Ministry of Foreign Affairs

Activity: ADD SDG Performance Fund 2.0 (23-0000118)

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Date	30-07-2026
SAP application number	4000006516

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Key data

Activity basics

Type	Standard
Short name	ADD SDG Performance Fund 2.0
Contract party	The World Bank (30011226)
ODA	Yes
Amount and Currency	72631579 USD
Amount EUR	67080000
Start date	01-04-2023
End date	30-06-2027
Full name	SDG Performance Fund (SDG-PF) 2.0 Federal Ministry of Health (FMoH) Health Sector Transformation Plan (HSTP II) SRHR by Health System Strengthening
Summary	Pooled Funding for Federal Ministry of Health (FMoH) in support of Health Sector Transformation Plan (HSTP) II 2020-25 aimed at improving Sexual Reproductive Health and Rights through Health System Strengthening.

Activity details

Date of receipt of proposal	19-10-2020
Proposal’s reference number	Not Applicable
Budget holder	Ambassade Addis Abeba (8221ADD)
Limit access	No
Related activity	4000004415 and 4000004414

Accounting data

SAP application number	4000006516
Main funds center	SRHR delegated (1703U0104)

Policy data

Cooperation modality	Basket/Pooled funding
Technical assistance	Less than 10 % of the activity budget
CRS code	13020 Reproductive health care
Policy Keywords	
Refugees & host communities	No
Team Europe Initiative	No
Policy Markers	
Climate change: adaptation	Significant
Equality between men & women	Principal
Food security	Principal
HIV/Aids	Principal
Malaria, TBC and other	Significant
Reducing infant and child mortality	Principal
Reproductive and sexual rights	Principal
Reproductive health	Principal
Explain your choices	The proposed support, principally aims to improve Sexual and Reproductive Health and Rights, including HIV and AIDS and further reduce Maternal and Infant & Child Mortality through Health System Strengthening (HSS). As such, it will also have a positive impact on Malaria and TBC. Simultaneously the support will address: • Equality between men and women: HSTP II aims to contribute to Gender Equality through different strategies including promoting empowerment of women in the health workforce, providing services to victims of gender based violence, and improving the awareness of health workforce based on gaps identified using gender audits and analysis. • Climate change/ adaptation: One of the indicators in the program is the extent to which the Health National adaptation Plan to Climate Change has been implemented. • Food security: HSTP-II also seeks to improve the nutrition status of the population by micronutrient supplementation, deworming, screening and growth monitoring.

Beneficiary location

Beneficiary location	Country
Country	Ethiopia
Location type	
Specific location	

Policy Appraisal

Policy relevance

This amendment introduces additional support for the *Roadmap for Expansion and Scale Up of Multiple Micronutrient Supplementation (MMS) in Ethiopia* as part of EKN's support to the Sustainable Development Goal Performance Fund (SDG-PF). Through this roadmap, the Federal Ministry of Health (FMoH) seeks to address micronutrient deficiencies, which remain among the major public health concerns in Ethiopia. Micronutrient deficiencies during pregnancies are associated with low birth weight, preterm birth, maternal anemia and stillbirth.

The SDG-PF is a pooled fund through which several development partners support the Health Sector Development and Investment Plan (HSDIP) of the Ethiopian Federal Ministry of Health (FMoH). HSDIP seeks to improve equitable access to health services on a national scale, including restauration of the health system in conflict affected areas. HSDIP replaces the former Health Sector Transformation Plan (HSTPII) on which the initial BEMO for EKN's support to the SDG-PF was based.

As explained in the initial BEMO for the SDG-PF, the EKN is channeling its support for the SDG-PF through the World Bank. Payments from the World Bank to the MoH are based on disbursement-linked indicators (DLIs) which are independently verified on an annual basis. The World Bank also takes care of the monitoring of fiduciary and safeguarding issues as part of the Program Action Plan (PAP).

The current HSDIP will end in July 2026 and will be followed up by the HSDIPII. Overall, the main focus areas and objectives remain the same, although the HSDIPII will focus more on:

- Health Financing, introducing innovative financing initiatives, social health insurance and scaling up community-based health insurance (CBHI).
- Restructuring supply chains and facilitating local manufacturing, for instance by partnering with the private sector, customs improvements and increased capacity of the Ethiopian Food and Drug Authority (EFDA).
- Digitalization and data visibility.
- Disease outbreak surveillance and community-based health emergency management (CHEM).
- Cross-sectoral approaches, for instance in relation to nutrition.

The intention of the SDG-PF is to finance the fundings gaps for the highest priorities of the HSDIP that are related to Reproductive Neonatal Maternal and Child Health (RNMCH). In the past years, around 80% of the available SDG-PF budget was spent on RNMCH commodities.

The SDG-PF aligns with the Dutch Global Health Strategy for 2023 – 2030 (DGHS), in which health system strengthening and Sexual and Reproductive Health & Rights (SRHR) are the main priorities. Within the broader health system strengthening agenda, there's a focus on primary health care, health financing, private sector involvement and community engagement. It also acknowledges the interlinkages between health and climate. The HSDIP is applying a similar approach. Apart from having a direct focus on health system strengthening as a basis for improved sexual and reproductive health, it mentions youth friendly services, innovative financing and integrating the private sector in the national health system as focus areas. Moreover, it sees primary health care and the health extension program, which is operating at community level, as the main vehicles to make progress towards universal health coverage (UHC). Thus, the SDG-PF is also aligned with objective 1 of the DGHS. A specific part of the HSDIP deals with the implementation of the Health National Adaptation Plan to Climate Change, which is in line with objective 3 of the DGHS.

Healthier and empowered women and girls contribute to developing stable and resilient societies. International stability and security are in the interest of the Netherlands. Freedom and international security are mentioned as a basis for prosperity in the new policy brief for the Dutch Ministry of Foreign Affairs. An additional contribution to the SDG-PF in light of the MMS roadmap, which focusses specifically on women of reproductive age (WRA), directly contributes to this.

Additional support to the SDG-PF for the MMS roadmap (MINBUZA-2026.140766) is expected to lead to results in the following result areas of the Dutch ministry's results framework for Global Health and SRHR:

- **Health products**: Improved access to SRH and HIV/AIDS medicines and commodities. In specific, the MMS roadmap addresses sub-result area 2b (E): Promote access to and correct usage of safe, effective, quality and affordable medicines and commodities for: 1. Safe pregnancy and delivery, modern family planning, post-abortion care and safe abortion 2. Prevention and treatment of HIV/AIDS.
- **Improved care**: Better public and private health care for family planning, pregnancies and childbirth, including safe abortions. In specific, the MMS roadmap addresses sub-result area 3a (F): Strengthen health systems to support provision of SRH including HIV/AIDS services and safe abortion care.

The mentioned additional support also contributes to all specific objectives for health and sexual and reproductive health and rights (SRHR) mentioned in the current MACS for Ethiopia under Social Progress (HGIS 7):

1. Public and private health systems are strengthened to support the provision of SRHR services at the primary level, including HIV and aids services, safe abortion care and the surveillance of infectious diseases.

2. Women and girls have increased access to quality health services and have more choices regarding their health, allowing them to contribute to a more resilient society.
3. The GoE is incentivized to spend more domestic resources on health, measured by the share of the government budget spent on health, specifically on SRHR and primary care.

There may also be a potential contribution to the fourth specific objective mentioned in the MACS, which relates to the opportunities for Dutch private sector in health care interventions. However, this opportunity is not explicitly mentioned in the roadmap and can only be achieved by introducing Dutch organizations who can assist with local production of MMS to the Ethiopian MoH.

Additional support to the MMS roadmap is not only expected to lead to results in relation to Global Health and SRHR but will also create better results on/for the policy theme Food and Nutrition Security. This is specifically related to the following results area:

- · **Ending hunger and malnutrition:** A.2.2. Number of people directly reached with activities aimed at temporary/partial improvement of their nutritional situation

The MACS mentions *Ethiopians have healthier diets* as a specific objective and this should amongst others be achieved by *supporting the government's flagship national nutrition and agricultural productivity programs.* As such, support to the MMS roadmap also aligns with the objectives for food and nutrition security in the MACS.

Rationale

Ethiopia has made significant progress in reducing undernutrition. However, the 2025 Ethiopian Demographic Health Survey (EDHS) shows that 40% of children under five are stunted and 18% are underweight. Women's diets are often poor in quality and lack nutrients, and deficiencies in essential vitamins and minerals are rampant. These nutritional deficiencies undermine women's health and threaten the survival and development of their children. Micronutrient deficiencies in pregnant women contribute to poor pregnancy outcomes such as low birth weight, small for gestational age, preterm births and still births.

According to the 2023 Food and Nutrition Baseline Survey (FNS), on a national scale, 66% of women of reproductive age (WRA) are experiencing at least one deficiency. This can relate to deficiencies varying from iron and folic to zinc and multiple vitamins. In 2020, the WHO updated its antenatal care (ANC) guidelines to replace iron and folic acid (IFA) supplementation by MMS. The main reasons were that (1) MMS covers a broader spectrum of deficiencies and (2) MMS is showing less side-effects than IFA supplementation and therefore pregnant women are more likely to continue taking MMS for the recommended 90 days.

In cooperation with the London School of Hygiene and Tropical Medicine (LSHTM), the Ethiopian Public Health Institute (EPHI) studied the efficacy of MMS in the Ethiopian context (Lancet Global Health, March 2026). The study was conducted in 21 intervention woredas and 21 control woredas and showed that the mean birth weight of babies was consistently higher than in districts where only IFA was provided (EPHI, 2025; MINBUZA-2026.140871). The study also indicates that every dollar invested in MMS in Ethiopia is projected to yield a $65 return on investment and that adherence stands at 85% amongst those who received MMS, relative to 53% IFA adherence in the IFA arm.

Based on the positive results of the above-mentioned study, the Ethiopian MoH started working on a MMS road map that in the end targets a national scale-up of MMS. The roadmap consists of three phases as reflected in the figure below.



During the start-up phase the foundation for further scale-up of the MMS program is laid. This concerns the costing of the roadmap, adjustment of guidelines and the integration in the district health information system (DHIS). In this phase, the MoH leveraged the in-kind MMS donation from the Kirk Humanitarian foundation to supply the 70 woredas with MMS products. UNICEF managed global ordering and distribution activities to the selected woredas and health facilities. As a result, MMS has successfully been implemented in the 70 selected Woreda's. During the consecutive phases a total number of 200 woreda's per year is planned to be added, targeting a national coverage in 2030. By 2030, the roadmap will have reached 12,9 million pregnant women.

Other important elements of the MMS roadmap include:

- A systemic approach: promotion and provision of MMS are included in the regular antenatal care (ANC) guidelines.
- Demand generation: the roadmap envisions the development and use of social behavior change communication.
- A gradual transition from international procurement towards local production.
- Procurement and distribution will transition from UNICEF to the Ethiopian Pharmaceutical Supple Service (EPSS).
- The government of Ethiopia will increase its domestic spending on MMS.

Considering the need for scaling up the MMS program, the Ministry of Health has formally requested the EKN to increase its funding for the SDG-PF (MINBUZA-2026.188442-).

In the meantime, the World Bank has reviewed its support to the SDG-PF through its program for results (PforR) and has proposed to add one indicator to the existing disbursement linked indicators (DLIs) that trigger the release of funding for the program (MINBUZA-2025.2554769). This indicator is also included in the concept note for restructuring of the PforR program (MINBUZA-2026.154635) and measures the Number of Woredas that have implemented Multiple Micronutrient Supplements (MMS). A Woreda has implemented MMS if (1) all capacity building efforts for health staff have been completed and (2) if MMS products are available at facility level.

The World Bank has agreed with the FMoH on a target of 130 in the first year and 100 in the second year. These targets did however not take the additional contribution from the Netherlands into account. The MoH has indicated that with the additional financing from the Netherlands, it will be possible to increase the target with 70 Woreda's in the first year, bringing the total Woreda's to be reached to 370 (including the 70 Woreda's that were already reached in 2025).
Considering the request from the government and the fact that the World Bank will include an indicator related to the MMS roadmap in its PforR Program, the EKN intends to increase its total funding for the SDG-PF, which is currently being channeled through the World Bank and aligned - but not restricted - to the PforR program.
It should be noted that, apart from introducing a new indicator for MMS, the restructuring paper also introduces other changes to the PforR program. These include:

- DLI 1: Children 12–23 months immunized with Pentavalent 3 vaccine for the bottom 20% woredas (Percentage). Definition will be changed to include all woredas that perform below the national target of 80%. DLI is not supported by the Netherlands.
- DL5: Target and baseline is revised, because of data errors when the initial baseline was set. This DLI is not supported by the Netherlands.
- DLI 7: Low birth weight and preterm babies receiving Kangaroo Mother Care. Original target was achieved, now transitioning to Immediate Kangaroo Mother Care (iKMC). This DLI is not supported by the Netherlands.
- DLI 10: Health Centers with Youth-Friendly Health Services (Percentage). Verification protocol changed from SARA to DHIS. This DLI is supported by the Netherlands. Although the World Bank has shifted its funding to the DLIs that are supporting MMS and iKMC, the support from the Netherlands remains in place.
- DLI 12: Primary healthcare facilities with all essential drugs. Verification protocol changed from SARA to DHIS. This DLI is supported by the Netherlands. Although the World Bank has shifted its funding to the DLIs that are supporting MMS and iKMC, the support from the Netherlands remains in place.
- DLI18: Implement electronic government procurement (e-GP) system at EPSA. The original indicator focused on EPSS and its hubs. A new definition will include interoperability with EPSS's ERP and other existing digital tools at facility level for end-to-end visibility. This DLI is supported by the Netherlands.
- Proposed new DLI: Increase in the Government's share of total RMNCH commodity financing ($) after matching the donor contribution in the agreed ratios according to the RMNCAH compact.
- Change in verification protocol. Where verification was previously done by different technical partners, this will now be done by one verification agent to avoid fragmentation and delays. World Bank will continue with the validation of this verification by a third-party consultant. This will however be time-bound.

The general objectives of the PforR program will remain the same and all other implementation arrangements remain in place.
The above-mentioned changes, including the new indicator and targets for the MMS roadmap, will be included in a restructuring paper that is expected to be approved by the board of the World Bank in July 2026. The approval of the BEMO under consideration is conditional upon the approval of the restructuring paper.

Contextual analysis

The MMS roadmap is aimed at the general population in all regions of Ethiopia. With its focus on perinatal challenges, it specifically targets women of reproductive age (WRA), newborns and children under five.
The roadmap was developed in consultation with representatives from the government and key stakeholders. A situational analysis was done and combined with the available evidence, which included the 2025 EPHI study in Ethiopia, a draft roadmap was created. This was followed by a validation workshop with key stakeholders and a costing workshop during which the envisioned activities were costed.
Selection of each the woredas that will be included in each year's expansion will be done in consultation with the regional health bureaus (RHB). Criteria will include prevalence of anemia, prevalence of low birth weight, regional equity, prevalence of food insecurity and woreda's that are already targeted by the Seqota Declaration implementation plan.
Current development partners which have indicated to provide financial support to the MMS roadmap are the World Bank, the Global Financing Facility for Women, girls and Adolescents, the Children's Investment Fund, the Gates Foundation, UNICEF and the Kirk Humanitarian mission.

Added value

By providing financial support to the MMS roadmap, the SDG-PF will also strengthen the success of other programs. For instance, Cordaid's PBF program, which amongst others focuses on maternal health, will be more successful if the nutrition states of pregnant women can be improved. Moreover, the roadmap is aligned with Ethiopia's Seqota Declaration 15-years roadmap, which involves a multi-sectoral approach to reduce stunting among children under two years. It's Ethiopia's high level commitment to ending child stunting by 2030 through a coordinated, multisectoral approach involving multiple line ministries. In line with this framework, the action contributes to several of the Declaration's strategic objectives, including: improving the nutritional status of women and children under two. As such, it supports the current Scale-up Phase (2026-2030) of the Seqota implementation roadmap.

The multi-sectoral character of the MMS roadmap is also reflected in the fact that it directly supports both health objectives as well as objectives related to food and nutrition security (FNS). It makes sense to bring health and food security funding closer together as from both delegated budgets, the Netherlands is working towards the same goal: healthier families (mothers and children). Maternal and child nutrition sits naturally at the intersection of both sectors, justifying an integrated approach. This program gives EKN an opportunity to work in a more coordinated and practical way, using resources more effectively.
Finally, one element of the MMS roadmap is the fact that it seeks to sustainably increase domestic spending on health. Long-term financing for MMS will be included in the comprehensive financing plan for the health sector, which is currently being developed by the FMoH. This plan will outline potential contributions from government resources, development partners and other stakeholders. It will also present the most suitable financing mechanisms, including alignment with existing matching fund models for the supply chain, such as the Child Nutrition Fund (CNF) and the RMNCH compact.

Lessons learned

The lessons learnt in relation to MMS and the evidence for its efficacy compared to IFA were already summarized under the rationale.
In 2025, an impact assessment of the SDG-PF was conducted. This study concludes that the SDG-PF *has been highly effective in contributing to substantial improvements in health services coverage and outcomes.* It specifically contributed to:

- reductions in maternal mortality and child mortality
- reduction of malaria related mortality
- 29,1 percentage points of the increases in skilled birth attendance can be attributed to the SDG-PF (total increase from 16.8% to 75%)
- 8,2 percentage points of the increases in fully immunized children can be attributed to the SDG-PF (total coverage increased from 72.3 % to 97.0 %)
- 5,5 percentage points of the increases in contraceptive prevalence rate can be attributed to the SDG-PF (total contraceptive acceptance rate increased from 62.0 % to 73.0 %)

The impact assessment also mentions the flexibility of the SDG-PF as one of its strengths. Areas for improvement include: (1) explicitly linking SDG PF inputs to health outcomes and tracking this over time (revisit monitoring framework); (2) integration of SDG-PF in existing governance structures like JCCC and JCF; (3) more predictability and transparency of disbursements; (4) more transparent formula for allocation of resources, and (5) joint prioritization. The recommendations of the impact assessment have been discussed in the September meeting of the SDG-PF donors and will be included in upcoming dialogues with the MoH.

Cooperation, harmonization and alignment

All coordination mechanisms for the SDG-PF that were described in the initial Bemo are still in place. In January 2025, the Health Harmonization Manual was reviewed and amended. This manual looks at coordination that goes beyond the application of mutual planning, budgeting and reporting cycles, and also includes alignment in priorities and describes the roles of both the MoH and partners in different coordinating mechanisms.
In February 2026 a retreat with all SDG-PF members was organized. One of the concerns expressed was that discussions in the SDG-PF donor group and HPN meetings should also be forwarded to the joint core coordinating committee (JCCC) and, if necessary, be discussed in the Joint Consultative Forum (JCF). This routing is not applied effectively and in some cases the agenda for both the JCCC and the JCF are entirely set by the MoH, without involving development partners. In addition, the JCF did not meet between 2021 and 2025, but was re-established and met in December 2025. A second meeting is planned for July 2026 and some improvement in mutual agenda setting can be observed in the last three months, following the retreat. Another discussion point was the integration of all direct support to the MoH in the SDG-PF. There is a clear wish from the MoH to establish one platform and this would mean that, for instance, GAVI and GFATM support would be channeled through the SDG-PF. Although during the retreat this was put forward as the preferred mechanism, it was also stressed that it will take several years to reach this goal.
One initiative that will further facilitate alignment between donors supporting the SDG-PF is the application of DLIs as a disbursement trigger. This will create uniform planning, prioritizing and reporting structures for the SDG-PF and will reduce transactions costs. EKN has been leading this process during the last two years and a manual for the application of DLIs is currently being discussed by SDG-PF partners and the MoH. It is expected to be approved before the end of May 2026.

Gender

The World Bank's PforR program has a Program Action Plan with specific milestones. These include the integration of GBV services in general health services. Up until now, the following has been achieved:

- GBV prevention and response training was conducted to 164 health response providers.
- Experience sharing among One-stop centers on GBV survivors response conducted.
- GBV prevention and response training package has been revised.

One point of attention for the next few years is to monitor whether gender equality is also integrated in the environmental and social management system guidelines (ESMSG) for the health sector, which are currently being developed by the FMoH.

With its focus on women of reproductive age (WRA) and pregnant women, the MMS roadmap will specifically focus on nutrition deficiencies of women and by ensuring that women are healthier it facilitates an active and productive contribution of women to the development of their families and communities.

Climate change

The World Banks PforR program contains one DLI which specifically looks at an update and the implementation of the National Health Adaptation Plan to Climate Change. In 2024, a five-year health National Adaptation Plan was developed and endorsed. Technical partners verified and endorsed the plan.

Innovation and Digitalization

The introduction of an automated core business (ERP) system within EPSS and the introduction of an electronic procurement system are two of the DLIs of the World Bank's PforR program. Both DLI's have been achieved and were verified by the World Bank's Fiduciary team.
By supporting the implementation of the HSDIPII, the SDG-PF also contributes substantially to innovation and digitalization, which is one of the seven key strategic objectives in the new HSDIPII.

Conflict sensitivity

HSDIPII is implemented nationwide and all regions are targeted. Equitable distribution of available resources to different populations, for instance based on geography or income, is one of the main principles in the new HSDIPII, which the SDG-PF is supporting. However, the risk remains that budget allocation to different regions or groups could be politicized. Despite the fact that such sensitivities are beyond the direct control of development partners, equitable regional has been addressed by EKN in SDG-PF meetings and will be included in a revision of the SDG-PF reporting format.

Localization

Implementation of the HSDIPII (which is supported by the SDG-PF) will be overseen by a Joint Steering Committee (JSC) in which the FMoH and the Regional Health Bureaus (RHBs) are represented. Its general purpose is to ensure that regional priorities are aligned with national priorities and that the HSDIPII is regularly updated.
Annual planning and budgeting are done according to the Health Harmonization Manual (HHM) that was endorsed in early 2025. Although priorities and overall targets are determined centrally, annual planning and budgeting will take a bottom-up approach. RHBs, Zonal Health Departments, and Woreda Health Offices at all levels have the responsibility to organize and lead annual planning sessions to draft their own annual plans and budgets that incorporate local priorities.
The MMS roadmap also contains plans to establish local production of MMS in the long run. For that purpose, local manufacturers will be capacitated, and the Ethiopian Food and Drug Authority will be strengthened.

Private Sector Engagement

Although initially MMS is procured internationally by UNICEF, in the second and third phase of the roadmap a shift is made to local manufacturing of MMS.

Youth

The percentage of Health Centers with Youth Friendly Health Services (YFHS) is one of the DLIs of the World Banks PforR program and one of the DLIs that is being supported by the Netherlands. The MoH has recently developed a new approach of mainstreaming YFHS in rural health centers, while YFHS is a standalone unit for health centers in urban areas. However, due to conflict, the MoH was forced in some geographical locations to focus on the delivery of essential services to women and children and de-prioritized YFHS.

Adaptive programming

By applying an adaptive programming approach financiers and implementing organizations try to get a better grip on the risks of the program. Adaptive programming acknowledges that (1) understanding the problem is more important than the solution and the solution may change in the course of implementation, (2) the pollical and socio-economic context are important elements to monitor, which also implies involvement of target populations, and (3) that learning during implementation is crucial. The HSDIP contains several elements that allow for adaptive planning. First of all, the decentralized and bottom-up approach of annual planning and budgeting, which is captured in the Health Harmonization Manual (HHM), seeks to adjust actual planning on the basis of the local context in the different regions, zones and woreda's. The annual planning cycle is driven by results, rather than activities, which are determined at the lowest possible level, including the health facility and woreda level. Implementation of the HSDIP is overseen by the Joint Steering Committee (JSC), in which all regions, the FMoH and one representative of the development partners are represented. Both bodies meet monthly, discuss results, draw lessons and adjust planned activities if necessary.
An important element in the current setup of EKN's support to the SDG-PF is the introduction of Third-Party Monitoring. EKN will implement Third Party Monitoring (TPM) together with the World Bank and the Global Financing Facility for Every Woman

Every Child. TPM is in principle a mechanism to verify the scoring on disbursement linked indicators. However, it will do so in a participatory manner, providing technical assistance to the FMoH to improve the reliability of health information systems (DHIS) and adjust planning based on lessons learnt.
Twice a year, the World Bank organizes an implementation support mission, during which progress on DLIs is discussed and policy changes are suggested. This mission also investigates fiduciary, safeguarding and environmental issues. EKN has been part of these implementation support missions since the inception of the program.

Results

Global Health & Sexual and Reproductive Health Rights

To protect, promote and fulfil universal access to sexual and reproductive health and rights (SRHR), including HIV/AIDS

Indicators

Description how does the activity contribute to this policy theme?

Measurements: Activity aims to strengthen the health system as a basis for better SRHR services.

- Individual result: The activity's objective is to strengthen the general health system as a basis for SRHR service delivery. Next to that, there are specific activities, for instance related to family planning and youth friendly services.
  Comment: Being part of the SDG-PF partner group also allowed the Netherlands to advocate for SRHR in general.
  One of the objectives of the Program Action Plan is the integration of GBV in health services.
  See MINBUZA-2024.239418 page 3 number 12.
- Individual result: Direct results on indicators for youth friendly services, climate adaptation and general reproductive maternal and child health care. Being a large contributor to SDG-PF also enables the Netherlands to advocate in relation to SRHR.
  Comment:

1.c. Boost access to and use of youth-friendly SRH and HIV/AIDS Services

Indicators

1.c.1 # of health facilities that adopt and implement youth-friendly SRH and HIV/AIDS services

Measurements: Baseline: 51 Target: 55

- Individual result: 0
  Comment: See MINBUZA-2024.239418 (narrative report) and MINBUZA-2024.246582 (response to queries related to the report)
  The program was still in its initial stages when this report was received. It therefore did not report on the main DLI's, but only on the program action plan.
  The next report will contain an overview of score on DLI's.
- Individual result: 47
  Comment: MINBUZA-2025.1423820 page 2

Climate

Climate Change Adaptation (SDG 13.1)

Indicators

What has been achieved by this activity on Climate change adaptation (SDG 13.1)?

Measurements: Goal is an approved national adaptation plan.

- Individual result: A health climate adaptation plan has been drafted, but has not been endorsed yet.
  Comment: See MINBUZA-2024.239418 (narrative report) and MINBUZA-2024.246582 (response to queries related to the report)
  The program was still in its initial stages when this report was received. It therefore did not report on the main DLI's, but only on the program action plan.
  The next report will contain an overview of score on DLI's.
- Individual result: Result achieved and disbursement was made ($1,315,650.00) from MDTF on May 30, 2024.
- A five-year health National Adaptation Plan developed and endorsed. Technical partners verified the development and endorsement of the plan.
  Comment:

Monitoring and evaluation

Monitoring

The MMS roadmap contains a comprehensive logical framework that includes objectives, intervention logic, outcomes and outputs. The following outcome indicators are included:

- Percentage of woreda's with integrated MMS plans in their annual workplan
- Percentage of health facilities with at least one staff member trained in MMS service delivery
- % of health facilities providing MMS as part of routine ANC
- % of women receiving MMS during ANC visits
- % of women completing the recommended MMS regimen (90+ tablets intake)
- % of health facilities reporting MMS data through HMIS
- % of woredas reporting financial data through existing financial data accountability systems
- Number of local manufacturers who started local MMS production
- % of MMS public procurement value/volume from local manufacturers
- Number of UNIMMAP MMS suppliers registered by EFDA
- % of health facilities with adequate and timely availability of MMS
- Amounts of funds committed and disbursed by government
- Amount of funds committed and disbursed by partners
- % of MMS funding from domestic resources
- % of woredas using accountability system for nutrition financing
- % of pregnant women who demonstrate knowledge of the benefit of MMS
- % of pregnant women who can identify key risks of pregnancy

Data on the majority of above-mentioned indicators will be integrated in routine reporting through the existing health information system. For the number of manufacturers, % of women with relevant knowledge and domestic funding separate surveys will be conducted. Reporting will be part of the regular quarterly reporting to the Joint Core Coordinating Committee. The Nutrition Coordination Lead Executive Officer within the MoH, is responsible for leading and coordinating monitoring and evaluation activities.

The number of Woredas that have implemented MMS will become part of the DLI indicators through which EKN is financially supporting the SDG-PF. This is already mentioned in the concept note for restructuring of the PforR (MINBUZA-2026.154635) and the mid-term review report for the PforR program (MINBUZA-2025.2554769). This indicator will be monitored and verified by a third-party as part of the PforR support to the SDG-PF. EKN will be invited to six-monthly implementation support missions of the World Bank that monitor progress of the PforR program. In addition, the DLIs, which are used to monitor the PforR program and to disburse funds to the SDG-PF, will also be discussed in the regular SDG-PF meetings.

It should be noted that, although payment of the Dutch contribution to the MMS roadmap will take place in 2026, implementation will continue beyond the current end-date of EKN's support to the SDG-PF (31 December 2026). It is however EKNs intention to continue financing the SDG-PF beyond 2026. Monitoring of the progress made in relation to the MMS roadmap will therefore be part of a follow up phase of the current support to the overall SDG-PF support.

Evaluation

A program endline evaluation will be conducted at the end of the scale up phase. This will not be done stand-alone, but will be part of the endline survey for the food and nutrition strategy that will be conducted in 2029.

Finance

Budget breakdown and available resources

The MMS- roadmap contains a total budget of USD 63.4 million, covering six years from 2025 to 2030 (see table below). This budget was calculated on the basis of the activities mentioned in the operational plan. A large component of the total budget consists of procurement costs of the MMS commodities (USD 44.1 million). Considering the current crisis in the middle east, it is highly likely that these expenses will increase (both transport and cost of commodities).

Cost Type	Cost Category	2025	2026	2027	2028	2029	2030
Introduction/ Transition	Governance & Leadership	$62,147	$270,895	$6,415	$268,275	$4,772	$4,963
	Health Workforce	$9,182	$23,176	$33,406	$6,792	$0	$0
	Product Procurement	$0	$0	$0	$0	$0	$0
	Supply Management	$4,104	$180,782	$85,944	$10,585	$0	$0
	Service Delivery	$0	$1,153,360	$1,199,494	$455,094	$473,298	$492,230
	SBC	$0	$76,061	$107,689	$0	$30,371	$223,958
	Financing	$67,805	$0	$0	$0	$0	$0
	Health Information	$0	$51,393	$190,964	$194,766	$33,827	$269,152
Total Introduction/Transition costs for all years					**$5.986.791**		
Ongoing	Governance & Leadership	$9,811	$676,302	$1,140,050	$1,639,816	$1,540,093	$1,601,697
	Health Workforce	$0	$100,000	$104,000	$108,160	$112,486	$116,986
	Product Procurement	$1,061,874	$3,084,282	$5,688,687	$8,245,445	$11,335,244	$14,712,310
	Supply Management	$0	$27,233	$28,323	$29,456	$2,895	$3,011
	Service Delivery	$0	$247,980	$257,899	$268,215	$278,944	$290,102
	SBC	$0	$852,600	$886,704	$922,172	$959,059	$997,421
	Financing	$0	$0	$0	$0	$0	$0
	Health Information	$0	$21,250	$22,100	$22,984	$23,903	$24,859
Total ongoing costs for all years					**$57,444,354**		
Subtotal of all categories and types of costs per year		$ 1,220,745	$6,765,313	$9,751,674	$12,171,760	$14,794,893	$18,736,688

Currently, development partners (UNICEF, CHAI and JHU-CCP) have committed contributions amounting to USD 10.570.204 million for the MMS roadmap (details in the table below). In addition, Ireland has pledged an additional USD 4.6 million, which is included in the restructuring paper that will be presented to the World Bank Board in July 2026. The FMoH has indicated to be willing to contribute USD 15 million to the total program, although this contribution will be determined each year when the annual plans for the whole health sector are planned, and thus the exact amount of the FMoH contribution is not known yet. All this means that a financing gap of approximately USD 23 million will remain. The FMOH is currently negotiating with the World Bank to make an additional USD 25 million available for the MMS roadmap, however this additional contribution is still uncertain.

	Amount (in USD)
Current Pledges (UNICEF, CHAI, JHU-CCP)	10.570.204
EKN contribution	10.000.000
(1) Total commitments	20.570.204
(2) Total Budget MMS roadmap	63.431.073
Current GAP (1-2)	**42.860.869**
Pipeline Ireland	4.600.000
Planned contribution FMoH	15.000.000
Remaining gap	**23.260.869**

It should be noted that the contribution from the World Bank, Ireland and the Netherlands is part of the general support to the SDG-PF, via the PforR approach. This means that, although disbursements are linked to the achievement of results on DLI 4 (Number of Woredas implementing MMS), the FMoH has the autonomy to decide to spend the received disbursements on other priorities than the MMS roadmap. The World Bank has also indicated that the money from Ireland and the Netherlands will be disbursed first, followed by the money from the World Bank.

The additional funding of USD 10 million to the SDG-PF for the MMS roadmap brings EKN's total amount of funding to the SDG-PF to USD 72.6 million.
Also, it is important to mention that, as already indicated in the previous adjustment BEMO, there is a general funding gap in relation to RMNCH products, and that this gap has further increased due to the crisis in the Middle East. A recent assessment by EPSS (March, 2026;) indicates that this crisis has already increased the cost of existing purchase orders with USD 6,052,851. This amount will increase if the crisis is protracted.

Earmarking

Neither the contribution of EKN, nor other donor's contribution to SDG-PF is earmarked. World Bank Payments to the FMoH will be on the basis of verified DLIs. Also, payments from the MDTF (which is managed by the World Bank and through which EKN is channeling its funding) may be linked to verified DLI's, but the recipient can still use the available resources in support of the entire program.

Prepayments

EKN will channel its funding through a World Bank managed, multi-donor trust fund (MDTF). For each payment, the World Bank will submit a call for funds to EKN, together with a justification of required payment. Payment is made to the WB based on commitments (to be) entered into by the WB which is based on the approved FMoH budget for the EFY. The WB requires funds in order to pay the commitments after verification of the DLIs by a third party.
The payment will be booked as a prepayment since the ADR has indicated these payments to the World Bank do not qualify for lump sum.
The Dutch contribution does not take the form of a grant with a repayment obligation, a loan, an equity investment or a guarantee (either in whole or in part). It also does not constitute a revolving fund.

Audit opinions

A specific audit opinion for the activity is not required. An audit is part of the reporting obligations as mentioned in section 3.3 annex II of the administrative agreement:
The Bank shall provide to the Donors via the Development Partner Center website, within six (6) months following the end of each Bank fiscal year, an annual single audit report, comprising (i) a management report together with an audit opinion from the Bank's external auditors concerning the adequacy of internal control over cash-based financial reporting for all cash-based trust funds as a whole; and (ii) a combined financial statement for all cash-based trust funds together with the Bank's external auditor's opinion thereon. The cost of the single audit shall be borne by the Bank.

Payment schedule

Payment will be done on the basis of the financial needs of the World Bank and after the receipt of the payment request from the World Bank for the entire program including the MMS roadmap.