



GAVI/12/040/sa/sk/rh

The Minister of Health and Social Welfare  
Ministry of Health and Social Welfare  
P.O. Box 9083  
Dar-es-Salaam  
Tanzania

16 March 2012

Dear Minister,

***Tanzania's HSFP Proposal to the GAVI Alliance***

We are writing in relation to Tanzania's proposal to the GAVI Alliance for Health Systems Strengthening through the Health Systems Funding Platform (HSFP), which was submitted to the GAVI Secretariat in December 2011.

In early February, your application was considered by a GAVI Independent Review Committee (IRC). The IRC concluded that further information was needed before full approval can be recommended. Tanzania is one of the pilot countries for HSFP support, which requires somewhat different approach to the proposal review. The findings and analysis of the IRC review are attached in Appendix A for your information. Kindly review and note as detailed below:

1. The activities under Objective 1 need to be more focussed and streamlined to show how those planned can realistically be sustained in the longer term so as to significantly strengthen the HIS and to influence immunisation outcomes. Consideration should be given to removing some of the items from the programme of work;
2. Following the above there needs to be more and better detail about how the proposed activities will address the need for "HIS management and operational research that is essential for programmes like EPI";
3. More information is required about how the longer term operating costs (in light of the high capital investments to be made) are to be handled, and what will ensure the longer term sustainability;
4. There needs to more careful attention to how the proposed activities will significantly affect the more structural and systemic problems (weak co-ordination mechanisms, the inability to meet recurrent costs and the declining expenditure on EPI, and the problems with the organisation of the delivery of services) identified in the proposal.

The next IRC meeting to review HSFP applications is scheduled for May 2012. Tanzania is strongly encouraged to submit its revised application for review at this next IRC meeting addressing the issues highlighted in the attached report. The country will need to send all the necessary and endorsed documentation before 31 March 2012.

If you have any questions about this matter, please do not hesitate to contact my colleague  
Jorn Heldrup at [jheldrup@gavialliance.org](mailto:jheldrup@gavialliance.org).

Yours sincerely,



Helen Evans  
Deputy Chief Executive Officer

Attachments: Appendix A: HSFP IRC country report

cc: The Minister of Finance  
The Director of Medical Services  
Director Planning Unit, MoH  
The EPI Manager  
WHO Country Representative  
UNICEF Country Representative  
Regional Working Group  
WHO HQ  
UNICEF Programme Division  
The World Bank

**IRC HSFP COUNTRY REPORT**  
**Geneva, February 13-17, 2012**

**Country name:** Tanzania  
**Type of support requested:** HSS  
**Application method:** Common Form

**Country profile/Basic data**

| Tanzania                                          |                       |
|---------------------------------------------------|-----------------------|
| <b>Proposal duration</b>                          | July 2012 - 2016      |
| <b>Budget required</b>                            | US\$15,936,515        |
| <b>cMYP duration</b>                              | 2010-2015             |
| <b>National health strategy document included</b> | Yes                   |
| <b>National Health Plan duration</b>              | July 2009 – June 2015 |
| <b>Population (year)</b>                          | 45,040,000 (2010)     |
| <b>IMR</b>                                        | 59/1000               |
| <b>DTP3 coverage (country/UNICEF)</b>             | 91%/91%               |

**1. History of GAVI HSS support**

| <b>NVS and INS support</b> | <b>Approval Period</b> |
|----------------------------|------------------------|
| DTP-HepB                   | 2002-2008              |
| Penta                      | 2009-2015              |
| INS                        | 2003-2005              |

| <b>Cash support</b> | <b>Approval Period</b> |
|---------------------|------------------------|
| ISS 1               | 2001-2006              |
| ISS 2               | 2007-2010              |

The country has not received HSS support before. It is one of the HSS pilot countries where the HSFP process is being tested and assessed.

**2. Composition & functioning of the HSCC**

The composition and role of the HSCC is adequate. It has been reviewed and reorganised [especially in response to the IRC comments on the first submission of this proposal in 2011], to facilitate joint monitoring, oversight and management of GAVI and Global Fund activities. A specific goal is to ensure maximum complementarity between activities in similar areas. The composition of this committee is representative, with the Ministry of Health chairing the meeting and a number of key stakeholders included. The involvement of CSOs is limited to MCHIP, a USAID funded organisation. There is a fair representation of partners in the committee, though this can be improved to get more representation, including that of CSOs.

**3. Comprehensive Multi Year Plan (cMYP) overview**

The objectives of the Tanzanian cMYP are in line with the GIVS Strategy and the sector planning: the cMYP amplifies the details of the strategies of accessibility to District Health with all facilities providing a complete package of essential health interventions according to the guidelines for their level, while community involvement will be strengthened to improve health as articulated in the HSSP III. The strengths of the cMYP lie in the challenges and

linked strategies to address these. The funding analysis has been done and indicates required resources and identifies the sources of the funds as well identifies gaps.

#### **4. Monitoring and Evaluation/Performance Framework**

The required focus on EPI indicators is present. The Monitoring framework suggests indicators at three levels; impact, outcome and output. These indicators have an immunisation focus taking into account the quality and equity dimension. The process indicators appear appropriate. However for service delivery area 1.1 there is need to further define RED implementation as relates to the 5 components so that this definition is maintained for the standardized monitoring process. There are also indicators that will show the progress in the outputs of the activities planned. For SDA 1.2 on Stewardship and Governance the indicator is not appropriate.

In general, the indicators for the specific activities in Objective 1 are weak in light of the problems described below. Given the challenges and the basic weaknesses in the health system described in the cMYP, it would seem useful to use this opportunity to begin to identify indicators that can show whether and to what extent health system strengthening has occurred as a result of activities undertaken.

#### **5. Linkages to immunisation outcomes**

In the HSS proposal there are 3 principal objectives:

Objective 1: Improved immunization outcomes (coverage & quality) in the context of integrated health services – national-wide.

Objective 2: Increased community participation in the provision of immunisation services, particularly in rural and hard to reach areas.

Objective 3: Improved cold chain capacity and management.

There is a good description of the many health system constraints for immunisation outcomes. The proposal has noted that the use of the Building Blocks approach is quite recent; until now, most previous evaluations and reviews focused on programmatic or implementation level approaches rather than on a broader more systemic strategic approach. However, the country is now trying to move in this direction, and to this end it has sought to draw on the Health system strengthening interventions needed and identified by the HSSP III and its strategic objectives. The proposal demonstrates a good understanding of health system constraints for immunisation outcomes. Many of these lie in the areas of human resource capacity deficiencies and availability and in the provision of adequate supervision and monitoring. However, as the proposal itself notes there are many good policies and strategies in existence but more often than not these are not known, understood, nor followed. It also recognizes that the development and utilization of any health systems strategies is a fairly recent development. The activities set out under Objective 1 seem specifically designed to focus the available human resource capabilities and orientations on immunisation and immunisation related activities. Thus, it is stated that “the objective aims at systems strengthening in areas that were identified in the 2010 EPI review to be key constraints for improving immunization outcomes in relation to human resource development (training and supervision); advocacy; management & leadership; monitoring, evaluation and operational research; and infrastructure.”

#### **6. Action plan for immunisation results**

##### **Strengths:**

Every effort has been made to show the relationships and linkages to the HSSP III, the cMYP, as well as existing HMIS and Human Resource Development Plans. In general, the proposal's objectives and their associated activities are clearly described and well laid out. This is especially true for objectives #2 and #3; the gaps are described and the manner in which the proposed activities are intended to fill these gaps are specifically identified and described. These descriptions are generally followed up in the budget and the performance

framework. The proposal also recognizes the continuing challenges in the areas of monitoring and evaluation and the HIS and includes some activities to help address these.

The country has also provided relatively satisfactory responses to a number of issues and questions raised by the IRC assessment of the HSS proposal done in September 2011.

**Weaknesses:**

- Objective 1 [which is the one focusing on improving immunisation outcomes] and its activities tend to be a bit amorphous and is not very easily understood as a coherent whole. The areas to be targeted are training and supervision, programme management and leadership support, micro-planning support, the development and provision of IEC messages for increasing immunisation uptake, making available immunisation data tools and equipment for the processing, analysis and transmission of data, and operational research. Examination of the budget shows that the activities to be actually funded are training (including the provision of refresher training), the evaluation of training materials, review workshops, micro-planning support, advocacy meetings, the provision of Technical Assistance for financial management, performance monitoring, an immunisation data tools review workshop, a data quality study and a data analysis workshop, and the acquisition of vehicles. The proposal had noted that there is need for programme specific HIS management and operational research for programmes like EPI; to this end the HSFP will “complement the general HMIS efforts with support for EPI specific data generation tools development, data quality assurance, data management interventions and operational research”. Unfortunately, while some could be said to be relevant to the need for better programme management, several of the listed activities will not actually occur. Neither is it clear how any of this effectively addresses the plan to provide “data tools and equipment for the processing, analysis and transmission of data.” There are therefore two difficulties here: one is that this Objective 1 is little more than a potpourri of activities with inadequate internal coherence; the second is that there is a lingering disconnect between proposed activities and the actual cost drivers in the budget. In reality, the largest portion [41.9%] of the funds for Objective 1 will go to the acquisition of transportation vehicles and for Planning and Administration [20.9%].
- A review of the section 4.1, 4.2 a and b, which deals with the provision of electronic devices for improving M & E reveals that the detailed budget and summary budgets do not match the costs described.
- Funds have been allocated for the provision of local technical assistance and programme management. However, their likely programme of work is insufficiently clear.
- Although highlighted as a need, little is said about Operational Research – what it might entail, and how those objectives are to be monitored and assessed.
- The government has said that it will absorb costs once the GAVI support has come to an end. However, in light of the noted declines in the expenditure on EPI and the admitted difficulties in the country of satisfactorily meeting operational and recurrent costs, a question may be raised about how the high cost capital investment activities [cold chain equipment and facilities and vehicles] are to be maintained and sustained once GAVI support has come to an end.
- Management training has been scheduled for years 4 & 5. Given the need for programme management identified, what is the utility of doing this so late in the programme?
- The budgetary allocation for Planning and Administration is high. For Objective 1 some 21% of that Objective’s budget, and for the full programme of work, 15% have been so allocated. These are high especially as activities, such as the

refurbishment of offices, the acquisition of air conditioners, etc. - that may normally be found in this category already have line item allocations;

- With regard to the proposed purchase of 120 vehicles: there needs to be better justification of this - in view of the fact that the Global Fund has already provided vehicles to be used for the delivery of integrated health services.
- There is no clear description of how the private sector will be part of the described activities;

There is a general issue that needs to be raised and follows from one of the general observations made in the cMYP. It has to do with the growing "weakness in the structural foundation of the immunisation system." Manifestations of this are the difficulties with meeting the operational costs of running the system, the decline in allocations of funding to EPI at the central level, the continuing problems with staff recruitment and retention, and the real problems with data management. While the proposed activities are easily in line with the strategies described in the various national plans and strategy documents, it seems important to ask about their real and longer term impact on the sustained strength of the health system. The proposed activities largely focus on training, some programme management, staff salary support, improving awareness levels at the community level, and improving the cold storage capacities and capabilities. It would be useful to see more description of how these activities might be linked with activities designed to ensure the longer term strength and sustainability of the immunisation system. For example, how are the maintenance costs for the transportation units acquired and the cold storage capacity to be maintained, replaced and sustained over time? What is the likely impact on or relationship with the organization of the immunisation delivery system?

#### **7. Feasibility**

The activities described are largely feasible. Objective 1 as proposed is extremely broad, very unclear and cannot be easily measured. This is true especially in light of the major problems in the area of data quality and the stated intention to improve the availability of immunisation data tools and equipment for processing, analyzing and transmitting data and the provision of "programme specific HIS management and operational research".

#### **8. Soundness of the financing plan and its sustainability**

There is a clear government commitment that may help to ensure sustainability. However, there needs to be some budgetary allowance for maintenance and replacement costs. This seems especially important in light of the stated problem with maintaining operating costs.

#### **9. Added value**

It is not difficult to see the added value of the activities proposed under Objectives 2 & 3 – However, those under Objective 1 are largely an amalgam of a variety of activities ranging from training, advocacy, programme management, updating of training material and the acquisition of vehicles. It is not clear how these will significantly contribute to the longer term health system strengthening problems.

#### **10. Consistency across proposal documents**

There is good consistency across all the relevant supporting documents and the proposal.

#### **11. Recommendation:** Final approval requires further information.

#### **Further information required is as follows:**

5. The activities under Objective 1 need to be more focussed and streamlined to show how those planned can realistically be sustained in the longer term so as to significantly strengthen the HIS and to influence immunisation outcomes. Consideration should be given to removing some of the items from the programme of work;

6. Following the above there needs to be more and better detail about how the proposed activities will address the need for "HIS management and operational research that is essential for programmes like EPI."
7. More information is required about how the longer term operating costs [in light of the high capital investments to be made] are to be handled, and what will ensure the longer term sustainability.
8. There needs to more careful attention to how the proposed activities will significantly affect the more structural and systemic problems [weak co-ordination mechanisms, the inability to meet recurrent costs and the declining expenditure on EPI, and the problems with the organisation of the delivery of services] identified in the proposal.

