



Strengthening Primary Health Care for Results (P152736)

AFRICA | Tanzania | Health, Nutrition & Population Global Practice |
IBRD/IDA | Program-for-Results | FY 2015 | Seq No: 3 | ARCHIVED on 05-Oct-2016 | ISR25152 |

Implementing Agencies: The Prime Ministers Office for Regional Administration and Local Government, Ministry of Health and Social Welfare

Program Development Objectives

Program Development Objective (from Program-for-Results Appraisal Document)

The Program Development Objective is to improve the quality of primary health care (PHC) services nationwide with a focus on maternal, neonatal and child health (MNCH) services.

Overall Ratings

Name	Previous Rating	Current Rating
Progress towards achievement of PDO	● Satisfactory	● Satisfactory
Overall Implementation Progress (IP)	● Satisfactory	● Moderately Satisfactory
Overall Risk Rating	--	● Moderate

Implementation Status and Key Decisions

The Credit (Cr. 5643) for the PHC4R Program, in the amount of SDR 145 million (US\$200 million equivalent), was approved by the Board on May 28, 2015, signed on August 25, 2015 and was declared effective on November 5, 2015. Three grants adding to a total of US\$106 million complement the IDA credit in financing the PHC4R Program. The grants are: (i) Tanzania Multi-Donor Trust Fund for the Global Financing Facility (GFF) in Support of Every Woman Every Child Project (Grant No. TF0A0270; US\$40 million); (ii) USAID Trust Fund Agreement (Grant No. A1566; US\$46 million) and (iii) Achieving Nutrition Impact at Scale Multi-donor Trust Fund Grant Agreement (Grant No. TF0A0261; US\$20 million). The grants became effective on July 20, 2016. To date 25% has been disbursed from the credit and 13% of the grants.

Data on Financial Performance

Disbursements (by loan)

Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	Disbursed
P152736	IDA-56430	Effective	USD	200.00	200.00	0.00	50.46	151.81	25%
P152736	TF-A0261	Effective	USD	20.00	20.00	0.00	2.50	17.50	13%
P152736	TF-A0270	Effective	USD	40.00	40.00	0.00	5.00	35.00	13%
P152736	TF-A1567	Effective	USD	4.50	4.50	0.00	1.13	3.38	25%

Key Dates (by loan)



Project	Loan/Credit/TF	Status	Approval Date	Signing Date	Effectiveness Date	Orig. Closing Date	Rev. Closing Date
P152736	IDA-56430	Effective	28-May-2015	25-Aug-2015	05-Nov-2015	30-Jun-2020	--
P152736	TF-A0261	Effective	28-May-2015	23-May-2016	20-Jul-2016	30-Jun-2020	--
P152736	TF-A0270	Effective	28-May-2015	23-May-2016	20-Jul-2016	30-Jun-2020	--
P152736	TF-A1567	Effective	23-May-2016	23-May-2016	20-Jul-2016	30-Jun-2020	--

Risks

Systematic Operations Risk-rating Tool

Risk Category	Rating at Approval	Previous Rating	Current Rating
Political and Governance	--	--	● Moderate
Macroeconomic	--	--	● Moderate
Sector Strategies and Policies	--	--	● Low
Technical Design of Project or Program	--	--	● Moderate
Institutional Capacity for Implementation and Sustainability	--	--	● Moderate
Fiduciary	--	--	● Moderate
Environment and Social	--	--	● Low
Stakeholders	--	--	● Low
Other	--	--	--
Overall	--	--	● Moderate

Disbursement Linked Indicators (DLI)

► DLI 1: Recipient has completed foundational activities (Yes/No)

	Baseline	Actual (Previous)	Actual (Current)
Value	N	--	N
Date	25-Aug-2015	--	15-Sep-2016

Comments

DLI 1 RESULTS

4 Completed/Achieved (DLR 1.2; 1.4; 1.5; 1.6).

3 Partially completed/Partially Achieved (DLR 1.3; 1.7; 1.8)

1 Not completed/Not Achieved (DLR 1.1).

DETAILED ASSESSMENT:

1 A 5 year capacity building plan for the program has been elaborated: NOT COMPLETED. The report will be available at end October 2016.

2 Data Quality Audit tool prepared: COMPLETED. National DQA guidelines and tool have been developed and field tested; training materials have been developed; national training of trainers (TOTs) have been trained. Dissemination to the Regions is the next step.

3 Financial instructions for health facility accounts prepared and disseminated to all LGAs: PARTIALLY COMPLETED. Financial Management



Guidelines for Public Health Facilities have been issued in 2015. The IAG Verification reported that the guidelines have not been disseminated to health facilities.

4 Verified baseline data (for 2014) and targets for performance indicators: COMPLETED. Report is available.

5 List of operational health facilities and GPS locations prepared: COMPLETED (7,356 facilities have been mapped which includes public, private and faith-based organizations). The data are publicly available at www.hfrportal.ehealth.go.tz.

6 Completion of BeMONC and CeMONC assessment in the five BRN RMNCAH regions: COMPLETED. BeMONC and CeMONC assessment in the 5 BRN RMNCH regions has been completed.

7 Eight selected health centres in the five BRN RMNCAH regions meeting CeMONC standards: PARTIALLY ACHIEVED. Target: 8; Actual: 5.

8 At least 70 percent of health centres in the five BRN RMNCAH regions meeting BeMONC standards: PARTIALLY ACHIEVED. Target: 70%; Actual: 27.3% (Source: BEmONC/CeMONC Needs Assessment Study for 8 BRN regions).

► DLI 2: Recipient has achieved all of the Program annual results in institutional strengthening at all levels (Yes/No)

	Baseline	Actual (Previous)	Actual (Current)
Value	N	--	N
Date	25-Aug-2015	--	15-Sep-2016

Comments

DLI 2 RESULTS

1 Completed/Achieved (DLR 2.3).

4 Partially completed/Partially achieved (DLR 2.1; 2.2; 2.4; 2.5).

0 Not completed/Not achieved.

DETAILED ASSESSMENT:

1 Percentage of council whose annual comprehensive Council Health Plan (CCHP) passes the first round of assessment: PARTIALLY ACHIEVED. Target: 55%; Actual: 53%.

2 Action Plans of Audits of PMORALG and MOH received within 2 months of the official release of the controller and Auditor General(CAG) report: PARTIALLY ACHIEVED.

3 Percentage of PHC facilities with bank accounts opened according to guidelines from Ministry of Finance and Planning (MOFP)/CAG: ACHIEVED. Target: 10%; Actual: 34%.

4 Percentage of annual employment permits for PHC staff given to the 9 critical regions: PARTIALLY ACHIEVED. Target: 33%; Actual: 32%.

5 Percentage of completion of "Star Rating Assessment" of PHC facilities: PARTIALLY COMPLETED. Target: 25; Actual: 20).

► DLI 3: PHC facilities have improved maternal, neonatal and child health services delivery and quality as per verified results and received payments on that basis each quarter (Number)

	Baseline	Actual (Previous)	Actual (Current)
Value	0.00	--	--
Date	25-Aug-2015	--	--

Comments

These results will be measured once RBF has been rolled out.

► DLI 4: LGAs have improved annual maternal, neonatal and child health services delivery and quality as measured by the LGA Balance Score Card . (Percentage)



	Baseline	Actual (Previous)	Actual (Current)
Value	0.00	--	--
Date	25-Aug-2015	--	--
Comments			
DLI 4 RESULTS			
7 Completed/Achieved (DLR 4.1; 4.2; 4.5; 4.6; 4.9; 4.10; 4.11).			
5 Partially completed/Partially achieved (DLR 4.3; 4.4; 4.7; 4.8; 4.12).			
DETAILED ASSESSMENT:			
This recurrent DLI will be applicable from Year 2 onwards and the aggregated indicator will be calculated for the next ISR. Below is an update on the DLI sub-indicators.			
1 Percentage of pregnant women attending four or more antenatal care visits (ANC4): ACHIEVED. Baseline: 35%; Target: 38%; Actual: 38%.			
2 Proportion of mothers who received 2 doses of intermittent preventive treatment (IPT2) for malaria during last pregnancy: ACHIEVED. Baseline: 34%; Target: 36%; Actual: 57%.			
3 Percentage of institutional deliveries: PARTIALLY ACHIEVED. Baseline: 64%; Target: 67%; Actual: 63%.			
4 Percentage of women of reproductive age (15-49 years) using modern family planning methods : PARTIALLY ACHIEVED. Baseline: 38%; Target: 39%; Actual: 34%.			
5 Percentage of pregnant women who receive adequate quantity of iron and folate tablets during their current ANC visit: ACHIEVED. Baseline: 56%; Target: 59%; Actual: 67%.			
6 Proportion of children 12-59 months receiving at least one dose of Vitamin A supplementation during the past year: ACHIEVED. Baseline: 63%; Target: 65%; Actual: 72%.			
7 Percent of PHC facilities with "3 stars" rating or higher: PARTIALLY ACHIEVED. Baseline: 0%; Target: 10%; Actual: 1%.			
8 Number and percentage of Public primary health facility with at least one skilled staff: PARTIALLY ACHIEVED. Baseline: 91%; Target: 93%; Actual: 90%.			
9 Percentage of PHC facilities with continuous availability of 10 tracer medicines (medicines, vaccines, medical devices) in the past year: ACHIEVED. Baseline: 30%; Target: 35%; Actual: 45%.			
10 Percentage of LGAs with functional Council Health Service Boards (meeting quarterly): ACHIEVED. Baseline: 57%; Target: 60%; Actual: 85%.			
11 Percentage of completeness of quarterly DHIS 2 entry by LGA (MTUHA phase one forms by Day 30 after the end of each quarter): ACHIEVED. Baseline: 88%; Target: 89%; Actual: 89%.			
12 Percentage of LGAs with unqualified opinion in the external audit report. PARTIALLY ACHIEVED. Baseline: 80%; Target: 85%; Actual: 29%.			

► DLI 5: Regions have improved annual performance in supporting PHC services as measured by Regional Balance Score Card. (Percentage)

	Baseline	Actual (Previous)	Actual (Current)
Value	0.00	0.00	--
Date	25-Aug-2015	--	--
Comments			
DLI 5 RESULTS			
0 Completed/Achieved.			
1 Partially completed/Partially achieved (DLR 5.2).			
1 Not completed/Not achieved (DLR 5.1).			
DETAILED ASSESSMENT:			
This recurrent DLI will be applicable from Year 2 onwards and the aggregated indicator will be calculated for the next ISR. Below is an update on the DLI sub-indicators.			
1 RHMTs required biannual data quality audits (DQA) for LGAs that meets national DQA standards. NOT ACHIEVED. Baseline: 0%; Target:			



100%; Actual: 0%.
2 RHMT's Required annual supportive supervision visits for LGAs that meets national supervision standards. PARTIALLY ACHIEVED.
Baseline: 50%; Target: 100%; Actual: 73%.

► DLI 6: MOHSW and PMO-RALG have improved annual PHC service performance as measured by National Balance Scorecard (Percentage)

	Baseline	Actual (Previous)	Actual (Current)
Value	0.00	0.00	--
Date	25-Aug-2015	--	--

Comments

DLI 6 RESULTS

- 1 Completed/Achieved (DLR 6.3; 6.4).
- 2 Partially completed/Partially achieved (DLR 6.1; 6.2).
- 1 Not achieved/completed (DLR6.3).

DETAILED ASSESSMENT:

This recurrent DLI will be applicable from Year 2 onwards and the aggregated indicator will be calculated for the next ISR. Below is an update on the DLI sub-indicators.

- 1 Average of LGA performance score: PARTIALLY COMPLETED. Baseline: 0%; Target: 80%; Actual: 53.5%.
- 2 Average of Regional performance Scores: PARTIALLY COMPLETED. Baseline: 0%; Target: 50%; Actual: 27.6%.
- 3 Percentage of unsupported expenditure in MOH/PORALG in their annual audit. NOT ACHIEVED. Baseline: 0%; Target: 0%; Actual: 8%.
- 4 Percentage of LGA's receiving CHF matching funds: COMPLETED. Baseline: 0%; Target: 17%; Actual: 52%.

► DLI 7: Completion of annual capacity building activities at all levels as per the agreed annual plans. (Yes/No)

	Baseline	Actual (Previous)	Actual (Current)
Value	N	--	N
Date	25-Aug-2015	--	15-Sep-2016

Comments

The Capacity Building Plan (under DLI#1) is being prepared and the identification and implementation of capacity building activities will follow from there.

Results

Results Area

Intermediate Results Area

Intermediate Results Area 1: Health financing, public financial management



Intermediate Results Area 2: Performance Management

Intermediate Results Area 3: Human Resource for Health (HRH)

Intermediate Results Area 4: Supply chain management

Intermediate Results Area 5: RMNCAH continuum

Intermediate Results Area 6: M&E, supervision, and capacity building

Project Development Objective Indicators

► PHC facilities with 3- Star Ratings and Above (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.62	1.40	50.00
Date	25-Aug-2015	09-Mar-2016	15-Sep-2016	30-Jun-2020

Comments

Source: IAG Report (2016; p40).

The value in the Star Rating Assessment Report (2016; p6) was 2.4%.

3% achieved (a 1% point increase compared to the targeted 50% point increase).

The poor results of the Star Rating Assessment has surprised MOH and PORALG: 36% of facilities had a 0-star rating; 52% had a 1-star rating; 11% had a 2-star rating; and 1.4 had a 3-star rating. No facilities were rated 4 or 5 stars. While the results may have confirmed some of our own concerns about quality of service delivery, the great advantage of the SRA is that it has a high degree of ownership and credibility to spur action. There is high level of interest in parliamentarians in the Star Ratings, and the SRA results will be now presented annually to Parliament (Social Affairs Committee).

► Pregnant women attending 4 or more ante-natal care (ANC) visits (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	41.20	38.70	50.70	60.00
Date	25-Aug-2015	09-Mar-2016	15-Sep-2016	30-Jun-2020

Comments

Source: DHS Prelim Results (2016, p22).

The value in the IAG Verification Report is 38% (2016; p27).

51% achieved (a 10% point increase compared to the targeted 19% point increase).



► ANC attendees receiving at least 2 doses of intermittent preventive treatment (IPT2) for malaria (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	42.52	56.30	34.60	60.00
Date	25-Aug-2015	09-Mar-2016	15-Sep-2016	30-Jun-2020

Comments

Source: IAG Verification Report (2016; p29).
The value in the HMIS/DHIS is 57%.

The latest DHS estimate is lower than the baseline, which was based on the HMIS data. DHS is the preferred data source for this indicator.

► Institutional deliveries (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	44.72	63.00	60.20	60.00
Date	25-Aug-2015	09-Mar-2016	15-Sep-2016	30-Jun-2020

Comments

Source: DHS Prelim Results (2016; p22).
The value in the IAG Verification Report is 63% (2016; p33).

The target has been achieved.

► Proportion of children 12-59 months receiving at least one dose of Vitamin A during the previous year (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	51.00	60.00	72.00	65.00
Date	25-Aug-2015	09-Mar-2016	15-Sep-2016	30-Jun-2020

Comments

Source: IAG Verification Report (2016; p38).

The target has been exceeded (a 21% point increase compared to the targeted 14% point increase).

Overall Comments



Two out of the 5 PDO indicators have been achieved (PDOI# 4, 5), and one is over 50% achieved (PDOI#2). The remaining 2 have either shown a very small increase (PDOI #1) or a slight worsening (PDOI# 3).

Intermediate Results Indicators

► Share of health in total government budget (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	8.50	11.20	11.20	9.75
Date	25-Aug-2015	01-Mar-2016	01-Mar-2016	30-Jun-2020

► Councils with unqualified opinion in the annual external audit report (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	80.00	--	29.00	90.00
Date	25-Aug-2015	--	15-Sep-2016	30-Jun-2020

Comments

47 LGAs out of the 164 LGAs audited by the CAG had an unqualified audit report. In the previous year 150 facilities had unqualified audit statements. The main reason for the dramatic decrease is because LGAs did not value their assets in accordance with the International Public Sector Accounting Standards (IPSAS) which was introduced in 2014/15.

► Completion of "Star rating" assessment of PHC facilities as per the two-year cycle (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	70.00	50.00
Date	25-Aug-2015	--	15-Sep-2016	30-Jun-2020

Comments

Target exceeded (a 70% point increase compared to a targeted 50% point increase).

► RBF facilities receiving timely RBF payment on the basis of verified results every quarter (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	--	95.00
Date	25-Aug-2015	--	15-Sep-2016	30-Jun-2020



► LGAs with functional Council Health Service Boards (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	86.30	58.00	85.00	100.00
Date	25-Aug-2015	01-Mar-2016	15-Sep-2016	30-Jun-2020

Comments

Compared to the baseline a small (1% point) decrease was observed.

► Annual employment permits for PHC given to the 9 critical regions (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	32.00	--	5.00	30.00
Date	25-Aug-2015	--	15-Sep-2016	30-Jun-2020

Comments

Compared to the baseline a 27% point decrease was observed.

► Health facilities with continuous availability of 10 tracer medicines in the past year (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	30.60	70.00	45.00	55.00
Date	25-Aug-2015	--	15-Sep-2016	30-Jun-2020

Comments

59% achieved (a 14% point increase compared to the targeted 24% point increase)

► Health facilities with CEmOC (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
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Value	79.00	--	--	104.00
Date	25-Aug-2015	--	15-Sep-2016	30-Jun-2020

► Completeness of quarterly HMIS data entered in DHIS by LGA (by the end of month after quarter ends) (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	89.50	92.00	89.00	95.00
Date	25-Aug-2015	09-Mar-2016	15-Sep-2016	30-Jun-2020

Comments

Compared to the baseline a small (1% point) decrease was observed.

► RHMT's required biannual data quality audits (DQA) for LGAs that meets national DQA standards (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	--	90.00
Date	25-Aug-2015	--	15-Sep-2016	30-Jun-2020

► Completion of annual capacity building activities compared to agreed annual plans (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	--	90.00
Date	25-Aug-2015	--	15-Sep-2016	30-Jun-2020

► Dispensaries with skilled HRH (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	91.00	--	90.00	100.00
Date	25-Aug-2015	--	15-Sep-2016	30-Jun-2020

► RHMT's required annual supportive supervision visits for LGAs that meets national supervision standards (Percentage, Custom)



	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	--	90.00
Date	25-Aug-2015	--	15-Sep-2016	30-Jun-2020

Overall Comments

Two of the 13 IO indicators have been achieved (IOI# 1, 3), and one is over 50% achieved (IOI#7). In 6 IO indicators there was either little or no change (IOI# 5, 9, 11, 12) or 2 were significantly worse (IOI# 2, 6). There was no data for 4 indicators (IOI# 4, 8, 10, 13).