

**AFRICAN DEVELOPMENT FUND**



**TECHNICAL ASSISTANCE COMPLETION REPORT**

**THREE REGIONS HEALTH STUDY**

**UNITED REPUBLIC OF TANZANIA**

## Technical Assistance Completion Report

DIVISION	OSHD.3
PROJECT NAME	Three Regions Health Study
FIELD	Health
EXECUTING AGENCY	Ministry of Health
AMOUNTS	
• APPROVED	UA 1.75 million (ADF); UA 0.08 million (GOT)
• REVISED	N/A
• UTILIZED	UA 1.19 million (ADF); UA 0.14 million (GOT)
• UNDISBURSED	UA 0.55 million (ADF)
• CANCELLED	UA 0.55 million (ADF)
DATES	
• APPROVAL	14/7/1999
• SIGNING	19/11/1999
• EFFECTIVE	03/7/2001
• CLOSING	
• Original	30.6.2002 30.4.2006

### 1. BACKGROUND

1.1 In the mid 1990s, the health sector in Tanzania was characterized by weak planning and management capacity, budgetary and maintenance constraints, and dilapidated health facilities across all levels of care. Management information and financial control systems were weak, and health worker motivation was low. There was low utilization rate of health services in spite of having a fairly good geographical distribution of facilities. In its attempt to redress the situation, the Government of the United Republic of Tanzania (GOT) set in motion a Health Sector Reform Programme in April 1996. The reforms focused on decentralization and efficiency in the provision of health services with emphasis on the district level, while promoting private sector participation in health care delivery.

1.2 Furthermore, as part of the Public Expenditure Review (PER) process undertaken in 1998, GOT and Donors identified areas for technical analysis to improve effectiveness of public expenditures in the social sector. In pursuit of this objective, GOT submitted a request to the Bank Group in June 1998 for a TAF Grant to conduct a pre-investment Study to define major constraints to the provision of adequate health services in three under-served rural regions in Mara, Mtwara, and Tabora. The Bank Group fielded a mission in September 1998 to assist with the preparation of the Terms of Reference for the Study which was the fourth Bank Group financed intervention in the health sector of the United Republic of Tanzania.

### 2. TA OBJECTIVE AND SCOPE

2.1 The objective of Three Regions Health Study was to prepare a Plan of Action for Mara, Mtwara and Tabora regions, with a view to contributing to Government's goal of improving the health status of all Tanzanians. In order to achieve the above objective, the Study was undertaken in three phases, each ending with a report that was submitted for approval by Government and ADF. The final outcome was to be a Plan of Action presented as a phased implementation schedule detailing a number of project packages for possible funding by donors in accordance with the strategy of the Health Sector Reforms.

2.2 The three phases entailed the following:

- Situation Analysis and Preliminary Drawings: - a comprehensive situation analysis of the district health care system including identification of gaps and weaknesses in health coverage. The analysis formed the basis for the development prospective health requirements in areas such as infrastructure, utilities, physical facilities and equipment, management information systems, and human resources as well as the cross-cutting issues of maintenance, private sector involvement, financing and sustainability of a viable district healthcare delivery system.
- Preparation of Action Plans, Detailed Designs and Tender Documents: - this phase included identification of actions for strengthening district health service, including rehabilitation or new construction of selected facilities, infrastructure and utilities, and the institutionalization of maintenance systems at all levels. This phase also established standard and specific designs for relevant infrastructure, facilities, equipment and furniture, as well as cost estimates, detailed drawings and draft model tender documents. The emerging Plans of Action would present a number of project packages for possible funding by donors within the framework of the health sector reform.
- Prioritization of Plan of Action and Finalization of Working Drawings and Tender Documents: - The final output was the prioritized Plan of Action for health development in each of the Regions with finalized working drawings and complete set of tender documents for the selected facilities. After consultation with the Steering Committee, the Consultant was to submit Phase III Report for approval by Government and ADF.

2.3 The number of health facilities in the study area was as shown in the table below.

**Health Facilities in Study Area**

<b>Institution</b>	<b>Mara</b>	<b>Mtwara</b>	<b>Tabora</b>
<b>Hospitals</b>	9 (3)	5(3)	7(4)
<b>Health Centres</b>	13 (12)	12(12)	11(10)
<b>Dispensaries</b>	211 (111)	122(101)	143(99)

*Number of public (MOH & Parastatal) facilities in parenthesis*

*Source: MOH - Health Information, Research and Statistics Section, 1998*

### 3. TA INPUTS EVALUATION

3.1 The Ministry of Health (MOH) was the Executing Agency for the Study, and the Project Manager of the then existing Project Implementation Unit for the First Health Rehabilitation Project was designated to oversee its implementation through a health planner (Study Coordinator). The responsibilities of the Study Coordinator included day-to-day management of implementation and coordination of the Consultant's activities. He was responsible for ensuring that all required reports are prepared by the Consultant and submitted for review and approval by GOT and ADF. He was assisted by the technical team from the existing PIU comprising an Architect, a Structural Engineer, a Services Engineer, a Quantity Surveyor, a Procurement Officer, and an Accountant. A Steering Committee was supposed to give guidance to Study Team. The proposed institutional arrangements were acceptable, but the

Steering Committee never met since there was no sitting allowance provided to pay its members.

3.2 There was an 18-month delay between Grant signature and effectiveness, attributed to the late recruitment of a Health Planner/ Study Coordinator. His role was to liaise with the Consultants and Government, and ensure that reports complied with the TOR and Government policy. Furthermore, the Study Co-ordinator was to liaise with the beneficiaries at the regional level. The first Study Coordinator made very little progress due to ill health and he subsequently resigned in August 2002. A second Study Coordinator was recruited in July 2003; his performance was satisfactory though the rate of execution of the study was slow mainly due to delays by the Consultant.

3.3 Although the Bank gave its no-objection in July 2003 for award of the contract to a multidisciplinary consulting firm, Medical Services Corporation Incorporated (MSCI), USA in association with a local Tanzanian firm M/s Co-Architecture there were further delays since a complaint was received from one of the bidders. This complaint was only concluded in February 2004. The study experienced further delays due to the high turnover of the Study Team Leaders. Six different Team Leaders were engaged by MSCI at different stages of the study. Submission of Phase III Report was seriously delayed because the sixth and last Team Leader was fired before this phase was completed.

3.4 Performance of the local Tanzanian firm, M/s Co-Architecture was highly unsatisfactory. This Consultant was always disputing interpretation of the terms of reference by the client with the view to producing the report with minimum effort. Hence, M/s Co-Architecture had to submit revised reports several times before approval by Government. This led to unnecessary delays since documents went back and forth between the Study Coordinator and the Consultants. This contract could have been terminated, but it was felt that this would only result in further delays and possible cost overruns.

3.5 In order to ensure a participatory approach, three regional workshops were held at the end of each phase and one national workshop before preparation of the final report. These workshops enabled beneficiaries and other interested stakeholders to make an input towards the outcome of the study. Conclusions from both regional and national workshops helped to improve the quality of the final reports produced by the Consultants. These workshops also ensured ownership of the reports by the beneficiaries at both regional and national level.

3.6 A comparison of study costs at appraisal with actual expenditure shows that UA 1.33 million out of the total cost of UA 1.83 million was used as shown in the table below. About 68% of ADF's contribution was disbursed and over 175% of Government's contribution was disbursed. Over expenditure by Government was mainly due to additional operating costs incurred as a result of delays in completion of the study.

Study Costs by Source of Financing (UA Million)

	<u>At Appraisal</u>			<u>Actual</u>		
	<u>F.E.</u>	<u>L.C.</u>	<u>Total.</u>	<u>F.E.</u>	<u>L.C.</u>	<u>Total</u>
ADF	1.57	0.18	1.75	1.07	0.12	1.19
GOT	0.00	0.08	0.08	0.00	0.14	0.14
<b>Total</b>	<b>1.57</b>	<b>0.26</b>	<b>1.83</b>	<b>1.07</b>	<b>0.26</b>	<b>1.33</b>

3.7 Five technical supervision missions were undertaken jointly with those for the First Health Rehabilitation Project. A few days were reserved from each of the regular supervision missions of the health sector projects in order to look at issues affecting the Study. According to the Borrower's Technical Completion Report, "Bank's missions were very useful in guiding the implementation of the study." Twenty four Quarterly Project Progress Reports of acceptable quality were submitted.

3.8 The table below shows a comparison of the initial and actual implementation schedules for the Three Regions Health Study. Reasons for the difference between the initial and actual implementation schedule are given below under evaluation of the outputs.

<u>Activity</u>	<u>At Appraisal</u>	<u>Actual</u>
Grant Approval	March 1999	July 1999
Grant Effectiveness	August 1999	July 2001
Contract Award	May 00	July 2003
Mobilization of Consultants	June 00	January 2004
Commencement of Phase I Report	July 00	February 2004
Commencement of Phase II Report	March 01	January 2005
Commencement of Phase III Report	July 01	October 2005
Completion of the Study	June 2002	April 2006

#### 4. TA OUTPUTS EVALUATION

4.1 The execution of the Study started with a detailed Situation Analysis of the health system in Mara, Mtwara, and Tabora Regions. Using a participatory approach, the Study Team together with MoH personnel, Regional and District medical and administrative authorities, as well as a select group of private practitioners and community organizations conducted an institutional analysis. This included an examination of the management capacity of District Councils, quality of care and management of health services, numbers and skill level of health personnel, and health seeking behaviour. Under Phase I, the Study collected data on the physical infrastructure of health facilities, human resource development needs, gender issues, health commodity management and financing gaps.

4.2 Phase I Report provided the MOH with an excellent reliable database that was used in implementing health reforms as well as developing District Plans of Action (DPA). Phase II involved the preparation of preliminary DPA which were reviewed and prioritized during Regional Workshops. Phase III was an outcome of the first two phases, it finalized DPA for the sixteen districts and working drawings as well as tender documents for the selected facilities. Some of the topics discussed during regional and national workshops included factors that influence low utilization of health services such as traditional beliefs, lack of confidence in modern medicine, distances and experiences at health facilities. Other issues discussed related to social and cultural practices that directly impact on the health and well-being of women.

4.3 In spite of experiencing major challenges and delays in the execution of the Study, its original objectives were achieved; the Consultants produced the required reports and tender documents though the latter needed some modifications for physical implementation. The study focused on the district level and assisted in the development of district action plans that clearly defined investment and financing needs at primary and secondary levels. The study also provided Tanzania with a reliable database for implementing health sector reforms.

Specifically, it assisted Government in prioritizing infrastructure rehabilitation, defining human resource development needs and strengthening institutional capacity to improve the efficiency of health services in the three selected regions.

4.4 Findings of the study contributed significantly to the preparation and appraisal of the ongoing Support to Maternal Mortality Reduction Project in the study area.

## 5. TA OVERALL ASSESSMENT/RATING

5.1 The rating of ADF and Government given below is based on the time that the study was under implementation. If we however, take everything into account including delays in getting the study off the ground, and the 4 year delay in its completion then overall rating would be unsatisfactory.

ADF	-	Satisfactory
Government	-	Unsatisfactory
Medical Services Corporation Incorporated	-	Unsatisfactory
M/s Co-Architecture	-	Highly unsatisfactory

## 6. MAJOR LESSONS LEARNED

6.1 The high turnover for the position of Study Team Leader greatly affected implementation of the study. There is need to ensure that contractual arrangements are respected during implementation and as such GOT should not have agreed to having so many changes of Team Leaders.

6.2 Timing in the implementation schedule should take into account possible delays in the execution of the study.

6.3 Lack of effective involvement by management due to non operationalization of the steering committee meant that the much need oversight was missing. There is need to have provisions to ensure effective engagement of senior management in oversight matters.

## 7. CONCLUSION AND RECOMMENDATIONS

7.1 There was a 2 year delay between grant approval and grant effectiveness due to delays in the recruitment of the Study Coordinator and selection of the Multidisciplinary Consultant. The frequent changes of Study Team Leaders and the poor quality designs submitted by M/s Co-Architecture due to deliberate misinterpretation of the Terms of Reference resulted in further delays.

7.2 Notwithstanding the four year delay resulting in the study being completed in April 2006 instead of June 2002, the outcome contributed significantly to the health sector reforms, and preparation and appraisal of the ongoing Support to Maternal Mortality Reduction Project. The study provided information on the actual situation of the health system at the district and community level and identified the limitations that affect quality of health care. It also elaborated the level of investment and budgetary implications required to address the identified problems.

7.3 It is recommended that adequate measures be put in place in the selection of both the main and sub Consultants in order to avoid problems that were experienced in managing Medical Services Corporation Incorporated (MSCI), and M/s Co-Architecture.

7.4 It is further recommended that the Bank exercise its authority as spelt out in the grant agreements to cancel operations that are delayed beyond the threshold requirements.

Prepared By: W. Muchenje  
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Division: OSHD.3  
Department: OSHD

**MAP OF TANZANIA**  
**SHOWING STUDY SITES**



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