**Population and Reproductive Health Capacity Building Program**

**Bank Contact:** Rama Lakshminarayanan / 202-458-0021

**Responsible Network and Sector:** HD - Health Nutrition & Population

**Recipient Agency:** Multiple grant recipients

**Web Address:** Multiple web mail addresses

### Financial Arrangements for FY07 (Amount in US $ Million)

<table>
<thead>
<tr>
<th>Total Budget:</th>
<th>17.00</th>
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<tbody>
<tr>
<td>DGF Funding Request:</td>
<td>1.20</td>
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<tr>
<td>DGF Percentage:</td>
<td>7%</td>
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</tbody>
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### Objectives and Expected Outcomes

The Population and Reproductive Health Capacity Building Program (PRH program) aims to build the capacity of organizations and agencies working in the sensitive fields of population and reproductive health (RH), leading to healthier behavior at the individual and community levels, reducing the impoverishing effects of poor reproductive health, and improving reproductive and maternal health outcomes. The PRH program has three main dimensions: (i) on-granting through international intermediaries with links to grassroots groups world-wide, and support for the development of networks; (ii) support to operations research leading to the development of cost-effective interventions and protocols; and (iii) support to organizations active in technology and information transfer to community levels. The beneficiaries are mainly women and adolescents in rural and peri-urban settings, through the organizations in which they participate or from whose activities they benefit. There is a special emphasis on reaching communities underserved by government agencies. The program’s range is global, with a particular focus on Africa. The fit between the Bank’s core objectives in poverty reduction and those of the PRH program is excellent. Reproductive health problems hit the poor harder than those who are better-off, especially the most vulnerable – women and children. In addition, the PRH program contributes to other emerging directions of the Bank’s agenda – accelerating achievement of the Millennium Development Goals, improving gender equity, inclusion and participation, development partnerships, coalitions for change, and fostering global public goods.

### Main Components

The PRH program supports innovative ways to stimulate and sustain local responses to population and reproductive health by providing grants to NGOs and Networks working to: (i) increase access to and choice in family planning and other reproductive health services; (ii) reduce maternal mortality and morbidity; (iii) promote the health of adolescents; and (iv) reduce harmful health practices such as female genital mutilation.

Recent achievements include: a) Capacity Building of local NGOs: e.g. The Pacific Institute for Women enhanced the technical capacity of women’s NGOs in Africa, Asia and Latin America for advocacy, communication and networking for sexual reproductive health (SRH) while addressing organizational effectiveness, governance, financial management and M&E. b) Technology development and transfer: e.g. support for research and development of vaginal microbicides to prevent the transmission of HIV in women: facilitation for clinical trials and preparation of regulatory licensure and market research. c) Support of Partnerships and Networking: e.g. support for an initiative to promote safe motherhood and newborn health, leading to the formation of an expanded partnership called the Partnership for Maternal, Newborn and Child Health (PMNCH); support for Adolescent Sexual Reproductive Health Network-Africa, to facilitate learning and sharing best practices and approaches for SRH information and services to young people. d) Provision of significant leverage for generating financial support from other donors: e.g. further $30 million provided by four European Governments for the International Partnership for Micobicides. PMNCH leveraged over $2.6 million from USAID, DFID, WHO, UNFPA, Gates Foundation and other donors. e) Support for eradication of harmful health practices: e.g. Support to NGOs such as Inter-African Committee and RAINBO which provide technical and financial support to local NGOs and communities in Africa for eradication of FGM and a long-lasting social change. f) Support for empowerment of women: e.g. The Global Fund for Women provided support to grassroots organizations which focus on RH and rights, gender based violence, increasing access to education for girls and expanding civic and political participation for women.
### Performance Indicators

(i) Number of grassroots groups supported through intermediary organizations; (ii) Leveraging of additional financial and technical resources; (iii) Number of Partnerships and Networks supported; and (iv) Number of tools and training materials developed.

### Progress and Achievements

PRH has had a number of achievements in 2005, including the following: 1) The International Partnership for Microbicides is making good progress on the clinical trials and advocacy working in close collaboration with civil society and women’s groups and IAVI. 2) Various tools and guidelines have been developed for poverty assessments, monitoring and evaluation of RH programs, information technology communication, in schools, micro credit programs for women and prevention of mother to child transmission, integration of reproductive health and HIV/AIDS services, and adolescent reproductive health. 3) Research has been completed in reducing maternal mortality in Uganda. The 2005 independent evaluation made the following recommendations: i) A more strategic approach might be taken to linking local NGOs with the Bank’s country based operations. More systematic narrative reports on grants, as well as funds leveraged, would be useful (as long as definitional issues can be settled in advance); ii) Though staffing is adequate for selecting and managing grants, follow up to apply lessons to Bank operations tends to be limited; iii) Substantive issues, namely the supply of emergency obstetric services and the knowledge gaps in relation to unsafe abortion, could usefully be addressed; iv) More effort might be made in operations research, such as resolving uncertainties about the worth of particular approaches; v) Exchanges among U.S.-based NGOs about their experiences is worth supporting, in parallel to what is being accomplished with European NGOs; and vi) 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.

### Partners

Partners are the recipients of grants, both international NGOs acting as intermediaries, and the grassroots groups supported. The International Partnership for Microbicides and the Partnership for Maternal, Newborn and Child Health (PMNCH) are some of the bigger partnerships supported. Grants support selected activities of the international bodies of professional associations and networks.

### Governance and Management

The PRH program is a capacity building program that includes a small grants component and is managed by the TM and administrator, supported by a Committee which consists of senior Bank staff from HNP/HDN, Regions and the Population and Reproductive Health Thematic Group. The Sector Board and HD Council provide guidance and oversight. The Committee meets once a year to review project proposals, select proposals for funding and determine the level of funding. HDNHE manages the receipt of applications; facilitates the review of proposals and allocation of grants by the Committee; issues Letters of Agreement to grantees; and monitors the implementation and completion of funded projects. The PRH program asks for peer review for proposals, particularly if there are implications for country operations. Each grant is made to recipient organizations whose management and program execution are wholly independent of the Bank, however they are required to fulfill their responsibilities in terms of use of fund, reporting and the audit of financial statements as stipulated in the Letters of Agreement.

### Exit Strategy

The 2005 independent evaluation indicated that PRH’s contribution to reproductive health is relatively small compared to the need, but acknowledged that it does fill important gaps in the following ways: by mobilizing and empowering both local and international NGOs, by contributing to development and dissemination of various tools to assist reproductive health programs; and by focusing on neglected groups and issues either because the grantees are too small or because the issues may be culturally and politically sensitive. The DGF Council has recommended that next year’s funding for PRH should be conditional on a strategic review of the program against sectoral priorities and criteria. The program currently has no exit strategy.