

RMNCAH in Tanzania



**GFF Investors Group Meeting
Dar es Salaam**

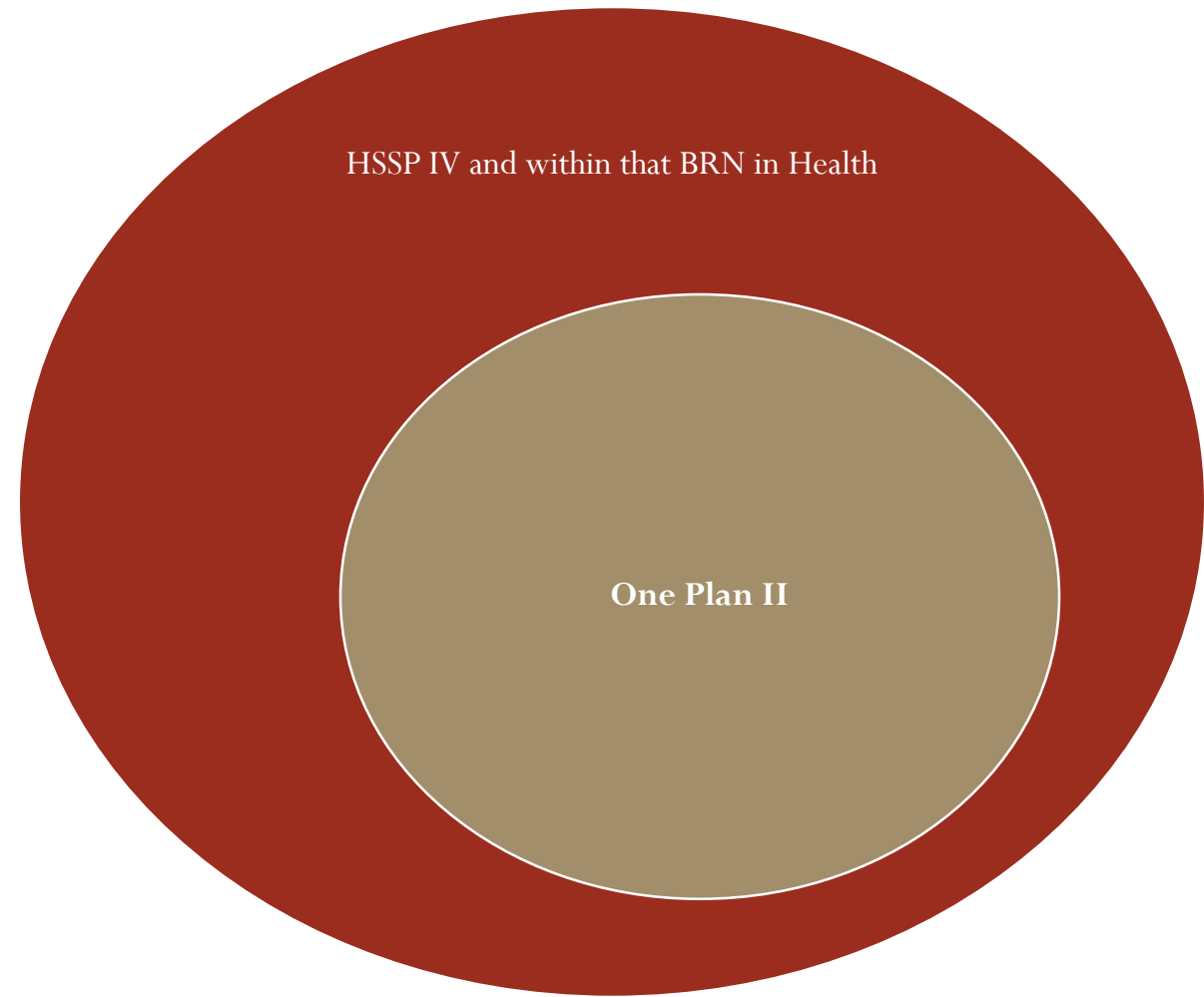
Outline

- A. RMNCAH in Tanzania**
- B. Government's Approach to RMNCAH**
 - 1. Align all Partners behind a Single Plan
 - 2. Focus on Results
 - 3. Use an Integrated Service Delivery approach to RMNCAH
- C. RMNCAH Coordination Platform in Tanzania**
- D. GFF Trust Fund in Tanzania (together with World Bank, USAID and Power of Nutrition)**
- E. Selected Interventions showing Focus on Results for RMNCAH**
 - 1. Star Rating Assessment
 - 2. LGA Scorecards
 - 3. Results-based Financing
- F. Health Financing**

RMNCAH in Tanzania

Policy Environment

- Health Policy (2007) has prioritized RMNCH services
- RMNCAH services have been built on the HSSP IV which implements Health Policy
- Through One Plan II which was launched 2016 along with the RMNCAH Score Card



Overview of One Plan II

MISSION: To promote, facilitate, and support in an integrated manner, the provision of comprehensive, high impact, and cost effective RMNCAH and nutrition services, along the continuum of care to men, women, newborns, children, and adolescents

KEY STRATEGIES:

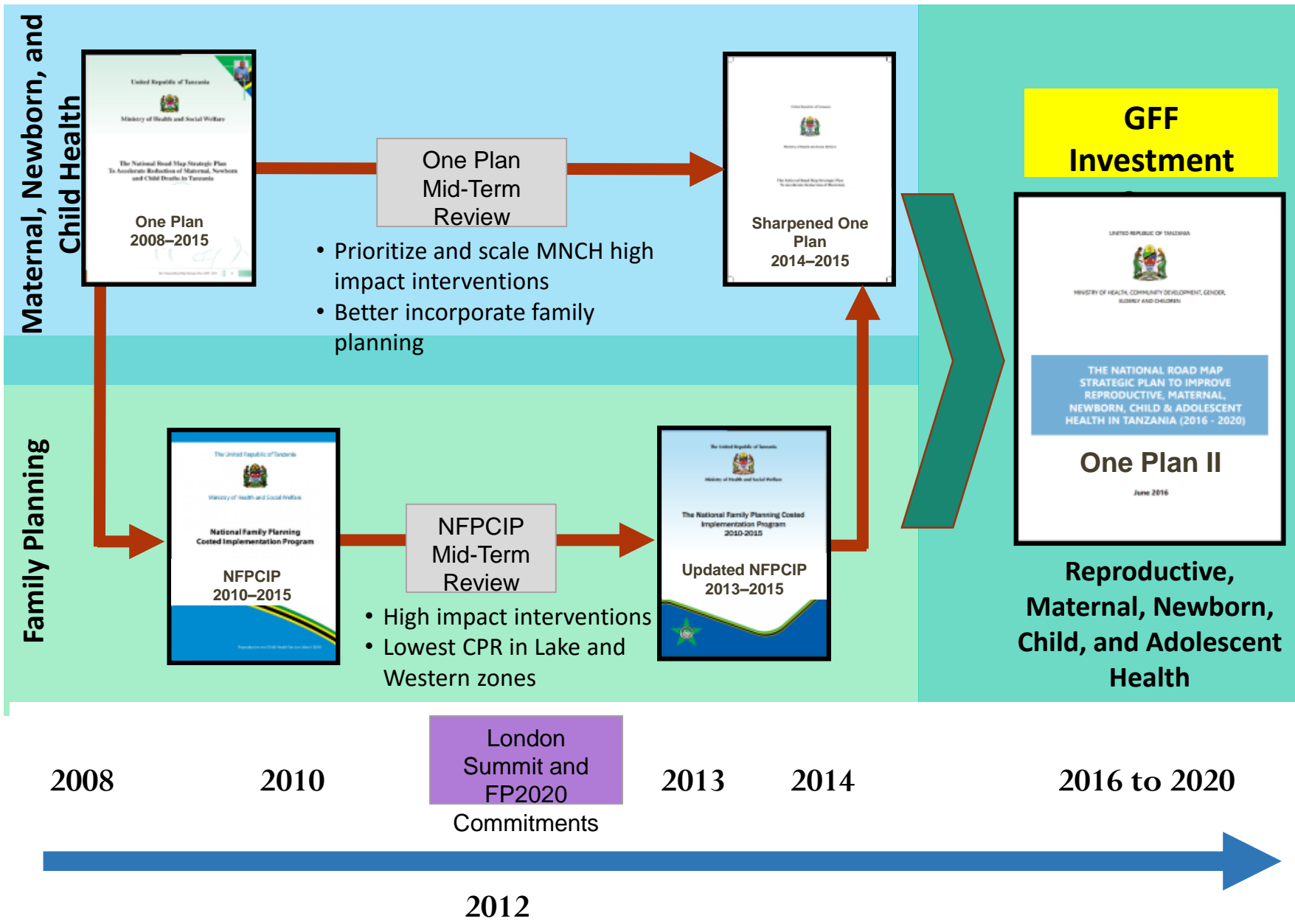
- Strengthen reproductive, maternal, newborn, child, and adolescent health
- Scale-up the child health program
- Strengthen response to cross-cutting issues, e.g., commodities, community involvement, demand, HMIS

“One Plan II” (2016-2020) launched in June 2016 along with the RMNCAH Score Card
Guides the implementation of RMNCAH interventions across all levels of the health system

Key areas of focus:

Re-defined FP within the broader RMNCAH context
Care at birth, Post Partum and PNC (HRH - Skilled health care providers)
Commodity Security
Prioritized Adolescent and youth SRH services

LINK OF CIP, ONE PLAN II & GFF



Many RMNCAH challenges are related to Service Delivery

Key Challenges

1

Health Facilities

- Barriers to healthcare goals: healthcare infrastructure, equipment; health worker coverage, decentralisation of health system, and procurement bottlenecks

2

Service Delivery

- Poor quality of healthcare at all levels. Performance and efficiency of the forecasting, procurement, quality control for drugs and vaccines are inadequate
- Barriers to access: long travel distance, lack of transportation and unfriendly services
- Referral system has serious challenges including limited number of ambulances; unreliable logistics and communication systems

3

Human Resource
for Health

- Widespread shortages (~ 50% - 70%) of qualified staff exist at all levels; esp. rural areas
- Staff shortages exacerbated by increasing burden of disease (esp. NCDs)

4

Health Financing

- Budget execution
- Financing Gap

5

Data

- Data completeness, consistency challenges; significant improvements in recent years.
- Further improvements will arguably only come from improved use – e.g. accountability for results and as the basis of disbursements.

Government's Approach

Align all Partners behind a Single Plan

- All partners are obliged to implement “One Plan II” (2016-2020)
- Through SWAp arrangement
- Planning and Monitoring done by RMNCHTWG
- Constitutes the Investment Case for the Global Financing Facility (GFF) for Tanzania

RMNCAH Coordination Platform in Tanzania

Technical Working Groups

RMNCAH-specific TWGs

- RMNCAH TWG
- Sub-TWGs
 - Family Planning
 - RH Commodity Security
 - Safe Motherhood
 - Adolescent RH
 - Newborn and Child Health
 - RH Cancers
 - PMTCT
 - Immunization and Vaccines
 - Gender

Other TWGs

- Health Financing
- Health Commodities and Technologies
- Human Resources for Health
- District, Regional, Zonal and National Health Services
- Public Financial Management
- Public Private Partnership
- Social Protection and Nutrition

Coordination for Funding Mechanisms

- Health Basket Fund Steering Committee
- Results-based Financing Steering Committee

DP Coordination Mechanisms

- Development Partner Group (heads of agencies)
- DPG-Health
- DGP-Nutrition

Government's Approach

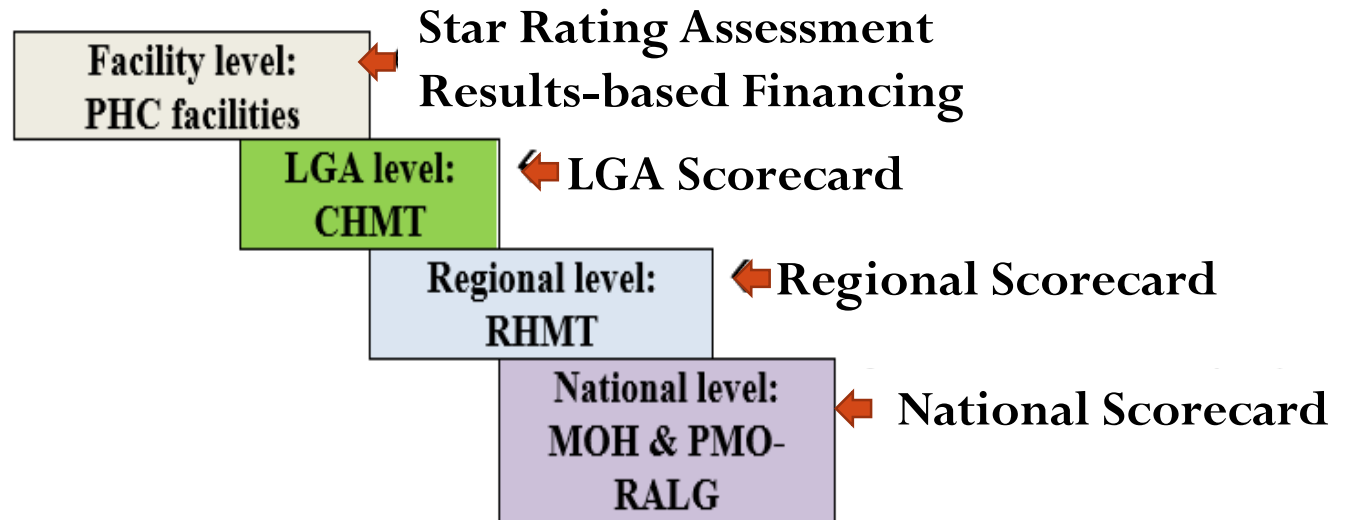
Strong Focus on Results

- There have been significant achievements over past decade ...

WHAT WILL DRIVE THE NEXT SET OF GAINS?

- Government increasingly focused on Delivery, Results and getting Value for Money
➔ **Hapa Kazi Tu!**
- DPs support to government increasingly results-oriented

Entry points for performance-based initiatives



Government's Approach

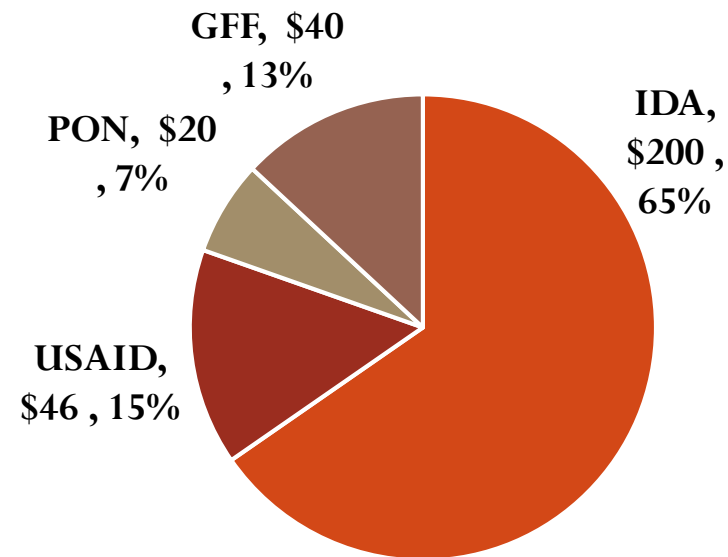
Use an Integrated Service Delivery Approach to RMNCAH

- Performance-based initiatives are all focused on RMNCAH-related indicators or factors affecting RMNCAH service delivery:
- Examples;
 1. Star Rating Assessment
 2. LGA Scorecards
 3. Results-Based Financing (RBF)

What does the GFF Trust Fund Finance in Tanzania?

- PHC for Results (PHC4R) Program is the Bank's program of support 2015-2020 (\$306m)
- Focus of the PHC4R is on RMNCH including nutrition and Civil Registration & Vital Statistics
- No earmarking for specific interventions because of the financing instrument (Program for Results - P4R)
- Main channels:
 - Health Basket Fund (30%)
 - Results-based Financing (33%)
 - The rest: Institutional and Capacity Strengthening in support of Service Delivery Capacity

GFF Trust Fund Finances 13% of the Bank's "PHC for Results Program"



Total: \$306m

Selected Interventions and Achievements in Service Delivery

- 1. Star Rating Assessment*
- 2. Results-based Financing*
- 3. LGA Scorecards*

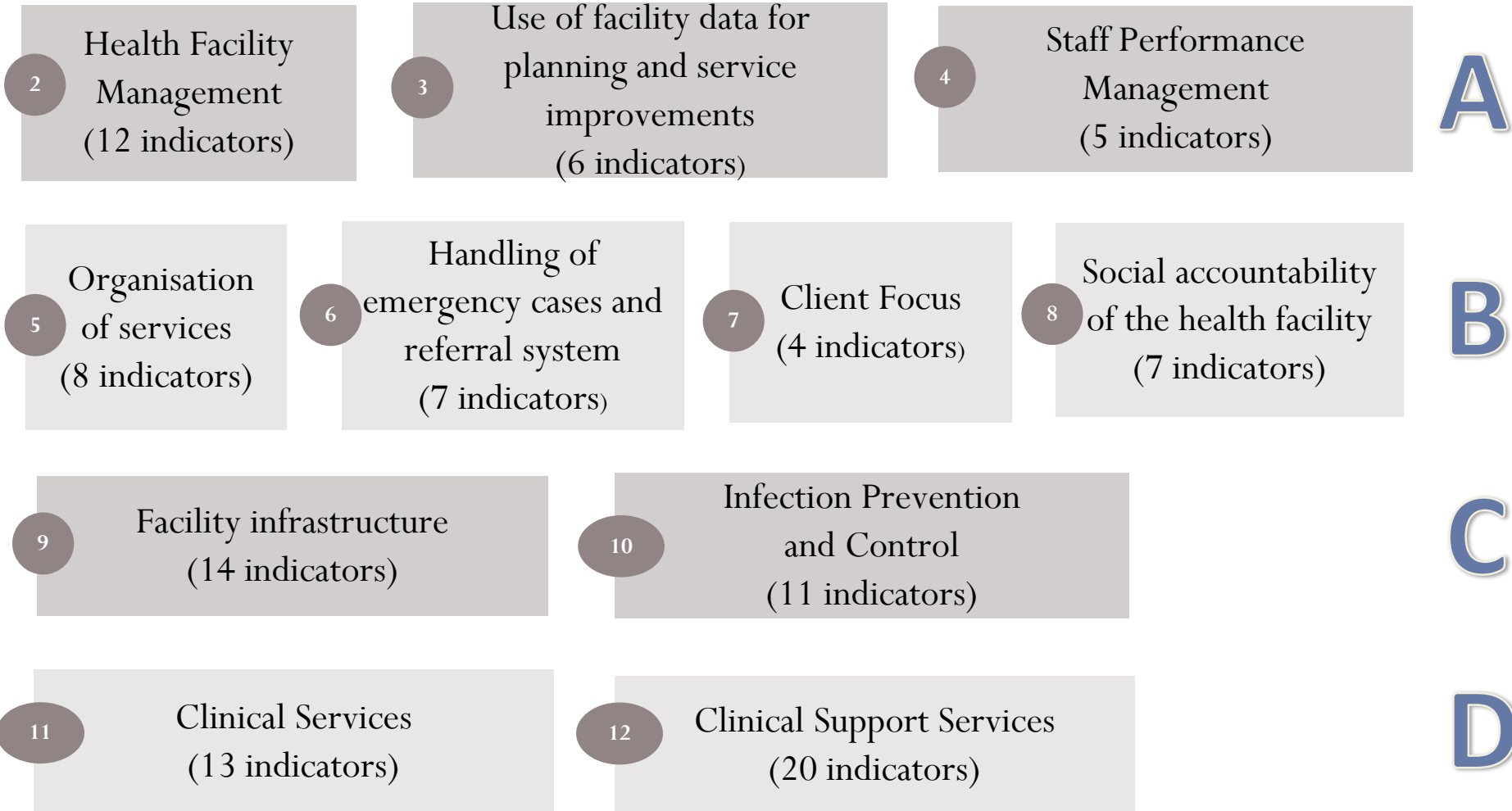
Selected Interventions and Achievements in Service Delivery

- 1. Star Rating Assessment*
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Star Rating Assessment

12 Service Areas in

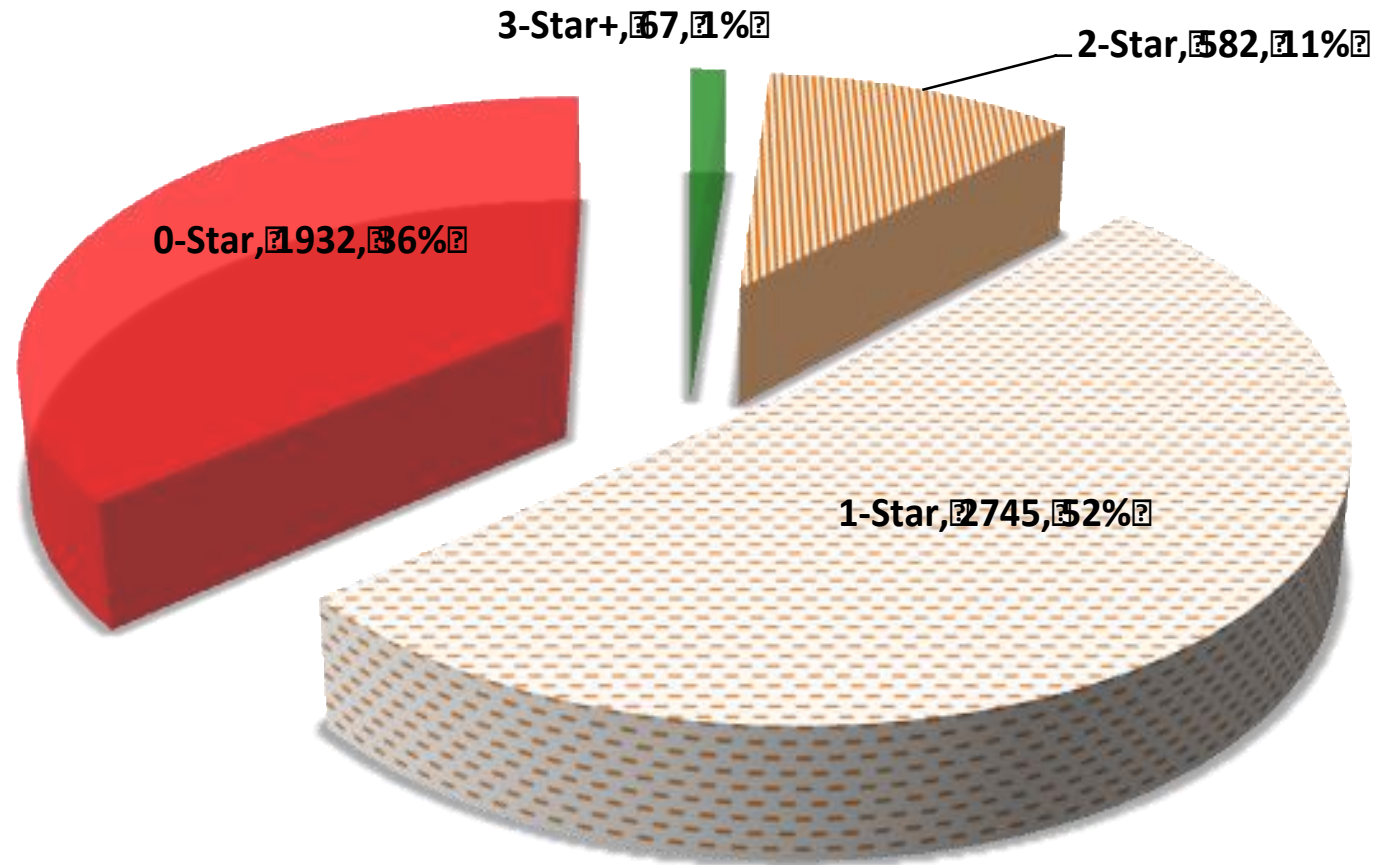
4 Domains



Leads to the development of a Quality Improvement Plan

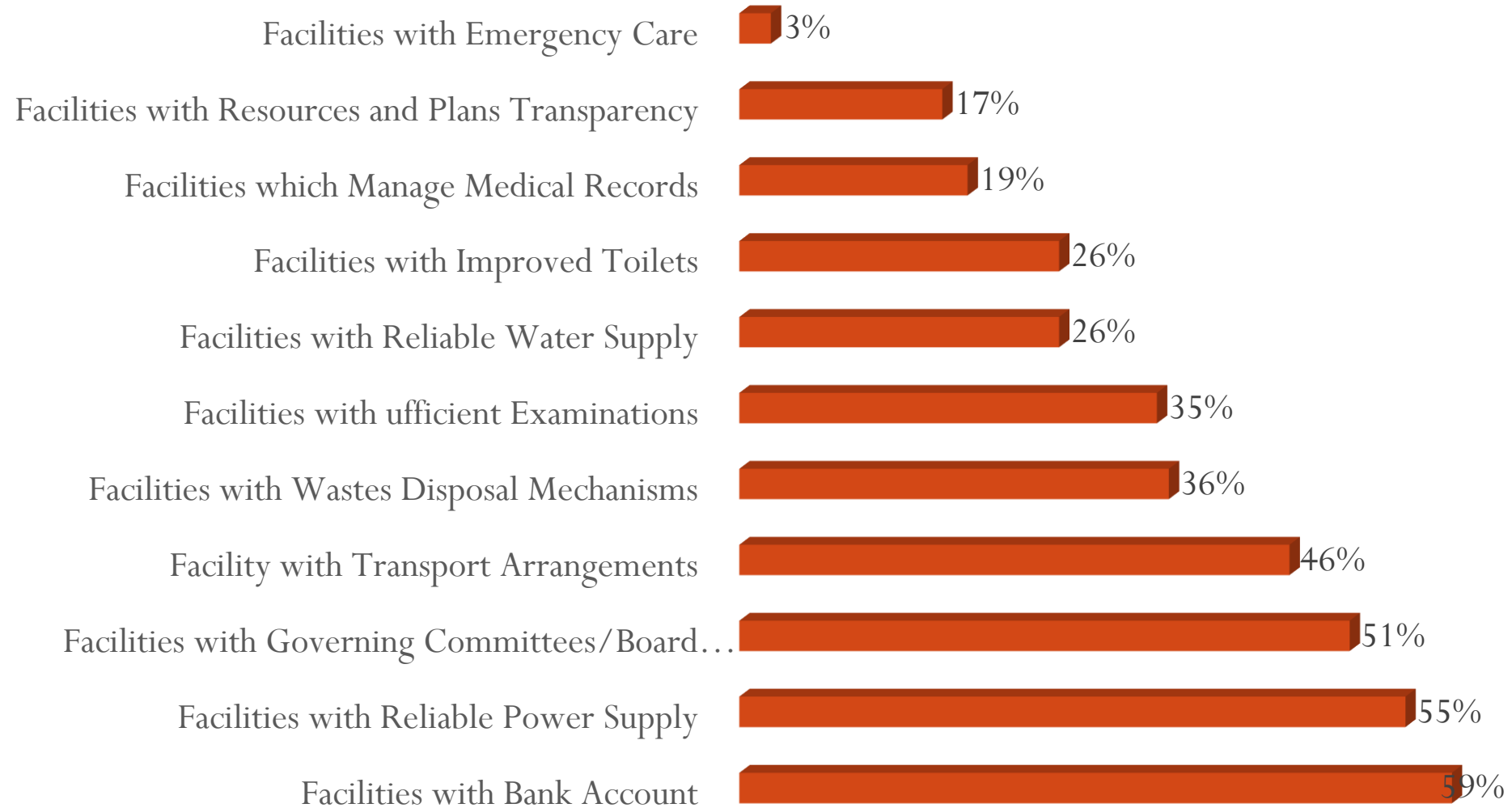
Star Rating Assessment

Star Rating Results in Twenty Regions ALL FACILITY TYPES N=5326



Star Rating Assessment

Comparing Facilities Characteristics



Star Rating Assessment

Small repairs of infrastructure, waste management etc.



Key Selected Interventions and Achievements in Service Delivery

1. *Star Rating Assessment*
2. *LGA Scorecards*
3. *Results-based Financing*

LGA Scorecard

- Spur action by Facilities and LGAs
- Data driven accountability
- Health Basket Fund will continue as a funding modality for HSSP IV 2015 – 2020
- HBF now includes **performance component**
- **Third-party verification** of (a sample of) reported scorecard results to ensure accuracy and mitigate against incentive to falsify data

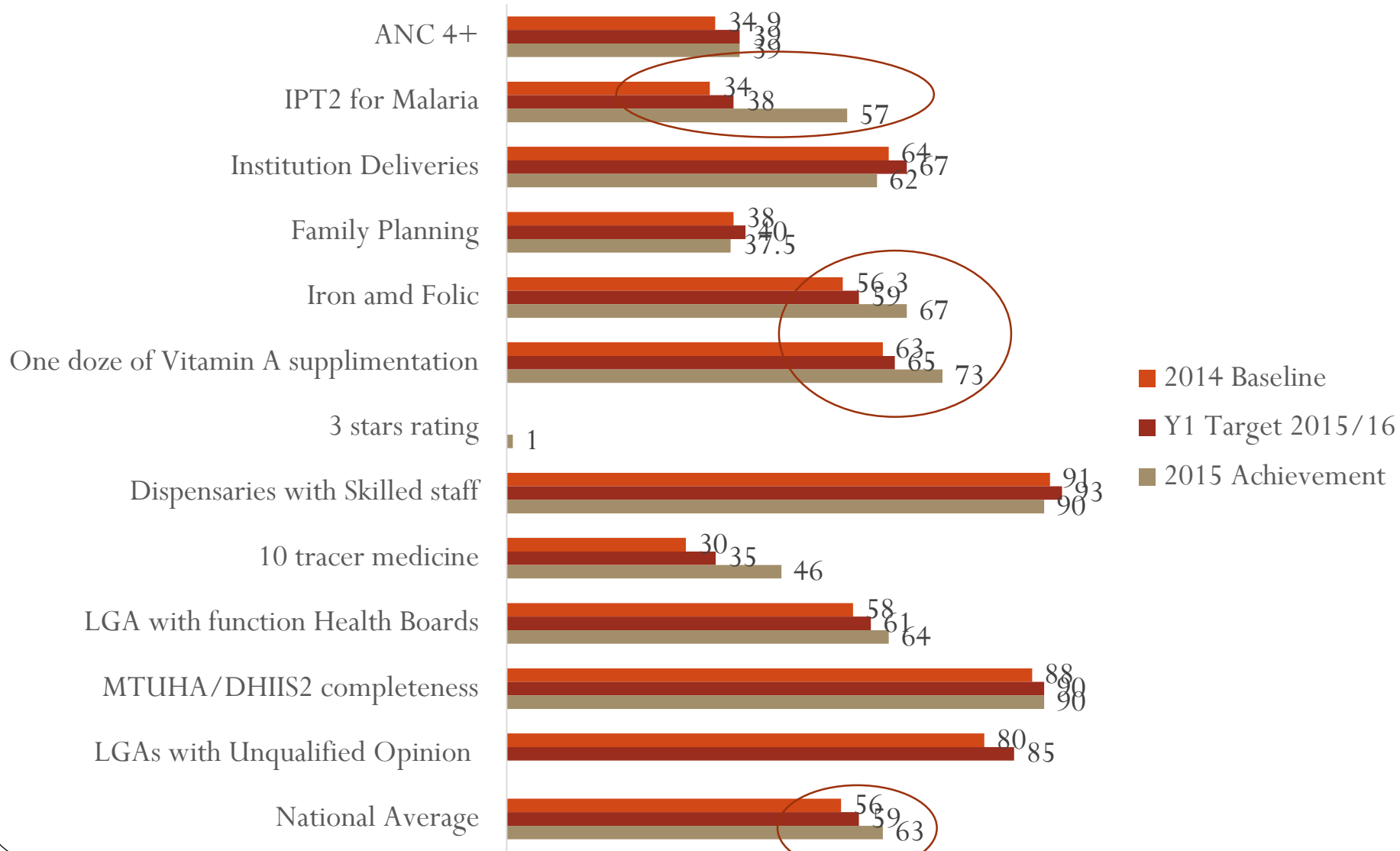
6 quantity indicators

6 quality indicators

LGA Scorecard	
1	4+ antenatal care visits (ANC4)
2	Mothers receiving 2 doses of IPT during pregnancy
3	Institutional deliveries
4	Modern family planning use
5	Pregnant women receiving Iron and Folate tablets
6	Vitamin A supplementation (children aged 12-59 months)
7	PHC facilities with “3 stars” rating or higher
8	PHC facilities with at least one skilled staff
9	Availability of 10 tracer medicines
10	LGAs with functional Council Health Service Boards
11	Completeness of quarterly DHIS 2 entry by LGA
12	Percentage of LGAs with unqualified opinion in the external audit report

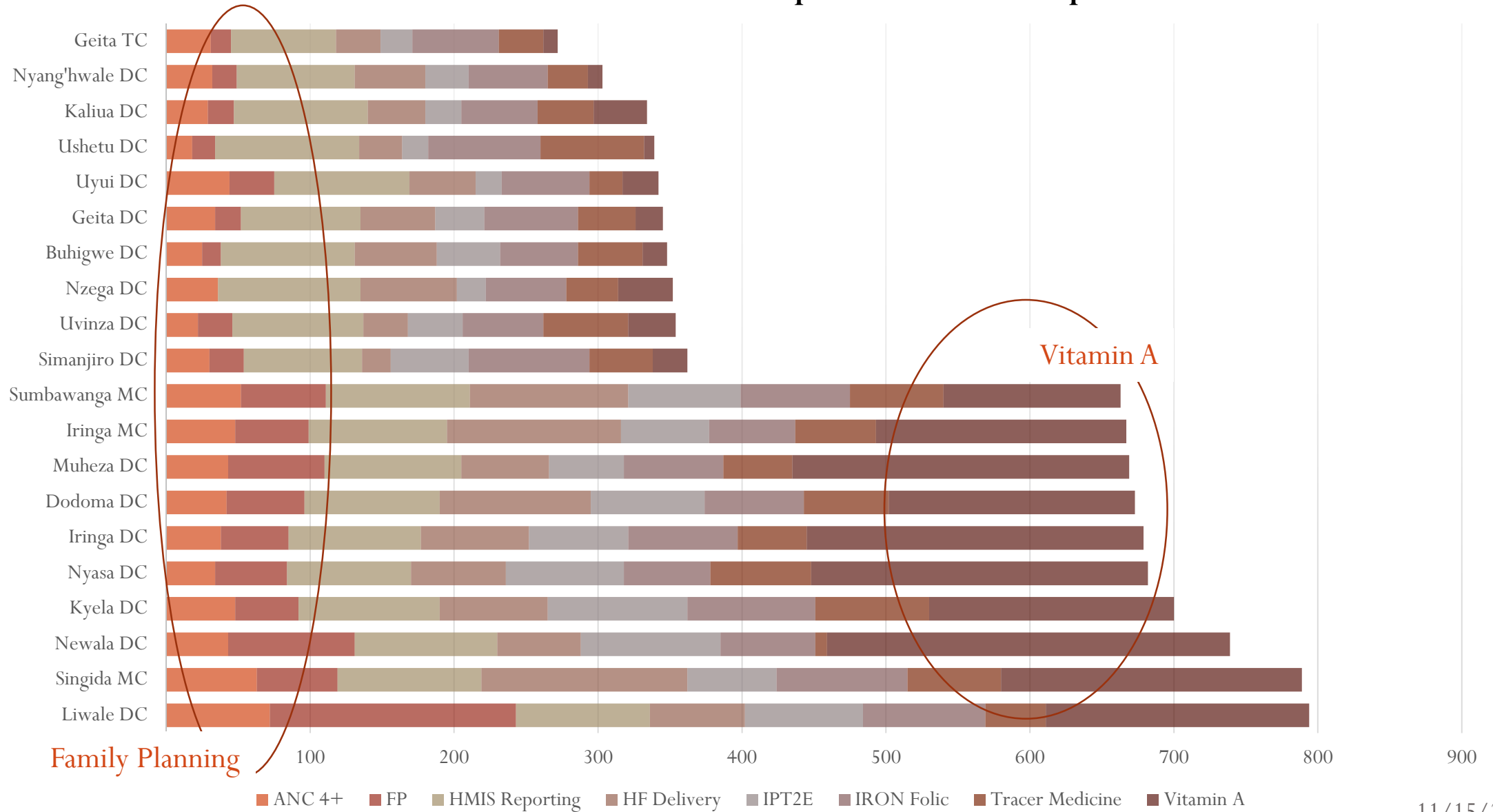
LGA Scorecard

Performance Indicators for 2015/16



LGA Scorecard

Top 10 and Bottom 10 performers on LGA Scorecard



Key Selected Interventions and Achievements in Service Delivery

1. *Star Rating Assessment*

2. *LGA Scorecards*

3. *Results-B*

ased Financing

Results-Based Financing

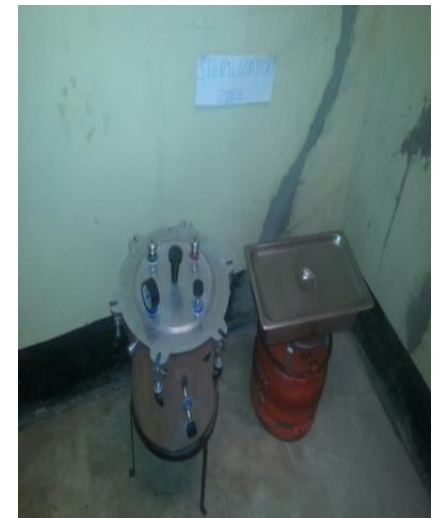
- Provides direct funding to Facilities
- Focus on primary health care (dispensaries, health centers and hospitals at district level)
- Quantity and Quality indicators
 - 17 quantity indicators for HC and dispensary (14 for health facility & 3 for Community Health Workers).
 - Quantity earning is adjusted by the Quality score
 - Hospital – quality indicators only
- Focus on immediate needs, which will change over time as the needs change
- Payment to be made after internal verification

Category	Quantity Indicator
OPD	Number of new Outpatient consultations
OPD	Number of TASAF beneficiaries seeking outpatient care
ANC	Number of first antenatal visits, with gestation age < 12 weeks
ANC	Number of pregnant women attending ANC at least 4 times during pregnancy
ANC; Malaria	Number of pregnant women receiving two doses of intermittent presumptive Therapy of Malaria (IPT2)
PMTCT; HIV/AIDS	Number of HIV positive (infected) pregnant women receiving ARVs
Labor/Delivery	Number of institutional deliveries
Postnatal Care	Number of mothers receiving Post Natal Services within 3-7 days after delivery
Immunization	Number of children under one year immunized against measles
Child Health	Number of children under five yrs receiving mebendazole for deworming
ANC	Number of pregnant women receiving mebendazole for de-worming
Nutrition	Number of under five receiving Vit. A supplements
Family Planning	Number of new users on modern Family Planning methods
HIV/AIDS	Number of clients initiated by health care provider to counsel and Test for HIV (PITC)
HIV/AIDS	Number of HIV exposed infants receiving ARVs
TB	Number of TB suspect referred (already screened)*
Community	Number of non-institutional maternal and perinatal deaths reported within 24 hours by TBA or CHW
Community	Number of pregnant women escorted for delivery at a health facility by known or registered TBA or CHW
Community	Number of household visits by CHW

Quality Indicator
Hygiene and sanitation
Privacy
Water supply
Waste management
ANC
Labor ward
Post-natal care
Maternal death audits
Perinatal death audits
Family planning
Immunization
Nutrition for under-five children
Pharmacy
Community
Community health fund
Facility profile reports (inc. rbf)
Transparency
Client Satisfaction

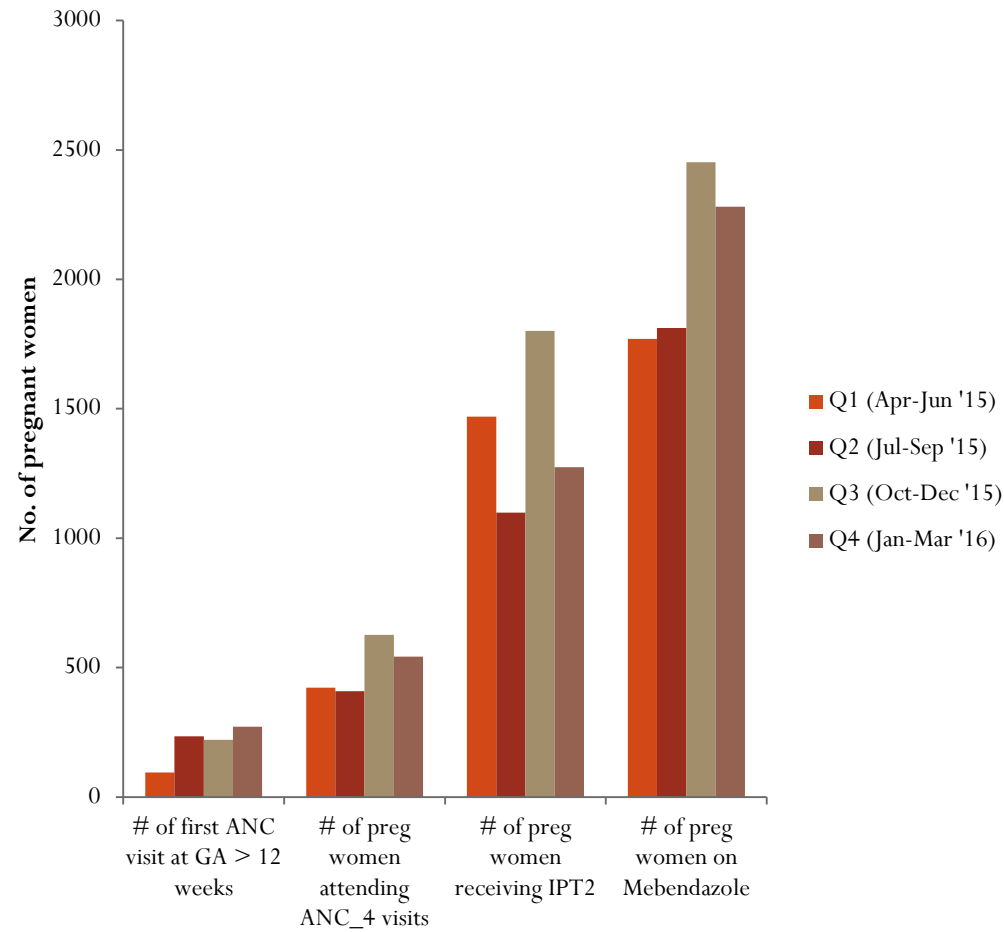
Results-based Financing

Use of Start-up funds

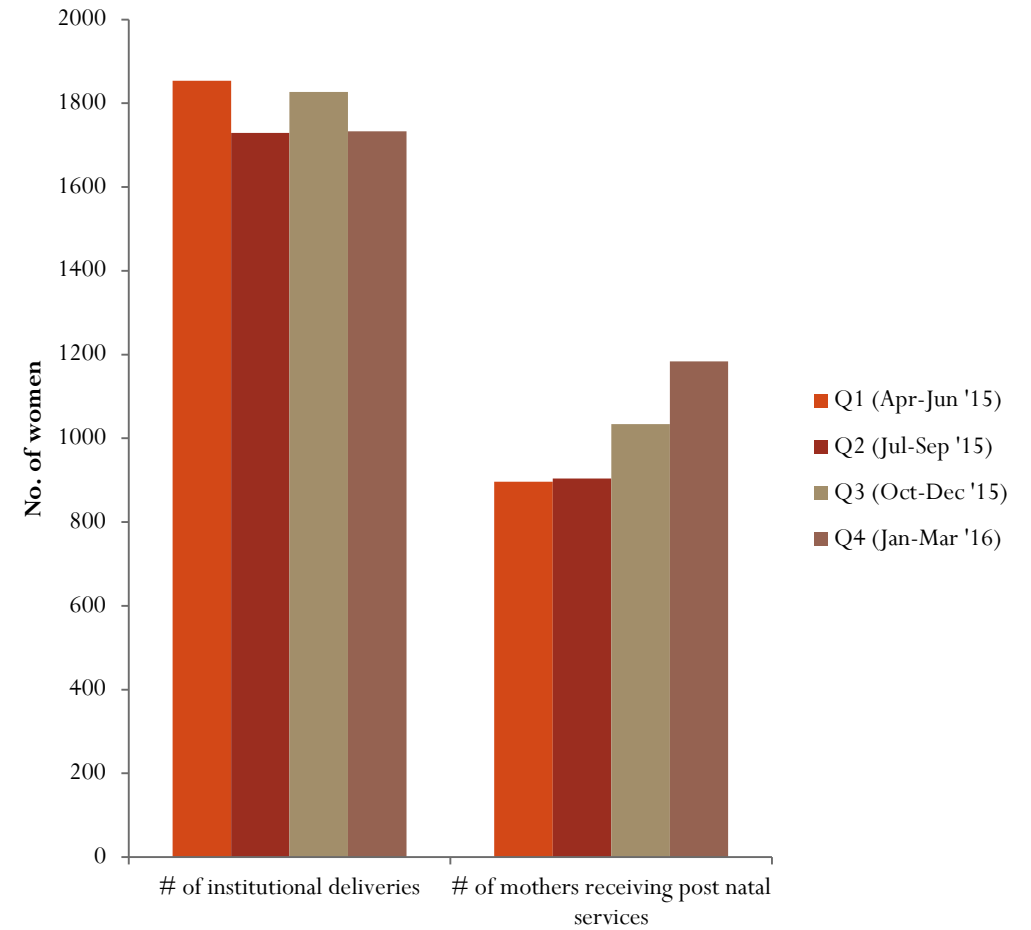


Kishapu District, Shinyanga Region

ANC Indicators

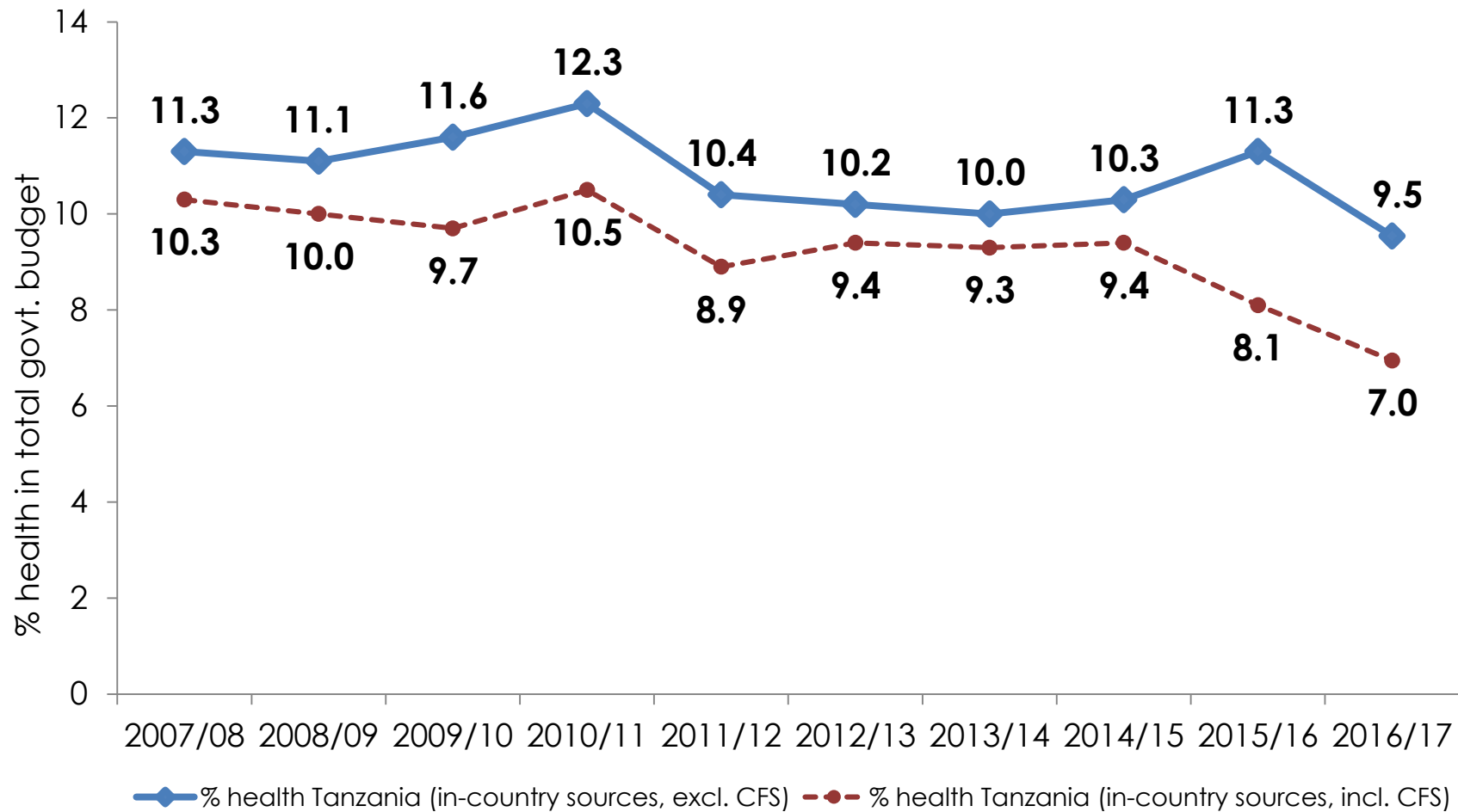


MN Indicators



Health Financing in Tanzania

Percentage of Tanzania's National Budget Allocation to Health 2007-2017

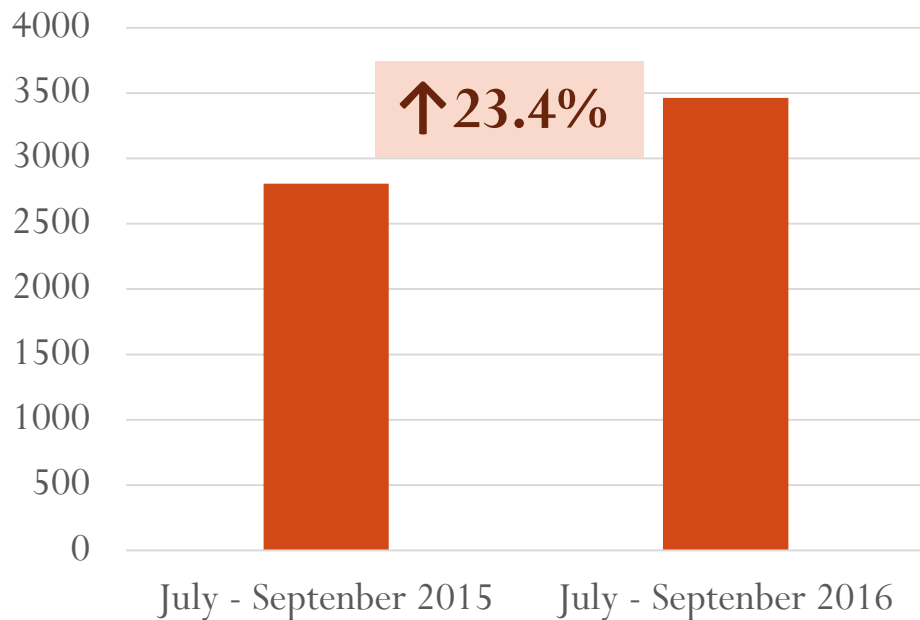


Source: MOFP Budget Books (include estimate of Government contribution to the NHIF)

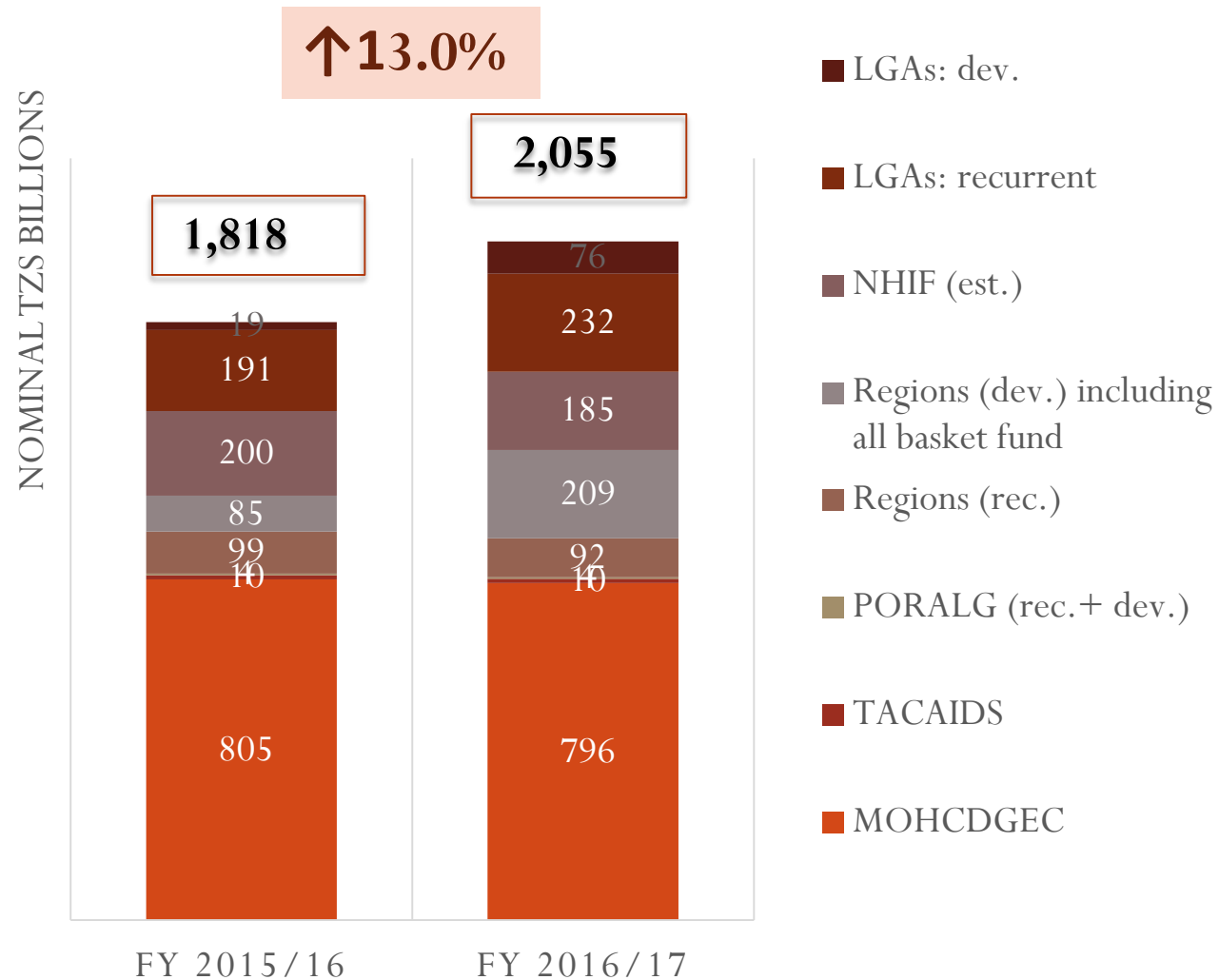
CFS: Consolidate Fund Services for mandatory debt repayments, GOT contribution to pension funds, and other expenditures

Slight Increase in Total Allocation to Health due to increase in government revenue

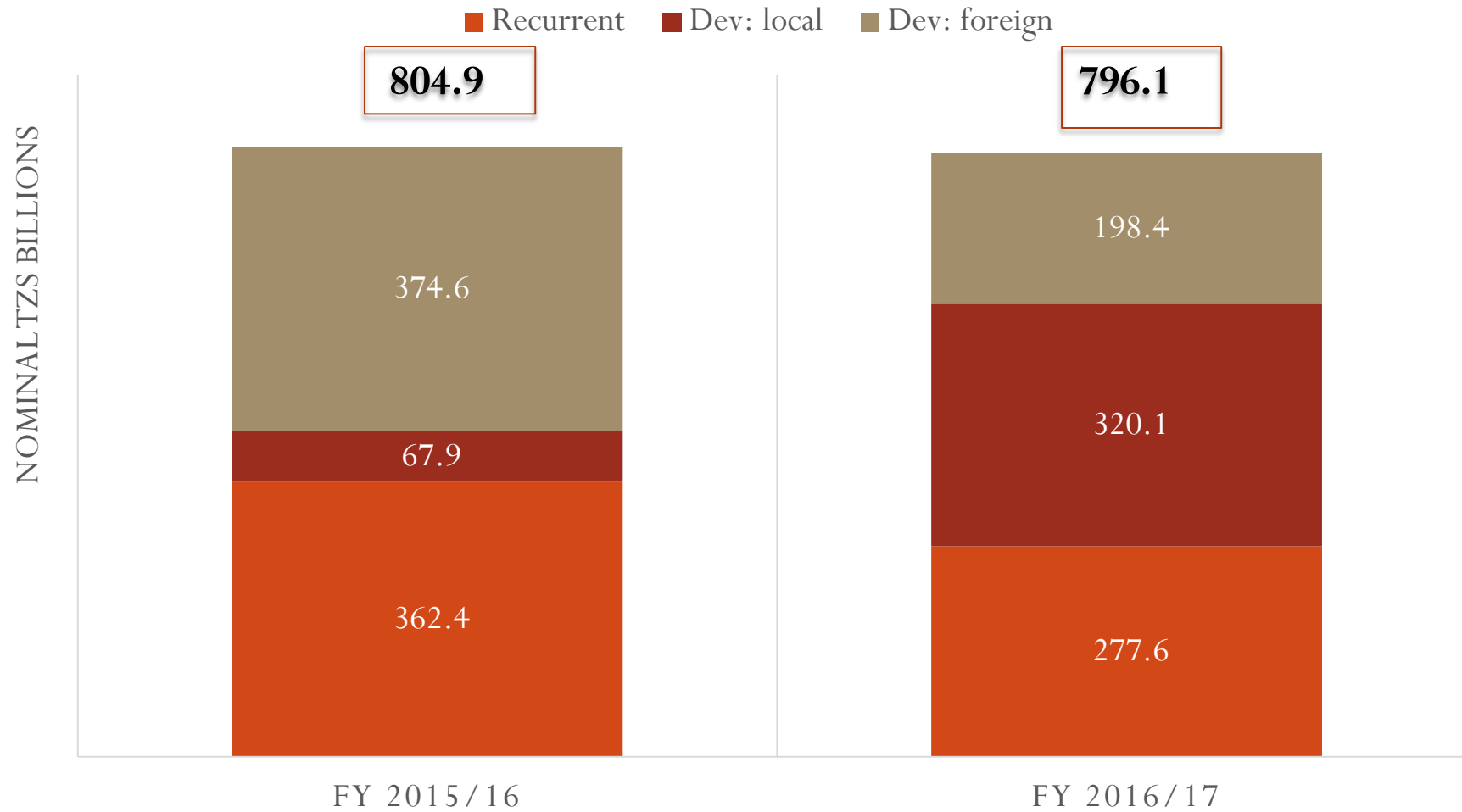
Net Revenue Collection
Jul-Sep 2015 and Jul-Sep 2016



Total Allocation to Health



Disaggregation of MOHC DGEC Budget Votes (*Health only*)



All values are net of CDGEC (Vote 53).

Tanzanian Health Financing Strategy (2016 – 2025)

Vision

- Social Health Protection available to all Tanzanian residents without financial barriers at the time of need

Mission

- Put in place a Single National Health Insurance program that will enable all Tanzanian residents to access appropriate and affordable health care at the time of need

Goal

- To enable equitable access to affordable and cost-effective quality care and financial protection in case of ill health, according to a nationally defined minimum benefit package

Tanzanian Health Financing Strategy (2016 – 2025)

- Approval process slightly delayed by new leadership including many parliamentarians
- Social Health Insurance Actuarial study is being completed as required per the regulator for any insurance-related reforms
- Next step is to table Cabinet Paper, Draft Bill by February 2017