

1ST EDITION  
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# SPOTLIGHT ON GLOBAL FINANCING FACILITY IN TANZANIA

*...to enhance civil society engagement*



- ANIS-MDTF** - Achieving Nutrition Impact at Scale Multi-Donor Trust Fund
- BEmNOC** - Basic Emergency Obstetric and Neonatal Care
- BoT** - Bank of Tanzania
- BRN** - Big Results Now
- DLIs** - Disbursement-linked Indicators
- FP** - Family Planning
- FANC** - Focused AnteNatal Care
- GBV** - Gender Based Violence
- GFF** - Global Financing Facility
- GOT** - Government of Tanzania
- HBF** - Health Basket Fund
- HSSP** - Health Systems Strengthening Programme
- HRH** - Human Resources for Health
- IMCI** - Integrated Management of Child Illnesses
- IDA** - International Development Association
- LGAs** - Local Government Authorities
- MNCH** - Maternal, Neonatal, and Child Health
- MOHSW** - Ministry of Health and Social Welfare
- PAD** - Project Appraisal Document
- PNNC** - Post Natal and Newborn care
- PHC** - Primary Health Care
- PMO-RALG** - Prime Minister's Office For Regional Administration and Local Government
- RH** - Reproductive Health
- RBF** - Results-Based Financing
- RMNCAH** - Reproductive, Maternal, Neonatal, Child and Adolescent Health
- SARA** - Service Availability and Readiness Assessment
- SDI** - Service Delivery Indicators
- USAID** - United States Agency for International Development
- VAC** - Violence Against Children

# ABOUT THE SPOTLIGHT

The GFF Spotlight is an advocacy and accountability tool aimed at improving civil society engagement, accountability and transparency of GFF implementation at country level. It is a product of content analysis and review of RMNCAH+N Investment Case, Project Appraisal Document and Health Financing Strategy through guided analytical questions.

The Spotlight provides information about; National Road Map for RMNCAH (One plan II), challenges identified by the plan, financing from IDA loan, GFF Trust Fund,

ANIS-MDTF, USAID Trust Fund, funds flow and management, strategies and operations disbursement linked indicators and timeline as well as key recommendations for actions.

The Spotlight would be used to advocate and sensitize stakeholders including members of the country multi stakeholders' platform, civil society organizations, advocates, professional bodies, parliamentarians and relevant government agencies about the GFF at country level.

- 1 Communicable diseases remain the major burden of mortality and morbidity for the population.
- 2 Progress in reducing maternal mortality and neonatal mortality has been slow.
- 3 Maternal mortality ratio remains high at 432 deaths per 100,000 live births.
- 4 Neonatal mortality rate is still high at 26 per 1,000 live births.
- 5 Stunting is persistently high (42 percent among children under five years of age), affecting over 3 million children.
- 6 Low quality of care remains a major bottleneck.
- 7 Service delivery is constrained by both a shortage and inequitable distribution of skilled human resources for health (HRH)
- 8 Accountability for results is low at all levels.
- 9 Low government spending on health and poor public financial management.

## RATIONALE FOR THE DEVELOPMENT OF THE RMNCAH ROAD MAP

The RMNCAH Road Map Strategic Plan(2016-2020) also known as “One Plan II” is to provide guidance for implementation of RMNCAH interventions in Tanzania aimed at reducing maternal, newborn, child and adolescent morbidity and mortality by putting more emphasis in the provision of quality RMNCAH services that are affordable, equitable and sustainable.

The Road Map serves as the RMNCAH+N Investment Case, of which GFF and other developmental initiatives committed to co-finance in order to accelerate progress in achieving the vision of the roadmap.

A core objective of the GFF is to support Tanzania to harmonize RMNCAH financing and to move towards sustainability by harnessing domestic resources through the implementation of the Health Financing Strategy with the following focal areas:

- 1 Creating fiscal space through efficiencies.
- 2 Better defining functions of key actors in the sector including purchasers and providers of health services.
- 3 Improving value for money with a pay-for-quality element in the planned capitation payment for PHC.

The proposed program supports the government to operationalize such strategies and includes targets for improvements in;

Domestic financing for health.

Capacity of institutions involved in purchasing and provision.

Value for money through the introduction and scale-up of performance-based financing at various levels.

Under HSSP IV and the GFF support, the Results-based Financing approach (RBF) will be introduced in at least 7 regions of Tanzania by 2019. Selection of regions for the first phase were based on socio-economic conditions and poor health maternal and child health outcomes. The focus will be on PHC facilities that will be paid based on the verified number of services provided and their quality.

The MOHSW, as the steward of the health system, is responsible for health policies, strategies, regulations, coordination and oversight for the sector and the Result Based Financing Program.

PMORALG is responsible for coordinating, providing administrative support and allocating resources for the delivery of primary health services as well as facilitates LGA to provide quality health services and manages the critical interfaces with MOF, MOHSW, DPs and LGAs.

**1** Strengthen MNCH services, including FP, FANC, Postnatal and Newborn care and EmONC.

**2** Strengthen and improve visibility of adolescent reproductive health services including strengthening the adolescent health programme.

**3** Scale up and expand the coverage for RH services, including: FP, Reproductive Cancers, Reproductive Gender Violence and Violence Against Children.

**4** Scale up coverage of the Immunization and Vaccine Development Program.

**5** Strengthen the implementation of the Integrated Management of Child Illnesses (IMCI) Interventions

Scale up newborn, infant and young child feeding services, including promotion of early initiation of breast feeding and exclusive breast feeding,

**6**

Strengthen RMNCAH interventions through the operationalization of the Annual One Plan II.

**7**

Improve the availability of RMNCAH and nutrition commodities.

**8**

Strengthen community involvement in RMNCAH and nutrition services.

**9**

Provide comprehensive health promotion and education services in all RMNCAH programmes.

**10**

Strengthen the RMNCAH Management Information System and Operational Research.

**11**

- The RMNCAH Road Map Strategic Plan (2016-2020) which serves as the RMNCAH Investment Case is costed at US\$2.62 Billion or 55% of the GOT's Health Sector Budget over the next five years.
- The IC is co-financed with funding from World Bank (IDA), the GFF Trust Fund, ANIS-MDTF and USAID totaling US\$300 million, representing 11.5% of the total program cost of the Road Map Strategic Plan.
- Other Development Partners were expected to contribute US\$290 million (or 11.1%) through parallel financing.
- The GOT was expected to finance the remaining balance of US\$2,030 billion or 77.5% of the program cost

Figure 1

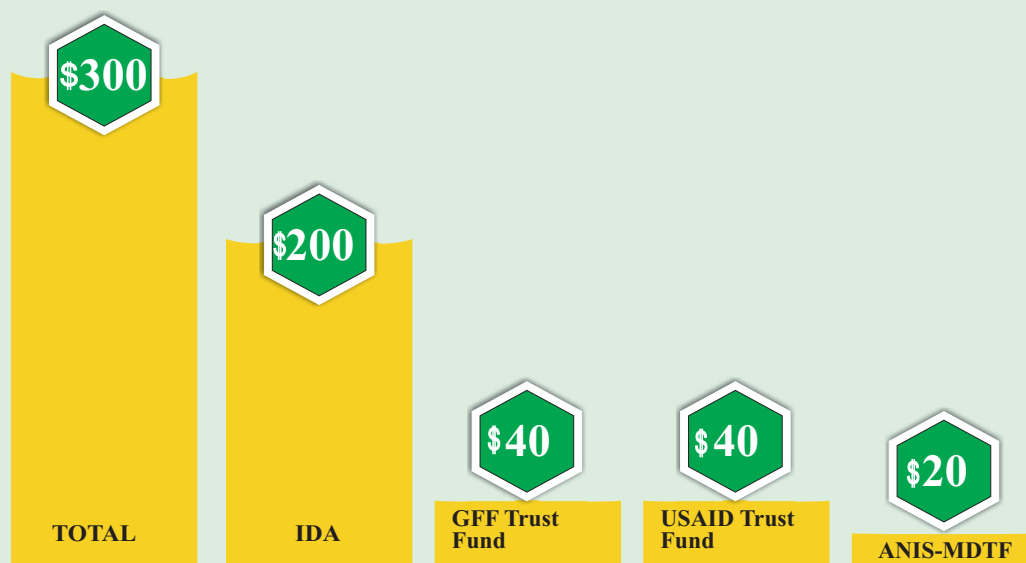
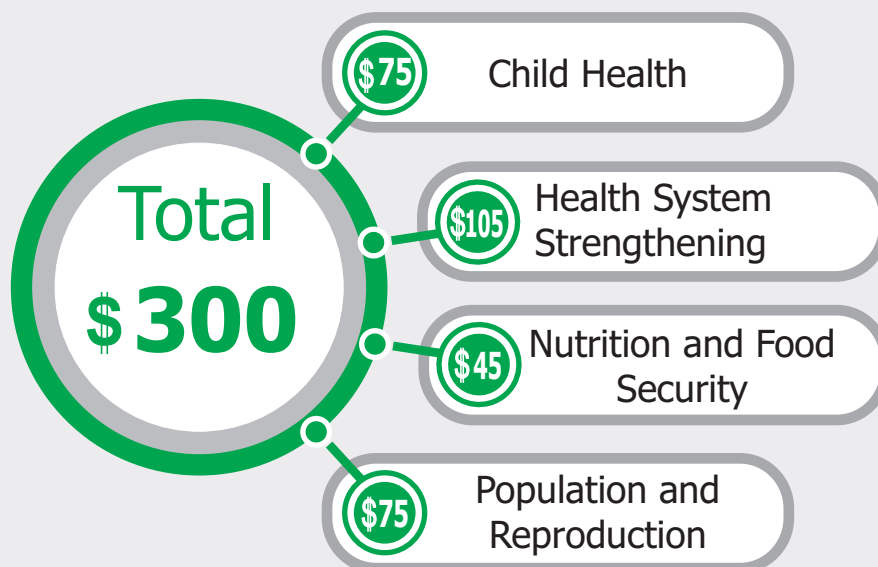


Figure 1 shows distribution of finances according to sources

## ALLOCATION OF FUNDS ACROSS INTERVENTION AREAS IN USD MILLIONS (2016-2020)

Figure 2



# TIMELINE FOR DISBURSEMENT OF FUNDS

There are a total of 7 Disbursement Link Indicators which are a combination of actions, intermediate outputs and outputs. Disbursement is tied to achieving targeted results set under each indicator in a given year.

Disbursement Link Indicators	USD Million	2016	2017	2018	2019	2020
A robust system-level framework for the program	20	X	X			
Program annual results in institutional strengthening at all levels	75	X	X	X	X	X
Facility Performance	100	X	X	X	X	X
LGA Performance	82		X	X	X	X
Regional Performance	2.4		X	X	X	X
National Performance	5.6		X	X	X	X
Capacity building at all Government	15		X	X	X	X
<b>Total</b>	<b>300</b>					



The overall fund management objective as detailed in the project appraisal document is to ensure timely and adequate funds are available to finance program implementation.

## Below highlights step by step on funds flow

**01**

Funds flow from IDA and World Bank-managed trust funds including GFF Trust Fund into three separate government-owned holding accounts for (1) HBF, (2) RBF, and (3) Central Support. All the three accounts are at the Bank of Tanzania and denominated in United States Dollars.

**02**

From the three government-owned holding accounts for (1) HBF, (2) RBF, and (3) Central Support, funds are transferred to the Consolidated Fund Sub-Account for the Program denominated in local currency also at the Bank of Tanzania.

**03**

From the Consolidated Fund Sub-Account for the Program funds are remitted directly to MoHSW, PMORALG, LGAs and health facilities' bank accounts held by commercial banks.

**04**

From the commercial banks' accounts of the MoHSW, PMORALG, LGAs and health facilities, funds are disbursed for specific program interventions as agreed in the workplan.

**01**

Facilitate meetings and dialogue with relevant senior government officials, GFF Liaison and focal officers and development partners to ascertain the role of GFF in operationalizing the health financing strategies and improvements in domestic financing for health

Use the GFF spotlight to continue to educate and sensitize civil society organizations and relevant stakeholders about GFF implementation in Tanzania especially in the 7 targeted regions.

**02**

**03**

Use the GFF Spotlight to improve access to information and promote financial accountability for the GFF in Tanzania

Use the GFF spotlight to facilitate meetings to ascertain adherence to specific disbursement timelines and conditions for all implementing institutions.

**04**

**05**

Facilitate meetings with civil society leaders and young people to ascertain their level of participation and meaningful engagement in tracking GFF finances in Tanzania.

# ABOUT THE TANZANIA GFF CSOs COORDINATING GROUP

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The Tanzania GFF CSOs Coordinating Group has membership from all the eight GFF implementing regions. It has three sub groups: (1) advocacy, (2) monitoring and accountability, and (3) capacity development. Health Promotion Tanzania (HDT) serves as the CSO focal point and the secretariat of the Coordinating Group promoting accountability and transparency for RMNCAH+N.

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