



Tanzania Maternal and Child Health Investment Program (P170435)

EASTERN AND SOUTHERN AFRICA | Tanzania | Health, Nutrition & Population Global Practice | Requesting Unit: AECE1 | Responsible Unit: HAEH1
IBRD/IDA | Program-for-Results Financing | FY 2023 | Team Leader(s): Peter Okwero, Mariam Ally Juma

Seq No: 1 | ARCHIVED on 26-Mar-2023 | ISR55088 | Created by: Miyuki T. Parris on 12-Feb-2023 | Modified by: Mariam Ally Juma on 21-Mar-2023

Program Development Objectives

Program Development Objective (from Program Appraisal Document)

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

Overall Ratings

Name	Previous Rating	Current Rating
Progress towards achievement of PDO	--	<input type="checkbox"/> Satisfactory
Overall Implementation Progress (IP)	--	<input type="checkbox"/> Satisfactory

Implementation Status and Key Decisions

The Tanzania Maternal and Child Health Investment Program (MCHIP) was approved by the Board of Executive Directors on December 20, 2022. The signing of the legal documents took place on February 28, 2023, and effectiveness is expected to be declared by the end of April 2023.

Data on Financial Performance**Disbursements (by loan)**

Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed
P170435	IDA-72510	Not Effective	USD	250.00	250.00	0.00	0.00	259.97	0%

Key Dates (by loan)

Project	Loan/Credit/TF	Status	Approval Date	Signing Date	Effectiveness Date	Orig. Closing Date	Rev. Closing Date
P170435	IDA-72510	Not Effective	20-Dec-2022	28-Feb-2023	--	31-Dec-2027	31-Dec-2027

Program Action Plan

Action Description	Appoint Internal Auditor General				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Technical		MOH	Other	Within 3 months after effectiveness	Not Yet Due



Completion Measurement	<ul style="list-style-type: none"> - Verification entity formally appointed - TOR acceptable to the World Bank 				
Comments					

Action Description	Submit the required HBF FM and performance reports as per the HBF requirements				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Technical		MOH	Recurrent	Semi-Annually	Not Yet Due
Completion Measurement	Each report is formally adopted during HBF meeting as reflected in the minutes				
Comments					

Action Description	Prepare, submit, and discuss the required annual plans (for the DLIs) with IDA				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Technical		PORALG	Recurrent	Yearly	Not Yet Due
Completion Measurement	Required annual plans approved and adopted				
Comments					

Action Description	Implement the ESSA through the following: i) Inclusion of HCWM in the PHC facility plans ii) Inclusion of the relevant E&S (ESMF, LMP, SEP, ESCP) measures during refurbishments iii) Monitoring and Reporting on the implementation of the E&S activities				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Environmental and Social Systems		MOH and PORALG	Other	As per the reporting requirements and schedule	Not Yet Due
Completion Measurement	<ul style="list-style-type: none"> - Implementation summary reports - IAG Verification reports 				
Comments					

Action Description	Report on procurement compliance by PHC facilities				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		MOH and PORALG	Recurrent	Yearly	Not Yet Due



Completion Measurement	IAG verification report
Comments	

Action Description	Conduct annual independent procurement audits of the program as well as value for money (VFM) audits by IAG and CAG				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		MOH and PORALG	Other	(i) procurement audits - after year 1 of implementation and thereafter annually, and (ii) VFM audit at mid-term and end of program	Not Yet Due
Completion Measurement	Procurement and VFM audit reports				
Comments					

Action Description	Measure KPIs: (a) procurement lead time; (b) level of competition; (c) share of contract award publication, re-tender, and contracts with cost and time overrun; (c) audit with no deviations; (d) audit timeliness; and (e) timeliness of fund release				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		MoH and PORALG	Other	Annually	Not Yet Due
Completion Measurement	Procurement and VFM audit reports as verified by the IAG				
Comments					

Action Description	Share Report with World Bank on any fraud and corruption related allegation and investigations on six monthly basis.				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		MoH and PORALG	Recurrent	Semi-Annually	Not Yet Due
Completion Measurement	Implementation summary reports				
Comments					

Action Description	Ensure persons or firms debarred or suspended by the World Bank are not awarded a contract under the Program during the debarment/suspension period. Annual procurement audit includes requirement for the eligibility verification on a random basis.				
Source	DLI#	Responsibility	Timing	Timing Value	Status



Fiduciary Systems		PO-RALG, MoHCDGEC, MSD, LGAs and Health	Recurrent	Semi-Annually	Not Yet Due
Completion Measurement	List of contracts awarded to be submitted to the Bank every six month clearly indicating eligibility check was done before awarding the contracts. Procurement audits carried out once every year.				
Comments					

Risks

Systematic Operations Risk-rating Tool

Risk Category	Rating at Approval	Previous Rating	Current Rating
Political and Governance	<input type="checkbox"/> Moderate	--	<input type="checkbox"/> Moderate
Macroeconomic	<input type="checkbox"/> Moderate	--	<input type="checkbox"/> Moderate
Sector Strategies and Policies	<input type="checkbox"/> Moderate	--	<input type="checkbox"/> Moderate
Technical Design of Project or Program	<input type="checkbox"/> Substantial	--	<input type="checkbox"/> Substantial
Institutional Capacity for Implementation and Sustainability	<input type="checkbox"/> Substantial	--	<input type="checkbox"/> Substantial
Fiduciary	<input type="checkbox"/> Substantial	--	<input type="checkbox"/> Substantial
Environment and Social	<input type="checkbox"/> Substantial	--	<input type="checkbox"/> Substantial
Stakeholders	<input type="checkbox"/> Low	--	<input type="checkbox"/> Low
Other	--	--	--
Overall	<input type="checkbox"/> Substantial	--	<input type="checkbox"/> Substantial

Results

PDO Indicators by Objectives / Outcomes

Scale up provision and improve quality of essential health care services particularly MCH				
▶ Percentage of dispensaries with at least two qualified/skilled health providers (nurse/midwife and clinician) (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	60.00	--	60.00	100.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments				
▶ Percentage of PHC facilities achieved 3 stars and above (Percentage, Custom)				



	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	18.00	--	18.00	50.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments				
▶ Percentage of newborns receiving postnatal care within 48 hours after delivery (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	86.00	--	86.00	96.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments				
▶ Percentage of pregnant women attending first ANC visit in the first trimester (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	27.00	--	27.00	60.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments				
▶ Percentage of patients referred (through the dispatch center - new system) that are managed at receiving health facility (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	0.00	100.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments				
▶ Percentage of funds received through DHFF by the health facilities that is utilized in the financial year (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	60.00	--	60.00	100.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments				

Intermediate Results Indicators by Results Areas

1. Improved quality for selected RMNCH services provided at PHC level

▶ Improved annual delivery of maternal and child health services by the LGAs as measured by average LGA scorecard (Percentage, Custom)



	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	55.00	--	55.00	80.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments				
► Percentage of family planning clients who received modern contraceptive methods (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	39.60	--	39.60	44.60
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments	FP indicator. Proportion of clients (new and re-visit) using modern family planning methods in a given period. Numerator: Total number of clients using modern family planning methods in a given period. Denominator: Estimated total number of women of reproductive age excluding expected number of pregnant women.			
► Percent of ANC attendees receiving adequate quantities of iron and folate tablets until the next ANC visit (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	80.00	--	80.00	94.00
Date	31-Dec-2020	--	30-Nov-2022	31-Dec-2027
Comments	Measures the proportion of ANC attendees receiving adequate quantity of Iron and Folate tablets until the next ANC visit			

2. Improved Availability of Competent Staff at Health Facilities

► Number of health workers who have completed mentorship, coaching and attachment (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	0.00	8,000.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments	Cumulative number of health workers who have received mentorship, coaching and attachment through the Program			
► Number of students sponsored for priority courses with a focus on MCH (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	0.00	1,000.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments	Cumulative number of students admitted and sponsored by MoH for priority PHC courses with a focus on MCH.			
► Number of skilled staff recruited and posted to the PHC facilities (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target



Value	0.00	--	0.00	1,000.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments	The approved recruitment and deployment plan prepared by PORALG is to include the type of cadres, their numbers and LGAs where the staff are to be deployed. Cumulative data is captured.			

3. Improved Emergency and Referral Services

► Number of referral cases handled through the dispatch systems established by the regions (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	0.00	16,000.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments	An established referrals system is confirmed when the region has in place (a) transport arrangements/ambulances; (b) trained crews; (c) operational electronic dispatch system; (d) designated staff to coordinate referrals in the health facilities; and (e) protocol for management of referrals (10 regions). Annual referral cases across PHC facilities and RRHs that have been managed through an established referral system for the selected regions.			

► Number of emergency and referral cases managed by the RRHs (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	0.00	10,000.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments	For completion of implementation of capacity building activities, the result is achieved upon verification of completion of implementation of the activities by the individual RRHs as stated in the respective approved plans. The emergency and referral cases managed by the RRHs is determined from cases referred through the dispatch center.			

4. Improved PHC Facility Performance and Functionality

► Number of PHC facilities that are equipped, functional and perform the requisite signal functions for emergency obstetric and newborn care (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	0.00	175.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments	For procurement of medical equipment, the disbursements are made against confirmation of the (a) approved procurement plan and (b) signed contracts for the procurement of medical equipment as per the procurement plan. Increased number of selected PHC facilities (dispensaries, health centers and council hospitals) functional and meeting the requisite standards (9 signal functions of CEmONC and 7 for BEmONC) will be captured. Each year PORALG from the original list of selected PHC facilities will report on the facilities that became functional.			

5. Improved Management and Accountability for Service Delivery

► Percentage of planned annual capacity building, management and accountability activities implemented (Percentage, Custom)



	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	0.00	100.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments	The plans will be reviewed and agreed each year between the government and the World Bank. This indicator represents the percentage of activities (weighted against the budget) completed in the agreed plan in the previous fiscal year. For PORALG: MCH coordination, Program management, capacity building, fiduciary issues, social accountability, and environmental and social management. For MOH: Percentage of completed activities in the plan approved in the previous fiscal year: MCH coordination, Program management, verification, audit, capacity building, star rating assessment, and environmental and social management.			
► Percentage of PHC facilities with procurement compliance of 60% and above (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	14.00	--	14.00	80.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments	Man&Act indicator. PHC facilities complying with procurement regulations. Numerator: Number of facilities complying with procurement regulations. Denominator: Total number (sample) of PHC facilities in the country.			
► Percentage of complaints received that have been acted upon (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	50.00	--	50.00	80.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments	Social Services indicator. Percentage of complaints received that are acted upon. Numerator: Number of complaints acted upon. Denominator: Total number of complaints made/received.			
► Percentage of PHC facilities with health care waste management (HCWM) facilities complying with MoH standards (incinerators, placenta pits, ash pits). (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	30.00	--	30.00	50.00
Date	31-Dec-2021	--	30-Nov-2022	31-Dec-2027
Comments	HCWM indicator. Percentage of PHC facilities adhering to HCWM standards. Numerator: Number of PHC facilities with basic HCWM facilities (Incinerator, Placenta pit and waste segregation protocol). Denominator: Total Number (sample) of PHC facilities			

Disbursement Linked Indicators

► DLI 1 Improved annual delivery of maternal and child health services by the LGAs as measured by average LGA scorecard (Outcome, 90,000,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	55.00	--	55.00	80.00
Date	--	--	30-Nov-2022	--



Comments

► DLI 2 Improved annual performance of MoH, PORALG and RHMTs in supporting the LGAs to deliver PHC services (Intermediate Outcome, 10,000,000.00, 0%)

	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	55.00	--	55.00	90.00
Date	--	--	30-Nov-2022	--

Comments

► DLI 3 Increased capacity for training health workers (Intermediate Outcome, 12,000,000.00, 0%)

	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	No plans for refurbishment and capacity building of selected health training institutions (nine), mentorship/coaching, and training priority cadres	--	No plans for refurbishment and capacity building of selected health training institutions (nine), mentorship/coaching, and training priority cadres	The ten (10) training institutions have completed: (i) implementation of their individual refurbishment plans; and (ii) implementation of the activities aimed at strengthening their capacity to conduct competence-based training
Date	--	--	30-Nov-2022	--

Comments

□ DLI 3.1 Number of health workers who have completed mentorship, coaching or attachment (Cumulative) (Output, 8,000,000.00, 0%)

Unit of Measure: Number
Indicator Type:

	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	0.00	--	0.00	8,000.00
Date	--	--	30-Nov-2022	--

Comments

□ DLI 3.2 Number of students sponsored for priority courses with a focus on MCH (Cumulative) (Output, 10,000,000.00, 0%)

Unit of Measure: Number
Indicator Type:



	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	0.00	--	0.00	1,000.00
Date	--	--	30-Nov-2022	--
Comments				

► DLI 4 Increased availability of skilled staff at the PHC facilities (Intermediate Outcome, 14,100,000.00, 0%)

	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	0.00	--	0.00	PORALG and LGAs have recruited and deployed staff to PHC facilities (1,000)
Date	--	--	30-Nov-2022	--
Comments				

► DLI 5 Number of regions with established referral and emergency systems (Outcome, 7,600,000.00, 0%)

	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	No strategy for managing referrals and emergencies	--	No strategy for managing referrals and emergencies	15 regions have established and operationalized systems for management of referrals and emergencies
Date	--	--	30-Nov-2022	--
Comments				

□ DLI 5.1 Number of referral cases handled through the dispatch systems established by the regions (cumulative) (Outcome, 4,800,000.00, 0%)
Unit of Measure: Number
Indicator Type:

	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	0.00	--	0.00	16,000.00
Date	--	--	30-Nov-2022	--
Comments				

► DLI 6 Regional referral hospitals have implemented their respective refurbishment and capacity building plans (Output, 37,500,000.00, 0%)



	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	0.00	--	0.00	The fifteen (15) regional referral hospitals have complementation of: (a) their respective refurbishment plans; and (b) the activities in their respective capacity building plans
Date	--	--	30-Nov-2022	--
Comments				
<input type="checkbox"/> DLI 6.1 Number of emergency and referral cases managed by RRHs (Cumulative) (Output, 3,000,000.00, 0%) Unit of Measure: Number Indicator Type:				
	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	0.00	--	0.00	10,000.00
Date	--	--	30-Nov-2022	--
Comments				

▶ DLI 7 Selected PHC facilities that have been refurbished as per the approved plans (Process, 27,500,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	0.00	--	0.00	The selected PHC facilities (listed in PO-RALG's refurbishment plan) have completed implementation of their individual refurbishment plans (i.e. 20 council hospitals, 50 health centers and 70 dispensaries)
Date	--	--	30-Nov-2022	--
Comments				
<input type="checkbox"/> DLI 7.1 Number of PHC facilities that are equipped, functional and perform the requisite signal functions for emergency obstetric and newborn care (Output, 14,500,000.00, 0%) Unit of Measure: Text Indicator Type:				
	Baseline	Actual (Previous)	Actual (Current)	Year 5



Value	0.00	--	0.00	The selected PHC facilities (25 council hospitals, 50 health centers and 100 dispensaries) have been properly equipped, and are considered functional as per requisite service standards for emergency obstetric and newborn care services
Date	--	--	30-Nov-2022	--
Comments				

► DLI 8 Percentage of planned annual capacity building, management and accountability activities implemented (Intermediate Outcome, 11,000,000.00, 0%)

	Baseline	Actual (Previous)	Actual (Current)	Year 5
Value	Implementation of annual plan of activities has not started	--	Implementation of annual plan of activities has not started	MoH and PO-RALG have implemented their respective annual plans for capacity building, Program management and accountability for the respective year
Date	--	--	30-Nov-2022	--
Comments				