Increasing GFF impact on RMNCAH in Tanzania;

critical issues to consider

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

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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 four years of implementation up to December 2019. Tanzania has recorded remarkable program achievements in primary healthcare which is manifested in increase of institutional deliveries, dispensaries with skilled healthcare providers, provision of vitamin A supplements and availability of 10 tracer medicines.

Even with the commendable achievements, it is equally important to note the implementation has realized some 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 put forward critical issues that require consideration by the Government, World Bank, USAID and Development Partners if this program was to achieve optimal results. (i) There is low disbursements from the 3 trust funds (GFF, USAID and PoN) as compared to IDA. The root causes of this need to be jointly discussed by partners and solution (s) implemented. This is important to increase absorption capacity of government between now and June 30, 2021. (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. To make overall assesment of the program, all funding streams need to be considered. In particular to USAID grant, were there changes and if yes, how does that affect the overall project implementation? (iii) Why hasn't the Government conducted 3-star rating assessment since 2018?. Has there been partners meeting to discuss the implication on overall program performance more importantly on quality of services? Noting that this indicator affects both quality of service delivered and program monitoring, (v) The restructuring paper has been written by the bank, with no consultation of Government and has proposed changes in indicators including dropping driver indicators such as number of permits for hiring health workers in nine critical regions, has this been agreed among partners? Has overall implication of dropping this indicator been thought through, particularly on quality of services?, (v) The program was exepected to stimulate domestic funding for health, but the governemnt financing to health has been decreasing indicating low embedment of the program in government machinery and 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 Platiform.

A: Introduction and program context

This is the fifth year of implementation of Global Financing Facility (GFF[1]) 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.**

Text box 1: Financiers for GFF in TZA

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

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 was ending June 30th 2020, the bank has unilaterally 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. 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.

B: Methodology

We have conducted secondary data analysis[2], 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.

C1: Limited inclusive multi-stakeholder country palatiform in GFF processes

The start-up of GFF in Tanzania was marked with high level of limited partners involvement and consultation even within Government machinery itself. Civil Society Organization (CSOs) and other

[1] 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.

[2] **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

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 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 dropping indicator on "annual employment permits for PHC given to the 9 critical regions". The reason provided is that the mandate for recruitments 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 grossly underperformed and still there are lots of unknown. 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 bank to discuss how best would this grant be spent including USD 20 million unallocated.

C2: Financial Performance

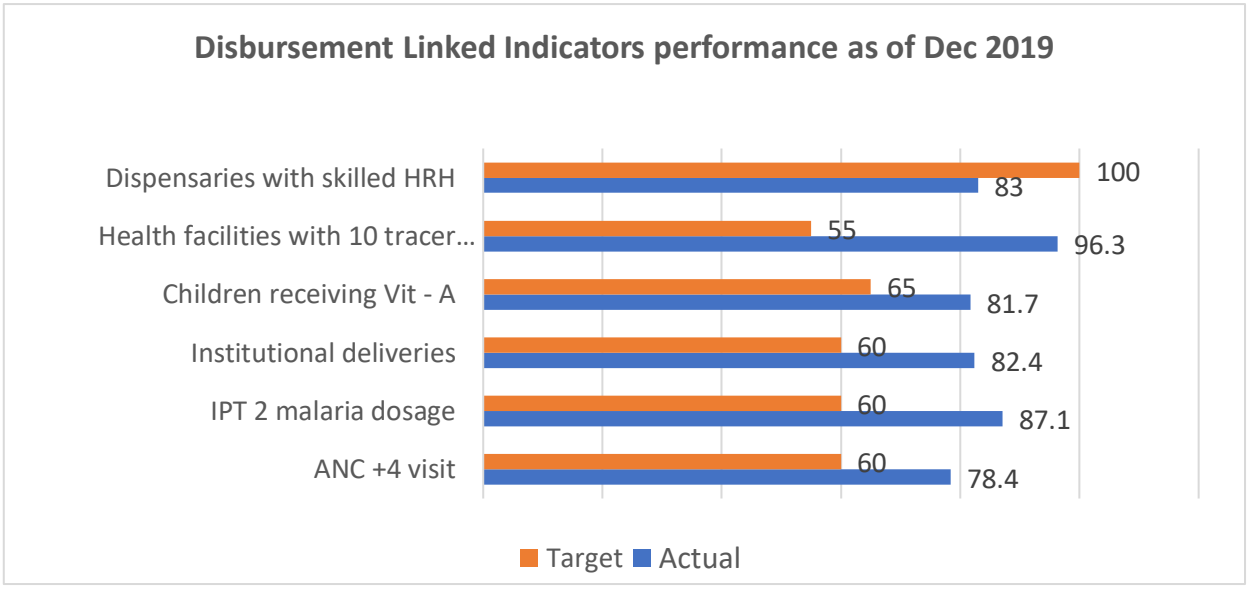
The project cost at the outset was USD 306 million and in four years disbursement has varied across the financier. The table below summarizes disbursement for WB-IDA, WB-TF, USAID-TF and PoN TF. In four years, the disbursement has been USD 199.08 (65.1%), with remaining USD 106.92 Million (34.9%). There is no information on disbursement for other donors ($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.

For four years of implementation, most of disbursements were from the World Bank (IDA and Trust Fund). USAID disbursement was only 8.7% and Power of Nutrition was 43.9%. These slow disbursements and absorption need to be discussed by Government, Donors, CSOs and the bank to identify reasons and develop joint plan to expedite implementation. As noted above, if spending for four years was 65.1% including foundation activities, it is highly unlikely that the remaining 34.9% will be spent in a span of one year.

Financier	Amount (USD Mil)	Disbursed	% disbursed	Remaining USD Mil
IDA	200	159.43	79.7%	40.57
GFF TF	40	26.89	67.2%	13.11
USAID TF	46	3.98	8.7%	42.02
PoN TF	20	8.78	43.9%	11.22
Totals	**306**	**199.08**	**65.1%**	**106.92**

C3: Technical Performance

The selection of the georgraphical 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 December 14th, 2019, 7 of 13 indicators met annual target. Health Facilities with continous availability of medicine increased above target, vitamin A supplement, ANC4+ and facility deliveries were all above target. The figure below summarizes the technical performance.



The GFF disbursement linked indicators targeted reaching 104 CEmONC facilities by end of the project. As of Dec 2019, the World Bank report indicates only 44 facilities (42%) in the GFF regions have been upgraded to CEmONC. The restructuring paper allocates USD 262,500 for each upgraded facility, but the government may not be well positioned to exploit 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.

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-star[3] assessment was last done in 2018, giving 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 less[4] health care providers thus compromising the quality of health service provision. GFF is a catalyst financing mechanism and envisaged to increase domestic resources for 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 2019, even below the 2015 proportion. 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 Dec 2019. For accountability purposes, a meeting with Government, USAID, 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. At the 4th year, why is disbursement as low as 65%? Much less for USAID grant, Power of Nutrition, GFF Trust Fund? What are causes and what each party needs to do to expedite the disbursement process?

2. Since the loan/GFF Trust Fund ratio from the bank is 1:5, and since more loan seems to be disbursed than grant, will the bank disburse the grant funding to match the loan disbursed even after the end of the project?

3. 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?

5. Why hasn't the Government conducted 3-star rating assessment since 2018? As well as hiring human resources for health for eight regions[5], yet these are indicators are driver indicators? Isn't this likely to compromise with service quality?

[3] Three 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

[4] Less HRH could because of removing ghost and unqualified health care providers in 2016

[5] Tabora, Shinyanga, Geita, Simiyu, Mwanza, Kigoma, Mara and Kagera.

6. 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?

7. The Project Approval document enlist all funding sources as shown in section A of this document, why is the bank only reporting only reporting on IDA and Trust Fund?

E: Conclusion

The GFF has contributed a big deal into strengthening primary health care as results are visible. It is 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	DLI1. 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

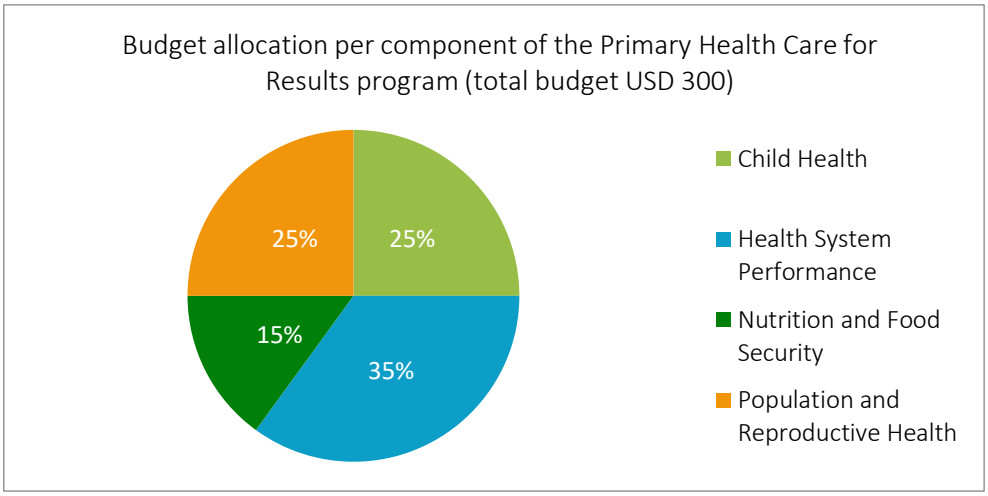
A: GFF "Strengthening Primary Healthcare for Result" summary

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[6] – RMNCAH Strategic Roadmap

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

[6] 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)



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