

INCREASING GFF IMPACT IN TANZANIA

Critical issues to consider

FINAL REPORT

Analysis by Health Promotion Tanzania on behalf of CSO-GFF group

Dar Es Salaam July, 2020



"Every Life of Mother and Child Counts"

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ISBN: 978-9987-9440-3-3



Executive Summary

Tanzania is one of the Global Financing Facility (GFF) front runner countries which is funded by World Bank IDA, GFF trust fund, USAID, Power on Nutrition, Development Partner and the Government of Tanzania. The fifth year of implementation was expected to end June 30th, 2020, but has been extended to June 30th, 2021. This analytical paper covers five years of implementation up to June 2020. Verified reports show that four of the five indicators under the Program Development Objective have surpassed the end of Program targets including pregnant women attending 4 or more antenatal care visits; antenatal care attendees receiving at least 2 doses of intermittent preventive treatment for malaria; institutional deliveries; and the proportion of children 12-59 months receiving at least one dose of Vitamin A supplementation during the previous year.

Indicator	End target	Actual	%
HF with 3 star	50	19	38%
4+ ANC visits	60	78.4	131%
HF deliveries	60	82.4	137%
12 - 59 months _VAS	65	81.7	126%
HF with 10 tracer med	55	96.3	175%
HF with CEmONC facilities	104	44	42%

Even with the commendable achievements, implementation faced a number of setbacks including (i) limited consultation of key partners and player including CSOs, DPs and some Government machinery, (ii) slow disbursements of trust funds resources (GFF and USAID) and (iii) failure of the Government to conduct 3-star assessment which impact on ability of program to measure quality of services provided.

This analysis puts forward critical issues that require consideration by the Government, World Bank, USAID and Development Partners if this program was to achieve optimal results. The issues are (i) There is low disbursements from the 3 trust funds (GFF, USAID and PoN) as compared to IDA. (ii) The GFF reports issued by the World Bank only focused on the IDA, PoN and GFF Trust Fund; it leaves out other donors, USAID and Government contribution. (iii) The government hasn't conducted 3-star rating assessment since 2018, yet this has implication on the overall program performance more importantly on quality of services. (v) The restructuring paper has been written by the World Bank, with no evidence of Government, DPs or CSOs consultation; it has proposed changes in indicators including dropping driver indicators such as number of permits for hiring health workers in nine critical regions. (v) The program was expected to stimulate domestic funding for health, but the government financing to health has been decreasing with likely challenges in sustainability of results.

Based on the above findings we commend the donors and government for good progress thus far, but we recommend GFF to build strong partnership among different actors to deal with critical issues raised above. Moving forward, we also highly recommend use of country guidance note for inclusive multi-stakeholders Country Platform.

¹ A financing mechanism that aims at supporting country efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children provide grant resources that are linked to financing from the International Development Association (IDA) and/or the International Bank for Reconstruction and Development (IBRD) and small interest loan from the World Bank.

A: Introduction and program context

Year 2020, marks the fifth year of implementation of Global Financing Facility (GFF²) in Tanzania. This project is taking place in nine regions of Tabora, Geita, Simiyu, Mwanza, Kigoma, Kagera, Shinyanga, Pwani and Mara. GFF aims at achieving the Sustainable Development Goal to end preventable maternal and child deaths by helping governments in the low- and middle-income countries including Tanzania to transform priorities and finance on health of the people in the respective countries. GFF in Tanzania is financed by World Bank, USAID, Power of Nutrition, Other Development Partners and Government of Tanzania (See text box 1 on amount for each financier). The finances are distributed across the seven Disbursed Linked Indicators found in annex 1. During implementation, this program has made significant strides and has faced some challenges at the same time. Some of the challenges includes (a) Government freezing Direct Facility Disbursement in 2019, (b) Government slow disbursement, (c) Limited partners coordination and consultation. As the program intended to end on June 30th, 2020, the bank has proposed restructuring to accommodate changes that will foster institutional capacity and health system strengthening. As such the program has been extended up to June 2021; changes have been in indicators and targets as well as financier allocations across the DLIs. USAID Trust Fund however will maintain the initial closing dates. In view of the above, we have conducted a thorough analysis to determine success stories to be proud of, issues still requiring responses and additional recommendations to be considered during this extension period.

Text box 1: Financing per PAD

IDA –	USD 200 Mil
GFF TF	USD 40 Mil
USAID TF	USD 46 Mil
PoN TF	USD 20 Mil
Other DPs	USD 290 Mil
GoT	USD 2,030 Mil

B: Methodology

We have conducted secondary data analysis³, and informed by our previous GFF analysis and GFF spotlight for Tanzania.

C: Findings

We present our findings in three sections, (i) the continued limited consultation in GFF and CSOs critical views on restructuring, (ii) GFF financial performance and (iii) technical performance. In each section, we present CSOs opinion for consideration in the restructuring of the "Strengthening Primary Healthcare for Results" program through the result-based financing as a system of financing.

² GFF is a financing mechanism coordinated by the World Bank that yields to fill a significant financing gap so that women's, children's, and adolescent health is prioritized and funded.

³ Documents reviewed are (1) World Bank GFF – Strengthening Primary Healthcare report as of Dec 2019, (2) The GFF investment case – One Plan II, (3) The GFF Project Approval Document, (4) GFF restructuring paper Report No: RES36717

C1: Financial Performance

The project cost at the outset was USD 306 million and in the period of five years, disbursements has varied across financiers. The table below summarizes disbursement for WB-IDA, WB-TF, USAID-TF and PoN TF. In four years, disbursement have been USD 199.08 (65.1%), with remaining USD 106.92 Million (34.9%). There is no information on disbursement from other development partners (\$290 Mil) and from Government of Tanzania (\$2,030Mil). This makes it difficult to make a thorough assessment of the program and hence collective accountability.

Table 1: Disbursement at in five years			
Grant	Current Allocation	Disbursed	% disbursed
IDA-56430	200.00	172.18	86%
PoN TF-A0261	20.00	11.43	57%
GFF-TF-0270	40.00	29.57	74%
USAID TF-A9831	46.00	3.98	9%

For five years of implementation, most of disbursements were from the World Bank IDA by 86% followed by Trust Fund 74%. USAID disbursement was only 8.7% and Power of Nutrition was 57%. These slow disbursements and absorption need to be discussed by

Government, Donors, CSOs and the World Bank to identify challenges and develop joint plan to expedite implementation. As noted above, if spending for five years was 71% including foundation activities, (See Table 1), discussions have to include what will happen if some funds in the grant are not disbursed by June 2021 and the prospects of Government's eligibility to receive the remaining funds post GFF implementation time frame.

This project aimed at stimulating domestic financing for maternal child health programs. The share of Government budget for health in 2015 was 8.5% and was projected to reach 9.75 by 2020. Report show that this indicator underperformed consistently. In 2018, the Government share was 8%, less than the baseline. But increased to 9% by Dec 2019, still lower than the end target. It is reported that there is an increasingly centralized management of the budget and fund flow processes by MoFP and as a result, both MoHCDGEC and PORALG have witnessed increased delays with release of funds.

C2: Technical Performance

The selection of the geographical implementation of the GFF "Strengthening Primary Healthcare for Result" was solely based on the regions that had poorest performance across the RMNCAH indicators. According to the Strengthening Primary Health Care for Results (P152736) report of June 2020, the overall implementation is rated satisfactory. Four of the five indicators under the Program Development Objective (PDO) have surpassed the end of program targets including pregnant

women attending 4 or more antenatal care visits; antenatal care attendees receiving at least 2 doses of intermittent preventive treatment for malaria; institutional deliveries; and the proportion of children 12-59 months receiving at least one dose of Vitamin A supplementation during the previous year. Similarly, seven out of thirteen intermediate results indicators have achieved annual (2019) targets. Table 2 summarizes performance of selected key indicators at the end of year five. As marked with green color, women making 4 ANC visit and above, health facility deliveries, facilities with ten tracer medicine and children under five receiving vitamin A supplement surpassed the target.

The indicator for 3 star rating⁴ underperformed. This indicator is important to improve the quality of primary health care services nationwide with a particular focus on Maternal, Newborn and Child Health services, but was not updated.

Table2: End of year five performance for selected indicators

Indicator	End target	Actual	%
HF with 3 stars	30	19	63%
4+ ANC visits	60	78.4	131%
HF deliveries	60	82.4	137%
12 - 59 months _VAS	65	81.7	126%
HF with 10 tracer med	55	96.3	175%
HF with CEmOC facilities	104	44	42%

The GFF disbursement linked indicators targeted reaching 104 CEmONC facilities by end of the project. This indicator was last updated in 2018, and the government did not conduct a follow-on survey to update this. The restructuring paper

allocates USD 262,500 for each upgraded facility, but the government may not be well positioned to fully utilize this opportunity. Yet CEmONC stands as an important prerequisite intervention for the reduction of maternal mortality rate with package that cuts across safe blood transfusion, provision of oxytocin, antibiotics, cesarean sections, manual removal of placenta and assisted vaginal delivery just to mention a few. Functional CEmONC facilities planned to under this project were 160, but as of June 2020, only 81 facilities qualified hence rated 50% performance.

C3: Limited inclusiveness of stakeholders in the GFF country platform.

The start-up of GFF in Tanzania was marked with limited partners involvement and consultation even within Government machinery itself. Civil Society Organization (CSOs) and other Development Partners (DPs) were barely consulted. This affected ownership and support from other implementing partners. Whereas some improvements have been observed during implementation, the currently

⁴The health facilities are to meet certain criteria with regard to quality of services provided cutting across clinical care, emergency, sanitation and hygiene, conducive environment, facility infrastructure, water supply, waste management, transportation system (ambulance), and communication. The health facilities undergo star rating assessment to determine the quality of care provided to patients. The recommended star rating is 3 and above.



released restructuring paper does not seem to have consulted important parties such as DPs, CSOs and even within Government itself. As such, we CSOs agree with some recommendations and do not agree with others. Below we provide some examples:

1. Because the Government did not perform well on annual employment for Primary Health Care Facilities, the restructuring proposes dropped an indicator on "annual employment permits for PHC given to the 9 critical regions". The reason provided is that recruitment for human resources for health falls outside the mandate of MoHCDGEC. We disagree with this. Government machinery is one and Ministry of Health is one of them. We propose multi-ministerial coordination to have unified government interventions than dropping this indicator. This is because this program estimated 40% Human Resource Shortage and proposes to measure functionality of CEmONC; how will facilities operate optimally if staff are not employed? In addition, intermediate result No.7 (Dispensaries with skilled HRH) will be affected.
2. The program was set to measure health facilities that meet 3-star rating targeting 50% by 2020. This indicator has not performed well because last assessment was conducted in 2018 (3-star rating at 19%). The reason given is that Government did not do assessment. We CSOs would like Government to be accountable and explain why this was not done and commit to undertake the assessment.
3. The USAID grant (TF0A9831) has underperformed and still there are lots of unknown, being split into three trust fund account and non-extension to June 2021. We understand there are many underfunded areas in Primary Health Care that would spark high performance. For example, our experience shows that supporting Community Health Workers, supporting communities to establish, and run emergency transport system for pregnant women, supporting emergency referrals from dispensaries to health centres would significantly increase maternal health outcome. We call for joint strategic meeting between Government, Donors, CSOs and the World Bank to discuss how best would this grant be spent including the unallocated USD 20 million.

C4: Substantive setbacks

Two important program domains in GFF architecture are yet to be considered; these are service quality and service sustainability. Facilities meeting 3-star⁵ assessment was last done in 2018, giving

⁵Three start assess among others use of facility data for planning and service improvement, Staff performance Assessment, Handling emergencies and referrals, Organization of services, Social Accountability, Facility infrastructure, Infection prevention and control, provision of Clinical services

results of 19%. See also annex 3 on areas assessed by three-star tool. This indicator is important in-service quality yet has not been measured since 2018. As depicted above, there is increase in demand and access for maternal health services, but the government did not hire skilled health care providers in geographical regions, which indicates increased number of patients with same number or even less⁶ health care providers thus compromising the quality of health service provision. GFF is a catalyst financing mechanism and envisaged to increase Government budget share in health from 8.5% in year 2015 and to 9.75% by year 2020, this dream seems to get lost in transition. Instead of health budget increasing, it in fact decreased to 8% as of 2018, and later increased to 9% in 2019 but still below the end target of 9.75%. This may indicate less ownership and in fact challenging sustainability beyond the project span.

While USAID initially allocated \$46 million into the total project cost, the report does not reflect that amount but rather 14.52 under two different accounts/code being TF-A1567 with allocation of 4.50 with disbursement of 88% and TF-A09831 with allocation of 10.02 with zero disbursement as of June 2020. For accountability purposes, a meeting with Government, USAID, World Bank, CSOS and other donors need to be held to unlock the causes of no disbursement.

D: Unanswered questions

Findings from this analysis has left unanswered questions and concerns that need to be elaborated and cleared by key players including the World Bank, Donors, and the Government.

1. Since the loan/GFF Trust Fund ratio from the bank is 1:5, and since more loan seems to be disbursed faster (86%) than grant (74%), will the bank disburse the grant funding to match the loan disbursed even after the end of the project?
2. Why doesn't the World Bank report reflect the USAID \$46 million allocated in the Project Approval Document? Has there been a change in USAID allocation? If yes, why? And what is the implication of the change in allocation in the entire project implementation?
3. Why hasn't the Government conducted 3-star rating assessment since 2018? As well as hiring human resources for health for eight regions⁷, yet these are indicators are driver indicators? Isn't this likely to compromise with service quality?

⁶ Less HRH could because of removing ghost and unqualified health care providers in 2016

⁷ Tabora, Shinyanga, Geita, Simiyu, Mwanza, Kigoma, Mara and Kagera.



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4. In the spirit of GFF as a catalyst to stimulate domestic resources for health, why is government allocation to health decreasing instead of increasing? Will the decreasing allocation to health enable government to meet the universal health access to all Tanzania?

E: Conclusion

The GFF has contributed a big deal into strengthening primary health care as results are visible. However transparency and sustainability remain questionable. There seem to be lack of forum for partnership coordination which is likely to affect sustainability.

F: Annexes

Annex F1: DLIs with financial allocation

Priority Area	DLIs	Allocation
Institutional Readiness	DLI 1. Recipient completed all foundational activities	USD 20Mil
Institutional Performance	DLI 2. Recipient achieved all the Program annual results in institutional strengthening (national, regional, LGA)	USD 75 Mil
Performance at facility level	DLI 3. PHC facilities have improved MNCH service delivery and quality as per verified results and received payments on that basis each quarter	USD 106 Mil
Performance at LGA level	DLI 4. LGAs have improved annual MNCH service delivery and quality as measured by the LGA Scorecard	USD 82Mil
Performance at regional level	DLI 5 Regions have improved annual performance in supporting PHC services as measured by Regional Scorecard	USD 2.4 Mil
Performance at national level	DLI 6. MOHCDGEC and PO-RALG have improved annual PHC service performance as measured by the National Scorecard	USD 5.6 Mil
Capacity building	DLI 7. Completion of annual capacity building activities at all levels	USD 15 Mil

A: GFF "Strengthening Primary Healthcare for Result" summary

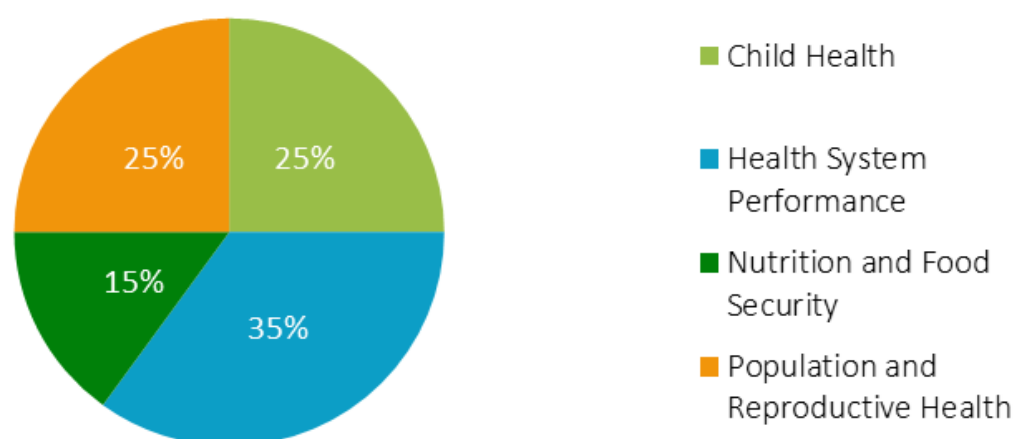
GFF program name	Strengthening Primary Healthcare for Result
Program period	May 2015 – June 2020
Program objective	Improve the quality of primary health care services nationwide with a focus on maternal, neonatal, and child health services
Investment case	The One Plan II ⁸ – RMNCAH Strategic Roadmap

⁸ The IC is co-financed with funding from World Bank (IDA), the GFF Trust Fund, ANIS and USAID, as outlined in the Project Appraisal Document (PAD)

C: GFF "Strengthening Primary Healthcare" program component allocation.

SPHCforR Program component	Budget allocation (USD Million)
Child health	75
Health system performance	105
Nutrition and food security	45
Population and reproductive health	75

Budget allocation per component of the Primary Health Care for Results program (total budget USD 300)



Annex F2: 3-star rating assessment criteria

- AREA 1: Legality – Licensing and certification
- AREA 2: Health Facility Management
- AREA 3: Use of facility data for planning and service improvement
- AREA 4. Staff performance Assessment
- AREA 5. Organization of services
- AREA 6: Handling emergencies and referrals
- AREA 7. Client focus
- AREA 8. Social Accountability
- AREA 9. Facility infrastructure
- AREA 10. Infection prevention and control
- AREA 11. Clinical services
- AREA 12. Clinical Support Service