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
- **GFF Investment**
  - Reproductive, Maternal, Newborn, Child, and Adolescent Health

- **One Plan Mid-Term Review**
  - Prioritize and scale MNCH high impact interventions
  - Better incorporate family planning

- **NFPCIP Mid-Term Review**
  - High impact interventions
  - Lowest CPR in Lake and Western zones

- **One Plan 2008-2015**
  - Maternal, Newborn, and Child Health
  - Family Planning

- **Updated NFPCIP 2013-2015**

- **One Plan II 2012**

- **London Summit and FP2020 Commitments**
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
   - 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

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

3. Human Resource for Health
   - Budget execution
   - Financing Gap

4. Health Financing
   - 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

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**Entry points for performance-based initiatives**

- **Star Rating Assessment**
- **Results-based Financing**
- **LGA Scorecard**
- **Regional Scorecard**
- **National Scorecard**
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”

- GFF, $40, 13%
- USAID, $46, 15%
- PON, $20, 7%
- IDA, $200, 65%

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

12 Service Areas in 4 Domains

A. Health Facility Management (12 indicators)
B. Use of facility data for planning and service improvements (6 indicators)
C. Staff Performance Management (5 indicators)
D. Social accountability of the health facility (7 indicators)

1. Organisation of services (8 indicators)
2. Handling of emergency cases and referral system (7 indicators)
3. Client Focus (4 indicators)
4. Infection Prevention and Control (11 indicators)
5. Facility infrastructure (14 indicators)
6. Clinical Services (13 indicators)
7. Clinical Support Services (20 indicators)
8. Organisation of services (8 indicators)
9. Handling of emergency cases and referral system (7 indicators)
10. Client Focus (4 indicators)
11. Infection Prevention and Control (11 indicators)
12. Facility infrastructure (14 indicators)

Leads to the development of a Quality Improvement Plan
Star Rating Assessment

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

- 3-Star+, 67, 1%
- 2-Star, 582, 11%
- 1-Star, 2745, 52%
- 0-Star, 1932, 36%
Star Rating Assessment

Comparing Facilities Characteristics

- Facilities with Emergency Care: 3%
- Facilities with Resources and Plans Transparency: 17%
- Facilities which Manage Medical Records: 19%
- Facilities with Improved Toilets: 26%
- Facilities with Reliable Water Supply: 26%
- Facilities with sufficient Examinations: 35%
- Facilities with Wastes Disposal Mechanisms: 36%
- Facility with Transport Arrangements: 46%
- Facilities with Governing Committees/Board…: 51%
- Facilities with Reliable Power Supply: 55%
- Facilities with Bank Account: 59%
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

<table>
<thead>
<tr>
<th>LGA Scorecard</th>
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</thead>
<tbody>
<tr>
<td>1 4+ antenatal care visits (ANC4)</td>
</tr>
<tr>
<td>2 Mothers receiving 2 doses of IPT during pregnancy</td>
</tr>
<tr>
<td>3 Institutional deliveries</td>
</tr>
<tr>
<td>4 Modern family planning use</td>
</tr>
<tr>
<td>5 Pregnant women receiving Iron and Folate tablets</td>
</tr>
<tr>
<td>6 Vitamin A supplementation (children aged 12-59 months)</td>
</tr>
<tr>
<td>7 PHC facilities with “3 stars” rating or higher</td>
</tr>
<tr>
<td>8 PHC facilities with at least one skilled staff</td>
</tr>
<tr>
<td>9 Availability of 10 tracer medicines</td>
</tr>
<tr>
<td>10 LGAs with functional Council Health Service Boards</td>
</tr>
<tr>
<td>11 Completeness of quarterly DHIS 2 entry by LGA</td>
</tr>
<tr>
<td>12 Percentage of LGAs with unqualified opinion in the external audit report</td>
</tr>
</tbody>
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* HBF DPs: Canada, Denmark, Ireland, South Korea, Switzerland, UNICEF, UNFPA, World Bank.
LGA Scorecard

Performance Indicators for 2015/16

- ANC 4+: 34.9, 39
- IPT2 for Malaria: 34, 38, 57
- Institution Deliveries: 38, 40, 64, 67
- Family Planning: 38, 40, 64, 67
- Iron and Folic: 39, 57, 62, 65
- One doze of Vitamin A supplementation: 39, 57, 62, 65
- 3 stars rating: 1
- Dispensaries with Skilled staff: 34, 39, 56, 63
- 10 tracer medicine: 30, 35, 46
- LGA with function Health Boards: 38, 40, 58, 64
- MTUHA/DHIIS2 completeness: 88, 90
- LGAs with Unqualified Opinion: 80, 85
- National Average: 56, 69, 63

Legend:
- 2014 Baseline
- Y1 Target 2015/16
- 2015 Achievement
Key Selected Interventions and Achievements in Service Delivery

1. *Star Rating Assessment*

2. *LGA Scorecards*

3. *Results-Based 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

Annual counter-verification of 25% of facilities
<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity Indicator</th>
<th>Quality Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPD</td>
<td>Number of new Outpatient consultations</td>
<td>Hygiene and sanitation</td>
</tr>
<tr>
<td>OPD</td>
<td>Number of TASAF beneficiaries seeking outpatient care</td>
<td>Privacy</td>
</tr>
<tr>
<td>ANC</td>
<td>Number of first antenatal visits, with gestation age &lt; 12 weeks</td>
<td>Water supply</td>
</tr>
<tr>
<td>ANC</td>
<td>Number of pregnant women attending ANC at least 4 times during pregnancy</td>
<td>Waste management</td>
</tr>
<tr>
<td>ANC; Malaria</td>
<td>Number of pregnant women receiving two doses of intermittent presumptive Therapy of Malaria (IPT2)</td>
<td>ANC</td>
</tr>
<tr>
<td>PMTCT; HIV/AIDS</td>
<td>Number of HIV positive (infected) pregnant women receiving ARVs</td>
<td>Labor ward</td>
</tr>
<tr>
<td>Labor/Delivery</td>
<td>Number of institutional deliveries</td>
<td>Post-natal care</td>
</tr>
<tr>
<td>Postnatal Care</td>
<td>Number of mothers receiving Post Natal Services within 3-7 days after delivery</td>
<td>Maternal death audits</td>
</tr>
<tr>
<td>Immunization</td>
<td>Number of children under one year immunized against measles</td>
<td>Perinatal death audits</td>
</tr>
<tr>
<td>Child Health</td>
<td>Number of children under five yrs receiving mebendazole for deworming</td>
<td>Family planning</td>
</tr>
<tr>
<td>ANC</td>
<td>Number of pregnant women receiving mebendazole for de-worming</td>
<td>Immunization</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Number of under five receiving Vit. A supplements</td>
<td>Nutrition for under-five children</td>
</tr>
<tr>
<td>Family Planning</td>
<td>Number of new users on modern Family Planning methods</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Number of clients initiated by health care provider to counsel and Test for HIV (PITC)</td>
<td>Community</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Number of HIV exposed infants receiving ARVs</td>
<td>Community health fund</td>
</tr>
<tr>
<td>TB</td>
<td>Number of TB suspect referred (already screened)*</td>
<td>Facility profile reports (inc. rbf)</td>
</tr>
<tr>
<td>Community</td>
<td>Number of non-institutional maternal and perinatal deaths reported within 24 hours by TBA or CHW</td>
<td>Transparency</td>
</tr>
<tr>
<td>Community</td>
<td>Number of pregnant women escorted for delivery at a health facility by known or registered TBA or CHW</td>
<td>Client Satisfaction</td>
</tr>
<tr>
<td>Community</td>
<td>Number of household visits by CHW</td>
<td></td>
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</tbody>
</table>
Results-based Financing

Use of Start-up funds
Kishapu District, Shinyanga Region

ANC Indicators

- # of first ANC visit at GA > 12 weeks
- # of preg women attending ANC_4 visits
- # of preg women receiving IPT2
- # of preg women on Mebendazole

MN Indicators

- # of institutional deliveries
- # of mothers receiving post natal services
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

↑23.4%

Total Allocation to Health

↑13.0%

1,818

2,055

NOMINAL TZS BILLIONS

10
18
191
191
200
200
85
85
99
99
10
10
805
805
18
18
232
232
185
185
209
209
92
92
796
796
FY 2015/16
FY 2016/17

LGAs: dev.
LGAs: recurrent
NHIF (est.)
Regions (dev.) including all basket fund
Regions (rec.)
PORALG (rec.+ dev.)
TACAIDS
MOHCDGEC

Slight Increase in Total Allocation to Health due to increase in government revenue.
Disaggregation of MOHCDGEC 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