Early Warning System

WB-P168734

Zimbabwe Health Sector Development Support Project IV - AF

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Quick Facts

Countries	Zimbabwe
Financial Institutions	World Bank (WB)
Status	Approved
Bank Risk Rating	B
Voting Date	2018-12-14
Borrower	Government of Zimbabwe
Sectors	Education and Health
Investment Type(s)	Advisory Services
Project Cost (USD)	$ 10.20 million

Project Description

Original PDO
The Project Development Objective (PDO) is to increase coverage of key maternal and child health interventions in targeted rural districts consistent with the Recipient's ongoing health initiatives.

Current PDO
The proposed PDO is to increase coverage and quality of key MCH services in targeted rural and urban districts and strengthen institutional capacity for RBF contract management, consistent with the Recipients' ongoing health initiatives.

Given Zimbabwe's fragile state context, the HSDS Project has proven to be an effective mechanism for reaching poor populations with a package of priority services with a focus on MCH. The project enables financing to flow directly to front-line service providers while increasing accountability for performance and for financial resources by health providers in rural areas and low-income urban and periurban areas. In addition, the project directly strengthens health system planning and management
capacity at decentralized levels. The HSDSP has thus made key contributions to the wider Zimbabwe health system. These contributions are referenced in the Budget Strategy Papers and Budget Statements of the Ministry of Finance and Economic Development (MOFED) and include: (a) Increased accountability for results and quality, particularly at health facilities and within their catchment area communities; (b) improved accuracy and timely reporting of health service delivery data by health facilities due to RBF penalties and rewards; (c) Increased health facility supervision by District Health Executives (DHEs) and Provincial Health Executives (PHEs), which the quarterly RBF grants enabled; (d) Strengthened planning and utilization of resources at the health facility level through support provided by RBF for planning and
prioritization of funding received; and (e) Enhanced community participation through health center committees (HCCs).

The proposed AF aims to bridge the US$3.0 million financing gap need to further institutionalize RBF and will continue to support the three original components of the parent project. These three components are: Component 1: Delivery of Packages of Key Maternal, Child and Other Related Health Services; Component 2: Management and Capacity Building in RBF; and Component 3: Monitoring and Verification of Results. Specifically, the proposed AF will support the following activities listed below,
including additional quality improvement innovation and institutional strengthening activities:

i. System improvements, including TA to support RBF institutionalization related to policy, procurement, public finance management, information systems, monitoring and evaluation, and the RBF quality component
ii. Consultant staffing costs to support the MOHCC, while steps are taken to create regular staff positions within the Government structure
iii. The urban vouchers program and the pay-for-quality mechanism that supports ultrapoor households in urban areas
iv. Operational costs

Investment Description

- World Bank (WB)

Contact Information

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Bank Documents

- Project Information Document-Integrated Safeguards Data Sheet - Zimbabwe Health Sector Development S [Original Source]

Other Related Projects

- WB-P125229 Health Sector Development Support Project