

## Population and Reproductive Health Capacity Building Program

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<b>Responsible Sector and Bank Unit:</b>	HNP - HDN
<b>Recipient Agency:</b>	Multiple grant recipients
<b>Web Address:</b>	Multiple web mail addresses
<b>Financial Arrangements for FY09 (Amount in US \$ Million)</b>	
<b>Total Budget:</b>	17.00
<b>DGF Funding Request:</b>	1.20
<b>DGF Percentage:</b>	7%
<b>Objectives and Expected Outcomes</b>	
<p>The Population and Reproductive Health Capacity Building Program (PRHCB program) aims to build the capacity of non-governmental organizations (NGOs) to develop and implement culturally appropriate interventions in the area of population and reproductive health (RH), leading to healthier behavior; reducing the impoverishing effects of poor reproductive health, and improving reproductive and maternal health outcomes. The PRHCB program has three main dimensions:</p> <p>(i) on-granting through international intermediaries with links to grassroots groups world-wide, and support for the development of networks;</p> <p>(ii) support to operations research leading to the development of cost-effective interventions and protocols; and</p> <p>(iii) support to organizations active in technology and information transfer to community levels. There is a special emphasis on reaching communities underserved by government agencies. The program's range is global, with a particular focus on Africa (Sub Sahara Africa) and South Asia.</p>	
<b>Main Components</b>	
<p>The PRHCB 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 information and services; (ii) reduce maternal mortality and morbidity; (iii) promote sexual and reproductive health of adolescents; and (iv) reduce harmful health practices such as female genital mutilation.</p> <p>The achievements of the program to date are the following: i) capacity building of local NGOs; (2) support of global partnership and networking (e.g. Safe Motherhood Initiative – SMI; Partnership for Maternal, Newborn and Child Health – PMNCH); (3) provision of significant leverage for generating financial support from other donors ( International Partnership for Microbicides – IPM phased out); (4) innovative interventions (e.g. Adolescent Sexual Reproductive Health – ASRH); (5) support for eradication of harmful practices (e.g. female genital mutilation - FGM); (6) support for empowerment of women (e.g. the Global Fund for Women); and (7) support the development of new technology to prevent HIV/AIDS (e.g. support to International Partnership for Microbicides for research on microbicides).</p>	
<b>Performance Indicators</b>	
<p>PRHCBP provides resources directly to NGOs/CSOs through approximately 18 grants annually. Each grant has its respective PDOs and a M&amp;E Framework with agreed indicators to measure the achievement of objectives. However, the overall PRHCBP program objectives have not been at this point been translated into PDOs and performance indicators. HDNHE is now working to develop a well-articulated program logic and a M&amp;E framework, detailing PDOs and indicators which would assess the achievements of the program, in accordance to the recommendations of the IEG evaluation of the program recently finalized. This is not expected to be completed until the end of the first quarter of FY09.</p>	

## Progress and Achievements

PRHCB program has had a number of achievements in 2007, including the following: 1) **NGO Capacity Building:** The Banks DGF support has advanced the capacity building of NGOs in Africa, Asia and Middle East through sub-grants and technical assistance provided by intermediary NGOs. For example, AIDOS has enhanced the capacity of NGOs in Jordan, Syria, Egypt and Gaza to provide more integrated and comprehensive sexual and reproductive health services. ICOMP has strengthened the capacity of partner NGOs in Ethiopia, Uganda and Zambia through developing and testing an integrated package of interventions in gender-integrated linked response to HIV/AIDS and reproductive health. Ipas has helped strengthen the capacity of institutions in Ethiopia, South Africa and Nigeria to conduct research and collect data on unsafe abortion. 2) **Support of public goods through appropriate technology development and transfer:** The DGF grant has supported International Health Policy Foundation (IHPF) in Thailand to: assess the performance of the cervical cancer prevention and program; conduct a health economic evaluation; and test efficacy of HPV vaccine. 3) **Partnerships and Networking:** The DGF grant has supported the Partnership for Maternal, Newborn and Child Health, a global health partnership launched in September 2005. The Partnership joins the maternal, newborn and child health (MNCH) communities into an alliance of some 180 members (45 agencies, together with other related initiatives) to achieve greater effectiveness. The Partnership provides country support worldwide for accelerated program delivery and provides to selected priority countries technical and financial resources for capacity strengthening at national health systems, and community levels. 4) **Empowerment and inclusion:** The DGF grant has supported Family Care International to implement a project focusing on the empowerment of communities in two sub-Saharan African countries Kenya and Tanzania. The goal of this project is to lower young people's risks of HIV infection, by building the capacity of grassroots and community-level activists to advocate for the implementation of existing government policies related to adolescent sexual and reproductive health. The DGF grant also provided support to OUR BODIES OURSELVES to support global translations and cultural adaptations of Our Bodies, Ourselves (OBOS). Through the administration of sub-grants for adaptation projects in Russia, Nigeria, Tanzania, and Israel, OBOS has worked with its global partners & in different cultures, to increase women/ girls' access to evidence-based & culturally appropriate information on health & sexuality.

## Partners

Partners are the recipients of grants, both international NGOs acting as intermediaries, and the grassroots groups supported. The Partnership for Maternal, Newborn and Child Health (PMNCH) is a bigger formal partnership supported.

## Governance and Management

The PRHCB program 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 and select proposals for funding. 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. In 2006 the quorum of the Review Committee was revised to ensure appropriate representation from the regions most in need. In 2007, the invitation of proposals has been advertised solely on the Program's Web site for a wider audience and transparency. The guidelines for applicants have been revised to increase the quality of the proposal. Furthermore, the submission of an audited financial report was requested to assess financial probity of applicants. The applicants who could not provide the required documentation were not considered for funding this year, with the agreement of the Review Committee.

## Exit Strategy

The Review Committee for PRHCB decided to phase out organizations which have been successful in leveraging support from other sources, in order to support other Pop/RH organizations in need of funding. One such organization is the International Partnership on Microbicides (IPM). IPM received a total of US\$750,000 through the PRHCB program between FY 03-06 and has also been able to successfully leverage more funds from other donors, for their work. Thus IPM has not received any funding from the PRHCB for FY 2007, and HDNHE is assisting IPM in making contacts with and working closely with the operational teams in the regions.