Program Information Documents (PID)

Appraisal Stage | Date Prepared/Updated: 20-Nov-2023 | Report No: PIDA286885

BASIC INFORMATION

A. Basic Program Data

Country	Project ID	Program Name	Parent Project ID (if any)
Tanzania	P180798	Tanzania Maternal and Child Health Investment Program Additional Financing	P170435
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
EASTERN AND SOUTHERN AFRICA	14-Dec-2023	10-Jan-2024	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Program-for-Results Financing	United Republic of Tanzania	Ministry of Health	

Program Development Objective(s)

To scale up the provision and improve the quality of essential health care services, with a focus on maternal and child health.

COST & FINANCING

SUMMARY (USD Millions)

Government program Cost	0.00
Total Operation Cost	8.54
Total Program Cost	8.54
Total Financing	8.54
Financing Gap	0.00

FINANCING (USD Millions)

Total Non-World Bank Group and Non-Client Government Financing	8.54
Trust Funds	8.54

B. Introduction and Context

Country Context

1. **Tanzania's strong macroeconomic fundamentals allowed its emergence from the pandemic, but the social impact of the pandemic still lingers.** A positive Gross Domestic Product (GDP) growth of 2 percent was maintained in 2020 before rising to 4.3 percent in 2021, slightly above the Sub-Saharan Africa average of 4.2 percent. However, the pandemic's social impact was significant, reversing progress in poverty reduction. The pandemic caused the poverty rate to increase from 26.2 percent in 2019 to 27 percent in 2021, with only a slight expected decrease in 2022.

2. **Tanzania's vision is to improve the people's livelihoods and develop a strong and competitive economy.** The Human Capital Index for Tanzania in 2020 was estimated at 0.39, which is below the regional average of 0.40 and well below the average of 0.48 for lower middle-income countries, ranking Tanzania at 152 out of 174 countries. Against this background, the National Five-Year Development Plan (2021/22-2025/26) for Tanzania Mainland is about "realizing competitiveness and industrialization for human development". The plan acknowledges the ramifications of the high population growth rate on economic development and the need to resolve the persistent quality gaps in the delivery of health services. This commitment has also been reemphasized in the country's fifth Health Sector Strategic Plan (HSSP V) for 2021-2026 which notes gaps in quality of care as unfinished business.

Sectoral and Institutional Context

3. **Tanzania has achieved significant improvements in health outcomes in the last decades, as evidenced in reduction in disease burden, increase in life expectancy and drop in maternal mortality, under-five and infant mortality, but challenges remain.** Under-five and infant mortality rates fell from 67 to 43 deaths and from 43 to 33 deaths per 1,000 live births, respectively, between 2015/16 and 2022. However, progress in reducing preventable neonatal deaths has been slow; neonatal mortality declined marginally from 25 to 24 deaths per 1,000 live births between 2015/16 and 2022. Likewise, stillbirth rates have remained high declining from 20 stillbirths per 1000 births in 2015 to 18 in 2022. Tanzania has one of the highest numbers of newborn deaths, approximately 39,500 newborn babies die annually, with nearly 50 percent of all deaths occur within the first 24 hours after birth and 75 percent within the first seven days of life. The leading causes of mortality in Tanzania are birth asphyxia (33 percent), preterm births (28 percent) and sepsis (24 percent). Neonatal mortality accounts for 39 percent of under-five mortality and in addition to intrapartum stillbirths, is closely related to quality of care during pregnancy, labor, and delivery and immediate postpartum period.

4. **Low quality of care has been named as the major bottleneck to the Government's efforts to improve health service delivery.** Most health facilities–even those recently refurbished to scale up emergency obstetric care–operate below their designated standards for a variety of reasons including gaps with staffing, medical equipment, supplies, and infrastructure. The stepwise star rating quality assessment of health facilities in 2018 rated 20 percent of health facilities three stars and above out of five and identified gaps in: (a) staffing and staffing skills; (b) management of emergencies and referrals; (c) clinical support services (laboratories and medicines); and (d) facility infrastructure, including power and water. This leads to significant gaps in essential care practices before and during childbirth. According to the 2020 Service Availability and Readiness Assessment report, only 56 percent of the facilities could screen for anemia

(the third leading cause of maternal deaths) and 63 percent had dipsticks (used to measure protein in urine, which is one of the ways to diagnose pre-eclampsia, the second leading cause of maternal deaths).

PforR Program Scope

5. **The government program in Tanzania Mainland, a slice of the HSSP V supported by the parent Program-for-Results (PforR), focuses on improving the provision and quality of health services and health systems performance in areas relevant to the delivery of reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) services.** The HSSP V is organized around 23 strategic outcomes under four broad strategic areas: (a) provision of health services; (b) organization of health services; (c) health system performance; and (d) health system investments and functioning, with the government program covering eight of the strategic outcomes. The government program is also guided by the National Plan for RMNCAH-N for 2021/2022 – 2025/2026 ("One Plan III"), whose goal is to improve delivery of quality RMNCAH-N services by strengthening institutional capacity and increasing access and utilization of the services in an equitable manner.

6. **The proposed additional financing (AF) will finance an expanded scope of the parent Program in maternal and newborn care and referral services.** The additional grant from the Global Financing Facility for Women, Children and Adolescents (GFF) will focus on building capacity of health staff to provide quality Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services through the enhanced Safer Births Bundle of Care (SBBC) approach, "SBBC Plus". The AF will provide resources for expanding selected interventions along the maternal, newborn and child health continuum of care from antenatal to postnatal care within the defined PforR boundaries. Specifically, the funds will support innovations to scale interventions that address the chronically high maternal and newborn mortality as part of DLI 7.1 related to PHC facilities being equipped, functional and able to perform the requisite signal functions for emergency obstetric and newborn care. The parent Program includes an ambitious scale-up of CEmONC facilities, and the AF enables this scale-up to include the innovations proven effective in addressing the primary causes of maternal and newborn deaths and the high number of stillbirths.

7. **The AF complements the existing GFF financing support in Tanzania**, which aims to accelerate progress on RMNCAH-N and to strengthen financing and health systems for universal health coverage through a government-led, multi-stakeholder platform to develop and implement a national, prioritized health plan called an investment case. The US$25 million GFF grant for the parent MCHIP supports the DLIs associated with the delivery of MCH services by the Local Government Authorities (LGAs) focusing on high priority areas such as newborn care, delivery in health facilities, family planning services and extension of MCH services in the communities using CHWs. Additionally, the grant supports management of emergencies and referrals through the development and implementation of a model strategy customized to the regional context and involving PHC facilities, council hospitals and RRHs. The AF for innovation will further enhance provision of quality care for pregnant women and newborns using innovative approaches in regions with high mortalities.

C. Program Development Objective(s)

Program Development Objective(s)

8. The PDO, proposed to remain the same as the parent operation, is to scale up the provision and improve the quality of essential health care services, with a focus on maternal and child health.

9. The PDO-level results indicators of the parent operation will remain unchanged:
   - Percentage of dispensaries with at least two qualified/skilled health providers (nurse/midwife and clinicians)
   - Percentage of PHC facilities achieved 3 stars and above
   - Percentage of newborns receiving postnatal care within 48 hours after delivery
   - Percentage of pregnant women attending first ANC visit in the first trimester
   - Percentage of patients referred (through the dispatch center – new system) that are managed at receiving health facility
   - Percentage of funds received through Direct Health Facility Financing (DHFF) by the health facilities that is utilized in the financial year

D. Environmental and Social Effects

10. **The Environmental and Social System Assessment (ESSA) conducted for the parent Program identified the two main areas for action to ensure that the Program interventions are aligned with the World Bank PforR Guidance, which remain valid for this AF**. These are (i) health care waste management (HCWM) and (ii) social accountability. The mitigation actions included in the parent PAD remain relevant. Despite the identified risks and gaps, overall, the ESSA concluded that Tanzania's environmental and social management systems are adequate for addressing the environmental, health, safety, and social risks associated with the RMNCAH-N program and are consistent with the core principles of the World Bank's policy on PforR financing.

11. **The national government has well developed and robust legislations, regulations, and systems to manage environmental, health, and safety risks**. The National Environmental Impact Assessment (EIA) system has well-defined guidelines on project registration and screening, EIA process (scoping, alternative analysis, impact assessment, mitigation measures, management plan and consultation), monitoring and auditing, and decommissioning. Furthermore, it has systems overseeing occupational health and safety (OHS) at workplaces, protecting workers against exploitation, and advancing social protection.

12. **The ESSA found that the Ministry of Health and the President's Office – Regional Administration and Local Government (PORALG) are committed to protecting public health** against risks associated with healthcare wastes as stipulated in various policies and strategies such as the National Policy Guidelines for Health Care Waste Management in Tanzania (2017), and the National Strategic Plan for Healthcare Waste Management (2018 -2022). The World Bank will monitor implementation of the Government's environmental and social systems that apply to the PforR Program through the implementation support missions, independent audits, borrower self-assessments, or other approaches agreed with the Government of Tanzania.

13. Communities and individuals who believe that they are adversely affected as a result of a Bank supported PforR operation, as defined by the applicable policy and procedures, may submit complaints to the existing program grievance mechanism or the Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address pertinent concerns. Project affected communities and individuals may submit their complaint to the Bank's independent Accountability

Mechanism (AM). The AM houses the Inspection Panel, which determines whether harm occurred, or could occur, as a result of Bank non-compliance with its policies and procedures, and the Dispute Resolution Service, which provides communities and borrowers with the opportunity to address complaints through dispute resolution. Complaints may be submitted at any time after concerns have been brought directly to the Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the Bank's Grievance Redress Service (GRS), please visit http://www.worldbank.org/GRS. For information on how to submit complaints to the Bank's Accountability Mechanism, please visit https://accountability.worldbank.org.

E. Financing

14. **The Program expenditure framework will be revised to include the AF of US$8.54 million,** which is aligned with the Government's budget framework and budget lines. The expenditure projections for the Program duration are based on the Public Expenditure Review Report (2020), actual expenditures and budget estimates of the Medium-Term Expenditure Framework (2020/21-2022/23) and Comprehensive Council Health Plans (2019/20-2022/23). In addition to government financing, the parent Program expenditure framework includes funding from IDA, GFF, Health Basket Fund (HBF) and other development partners supporting the Government through the exchequer system. The GFF additional grant will be allocated to recurrent and operating costs, goods, works and services. The AF will finance non-salary operational costs (other charges), including costs of medicines, medical supplies and commodities, and infrastructure development for selected PHC facilities. In addition, the Program will cover operational costs and capital expenditures of newborn intensive care units at health centers, district hospitals and regional referral hospitals offering CEmONC.

15. The table below shows financing costs with sources of financing.

Financing Sources	Original Program (US$ millions)	AF Program (US$ millions)	Total (US$ millions)
Government	1,817	0	1,817
IDA	225	0	225
GFF	25	8.54	33.54
HBF	163	0	0
OTHERS	117	0	0
TOTAL	**2,347**	**8.54**	**2,355.54**

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