systematic use of data analysis tools such as FASTR and RMET to drive investments through government systems.

[6] The GFF also addresses data and measurement gaps in areas central to the Strategy, including gender, equity, adolescent health and meaningful participation, integrating private sector data into country health information systems, and the alignment, quality, and efficiency of financing for primary health care.

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Partnerships: A GFF principle for promoting country success

A central principle of the GFF consistent with its country-centered approach is fostering alignment of partners with country identified priorities and working through partnerships to facilitate country-driven success. Key partners include in-country and regional technical institutions, global and regional networks such as Countdown to 2030, multilateral partners such as WHO, Unicef and UNFPA, other Global Health Initiatives such as Gavi and the Global Fund, civil society organizations, the Global Youth Platform, sovereign donors and foundations.

Roadmap on the components of the GFF Results Measurement Framework

The remainder of this paper is organized into four main sections, each focused on a level of the measurement framework. Section 1 provides an overview of the GFF's approach to assessing progress toward the GFF Strategy. It describes six types of standardized metrics: impact, outcome, health financing, commodities, gender, and key performance indicators linked to the Strategy's three main objectives. These metrics are analyzed annually across all GFF countries and provide a high-level view of performance against the GFF's twin goals of transforming country health systems to prioritize and sustain investments in women, children, and adolescents, and delivering high-quality, affordable health and nutrition services to these groups.

Section 1 also outlines the GFF's contribution analysis activities, developed in response to the recommendations from the independent evaluation.

Section 2 explains the approach to country-specific diagnostics and monitoring based on country investment cases and associated co-financed projects. Findings from this level of monitoring inform country review processes by providing evidence on factors affecting the implementation of country-tailored projects. They also identify where investment cases may need to be adjusted to improve health system performance.

Section 3 presents an overview of GFF activities to strengthen country data sources, systems, and capacities to use data for decision-making.

Section 4 provides a brief description of cross-cutting knowledge, learning, and evaluation activities on topics central to the GFF Strategy.

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SECTION 1. OVERALL PERFORMANCE ASSESSMENT: HOW IS THE GFF PROGRESSING ON ACHIEVING THE 2026-2030 STRATEGY?

This section is organized into seven sub-sections. The first presents the interrelationships among the six types of core metrics used for overall GFF performance monitoring. The second, third, and fourth describe the core metrics linked to the GFF theory of change, which are analyzed annually to assess progress toward the GFF's overarching goals of improving health financing and health outcomes across its portfolio of countries. The fifth reviews the key performance indicators (KPIs) linked to the Strategy's three main objectives. The sixth explains how gender and equity are integrated into the indicator framework and the seventh presents the GFF's contribution analysis approach.

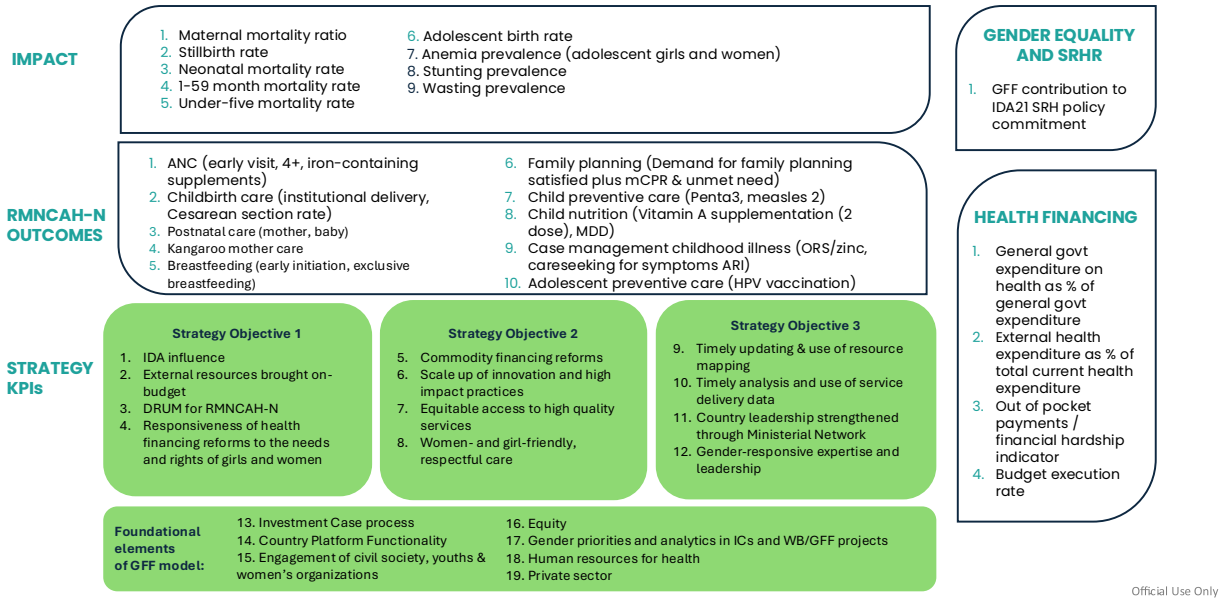
1.1 Core metrics for overall GFF performance monitoring

The GFF Measurement Framework includes a core set of metrics collected and analyzed through a standardized approach, as shown in Figure 4. These metrics enable annual assessments of progress across the full portfolio of GFF countries and allow for comparisons between countries. While the GFF model emphasizes country-led and owned processes for investment cases, regular tracking of core indicators helps assess the effectiveness of the GFF approach in improving health outcomes and strengthening health system performance, including financing, in partner countries.

The annual assessments account for the number of years of implementation as well as factors such as GFF country classification (highest burden, very high, high burden) and fragile and conflicted-affected status. More granular analysis of population groups targeted through prioritized reforms is conducted through country-specific monitoring (described in Section 2). Progress on GFF activities through the two challenge windows–the Sustainable Commodities Access Challenge Program (S-CAP), which supports sustainable financing for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N) commodities, and the Innovations Challenge program—is monitored through a separate but linked results framework.

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Figure 4: Domain areas for core indicators in the GFF Measurement Framework



A compendium of reference sheets for the impact, RMNCAH-N outcome, and health financing indicators will be developed and made available online, linked to this document. The reference sheets provide comprehensive metadata for each core indicator and align with official Sustainable Development Goal (SDG) metadata (https://unstats.un.org/sdgs/metadata/?Text=&Goal=16). They are also consistent with online toolkits developed by World Health Organization (WHO) technical advisory groups on measurement, including the Mother and Newborn Information for Tracking Outcomes and Results (https://monitor.srhr.org/), the Child Health Accountability Tracking Group, and the Global Action for Measurement of Adolescent Health (https://chat.srhr.org/).

1.2 Core GFF impact and RMNCAH-N outcome level indicators: Selection rationale and monitoring

The GFF core health impact (Table 1) and RMNCAH-N outcome indicators (Table 2) align with major global health initiatives, including the SDG framework (5), the Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030) (6), Every Woman Every Where (7), TEAMS (nutrition) (8), Child Survival Action (9), Family Planning 2030 (10), and IA2030 (11). These indicators focus on survival[7] and are

[7] The SDG and Global Strategy frameworks include survive, thrive, and transform-related elements. The GFF supports countries in early childhood development-related activities, and the Gender Strategy reflects a broader vision of improving women's (including adolescent women) lives. However, a central goal of the new Strategy remains ending preventable maternal, newborn, child, and

limited to the health sector.[8] The RMNCAH-N outcome indicators capture interventions recommended in global guidance and those proven to address the leading causes of maternal, newborn, child, or adolescent mortality.

The indicators are organized into two levels. Level 1 indicators form the core set reported annually and included on the GFF data portal. Level 2 indicators complement the core set and are recommended for countries implementing relevant projects or activities (provided as a complementary resource along with the indicator reference sheets).

The IDA21 SRH policy commitment is to provide support for SRH services through new financing in 35 additional countries. The GFF is a critical mechanism for delivering on this commitment. To measure that, the GFF will track its support to SRHR through a cascade approach: 1) # of countries in which GFF is investing in SRHR, 2) among those, # of countries in active implementation, 3) among those, # of countries actively measuring progress in delivery, and 4) among those, # of countries achieving measurable improvements in the outcomes of interest. This will be reported annually through the strategy stocktaking.

Table 1. Impact indicators for the GFF 2026-2030 Strategy

Impact level Indicator	**Continuum of care dimension/ beneficiary**	**Global goal or target; inclusion in other initiatives or recommendations**	**Equity stratifiers (pending data availability); complementary indicators**	**Data source**	**Change relative to 2021-2025 strategy? (existing or new*)**
Adolescent birth rate	Reproductive health; adolescent health	SDG 3.7.2; included in the Global Strategy core list; included in GAMA core set; core FP2030 indicator	Disaggregated by ages 15-19 and 10-14	CRVS, HH surveys, routine systems	Existing

adolescent deaths. There are also fewer standard indicators with comparable data for nurturing care and well-being, although these are included in the Level 2 set of indicators and more focused on country specific monitoring.

[8] The core indicators do not include a summary index of progress. Such indices are useful for country ranking and can provide a crude sense of trends over time toward a collective goal. However, composite summary measures are not helpful for identifying specific areas of progress or bottlenecks or for guiding country decision-making on resource allocation. The aim of the GFF Strategy is not to rank countries but to support countries in achieving feasible progress in areas they have identified as priorities for women's, children's, and adolescents' health. The measurement framework is therefore designed to maximize the usefulness of GFF monitoring activities for partner countries and to put country priorities at the center.

Impact level Indicator	Continuum of care dimension/ beneficiary	Global goal or target; inclusion in other initiatives or recommendations	Equity stratifiers (pending data availability); complementary indicators	Data source	Change relative to 2021-2025 strategy? (existing or new*)
aternal mortality ratio	Maternal health	SDG 3.1 target; Global Strategy core indicator; EWENE indicator	Subnational region; wealth quintile; adolescent mortality; woman's education (possibly from surveys, not the estimates, but confidence intervals would be very high)	CRVS, HH surveys, census, routine data	Existing
Prevalence of anemia among adolescent girls and women	Maternal health & nutritional status; adolescent health & nutritional status	Global nutrition target indicator for 2030; core GAMA indicator	By pregnancy status, by ages 15-19; childhood anemia estimates (children 6-59 months) are available	WHO global database on anemia; BRINDA project (merges national nutrition survey data and scientific studies)	New
Stillbirth rate	Newborn health	EWENE target (previously ENAP-EPMM target); Global Strategy core indicator	Intrapartum rate	CRVS, HH surveys, census	Existing
Neonatal mortality rate	Newborn health	SDG 3.2 target (indicator 3.2.2); EWENE target; Global Strategy core indicator	Wealth quintile; urban-rural; subnational region; mothers education (from surveys); sex of the child	CRVS, HH surveys, census	Existing

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Impact level Indicator	Continuum of care dimension/ beneficiary	Global goal or target; inclusion in other initiatives or recommendations	Equity stratifiers (pending data availability); complementary indicators	Data source	Change relative to 2021-2025 strategy? (existing or new*)
1-59 months mortality rate	Child health	CSA core indicator; CSA and UNICEF proposed country target of 13 deaths per 1,000 live births	Wealth quintile; urban-rural; subnational region; mother's education (from surveys); sex of the child	CRVS, HH surveys, census	New
Under-five mortality rate	Child health	SDG 3.2 target (indicator 3.2.1); Global Strategy core indicator; CHAT and CSA indicator	Wealth quintile; urban-rural; subnational region; mother's education (from surveys); sex of the child	CRVS, HH surveys	Existing
Prevalence of stunting among children under five years of age	Child health and nutrition	SDG target 2.2; indicator 2.2.1; WHA Global nutrition target; core CSA indicator/CHAT indicator	Wealth quintile; urban-rural; subnational region; mother's education (from surveys); sex of the child	HH surveys	Existing
Prevalence of wasting among children under five years of age	Child health and nutrition	SDG target 2.2; indicator 2.2.1; WHA Global nutrition target; core CSA indicator	Wealth quintile; urban-rural; subnational region; mother's education (from surveys); sex of the child	HH surveys	Existing

*Rationale for the new indicators: Prevalence of anemia is an important marker of adolescent and maternal nutritional status, with implications for newborn health among pregnant women, and is typically high in GFF countries; 1-59 month mortality is important to track because programmatic and policy responses differ substantially from those for newborn mortality and it is the other component of U5MR; One indicator-the percentage of births occurring less than 24 months after a preceding birth-was dropped due to a lack of global targets and measurement challenges.

Table 2. Core RMNCAH-N outcome indicators for the GFF 2026-2030 Strategy

Outcome level Indicator	Continuum of care dimension/ beneficiary	Global goal or target; inclusion in other initiatives or recommendations	Equity stratifiers (pending data availability); complementary indicators	Data source	Change relative to 2021-2025 strategy? (existing or new*)
Demand for family planning satisfied (modern methods)	Reproductive health	SDG 3.7.2 indicator, FP2030 core indicator; tracer indicator in the SDG 3.8.1 index	Unmet need for family planning and mCPR complementary; women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys	Existing
Early ANC visit	Maternal and newborn health (women/adolescents)	Not currently included in any global frameworks; recommended by Countdown	Women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys, HMIS	New
Antenatal care (4+ visits)	Maternal and newborn health (women/adolescents)	EWENE target; tracer indicator in the SDG 3.8.1 index	Women's age (adolescents and women 20+); women's education; wealth quintile; residence; ANC 8+ where available	HH surveys, HMIS	Existing
Receipt of iron-containing supplements during ANC (IFA, MMS, MMT, other)	Maternal health and nutrition (women/adolescents)	Considered a "process" indicator for assessing progress on addressing anemia in pregnant women (Global WHO guidance)	Women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys, HMIS	Existing
Institutional deliveries	Maternal and newborn health	Associated global target is for SBA (SDG 3.2.2)	Women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys; HMIS	Existing

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Outcome level Indicator	Continuum of care dimension/ beneficiary	Global goal or target; inclusion in other initiatives or recommendations	Equity stratifiers (pending data availability); complementary indicators	Data source	Change relative to 2021-2025 strategy? (existing or new*)
Cesarean section rate	Maternal and newborn health	No global target, recommended as a tracer indicator for access to EmONC	Women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys; HMIS	New
Postnatal care for mother	Maternal health (women/adolescents)	EWENE target	Women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys; HMIS	Existing
Postnatal care for baby	Newborn health	EWENE target	Women's age (adolescents and women 20+); women's education; wealth quintile; residence	HH surveys; HMIS	Existing
Early initiation of breastfeeding	Maternal and newborn health	EWENE target indicator	Mother's education; wealth quintile, residence; sex of the child	HH surveys	Existing
Kangaroo mother care	Newborn health	ENAP indicator	Mother's education; wealth quintile, residence; sex of the child	HH surveys	Existing
Exclusive breastfeeding among children 0-5 months	Newborn and child health	Global nutrition indicator; recommended by CSA and CHAT	Mother's education; wealth quintile, residence; sex of the child	HH surveys	Existing

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Outcome level Indicator	Continuum of care dimension/ beneficiary	Global goal or target; inclusion in other initiatives or recommendations	Equity stratifiers (pending data availability); complementary indicators	Data source	Change relative to 2021-2025 strategy? (existing or new*)
Penta3 immunization	Child health	IA2030 core indicators, included as a tracer indicator in the 3.8.1 index, tracked as one of 4 immunizations for SDG 3.b.1	Mother's education; wealth quintile; residence; sex of the child	HH surveys, HMIS	Existing
Measles immunization (2nd dose)	Child health	IA2030 core indicators, tracked as one of 4 immunizations for SDG 3.b.1	Mother's education; wealth quintile, residence; sex of the child	HH surveys, HMIS	New
Vitamin A supplementation (2 dose coverage) ***	Child health and nutrition	Not included in global frameworks, historically considered an essential nutrition intervention in priority countries with high prevalence of vitamin A deficiency	Mother's education; wealth quintile, residence; sex of the child	HH surveys, HMIS and campaign data	Existing
Minimum dietary diversity for children	Child nutrition	Included in global nutrition guidance with an emphasis on MDD portion of MAD; recommended by CHAT and CSA	Mother's education; wealth quintile, residence; sex of the child	HH surveys	New
Careseeking for symptoms of acute respiratory infection	Child health	CSA and CHAT recommended indicators; included as a tracer indicator in SDG 3.8.1	Mother's education; wealth quintile, residence; sex of the child	HH surveys	Existing
Oral rehydration solution and zinc	Child health	CSA and CHAT recommended indicators	Mother's education; wealth quintile, residence; sex of the child; can report ORS separately	HH surveys	Existing

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Outcome level Indicator	Continuum of care dimension/ beneficiary	Global goal or target; inclusion in other initiatives or recommendations	Equity stratifiers (pending data availability); complementary indicators	Data source	Change relative to 2021-2025 strategy? (existing or new*)
HPV vaccinatio n	Adolescent health	GAVI/IA2030 indicator; part of SDG 3.b on full immunization	Wealth quintile, residence, sex of the adolescent	HH surveys, HMIS	New

*Rationale for new indicators: Early antenatal (ANC) visit coverage remains low in many GFF countries and influences the total number of ANC visits received during pregnancy; the cesarean section rate is a key indicator of women's access to emergency obstetric care and overall quality of care; measles second-dose immunization is a lifesaving intervention in the second year of life and gives an indication of continuity of care for children; minimum dietary diversity is a recommended indicator of children's access to a healthy diet, which is essential for growth and development; HPV is one of the only indicators specific to the adolescent population group and is an important preventive intervention for cervical cancer. Two indicators—immediate postpartum family planning and couple-years protection—were dropped because of reliance on modeling. Unmet need for family planning and contraceptive prevalence rate using modern methods were added as complementary indicators to demand for family planning satisfied.

1.3 Core Health Financing Indicators: Selection rationale and monitoring

The four core health financing indicators (Table 3) provide information on the medium- and long-term outcomes of investments and financial reforms. This is key for monitoring progress towards the GFF goal of supporting partner country efforts to prioritize and sustain investments in the health and nutrition of women, children, and adolescent.

Table 3. Core GFF health financing indicators

Indicator	Data source	Rationale for inclusion	Change relative to 2021-2025 strategy? (Existing or new)
General government expenditure on health as percentage of general government expenditure (GGHE/GGE)	WHO Global Health Expenditure Database	Provides an indication of government prioritization of health relative to other sectors.	Existing
External Health Expenditure as percent of	WHO Global Health	Amount of expenditures originating from external sources. Highlights	New

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total health expenditure (EXT/CHE)	Expenditure Database	dependence on external funding.	
Out of pocket expenditure	WHO Global Health Expenditure Database	An important indicator of health costs incurred by households. Demonstrates the extent of financial protection in the country.	Existing
Budget execution rate	World Bank, GPRH	Provides an indication of effective government spending on delivery of services and of government financial management capacity.	Existing

1.4 Commodity-related indicators: S-CAP

S-CAP monitoring is integrated into the GFF Results Measurement Framework as it is operationalized through the GFF model. A limited set of S-CAP specific indicators will be tracked across four domains to complement the core GFF health impact, RMNCAH-N outcome, and health financing indicators. These will measure:

- **Uptake:** Number of countries accessing S-CAP over time to assess country use of the mechanism.
- **Financing:** Additional funding (in US$) mobilized for both Family Planning and Maternal, Newborn Child Health commodities across participating countries to assess domestic resource mobilization.
- **Disbursement**: Time between grant agreement signing and fund disbursement to assess how quickly countries receive support.
- **Availability:** Commodity availability at service delivery points to assess improvements in availability for clients.

The S-CAP will also collect country-specific information on individual investments as part of the GFF data cycle. These results will be summarized on the GFF data portal.

1.5 Key performance indicators to monitor GFF activities related to the three GFF strategic objectives and gender integration

The monitoring activities described above capture progress at the outcome and impact levels of the GFF theory of change. To complement these measures with a more focused assessment of the GFF's contributions, the GFF developed KPIs linked to

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the three priorities under each objective of the Strategy (Box 1, Annex 1). These process indicators help determine the extent to which GFF activities, including co-financed projects, support for policy dialogues and country platform convenings, and analytical work, are driving meaningful changes in partner countries to improve the health of women, children, and adolescents.

Box 1. GFF Priorities by Strategic Objective

1. Mobilize more and smarter country-led financing for integrated PHC systems
    - Maximize World Bank Group financing for RMNCAH-N through health and other sectors
    - Strengthen country ownership and accountability
    - Unlock additional domestic resources for health.
2. Accelerate progress by improving quality of service delivery and expanding sustainable access to commodities and innovations
    - Prioritize and tailor GFF support to countries based on burden, reform potential, and expected impact
    - Strengthen financing and health systems
    - Scale and sustain high-impact innovations.
3. Foster health system sustainability, sovereignty, and resilience
    - Enable real-time country data use
    - Equip countries to maintain delivery of essential health services
    - Promote strong country leadership.

The Strategy KPIs help identify implementation challenges and successes across countries through a mix of quantitative and qualitative data. Sources used by the GFF Secretariat to populate KPI values include country investment cases, World Bank Project Appraisal Documents (PADs), country implementation status reports, midterm reviews, evaluation reports, data shared by countries for the GFF Data Portal, other GFF-supported data activities, and publicly available data. Figure 5 illustrates the scope of information captured by the Strategy KPIs. Annex 2 presents details on the 17 KPIs.

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Figure 5: Summary of the scope and uses of the strategy KPIs

Strategy KPI- A strategy and management tool that helps guide action and improvement

WHAT THE KPIS ARE	WHAT THE KPIS ARE NOT
Summary of country progress based on documentation and evidence	Report from countries
Utility-focused perspective on progress and gaps in GFF partner country engagements, focused on how and where the GFF provides support through its strategy and support modalities	Full record of everything that countries have achieved
Way of understanding what is happening in the 'missing middle,' between the inputs at the beginning of the results chain and the outcomes and impacts at the end.	Tool for tracking inputs, health outcomes or impact.
Tailored approach that enables focus on specific reforms and strengthening actions that countries have prioritized	One-size-fits-all set of measures

The Strategy KPIs were developed using the following criteria:

- Captures changes at the country level triggered by GFF activities, such as focusing on process-type measures that reflect implementation steps beyond inputs like available resources and raw materials
- Are sensitive to change (e.g., within a one-year timeframe) following implementation of GFF activities
- Are consistent with the GFF theory of change and linked through a clear causal pathway to outcome and impact measures
- Are feasible to measure using existing reporting mechanisms and data collection processes or through reasonable efforts to strengthen them.

Assessments of the Strategy KPIs account for variation across GFF countries in the duration of investment case implementation and the introduction of country-specific health system reforms. These indicators are compound and many use a "cascade" approach. This reflects the multi-faceted nature of the underlying constructs and the need to account for differences in implementation timelines and strength across countries. Each cascade includes a series of steps representing measurable stages in activity or reform implementation. Taken together, the steps can indicate how far countries have progressed in introducing reforms or activities and where there may be bottlenecks.

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1.6 Gender and equity integration within the indicator framework

The integration of gender and equity across the GFF portfolio is one of the four enablers in the Strategy. The indicator on the GFF's contribution to the IDA21 sexual and reproductive health policy commitment (Figure 4) complements gender-related information collected through disaggregation of the core impact and RMNCAH-outcome indicators by relevant equity stratifiers, including age, sex (where appropriate), and women's education level. It also complements the gender indicators included in the Strategy KPIs.

Further information on gender and equity monitoring is provided in later sections on the Monitoring and Action for Gender and Equity (MAGE) project and the GFF revised diagnostic approach for country-specific monitoring.

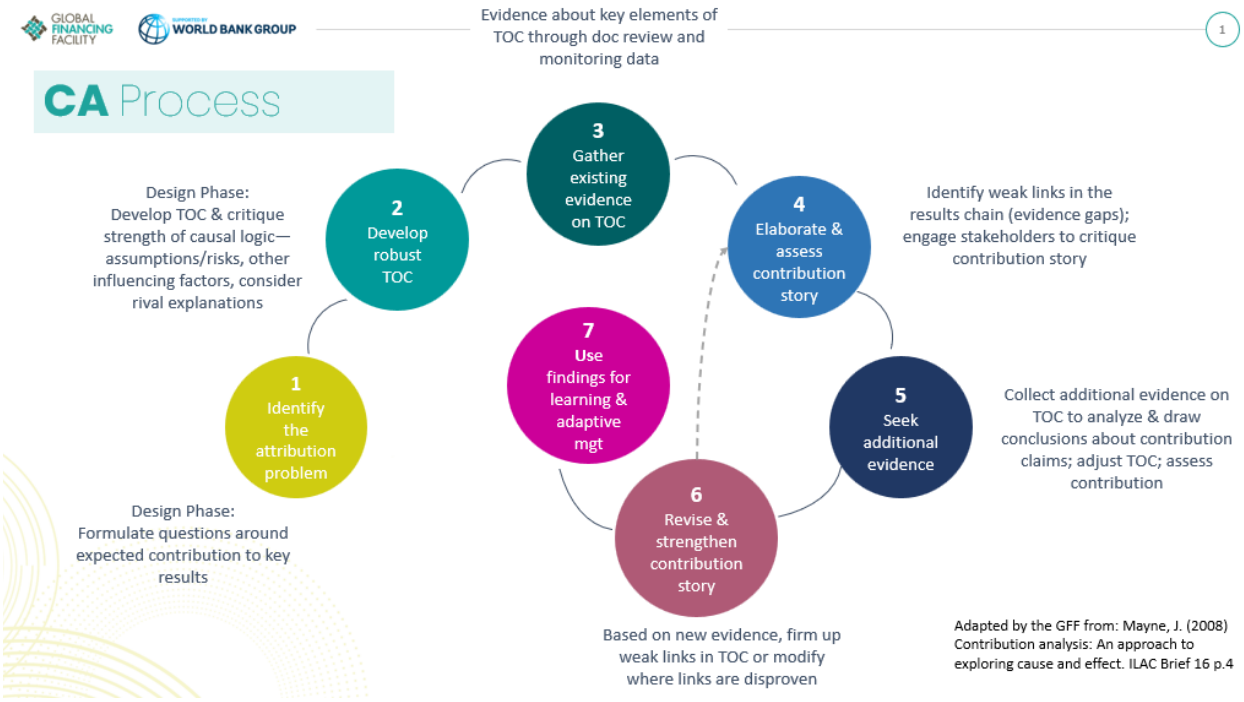
1.7 Contribution analysis: Cutting across overall, country-specific, and thematic assessments

As noted above, the independent evaluation of the GFF highlighted the need to better articulate how the GFF contributes to results in partner countries, with attention to the causal pathways that drive its value-add at the country level. With guidance from the Results Advisory Group, the GFF developed a contribution analysis (CA)[9] approach to systematically assess its role in improving the health and well-being of women, children, and adolescents. Figure 6 outlines the steps in the CA approach and shows how it enables identification of GFF added value, as well as ongoing learning and mid-course correction where needed.

[9] CA aims to draw credible conclusions about *whether*, *to what extent*, and *how* a program or package of interventions influenced change in an outcome. It is grounded in a strong theory of change (TOC) and follows a structured, iterative, and replicable process that gathers and analyzes evidence about the TOC to develop a plausible explanation of influence (e.g., the role of an organization in producing measurable changes in an outcome).

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Figure 6: Steps in the Contribution Analysis (CA) process



Much of the evidence supporting the GFF CA will come from routine country monitoring of investment cases and GFF activities, complemented by periodic independent reviews, evaluations, and stakeholder interviews as needed. The CA will draw on GFF country engagement frameworks and strategy reviews, analyses of core indicators and KPIs, strategy stocktaking exercises, and portfolio reviews to capture intermediate outcomes along pathways of change. Ongoing analysis and use of data within the Secretariat and at country level will also generate insights, particularly on the implementation of the GFF's support modalities and the results they contribute to. Additional quantitative and qualitative data will be collected on a targeted basis only to address critical information gaps.

The outputs of the CA are intended to enhance the effectiveness and efficiency of the GFF model in improving the health of women, children and adolescents. They will be used to generate new knowledge, boost learning within and across GFF-supported countries, identify best practices for replication in other settings, and inform timely adaptations and course corrections. CA outputs will also strengthen GFF accountability to partner countries, donors, and governance bodies. The CA

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framework and its outputs will be key inputs for the next independent evaluation of the GFF. Table 4 outlines actions the GFF will take under each of the five CA criteria.

Table 4: Practical steps the GFF will take to advance the five criteria in the CA

Elements needed to meet key CA criterion	**Practical actions by the GFF**
(a) Strong Theory of Change (TOC)	- Use the updated TOC for the new GFF Strategy (Figure 2) to ensure the most important pathways to change and underlying assumptions are well articulated. - Ensure that well developed, up-to-date country engagement frameworks and related TOCs are in place for each GFF partner country. These should document: (1) the rationale for investment in different activities and interventions (RETF and BETF), (2) the expected short-, medium-, and long-term outcomes, and 3) feasible indicators to track these outcomes.
(b) Activities implemented according to plan	- Document not only what is in Investment Cases, Project Appraisal Documents and technical assistance plans, but also how implementation compares to what was planned. The Strategy KPIs provide a structured and systematic way to track what is actually implemented in areas prioritized by the GFF Strategy, which are also the focus of GFF investments. - Track core country engagement implementation processes, outputs, and associated outcomes at country level. - Establish a simple process within the GFF Secretariat to document reasons for changes to implementation plans to better distinguish between evidence-based adaptations intended to improve outcomes versus lack of fidelity to plans. - Strengthen documentation and monitoring of TA and capacity-building efforts, ensuring these are reflected in country engagement frameworks. This includes better documenting the rationale for TA investments, intended outputs or outcomes, how the TA is implemented, and whether intended outputs or outcomes are achieved.

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	- Conduct regular internal portfolio reviews with clear documentation of how GFF inputs and activities are implemented and what difference they are making.
(c) Evidence on achievement of key outcomes	- Use the updated indicators for the new Strategy to systematically track progress and to assess achievement of outcomes within and across countries. - Support countries in clearly defining and consistently measuring outcome indicators in their ICs and co-financed projects, based on standard definitions and existing normative guidance. Provide TA to help address evidence gaps and support countries in tracking achievement of outcomes during implementation. - Integrate regular tracking of impact and outcome measures within a broader approach to monitoring progress across the full results chain.
(d) Evidence on external influencing factors	- Account for key external factors in the contribution analysis, clearly describing their role and effects on the intended change processes. These include other sources of financing, activities supported by other partners, and key contextual factors that may influence the outcomes of interest.
(e) Evidence on alternative explanations	- Account for how other financing streams, activities, and contextual factors may influence the same outcomes and relate to the GFF's contribution. This includes domestic resource investments as well as investments from external financiers. The GFF's Resource Mapping work program and new instruments, such as the Joint Financing Framework, help quantify the extent of other financing supporting country investment cases and co-financed projects. - Identify alternative explanations during refinement of TOCs that may account for observed results. - Develop contribution stories that use evidence to refute or confirm alternative explanations.

1.8 Reporting on overall GFF performance

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For transparency, accountability, and learning, the GFF will report regularly on its overall performance using the indicators and measurement approaches described in this section. Reporting will take place through three main channels: the annual Strategy stocktaking conducted with the Investors Group and Trust Fund Committee, the GFF Annual Report, and the GFF data portal.

The data portal is a public, web-based resource where the GFF shares results on progress for all indicators covered in this section, along with country-specific indicators and cross-cutting analyses on key thematic topics. The portal is available at: data.gffportal.org.

SECTION 2. COUNTRY SPECIFIC MONITORING TAILORED TO INVESTMENT CASES AND CO-FINANCED PROJECTS

Central to the GFF model is the recognition that there is no one-size-fits-all approach to progress, given variations in health systems and in the epidemiological, demographic, economic, and political conditions across GFF-supported countries. These factors shape areas of GFF investment and engagement. Countries lead the development, implementation, and regular review of investment cases tailored to their specific needs and contexts.

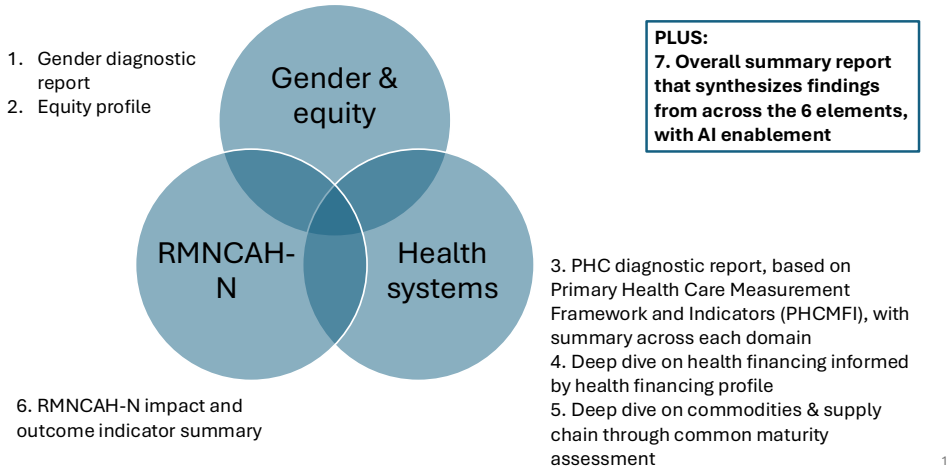
The GFF provides extensive guidance on how to prepare investment cases and their associated monitoring frameworks, as well as technical support to countries on collecting, analyzing and using data to track implementation. It also prepares investment summaries for each partner country, which include indicators used to assess the value-add of GFF-supported activities, co-financed projects, and reforms being implemented.

As part of the 2026-2030 Strategy, the GFF will conduct diagnostics to inform each country engagement. A diagnostic is a systematic process of assessment, analysis, and interpretation used to identify gaps and challenges that need to be addressed to improve health systems for women, children and adolescents. The diagnostics will cover three interrelated domains: (1) gender and equity, (2) health systems, and (3) RMNCAH-N. The first two domains focus on identifying the most critical inequalities, barriers and bottlenecks affecting these health systems, taking into account specific gaps along the RMNCAH-N continuum identified through the third domain. The third domain will also intentionally examine the role of the private sector—for example, data sharing from private sector facilities, commodities and supply chain issues,

provision of essential RMNCAH-N services, and coordination between the public and private sectors.

As summarized in Figure 7, the diagnostic process produces six element-specific outputs across the three interrelated domains, plus an overall summary report that synthesizes findings and recommends priority areas for action.

Figure 7: Specific outputs of the diagnostic process



A summary data pack of the diagnostic evidence will be shared with GFF partner countries to support country-specific use cases, such as the development of strategies, investment cases, and projects, as well as prioritization within regular planning and budgeting processes. The synthesized findings from the three interrelated domains will also provide the data and evidence base for the development of Advisory Notes. The Advisory Note is an internal World Bank/GFF document that defines GFF priorities for engagement and investment and supports alignment across workstreams on these priorities.

Box 2 provides more information on the gender diagnostic and how it contributes to the overall process across the three interrelated dimensions.

Box 2: GFF Gender Diagnostics

Gender diagnostics are designed as a rapid, practical, and policy-relevant product for World Bank and GFF teams supporting specific countries. They help enable gender-responsive prioritization in strategies, investment cases, projects,

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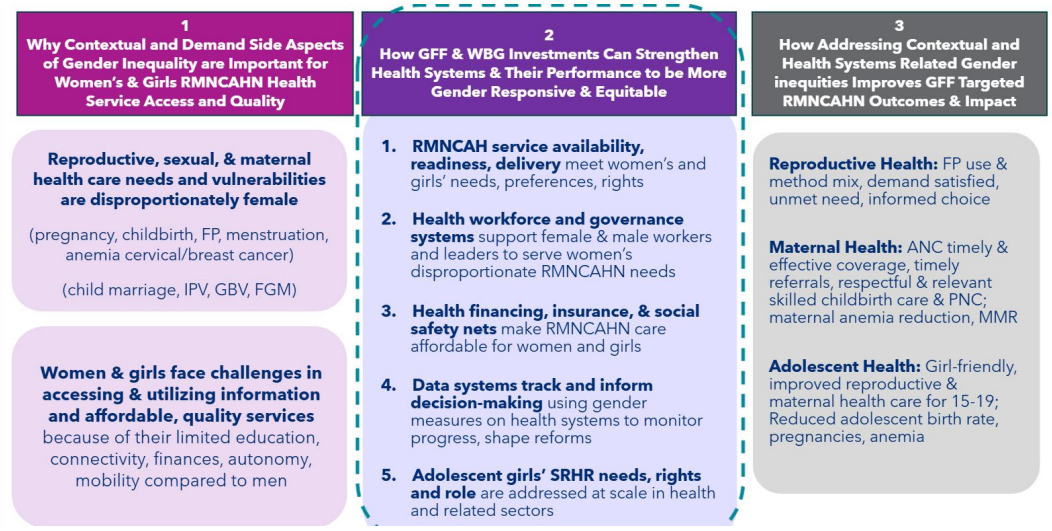
and GFF Advisory Notes by synthesizing the best available evidence on how gender inequalities affect RMNCAH-N service access, quality, health system performance, and outcomes.

The diagnostic is organized around a core question: In what ways do women's and girls' biological needs for reproductive and maternal health and broader social and systems-level gender inequalities (a) disadvantage them as patients, providers, and leaders in RMNCAH-N health systems, including access, care, quality, entitlements, and influence, and (b) undermine reproductive and maternal health outcomes?

The gender diagnostics translate this question into a structured country profile, bringing together available data across three linked areas (see Figure 8): (1) contextual and demand-side dimensions of gender inequality, (2) gender-related health system performance, and (3) RMNCAH-N outcomes and impact.

The aim is not to provide a comprehensive gender assessment, but rather a concise diagnostic that highlights priority constraints, identifies policy-relevant signals, and points to areas where action could improve both gender equality and health outcomes.

Figure 8: Framework For Shaping Gender Diagnostics



The diagnostics primarily draw on quantitative indicators, complemented by selected qualitative, policy, and systems indicators where available, using consistent, quality-assured data sources across countries such as household

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surveys, health facility assessments, and routine and administrative data. Together, these sources support analysis across context, health system performance, and RMNCAH-N outcomes.

The approach is intentionally standardized but flexible and includes interpretation. Diagnostics use a common framework and core indicator logic across countries while allowing the indicator set to reflect the best available country data. This flexibility is important because the specific indicators, years, and levels of disaggregation often vary by country, survey round, and data source.

Operationally, the diagnostics are designed as a phased product. The immediate output is a standard country gender diagnostic packet: a concise synthesis highlighting priority gender constraints, trends, and rural–urban and other equity gaps. Where there is demand, this packet can also be used as an entry point for deeper thematic analysis on selected priorities, including potential recommendations for RMNCAH-N investments.

Overall, the diagnostics are intended to make gender analysis more operational and usable for informing RMNCAH-N investments. By organizing available evidence across context, health system performance, and outcomes, they help GFF and World Bank Group task teams identify priority gender-related constraints and potential entry points for action within existing investment and policy processes.

SECTION 3. STRENGTHENING COUNTRY DATA SOURCES, SYSTEMS, AND CAPACITIES TO IMPROVE COUNTRY PLANNING, MONITORING, AND ACCOUNTABILITY

Central to the GFF Strategy is boosting country capacity to collect, analyze, monitor, and use their own data for decision-making. In the long term, improved analytical capacity will enhance the sustainability of gains from GFF-supported activities and investments by fostering stronger cultures of data use and evidence-based decision-making. High-quality country data will also improve monitoring of progress on country strategies, investment cases, and projects, as well as overall GFF performance. Strengthening country capacity to collect, analyze, monitor and use their own data for decision-making is especially important in context of declining external financing for large household surveys and other data-related investments. Amongst other purposes, large-scale household surveys are important for assessing

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impact and outcome indicators. Where relevant, countries can use GFF Recipient Executed Trust Fund (RETF) resources in projects co-financed with IDA for financing in-person household surveys. The GFF has also invested in strengthening rapid cycle analytics and data use through Frequent Assessments and Systems Tools for Resilience (FASTR). As articulated below, FASTR helps countries to optimize use of routine data sources and complement them with phone surveys of health facilities and households. Through FASTR and the GFF partnership with Countdown to 2030, the GFF provides support to help countries estimate levels and trends in coverage of RMNCAH-N services each year using all available data sources, including data generated on an ongoing basis through routine systems. This support includes building country capacity to assess and address data quality issues.

The GFF also invests in strengthening routine country health information systems, with a primary focus on civil registration and vital statistics systems (CRVS), health management information systems (HMIS), maternal and perinatal death surveillance and response (MPDSR) systems, and health financing systems, including resource mapping and expenditure tracking.

In addition, the GFF works through partnerships to improve country capacity in three priority areas aligned with the Strategy:

1. Rapid cycle analytics and data use, through FASTR
2. Gender-response monitoring, through MAGE
3. RMNCAH-N coverage and equity analysis, through Countdown to 2030.

FASTR: Strengthening rapid cycle analytics and data use

The GFF's FASTR rapid-cycle analytics and data use initiative supports countries with timely, rigorous, and low-cost approaches to monitoring primary health care while strengthening underlying country capacity and data systems. The indicators and tools used in FASTR align with the Primary Health Care Measurement Framework and Indicators (PHCMFI) and technical standards set by the WHO and UNICEF.

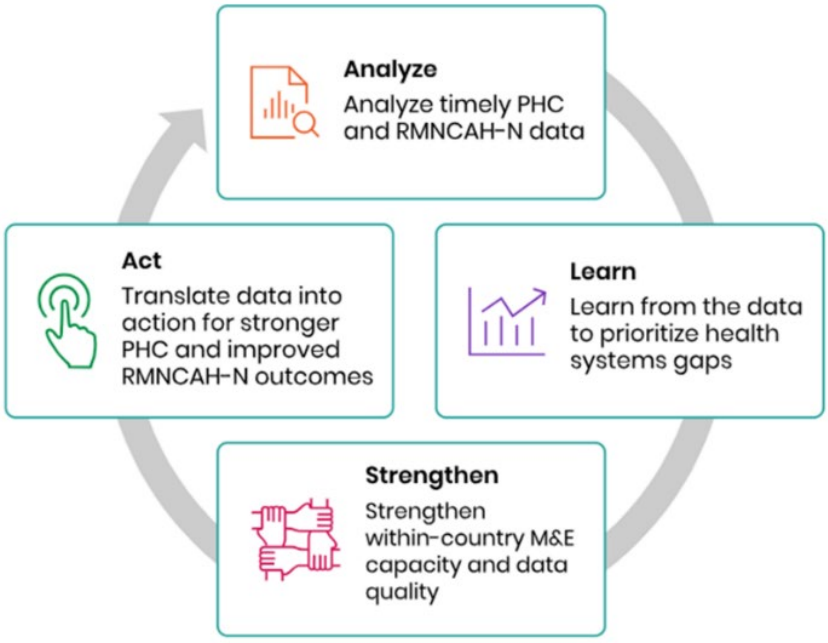
FASTR generates high-quality data based on country priorities and data use needs. It is supported by four technical approaches: (1) rapid-cycle monitoring of administrative data sources; (2) longitudinal surveys of health facilities and community health worker via phone, (3) high-frequency household and client exit surveys and (4) targeted follow-on analyses, such as a longitudinal root-cause

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analysis to diagnose stock outs and inform corrective action. All approaches are modular, demand driven, and customized to country contexts and initiatives.

Using a collaborative, country-led approach, learning and capacity-building activities are conducted alongside data generation to promote the use of data for developing and adjusting programs and policies. FASTR's web-based, open source, and AI-enabled analytics platform supports this by allowing countries to conduct analyses across multiple data sources in a decentralized and institutionalized way. This continuous cycle of analyze-learn-strengthen-act aims to improve the systematic use of data for decision-making and, ultimately, RMNCAH-N outcomes at the country level (Figure 9). Under the new Strategy, the GFF is exploring how the platform could be used to enhance diagnostics, portfolio reviews, and the GFF data portal.

Figure 9: Analyze-learn-strengthen-act approach to support data for decision making



MAGE: Strengthening gender-responsive monitoring

Monitoring and Action for Gender and Equity (MAGE) (https://www.mageproject.org/) is a partnership between the GFF and Johns Hopkins University that strengthens data, measurement, and evidence for gender integration and results within GFF-supported investments. It has four key objectives:

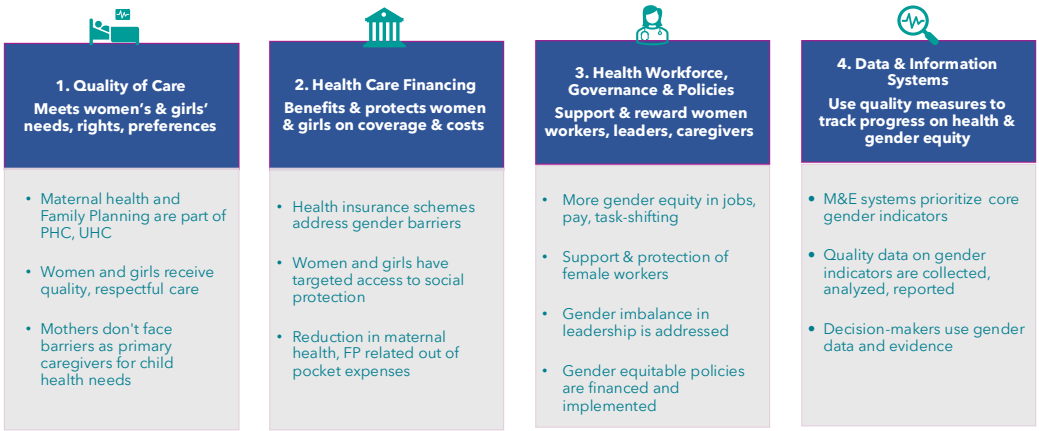
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1. Enhancing the GFF's Strategy, systems, capacity, and results on gender and RMNCAH-N.
2. Developing gender measurement capacity and results in GFF-supported countries, including regionally in Africa and Asia.
3. Advancing measurement, evidence, and results on improving adolescent girls' health and rights at scale.
4. Expanding and innovating on gender and RMNCAH-N data and evidence as a public good.

MAGE focuses on integrating gender across all dimensions of the GFF Strategy and strengthening country-level monitoring and data use. It works with governments, GFF teams, and partners to improve the availability and use of sex- and age-disaggregated indicators, including measures of women's experience of quality and respectful care, access to financial protection, and women's participation and leadership in the health workforce. Through targeted analytics, implementation research, and capacity building, MAGE supports countries in identifying gender gaps, tracking reform implementation, and assessing progress in closing those gaps.

The MAGE four-pillar framework shown in Figure 10 makes gender measurement an integral part of the GFF's support for systems-level reforms in primary health care. The pillars align with the GFF strategic objectives to catalyze country-led financing, accelerate impact at scale, and strengthen resilient, sustainable systems, and well as the corresponding gender KPIs (KPIs 4, 8, and 12).

Figure 10: The Four Pillar Framework to Prioritize Gender Equality in GFF-Supported Health Systems Reforms



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Countdown to 2030: Strengthening country analytical capacity for the health of women, children, and adolescents

Countdown to 2030 (https://www.countdown2030.org/) is a global collaboration of academic institutions, international agencies, and civil society that generates evidence to improve the health of women, children, and adolescents in low- and middle-income countries. In addition to global and regional monitoring and measurement, Countdown works with national public health institutions and ministries of health in GFF-supported countries to assess progress on programs and investment cases and to strengthen analytical capacity. These collaborations have been established in more than 26 GFF partner countries in Africa and South Asia.

Through the Countdown-GFF partnership, an annual workshop with GFF partner countries in Africa, along with ongoing support to Ministries of Health from local public health institutions and regional and global partners, helps build country team capacity. This enables teams to better assess the quality of routine RMNCAH-N data, analyze trends in coverage and equity, including gender equity, examine health system performance, and produce rigorous progress assessments of the health of women, children and adolescent. The collaborations also generate additional analyses on specific RMNCAH-N topics in response to Ministry of Health requests.

SECTION 4. CROSS-CUTTING KNOWLEDGE, LEARNING, AND EVALUATION

Achieving significant improvements in the health of women, children and adolescents, and delivering on the GFF Strategy, requires attention to the full RMNCAH-N continuum of care as well as to the different parts of the health system needed to improve outcomes. The GFF undertakes sub-national analyses across its portfolio of countries, including on gender and other dimensions of equity, covering key thematic areas along the continuum—maternal, newborn, and child health; nutrition; and sexual and reproductive health and rights. Descriptions of these thematic areas and the latest analytical results are available on the GFF data portal's key themes pages (https://data.gffportal.org/key-themes).

The data portal also includes a PHC Collaborative Data Hub, which serves as a central resource for data and information about PHC performance. It is organized around the Primary Health Care Measurement Framework and Indicators (PHCMFI) and draws on data sources developed by the WHO, UNICEF, the World Bank, and other partners.

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The Hub integrates quantitative and qualitative evidence by PHCMFI domain and subdomain. Sources include the WHO Global Health Observatory and Health Equity Assessment Toolkit (HEAT) for service coverage and equity disaggregation; World Bank indicators on health financing and social determinants; GFF routine country monitoring data; the Primary Health Care Performance Initiative (PHCPI) Vital Signs Profile assessments, which provides structured qualitative assessments of PHC system performance; Service Provision Assessment (SPA) and Service Delivery Indicators (SDI); and outputs from FASTR.

Under the new GFF Strategy, the Hub will play a central role in the country diagnostic process. Together with FASTR, it will serve as a primary input to the PHC diagnostic report, which informs Advisory Notes and investment case design.

A 2026 redesign introduces several enhancements, including auto-refreshing data pipelines from WHO and World Bank APIs, country-centered navigation by PHCMFI domain, integration of qualitative evidence from PHCPI Vital Signs Profiles, and a data query interface for cross-country analysis. The redesign positions the Hub as a core resource for the country diagnostic processes, country platform dialogue on PHC reforms, and cross-country learning across the GFF portfolio.

A new section will be added to the GFF data portal as a key resource within and outside the World Bank on the replication at scale of six RMNCAH-N solutions in the World Bank Health Target Implementation Plan. These solutions will be delivered through digitally enabled primary health care platforms that span the RMNACH-N continuum of care:

(1) Universal syphilis screening and treatment as part of a quality antenatal care package;
(2) The Safer Births Bundle of Care to reduce stillbirths and improve intrapartum care for women and newborns;
(3) Scaled care for small and sick newborns, including Kangaroo Mother Care;
(4) A bundle of low-cost, highly-effective nutrition solutions in the first two years of life;
(5) Digital integrated management of newborn and childhood illnesses (IMNCI); and
(6) Cervical cancer prevention through HPV vaccination, with screening and early treatment.

Progress in scaling up these interventions will be monitored through the cross-cutting knowledge, learning, and evaluation component of the GFF Results

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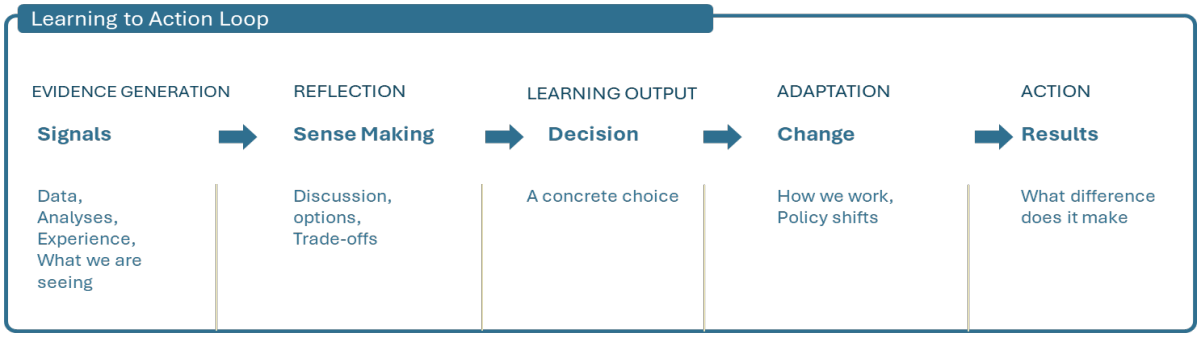
Measurement Framework. Information about the Innovations Challenge Program launched as part of the GFF Strategy (2026-2030)[10] will also be added to the data portal.

Evidence to Action (E2A): Translating Learning into Action for Health System Strengthening for RMNCAH-N

E2A is a GFF learning and decision-support initiative that translates evidence, implementation experience, technical expertise and tacit knowledge into practical insights for health system strengthening for RMNCAH-N.

At the center of E2A is a learning-to-action loop that provides a light, structured way to turn signals and sensemaking into timely decisions, practical adaptations, and reusable learning. It focuses attention on the questions that matter for action: what is changing, why it is changing, what is enabling or constraining progress, and what this means for future decisions.

Figure 11: The E2A learning-to-action loop: turning signals and sensemaking into timely decisions, practical adaptations and usable learning



By linking these insights to specific decision windows, E2A helps the GFF and partner countries use existing evidence and emerging learning to improve performance, adapt approaches, test solutions, identify what may be adapted, replicated, or scaled, and guide future investments.

Implementation research and evaluation strategy

Through its Implementation Research and Evaluation (IR&E) Strategy, the GFF aims to: (1) support countries to strengthen their own IR&E processes and systems for generating and using evidence, (2) advance a country-led learning and

[10] The GFF Innovations for Service Delivery Challenge is a strategic funding mechanism aimed at replicating and scaling proven, high impact innovations to better reach women, children, and adolescents with high quality services.

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improvement agenda for RMNCAH-N, and (3) enhance country accountability for achievement of measurable results.

A key focus of the 2026-2030 Strategy is closing knowledge gaps in adolescent health and well-being, including sexual and reproductive health and rights (SRHR). Adolescents are often not adequately captured by routine systems in many countries, creating the need for new and improved approaches to reaching and serving them effectively. To address this, the GFF, together with the World Bank's Development Economics Research Group and with support from the Botnar Foundation, implements the Adolescent Learning, Action and Benchmarking (ADLAB) initiative. Linked to this is a new African Adolescents Bolstered through Local Evidence initiative, supported in partnership with the International Development Research Center. Together with Botnar Foundation and IDRC, the GFF is increasing resources for generating and using data and evidence to strengthen adolescent health and well-being, including SRHR.

Consistent with the previous GFF Strategy, an independent evaluation will be conducted to assess GFF results and value added during the 2026-2030 Strategy period, including identifying best practices for scale-up and areas for improvement. If needed, the GFF may do a mid-term review to assess progress and determine whether the Strategy needs to be adjusted. The GFF will work with the Results Advisory Group, Investors Group, and Trust Fund Committee on what specific evaluation questions should be prioritized, when and how, over the course of the 2026-2030 strategy.

The GFF will also continue to support countries in carrying out investment case evaluations to assess impact and identify key enabling factors and implementation challenges that can be shared across countries. A metareview of these evaluations will be conducted to distill what has and has not worked during project implementation as part of ongoing efforts to strengthen the GFF model.

CONCLUSION

This document presents the four components of the measurement approach for monitoring progress on the GFF 2026-2030 Strategy. These components allow for two levels of monitoring: (1) an overall picture of progress across the full portfolio of countries toward achieving the GFF's vision, and (2) country-specific progress

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against priorities identified in country investment cases and associated co-financed projects.

The components also detail how the GFF advances knowledge, learning, and evaluation as well as supports the development of country information systems and capacity to collect, analyze, interpret, and use data. Strengthening data systems and fostering a culture of data use for decision-making is critical to improving the sustainability of current and future investments in RMNCAH-N in priority countries.

The GFF model is iterative and driven by country needs. The measurement strategy therefore also retains flexibility, with refinements to core and country-specific indicators made as needed based on changes in the evidence base, advances in measurement, evolving country priorities, and co-financed country projects.

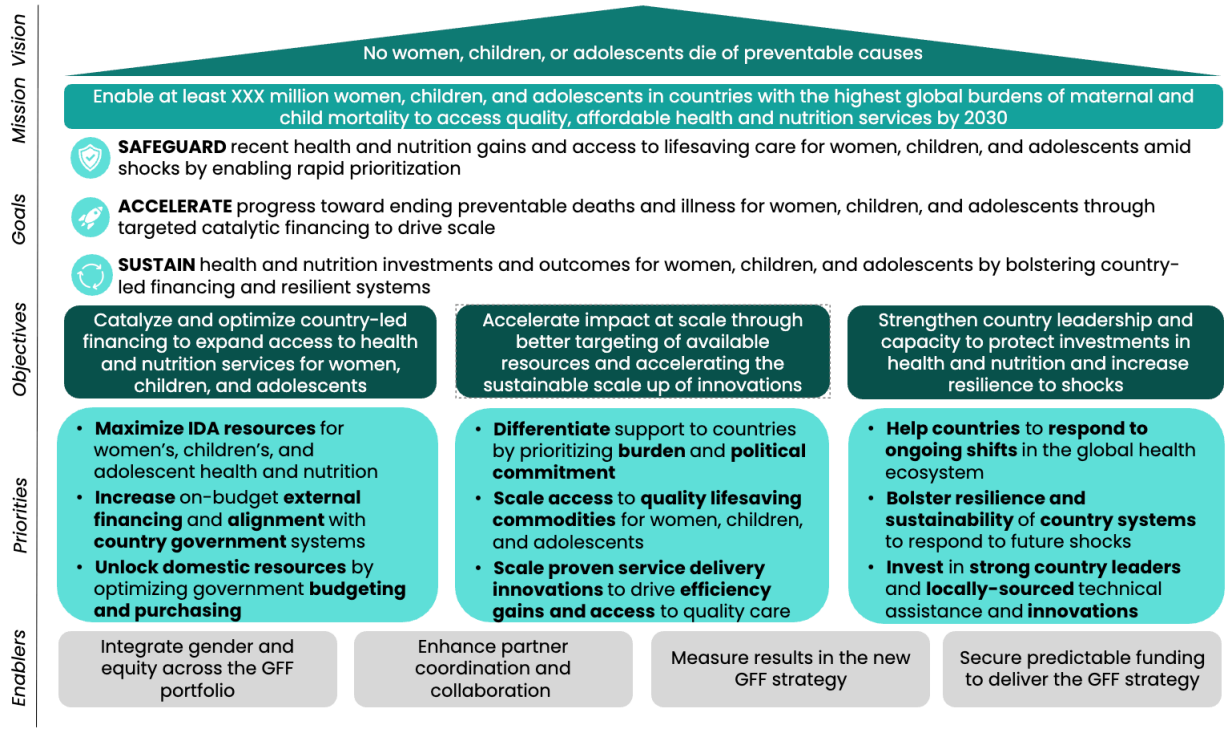
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ANNEX 1. FRAMEWORK FOR THE GFF STRATEGY (2026-2030)



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ANNEX 2: KEY PERFORMANCE INDICATIONS, GFF STRATEGY 2026-2030

KPI area	Indicator definition and measurement approach	Denom-inator	Notes
Objective 1: Mobilize more and smarter country-led health financing for integrated PHC systems that prioritize women, children, and adolescents			
#1 **IDA influence**	Number of partner countries with a new WB/GFF co-financed project in the past year demonstrating an increasing IDA allocation to RMNCAH-N	All partner countries with a new WB/GFF co-financed project approved by the Board in the past year	• Indicator values to be reported as both number and % of countries demonstrating an increasing IDA allocation to RMNCAH-N. This is important in contexts where volume and percentage share could potentially move in different directions in the same year (e.g., an increasing volume but a decreasing share, if the total volume of IDA changes significantly over time). • The IDA allocation to RMNCAH-N in Board-approved projects will be determined through the methodology described in this note on the GFF data portal. • Whether the % (and volume) of IDA allocated to RMNCAH-N increased will be determined by comparing the % (and volume) of IDA allocated to RMNCAH-N in the most recent Board-approved co-financed project to previous projects in the same country • Data will be analyzed by the GFF Secretariat annually, based on OPCS coding and reporting system
#2 **External resources brought on budget**	Number of partner countries with external resources brought on budget in the past year through the Joint Financing Framework (JFF) or other means, with tracking of number of sources and total volume	All partner countries with a new WB/GFF co-financed project approved	• Indicator values to be reported as both number and % of countries bringing external resources on budget in the past year • In order to track this indicator, the GFF will monitor how many countries use the JFF or other means to bring external resources on budget. 'Other means'

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		in the past year	includes working with external financiers to channel their resources into a pooled fund that brings resources on budget. • We will also track and report on whether TA resources are pooled • Tracking will be done through the CES workspace, with verification from the Health Financing team
#3 **DRUM for RMNCAH-N**	% of countries meeting each of the following criteria, tracked as an index scored 0-3: A) WB/GFF co-financed projects are used as a concrete mechanism to advance DRUM for RMNCAH-N B) Using GFF supported TA such as PFM advisory services and health financing analytics to improve the availability and efficient use of resources for RMNCAH-N C) GFF supported CSOs and Youth Led Organizations increase their level of engagement in supporting advocacy on DRUM for women, children, and adolescent health	All GFF partner countries	• DRUM for RMNCAH-N to be defined by set menu of options developed by Health Financing team. • GFF supported health financing analytics include RMET, HF profiles, and equity diagnostics • Tracking will be done through the CES workspace, with verification from the Health Financing team
#4 **Responsive-ness of health financing reforms to women's and girls' needs and rights**	% of countries meeting each of the following criteria, tracked as a cascade: A) Prioritized one or more strategies in their co-financed project to address gender inequality through RMNCAH-N related health financing interventions/reforms B) Measurement approach in place to track implementation	All GFF countries with WB/GFF co-financed project	• Measures gender integration in strategic objective 1. • Gender equality issues in health financing reforms to be defined by set menu of options provided by Health Financing and MAGE teams. Simple gender tagging in a WB/GFF project will not count. • Implementation defined as project activities underway by the client with WB/GFF Recipient Executed Trust Fund resources. • Measurement of progress defined as having one or more gender indicators

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	C) Begun implementing the strategy(ies) with GFF support D) Demonstrated measurable progress toward closing the gaps		that are explicitly defined and used to track progress • Tracking will be done through the CES workspace, with verification from the Health Financing and MAGE teams
Objective 2: Accelerate progress on RMNCAH-N indicators by improving quality of service delivery and scaling sustainable access to proven commodities and innovations			
#5 **Commodity financing reforms**	% of countries increasing national expenditure on FP, MNCH and nutrition commodities	Countries participating in Commodity Challenge Fund	• Detailed criteria will be developed to track this indicator, given that significant variation in how countries structure their budgets makes it very difficult to follow the same approach across all countries. • The GFF will work with technical partners and the Results Advisory Group to develop the measurement criteria.
#6 **Scale up of innovation and high impact practices**	% of countries meeting each of the following criteria, tracked as a cascade A) Prioritized a specific innovation or high impact practice in the WB/GFF project to address a clearly defined problem related to meeting the health and nutrition needs of women, children and adolescents B) Begun implementing the innovation or high impact practice with GFF support C) Implementation has reached a level of scale where the intervention is available as a regular part routine systems, and not only as a pilot	All GFF countries with finalized IC	• A menu of options based on specific criteria will be developed to determine what counts as an innovation or high impact practice. This includes but is not limited to commodity access innovations • Detailed criteria will also be developed to determine what counts as meeting the level of scale intended under criterion 'c'. Implementation as a pilot will not count. The intervention must be widely available as a regular part of routine systems. • Some of the steps only apply to countries that have reached a certain stage of implementation maturity; this will be explicitly noted in the reporting • Resources from GFF/World Bank (co-financed projects, TA) to support the innovation or high impact practice will be tracked for management purposes • Tracking will be done through the CES workspace, with verification from the RMNCAH-N & Gender workstream

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#7 **Equitable access to high quality services**	% of countries meeting each of the following criteria, tracked as a cascade A) Prioritized strategy(ies) in the project and/or the IC for improving equitable access to high quality RMNCAH-N service delivery and commodities (NB: quality can be defined in terms of readiness/structural quality, process of quality/adherence to standards, or experience of care, depending on context) B) Measurement approach in place to track implementation C) Begun implementing the strategy(ies) with GFF support D) Demonstrated measurable progress toward improving equitable access to high quality service delivery	All GFF countries with finalized IC, with disaggregation to show differences between those prioritizing strategies in this area and those not	• Similar to KPI from previous strategy, with adjustment in definition to a) add 'equitable access to', b) add 'and commodities', and c) remove respectful care, because that is now part of KPI 8, which is a new addition. • To count for this indicator, the strategies in question need to address equity barriers AND the quality of services • Some of the steps only apply to countries that have reached a certain stage of implementation maturity; this will be explicitly noted in the reporting • Resources from GFF/World Bank (co-financed projects, TA) to support the reform(s) will be tracked for management purposes • Tracking will be done through the CES workspace, with verification from the RMNCAH-N & Gender team
#8 **Women- and girl-friendly, respectful care**	% of countries meeting each of the following criteria, tracked as a cascade: A) Prioritized one or more strategies in their co-financed project to advance women- and girl-friendly respectful reproductive and maternal care B) Measurement approach in place to track implementation C) Begun implementing the strategy(ies) with GFF support	All GFF countries with finalized IC	• Measures gender integration in strategic objective 2 • Women-and girl-friendly, respectful reproductive and maternal care captures quality of care elements aimed specifically at meeting women's and adolescent girls' essential needs, preferences, and decision-making rights. • Guidance and menu options for country teams on qualifying reforms/interventions will be developed by the RMNCAH-N & Gender and MAGE teams.

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	D) Demonstrated measurable progress toward closing the gaps		• Tracking will be done through the CES workspace, with verification from RMNCAH-N & Gender and MAGE teams Examples include: • Facility readiness that includes important women friendly features such as clean, functional, lockable female toilets, 24 hr water accessibility, auditory and visual privacy in examination and labor rooms; space for birth companions & postpartum recovery • Facility availability of at least two short term & two long term FP methods + skilled counselling on informed choice for women to select method • Provider and supervisory training on supporting women's right to respect, choice and dignity in the provision of FP & maternal care: • SBC/Awareness and cash transfer interventions to improve women's access to and choice of FP and maternal care service options.
Objective 3: Strengthen country health system sovereignty, resilience, and self-reliance			
#9 **Timely updating and use of resource tracking data**	% of countries meeting each of the following criteria, tracked as an index scored 0-2 A) Countries updated their resource tracking in the past year, to understand the spending and volume of resources available for operational plans B) Countries use the outputs from resource tracking to help inform decision-making as part of their institutionalized annual	All GFF countries with finalized IC	• Specific criteria will be developed to determine what counts as 'updating resource tracking in the past year'; this will be translated to a menu of options that includes level of institutionalization of resource tracking. • Tracking will be done through the CES workspace, with verification from the Health Financing team • The GFF will collaborate with partners to track maturity/progression of resource tracking processes and institutionalization

	workplanning and budgeting processes		
#10 **Timely analysis and use of service delivery data**	*New definition* % of countries meeting each of the following criteria, tracked as an index scored 0-2 A) Countries updated their analysis of new RMNCAH-N service delivery and PHC system data at least twice in the past year, to enable timely identification of changes in service delivery patterns and gaps in the system B) Countries use the analytical outputs to help inform decision-making as part of their institutionalized annual workplanning and budgeting processes	All GFF countries with finalized IC	• 'Updating analysis of new RMNCAH-N service delivery and PHC system data' will be considered achieved either through implementation of FASTR or alternative approaches that may meet similar needs within specific countries. The timing and frequency will be documented and assessed against the criteria. The annual RMNCAH-N coverage and equity analysis process supported in partnership with Countdown to 2030 may also contribute toward this. What counts as PHC system analysis will be defined. Data have to be new to count (i.e., re-analysis of old survey data would not count). • Tracking will be done through the CES workspace, with verification from the Results & Learning team
#11 **Country leadership strengthened through Ministerial Network**	Ministerial Network engagement index, scored 0-3 based on the following criteria: A) Participating Ministers attend at least two meetings of the Network in the past year B) Ministers participating report that cross-exchange and learning with Ministers from other countries is useful C) Ministers participating report that their engagement with the Network helps them exercise strong leadership of the health sector in their country	All GFF partner countries participating in the Ministerial Network	• Indicator to be tracked through a short survey implemented with Ministers at the last Ministerial Network meeting taking place each calendar year

#12 **Gender responsive expertise and leadership**	% of countries meeting each of the following criteria, tracked as a cascade: A) Prioritized one or more strategies in their co-financed project to strengthen gender-responsive expertise or leadership in their health system B) Measurement approach in place to track implementation C) Begun implementing the strategy(ies) with GFF support D) Demonstrated measurable progress toward closing the gaps	All GFF countries with co-financed projects	• Measures gender integration in strategic objective 3. • Guidance will be provided on examples of gender responsive expertise and leadership (not limited to trainings or workshops, but to also include systems reforms that give female leaders or workers more opportunity, support male and female leaders to prioritize policies, resources, that support women's health and rights; support technical experts in the government or partners to undertake gender analytics or develop gender responsive policies, plans, priorities. • Implementation defined as project activities underway by the client with WB/GFF Recipient Executed Trust Fund resources. • Measurement of progress defined as having one or more gender indicators that are explicitly defined and used to track progress • Tracking will be done through the CES workspace, with verification from Results Workstream MAGE teams
Foundational elements of the GFF model			
#13 **Investment Case process**	Average score on IC process index, based on the following three criteria: A) IC finalized and validated by government B) Operational plans associated with IC reviewed annually (in line with living IC approach) C) Operational plans associated with IC updated based on data and evidence following the annual review (in line with the living IC approach)	All GFF countries	• This indicator is carried over from the previous strategy, with the same definition • Some key aspects of IC process are included elsewhere and thus not duplicated here (eg, prioritization, CSO and youth engagement)

#14 **Country platform index**	Average score on Country Platform Index, based on the following 8 criteria (scored 0-10): A) Government leadership role in convening is clearly demonstrated (1 point) B) Written Terms of Reference adopted (1 point) C) Inclusive membership, including 1) civil society, 2) youths and 3) private sector (up to 3 points: one for inclusion of each group, with formal membership documented in TOR) D) Convenes regularly (ideally 4 but at least 2 times in past year) (2 points) E) Actions noted in minutes (2 points) F) Country Platform functionality assessed in the past year (1 point)	All GFF countries	• This indicator is carried over from last year, with one additional criterion added, on whether the CP has been assessed in the past year. This can either be a self-assessment or an independent assessment. The new CP assessment tool is available to support this process. • Criteria D and E are weighted double (2 points instead of 1), because they are the most action-oriented. • It is recognized that there can be multiple fora for convening within any given country, but the main coordination forum that is the focus here should have a central role in ensuring stakeholders come together in an inclusive way for dialogue and action, including in relation to the IC
#15 **Engage-ment of civil society, youths and women's organizatio ns**	% of countries with participation from civil society, youths and women's organizations in each of the following, scored as index 0-12: A) Country Platform (formal membership per TOR) (1 point for each of the three groups) B) IC development process (formal membership per TOR) (1 point for each of the three groups) C) Regular review of implementation progress (if IC finalized) (formal membership per TOR) (1 point for each of the three groups)	All GFF countries	• Indicator is carried over from previous strategy, with two additions: a) one additional criterion added that is focused on integration of recommendations and innovations, and b) women's groups added alongside CSOs and youths. • Indicator does not address how deep or meaningful participation is. That is addressed through CP assessments and dialogue in country • Aligned with GFF CSO and Youth Engagement Framework 2021-25 Monitoring and Accountability Plan and CIVIC

	D) Recommendations and/or innovations from civil society organizations, youths and women's organizations are integrated into national plans (as measured by GFF-CIVIC platform projects) (1 point for each of the three groups)		
#16 **Equity gaps**	% of countries meeting each of the following criteria, tracked as a cascade A) Prioritized one or more strategy(ies) in the IC and/or projects to address equity gaps related to poverty, geography or marginalized groups that affect RMNCAH-N outcomes B) Measurement approach in place to track implementation C) Begun implementing the strategy(ies) with GFF support D) Demonstrated measurable progress toward closing the gaps	all GFF countries with finalized IC	• Indicator is carried over from previous strategy, with same definition • Some of the steps only apply to countries that have reached a certain stage of implementation maturity; this will be explicitly noted in the reporting • Resources from GFF/World Bank (co-financed projects, TA) to support the strategy(ies) will be tracked for management purposes • Aligned with Country Equity Diagnostics, which play a key role at the gap identification stage
#17 **Gender priorities and analytics in ICs and WBG/GFF projects**	% of countries including gender priorities and analytics in their ICs and WB/GFF co-financed projects, scored as index scored 0-2: A) Gender analytics inform and support the IC and the WB/GFF co-financed project B) Gender priorities explicitly included in IC and WB/GFF co-financed project	all GFF countries with a finalized IC and co-financed projects	• Indicator is partially carried over from gender cascade indicator in previous strategy, but with sharpened focus on priorities and analytics.
# 18 **Human resources**	% of countries meeting each of the following criteria, tracked as a cascade	all GFF countries with a	• Indicator is carried over from previous strategy, with same definition

for health (HRH)	A) Prioritized one or more strategy(ies) in the IC and/or projects to strengthen HRH for RMNCAH-N B) Measurement approach in place to track implementation C) Begun implementing the strategy(ies) with GFF support D) Demonstrated measurable progress toward closing the gaps	finalized IC and co-financed projects	• Some of the steps only apply to countries that have reached a certain stage of implementation maturity; this will be explicitly noted in the reporting • Resources from GFF/World Bank (co-financed projects, TA) to support the strategy(ies) will be tracked for management purposes
#19 **Private sector**	% of countries meeting each of the following criteria, tracked as a cascade A) Prioritized one or more strategy(ies) in the IC and/or projects related to improving governance of private sector in health, or inclusion in service delivery or health financing reforms B) Measurement approach in place to track implementation C) Begun implementing the strategy(ies) with GFF support D) Demonstrated measurable progress toward closing the gaps	all GFF countries with a finalized IC and co-financed projects	• Indicator is carried over from previous strategy, with same definition • Some of the steps only apply to countries that have reached a certain stage of implementation maturity; this will be explicitly noted in the reporting • Resources from GFF/World Bank (co-financed projects, TA) to support the strategy(ies) will be tracked for management purposes