

# THE GFF WE WANT CAMPAIGN

## TANZANIA CASE STUDY



## Acknowledgements

1. **Action Global Health Advocacy Partnership:-** Technical and Financial Support
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## Acronyms and Abbreviations

<b>CSOs</b>	Civil Society Organizations
<b>CSR</b>	Corporate Social Responsibility
<b>GFF</b>	Global Financing Facility
<b>IDA</b>	International Development Association
<b>MCP</b>	Multi-Stakeholder Country Platform
<b>MNCH</b>	Maternal, Newborn and Child Health
<b>PBF</b>	Performance-Based Financing
<b>RBF</b>	Results-Based Financing
<b>RMNCAH-N</b>	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
<b>SDG</b>	Sustainable Development Goals
<b>TWG</b>	Technical Working Group
<b>UHC</b>	Universal Health Coverage
<b>UN</b>	United Nations

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### Executive Summary

#### Overview of the country Global Financing Facility

Tanzania was among the initial four front runner countries that GFF began in the year 2015 with the Tanzanian government obtaining a USD 40 million grant from the GFF to invest in its national strategic plan to improve reproductive, maternal, newborn, child & adolescent health in the country. The World Bank worked with the Ministry of Health under the Technical Working Group and large development partners (e.g., USAID) to develop the investment case.

There was minimal CSO participation during the initial investment case development as the role of CSOs was not clearly defined or identified. In 2017, CSOs became aware of the GFF in the country and the need to involve multi-stakeholders in its engagement and formed the CSO GFF Country Coordinating Mechanism to advocate for their involvement. In the year 2019, the CSOs, World Bank and the Government came together and updated the Terms of Reference (ToR) of the Technical Working Group to incorporate the role of CSOs and expand its function in order to serve as the multi-stakeholder county platform.

Tanzania's strategic health plan under which the GFF and donor monies is invested focuses on a targeted approach in Tanzania, i.e., the government has focused its funding to the underperforming regions in relation to RMNCAH-N targets. The national government follows a results-based approach in which health facilities have targets to achieve and the ones which perform well and meet their targets get to receive additional support from the pooled health fund leading to a financial motivation to the staff.

Some of the gains noted because under Tanzania's strategic health plan, One Plan II, include:

- **Improved infrastructure development within the health sector.** There has been an increase in the number of health facilities in the country with the government working to ensure that every ward has a dispensary and every village has a health facility.
- **Improvement in operational indicators.** Tanzania has experienced an increase in the number of number of women giving birth in health facilities from 60 to 80 per 100 women live births.
- **Improvement in treatment of Human Resources for Health (HRH) leading to improved health workers morale.** Direct financing for health facilities by the Central Bank has fast-tracked financing and reduced leakages leading to efficiency of disbursements to health facilities. Health facilities that meet their targets are able to receive additional support from the pooled health fund leading to a financial motivation to the staff.

There still exists some areas of improvements on how best to enhance the efforts for RMNCAH-N initiatives in the country. These include:

- **Insufficient funding for operations.** CSOs struggle to raise funds to meet their operations with GFF funds being disbursed directly to national governments by the World Bank. CSOs in Tanzania were left out of the Small Grants Scheme despite them being part of the initial four front runner countries.
- **Lack of political good will.** The CSOs face a tough operating environment in Tanzania. Existing regulation restrict the independence of civil societies, private sector and press granting the government excessive power to easily shut down operations of any institutions.
- **Unsustainable health reforms.** The monetary incentives for health facilities that meet their targets is not sustainable with the incentives being funded by donor funds which are not long term.
- **Poor treatment of health human resource.** Tanzania faces a critical shortage of health human resource because of previous poor health sector reforms such as freezing health workers hiring. This has also limited the presence of specialised health workers.

## Recommendations to enhance GFF

To ensure that the GFF meets its objectives, this report recommends the following set of actions for the different stakeholder groups:

- The CSO coalition should work towards building the capacity of CSOs and youth to implement RMNCAH-N efforts;
- The GFF should explore opportunities to increase the participation of private sector and other donor agencies;
- The GFF should make existing grants more predictable and consistent to allow for increased financing opportunities for the CSOs;
- The government should increase engagement with CSOs/NGOs and see them as partners in the fight to push for increase access to primary healthcare for young women, children and teenagers;
- The government should push for increased inter-ministerial coordination and alignment between and amongst ministries that have a GFF component in them; and
- The private sector should be integrated across the entire health system – health financing, service delivery, policy and regulations, and health information systems, among others, to ensure a transformative impact.

## Overview of the Global Financing Facility

### Formation process

The Global Financing Facility (GFF) is a multi-stakeholder country-led financing mechanism for reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N). The GFF is hosted at the World Bank and its long-term vision is to mobilize significant additional resources to fill funding gaps for RMNCAH-N, and improve the efficiency of spending over time. The mechanism, established in 2015, aims to harmonize the fragmented RMNCAH-N financing initiatives, under the leadership of the governments of participating countries, to close the annual financing gap of USD 33 billion needed to eliminate preventable maternal, child, and adolescent deaths, achieving sustainable development.

Tanzania was among the initial four front runner countries that GFF began in the year 2015. The Tanzanian government obtained a USD 40 million grant from the GFF to invest in its national strategic plan to improve reproductive, maternal, newborn, child & adolescent health in the country. The national strategic plan lays the foundation for the country investment case named "One Plan II" showing the country medium term roadmap on how to improve the country's primary health care with a focus on maternal, neonatal and child health.

*The Government of Zambia used existing structures for RMNCAH planning as the GFF country platform.*

*The Inter-Agency Coordinating Committee (ICC) in particular was the major vehicle for GFF coordination activities.*

## HDT

The Country investment case was developed by the Ministry of Health, Community Development, Gender, Elderly and Children under its Technical Working Group (RMNCAH Technical Working Group). The Technical Working Group provides leadership in relation to the utilization of national funds to meet the country health agenda. However, the CSOs were not involved in the development of the investment case.

## Governance structure

The GFF is run under the GFF Country RMNCAH TWG (Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Technical Working Group) platform under the Ministry of Health, Community Development, Gender, Elderly and Children. The Technical Working Group holds biannual meeting with the World Bank officials in which country objectives are checked against the country investment case. There is minimal involvement of the CSOs in the Technical Working Group.

The CSOs have organized themselves to form a CSOs GFF coordinating group which serves as a platform and/or forum for advocacy and accountability for GFF. The CSOs GFF coordinating group holds bi-annual meetings to review GFF performance over time and identify key issues to advocate for. Through the coordinating group, the CSOs are able to hold the government, World Bank and donors accountable. Through continuous advocacy efforts, the secretariat for CSOs GFF coordinating group was selected to join as members of the GFF Country RMNCAH TWG in the year 2021.

The GFF Country RMNCAH TWG consists of representatives from the government, large donor institutions (for example; USAID, CIDA Canada), civil societies and representatives from faith-based organizations. Currently CSOs have four membership slots who represent the CSOs GFF coordinating group. A detailed list of the members of the RMNCAH TWG can be found in Annex 2. To achieve its objectives, the RMNCAH TWG is split into nine Sub-Working Groups each tasked with a specific role. This Sub Working Groups are listed in Table 1 below:

**Table 1: Sub Working Group for the RMNCAH TWG**

RMNCAH TWG Sub-Working Groups	Role
Safe Motherhood Initiative (SMI) TWG	Aims to reduce maternal deaths in Tanzania
Family Planning (FP)TWG	Tasked with ensuring easy access to family planning (FP) tools with the aim of reducing the number of unwanted pregnancies
Adolescent Reproductive Health (ARH) TWG	Advocate for the right to access and use of contraceptives to prevent teenage pregnancies
PMTCT WG	Tasked with the elimination of mother to child Transmission of HIV
Newborn and Child Health TWG	Aims to reduce the newborn and child mortality
Infant and Young Child Feeding Consultative Committee	Focused on enhancing the right to good nutrition for every infant and child
Expanded Programme of Immunization Integrated Community Case (EPI ICC) (WG)	Ensures safe access to immunization to children
Contraceptive Security Committee (CSC)	Tasked with addressing inequitable access and obtaining protected budgets for contraceptive security
RH/MNCH M&E TWG (to be formed)	Tasked with promoting the Monitoring and Evaluation (M&E) developments related to the health sector

## Focus of the country investment cases

The country investment case, One Plan II, provides a roadmap entailing how the government can pursue to strengthen its primary health care with a focus to improve maternal, neonatal, and child health in the country's poor regions. The country investment case has set up targets to help the country achieve the Sustainable Development Goal (SDG) three of ensuring equitable access to Universal Health Care (UHC) for all women and children. The initiative aims to prevent as many as one million infant deaths and 84,000 maternal deaths in the country by the year 2035.

The investment case is a medium-term strategic plan meant to run from the year 2016-2020. A further strategic plan is being developed as part of the resource mobilization campaign for the year 2021. The country investment case, One Plan II, received support from the GFF (USD 40 million), USAID (USD 46 million) and Power of Nutrition (PoN) Trust Fund (USD 20 million). Tanzania was the first country receiving money from the newly established PoN. It is worth noting that the CSOs interviewed as part of this research indicated that the development of the investment case was not participatory and was largely developed by the World Bank Group.

The plan aims to achieve this through meeting the following short-term goals;

- Maternal mortality from 432 to 292 per 100,000 live births;
- Neonatal mortality rate from 21 to 16 per 1,000 live births and
- Under-five mortality from 54 to 40 per 1,000 live births by 2020

### Figure 1: Commitments for funds to support the One Plan II investment case (in USD millions)

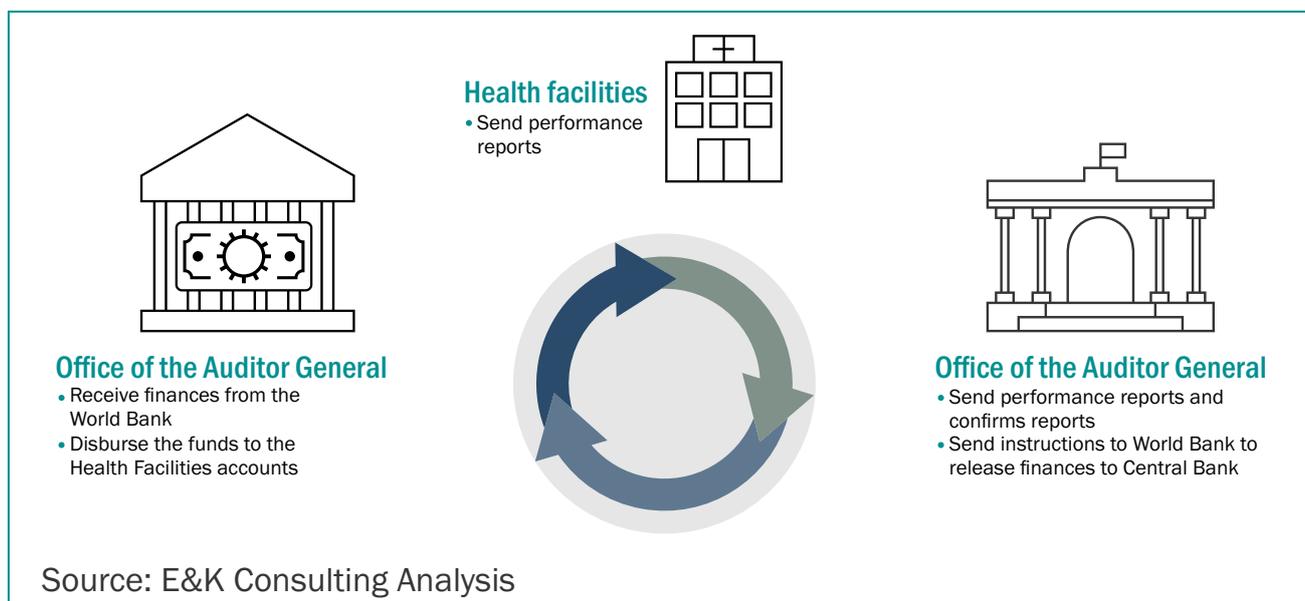
Source: E&K Consulting Analysis

Tanzania has taken great progress to achieve these short-term goals as noted in the improvement in the proposed operational indicators. Tanzania had among the highest maternal and neonatal mortality rates globally. Maternal deaths in Tanzania were as high as 854 in the year 2000 dropping to 644 per 100,000 in the year 2010 which was still high. Major cause of maternal deaths are haemorrhages, infections, unsafe abortions, hypertensive disorders and obstructed labours. The fact that more than half of births in Tanzania occur at home also contributes to the elevated maternal mortality rate. Tanzania undertook initiatives to encourage safe deliveries of children at health facilities. The government took efforts to increase the number of health facilities in the country with targets to ensure that every village has a health facility. Costs to deliver children in health facilities were reduced and abolished in most of the health facilities. This has led to a reduction of the maternal mortality to the current 321 per 100,000 births in 2020.

One Plan II aims to ensure equality in health services across the country by focusing its investment on a targeted approach with government focusing its funding to the underperforming regions in relation to RMNCAH-N targets. This is then supplemented with a results-based approach in which health facilities have targets to achieve. The targets are unique based on the regional focus of the health facility. This is meant to increase local ownership of projects by giving more autonomy to the health facilities allowing them to make decisions that drive service provision and quality of care based on the needs of the local communities. Health facilities that perform well and meet their targets get to receive additional support from the health based fund leading to a financial motivation to the staff.

To relieve the health systems of bottlenecks, the government adopted direct financing to health facilities linked to their results. Health facilities send their performance reports to the Office of the Auditor General who evaluates and confirms the performance. Once satisfied, they send notice to the World Bank who releases finances to the Central Bank that can now be disbursed directly to the health facilities accounts. Health facilities obtaining financing within 48 hours directly from the Central Bank cutting out the intermediaries fast tracking financing and reducing leakages leading to efficiency of disbursements.

**Figure 2: Key players involved the direct financing of health facilities**



## CSO participation in the GFF framework

### Evolution of the CSO participation in the GFF framework

Being part of the initial focus countries, there was minimal CSO participation during the initial investment case development in the year 2015 as the role of CSOs was not clearly defined or identified. The World Bank worked with the Ministry of Health under the Technical Working Group and large development partners (e.g., USAID) to develop the Investment case.

In 2017, CSOs became aware of the GFF in the country and the need to involve multi-stakeholders in its engagement. Health Promotion Tanzania began the process of bringing together the CSOs to be involved in the GFF leading the formation of a CSO coalition, CSO GFF Country Coordinating Mechanism, to advocate for their involvement.

The MoH attempted to expand the existing RMNCAH health Technical Working Group (TWG) into the multi-stakeholder country platform (MCP). There were challenges with the representation of CSOs in the RMNCAH Technical Working Group. Initial challenges noted included:

- The terms of reference (ToR) did not accommodate the role of the MCP;
- The initial CSOs included as members of the RMNCAH Technical Working Group did not represent the other CSOs or the CSO GFF Country Coordinating Mechanism. This CSOs were members working in the RMNCAH space and not chosen to represent the CSO GFF Country Coordinating Mechanism; and
- The initial CSOs were not providing feedback to the other CSOs

In the year 2019, the CSOs, World Bank and the Government came together and updated the ToR to incorporate the role of CSOs and the MCP. There remain some challenges in relation to the performance of the RMNCAH Technical Working Group, the integration of the multi-stakeholders and the inclusion of the GFF in the discussions of the technical working group.

There has however been noted overall improvement in the involvement of the CSOs in the GFF. There are currently four slots for the CSOs in the RMNCAH Technical Working Group. CSOs have been involved in the current dialogue to submit an updated National Strategic Plan to improve the reproductive, maternal, newborn, child & adolescent health in Tanzania, One Plan III.

The CSOs continue to advocate for increased involvement in the GFF at the national level. Tanzania CSOs have also advocated for funding from the GFF to help fund their operations. Tanzania was not chosen among the initial countries to benefit from the GFF civil society and youth small grants mechanism, hosted by Management Sciences for Health (MSH). Tanzania CSOs depends on grants from the CSO hub under the PAI network, ACTION Global Health Advocacy Partnership to raise their own finances and assistance from other donor institutions.

## Role of CSOs within the GFF framework

The Civil Societies play a lead role in leading advocacy efforts and enhancing accountability. The CSOs play the critical role of ensuring that the government is playing its role and meeting its investment case targets. Some of the roles that the CSOs in Tanzania play in facilitating the GFF framework include:

**Enhancing accountability.** CSOs enhance accountability across the different levels of government. They do this at each level through;

### National Level and Regional level;

- The CSOs use scorecards to assess the government progress in achieving the health objectives. Scorecards are developed and assessed on a quarterly basis
- CSOs representatives at the RMNCAH TWG use their role to hold the government accountable in meetings its mid-term targets (medium strategic plan targets)
- Through the use of the scorecards, the CSOs are able to hold the government accountable to meeting its regional objectives

### District level;

- CSOs working at the community level engage with the district health officials to assess the performance of health facilities
- CSOs conduct field visits to assess the status of the health facilities

**Leading advocacy efforts.** The CSOs are involved in rallying support to fund investments in healthcare to support RMNCAH-N initiatives. The CSOs push for increased government support to human resources for health leading to a change in the national approach to finance health facilities. Direct financing of health facilities reduces lead time in which health facilities are able to obtain financial support.

**Coordinating country efforts.** CSOs have played a key role in pushing for national dialogue as the country revamps its RMNCAH strategic plan. This national dialogue was targeted to note the successes of the previous national strategic RMNCAH plan, One Plan II, and inputs to go into the new RMNCAH strategic plan, One Plan III.

**Engaging the local communities.** CSOs play the critical role of bridging the gap between the GFF, government and the local communities. The CSOs work directly with local communities' members to address challenges facing access to maternal and children healthcare in their communities. The CSOs held consultations at the community level to get feedback to go into the revamped RMNCAH strategic plan, One Plan III.

## Lessons learnt

### Success stories

The constructive relationship of the GFF CSO Coalition with the government, the World Bank and technical partners, has contributed to civil society's meaningful engagement in the GFF process. Below are some of the successes noted in the GFF country process in Tanzania.

#### Improved infrastructure development within the health sector.

The Tanzania government is working to ensure that every ward has a dispensary and every village has a health facility. This increases access to health facilities. The government has worked through its Community Health Workers, CHWs, to expand the reach of health care to all hard to regions in the country. CHWs are involved in doing house visits and ensuring that expectant mothers are able to meet their clinic visits. Through the expanded dispensary network, the government has increased access to drugs to the community. The government has also set up mobile clinics to help young ladies and teenagers access essential reproductive health services. This has led to increased access to family planning services by the local communities.

*The expanded dispensary network has led to improved access to essential drugs to the local communities with more than 90% of the population easily accessing their drugs through a close drug outlet.*

## DANIDA

### Improving health outcomes

Tanzania's targeted approach with government focusing its funding to the underperforming regions in relation to RMNCAH-N targets has led to overall improvement in health indicators across the country. Current data shows a reduction in the neonatal and under-five mortality rates in the country. See below trends in key RMNCAH-N indicators in the country (2010-2018).

#### Trends in key RMNCAH-N indicators in the country (2010-2018)

**Maternal mortality ratio:** Declined from 644 to 524 per 100,000 live births

**Neonatal mortality rate:** Declined from 24.75 to 20.89 deaths per 1,000 live births

**Under-five mortality rate:** Declined from 71.9 to 50.3 deaths per 1,000 live births

**Stunting prevalence among children under five:** Declined from 42.1 to 31.8 percent

**Wasting prevalence among children under five:** Declined from 4.9 to 3.5 percent

**Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant):**  
Rose from 22.8 to 26.4 percent

**Total fertility rate:** Declined from 5.4 to 4.8 children per woman

## Improved engagement of CSOs in RMNCAH efforts

Lobbying by the CSOs GFF coordinating group at the national level has enhanced civil society alignment and capacity to streamline communications and technical assistance. The CSO coalitions have additionally enabled them to actively take part in technical meetings of the GFF country platform and has gone further than improving their coordination and communication around the GFF. Through these engagements, CSOs have been able to provide inputs and influence key priorities of the investment case and health financing strategy, such as youth and adolescent health.

## Improvement in treatment of Human Resources for Health (HRH) leading to improved health workers morale

Health facilities in Tanzania are evaluated on a results basis based on how they achieve the national targets for primary health care delivery. Health facilities that perform well and meet their targets get to receive additional support from the pooled health fund. This has led to a financial motivation to the staff.

Direct financing for health facilities by the Central Bank has fast-tracked financing and reduced leakages leading to efficiency of disbursements to health facilities.

## Increased information sharing has led to improved advocacy efforts

Increased information sharing by the government and the World Bank had made it easier to evaluate the impact of improvements in RMNCAH-N initiatives in Tanzania. This has enhanced the monitoring and evaluation role of the CSOs to ensure that the government is in line with its national primary health agenda for RMNCAH-N.

*The government is now more to share quarterly updates through its scorecard enhancing the Monitoring and evaluation role of the CSOs.*

## HDT

### Challenges

Given the unique political state in Tanzania in which previous regimes have suppressed the participation of civil societies and non-governmental organizations, CSO have been mostly seen as enemies to the government rather than partners to help in achieving the results. Some of the challenges that CSOs face as they advocate for increased focus on health for RMNCAH-N efforts include;

### Insufficient funding for operations

CSOs struggle to raise funds to meet their operations with GFF funds being disbursed directly to national governments by the World Bank. CSOs have to use their own resources or apply to donor funds to fund their meetings and coordination efforts. CSOs in Tanzania were left out of the Small Grants Scheme regardless of being among the initial four front runner countries. This has led to difficulty in coordinating the CSO efforts as much funding is required for the coalitions to convene meetings, run activities, develop monitoring and accountability tools, etc.

## Lack of political good will

The CSOs face a tough operating environment in Tanzania. The government does not view CSOs as critical players in pushing for RMNCAH-N initiatives and constantly leaving them out in communication. Existing regulations threaten the autonomy and freedom of speech of the CSOs. The government has powers to deregister NGOs at will, threatening autonomy and freedom of speech. This limits the role that CSOs can play in enhancing accountability.

## Unsustainable health reforms

The monetary incentives for health facilities that meet their targets is not sustainable. Monetary incentives are funded by donor funds which are mostly grants and are not guaranteed for the long run. Health facilities are not motivated to drive reforms for the common good and some of the gains could be lost once the monetary scheme is abolished.

## Difficulty in enhancing accountability in the use of funds.

The Ministry is not open to sharing information on the utilization of donor funds. Lack of openness among CSOs/NGOs to share information on their budget utilization makes it difficult to enhance accountability.

## Poor treatment of health human resource.

Tanzania faces a critical shortage of health human resource with just 5.2 clinical health workers per 10,000 people. This is one fifth of the optimal ratio recommended by the WHO. Some of the country's most recent health sector reforms such as freezing health workers hiring only made the situation worse. Poor health reforms have limited the capabilities of health professionals, with Tanzania having limited specialized health professionals. There is lack of retention of health care workers in government facilities because of poor working conditions for health workers.

## Recommendations

To ensure that the GFF meets its objectives, this report recommends the following set of actions for the different stakeholder groups:

### Civil societies

#### Coordinated CSO efforts

CSOs should come together under the CSOs GFF coordinating group to align themselves better and better mobilize to have a collective voice in the GFF. CSOs should focus on allies and networks that support their agenda with local and global partners. CSOs should strive to engage actively even when there are no funds.

#### Capacity building for CSOs

CSOs should come together under the CSOs GFF coordinating group to align themselves better and better mobilize to have a collective voice in the GFF. CSOs should focus on allies and networks that support their agenda with local and global partners. CSOs should strive to engage actively even when there are no funds.

## GFF

### Encourage multi-stakeholder coordination

The GFF liaison officers should advocate for more involvement of the CSOs within the GFF country framework. GFF Liaison officers should advocate for CSO representation in meetings with ministry officials, GFF and the World Bank.

### Provide funding opportunities for CSOs.

The GFF should make existing grants more predictable and consistent to allow for increased financing opportunities for the CSOs. Increased resources will increase the involvement of the CSOs in community engagement. Tanzania CSOs should be considered for the GFF civil society and youth small grants mechanism, hosted by Management Sciences for Health (MSH).

## Government

### Recognise the role of other stakeholders in RMNCAH-N efforts

The government should increase engagement with CSOs/NGOs and see them as partners in the fight to push for increase access to primary healthcare for young women, children and teenagers. The government should increase their information sharing to allow for budget tracking and enhance better accountability of its use of funds.

### Inclusion of key ministries and stakeholders

The government should push for increased inter-ministerial coordination and alignment between and amongst ministries that have a GFF component in them such as Ministry of Health and Social Welfare and President's Office Regional Administration and Local Government offices (PoRALG).

## Investor group

### Document progress made in RMNCAH activities

Periodical quality meetings should be held to bring different stakeholders up to date with recent initiatives in the RMNCAH-N efforts. Accountability should be enhanced across the entire ecosystem identifying and holding the different stakeholders (e.g., government, CSOs, faith-based institutions, citizens, youth, donors) to their unique roles that they play.

## Private sector

### Increase participation from the private sector

For transformative impact, the private sector must be integrated across the health system – health financing, service delivery, policy and regulations, and health information systems, among others. Withing access to essential medicine for instance, the private sector can be leveraged upon to bring expertise in logistic and supply-chain management to enable increased access medicines and health commodities and family planning services.

## Annex

### Annex 1: List of participant organizations in the case study

#	NAME OF ORGANIZATION	STAKEHOLDER
1	Health Promotion Tanzania (HDT)	CSO
2	DANIDA Tanzania	CSO

## Annex 2: List of RMNCAH TWG

#	NAME OF ORGANIZATION
1	Assistant Director RCH – Chair
2	Programme Manager EPI – Secretary
3	Safe Motherhood Initiative Coordinator
4	Adolescent Reproductive Health Coordinator
5	Prevention of mother-to-child transmission (PMTCT) Coordinator
6	Newborn and Child Health Programme Manager
7	Contraceptive Security Committee – Focal person
8	Infant and Young Child Feeding Committee coordinator (TFNC)
9	UNFPA
10	WHO
11	UNICEF
12	USAID
13	CDC
14	German Development Cooperation/GTZ
15	Norway
16	CIDA Canada
17	AGOTA (Association of Gynaecologists and Obstetricians of Tanzania)
18	PAT ( Paediatric Association of Tanzania)
19	TAMA ( Tanzania Midwives' Association)
20	NIMR ( National Institute for Medical Research)
21	NGO Representative (nominated by the group)
22	Christian Social Services Commission (CSSC) Representative
23	Prime Minister's Office Regional Administration & Local Government (PMORALG) Representative
24	CHAI

# THE GFF WE WANT CAMPAIGN

## TANZANIA CASE STUDY

