



Health Sector Development Support Project (P125229)

AFRICA EAST | Zimbabwe | Health, Nutrition & Population Global Practice |
Recipient Executed Activities | Investment Project Financing | FY 2012 | Seq No: 20 | ARCHIVED on 21-Apr-2022 | ISR51080 |

Implementing Agencies: Republic of Zimbabwe, Stichting Cordaid

Key Dates

Key Project Dates

Bank Approval Date: 29-Sep-2011

Effectiveness Date: 08-Dec-2011

Planned Mid Term Review Date: 11-Feb-2013

Actual Mid-Term Review Date: 22-Feb-2013

Original Closing Date: 30-Apr-2023

Revised Closing Date: 30-Apr-2023

Project Development Objectives

Project Development Objective (from Project Appraisal Document)

The Project Development Objective (PDO) is to increase coverage of key maternal and child health interventions in targeted rural districts consistent with the Recipient's ongoing health initiatives.

Has the Project Development Objective been changed since Board Approval of the Project Objective?

Yes

Board Approved Revised Project Development Objective (If project is formally restructured)

The Project Development Objective is to increase coverage and quality of an integrated package of Reproductive, Maternal, Neonatal, Child, Adolescent health and nutrition (RMNCAH-N) services, as well as strengthen COVID-19 response and institutional capacity to manage performance-based contracts consistent with the Recipients' ongoing health initiatives.

Components Table

Name

Results Based Financing in Delivery of Packages of Key Maternal, Child, and Other Related Health Services (RMNCAH-N):(Cost \$36.85 M)
Management and Capacity Building:(Cost \$26.30 M)
Monitoring, Documentation, and Verification of Results under Performance-based Contracts:(Cost \$4.55 M)
COVID-19 Response:(Cost \$5.00 M)

Overall Ratings

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

Implementation Status and Key Decisions



The total grant financing for the Health Sector Development Support (HSDS) Project is US\$78 million, made up of the original US\$15 million grant approved in September 2011 and US\$63 million through five additional grants approved between 2013 and 2020. The most recent, fifth additional financing (AF V) approved in September 2020 became effective in December 2020.

The HSDS Project has made significant progress since 2011. AF V aims to improve the coverage and quality of reproductive, maternal, neonatal, child health and nutrition indicators and strengthen the Government of Zimbabwe's COVID-19 response. As of December 31, 2021, despite implementation challenges posed mainly by the COVID-19 pandemic and Zimbabwe's fiscal situation, the project has achieved one out of its five project development indicators, namely, over 80 percent of close contacts of confirmed COVID-19 cases have been followed up based on national guidelines. Additionally, three out of the 21 intermediate results indicators have already met or surpassed their targets: 89 percent of health facilities reporting availability of a package of personal protective equipment; 20 District Health Executives in participating districts using updated quality checklist with the COVID-19 component for supervision of health facilities; and 15 COVID treatment centers with oxygen therapy.

While there have been several notable achievements in the past 6 months, a number of activities were delayed. The Government, CORDAID (Project Implementation Entity), and World Bank discussed and agreed on key next steps to address delays.

Risks

Systematic Operations Risk-rating Tool

Risk Category	Rating at Approval	Previous Rating	Current Rating
Political and Governance	--	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial
Macroeconomic	--	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial
Sector Strategies and Policies	--	<input type="checkbox"/> Low	<input type="checkbox"/> Low
Technical Design of Project or Program	--	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
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"/> Moderate	<input type="checkbox"/> Moderate
Other	--	<input type="checkbox"/> Low	<input type="checkbox"/> Low
Overall	--	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial

Results

PDO Indicators by Objectives / Outcomes

Increase coverage of key RMNCAH-N services in participating districts				
▶ Percentage of women who had their first ANC visit during the first twelve weeks of pregnancy in participating rural districts (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	10.00	22.00	22.00	32.00



Date	31-Dec-2012	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	No change since last ISR. Important to note that so far, MOHCC is still monitoring first ANC prior to 16 weeks instead of 12 weeks. MOHCC has been rolling out the reporting and monitoring of the ANC indicator to 12 weeks in the last quarter of 2021 and is expected to implement the change nationwide by Q3 2022.			
► Percentage of children 6 to 59 months with vitamin A supplementation in participating rural districts. (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	40.00	29.00	28.00	50.00
Date	31-Dec-2019	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	Decreased by one percentage point since August 2021 although partial data were obtained in December 2021 . MOHCC and PIE confirmed that baseline should have been 30 percent instead of 40 percent. This indicator's baseline and target will be adjusted in a formal restructuring.			

Increase quality of key MCH services in participating districts				
► Percentage of participating district, provincial and central hospitals that have registered an increase in quality scores since last quarter (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	25.00	37.00	41.00	50.00
Date	31-Dec-2019	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	The latest data shows improvement but it is lower than than the figure (61%) reported in January 2021.			

Strengthen institutional capacity in RBF Contract Management				
► Percentage of health facilities managed under RBF contracts by the MOHCC Program Coordination Unit in participating rural districts (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	23.90	23.90	80.00
Date	31-Dec-2012	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	No change since the last review period. It was agreed that the Government and PIE would propose a target that could be more realistically achieved by the end of April 2023 (project closing date) considering the ongoing pandemic and fiscal challenges.			

Strengthen COVID-19 response				
► Percentage of close contacts of confirmed COVID-19 cases followed up based on national guidelines (Percentage, Custom)				



	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	62.00	81.00	80.00
Date	28-Feb-2020	31-Aug-2021	31-Dec-2021	30-Jun-2021
Comments:	Closing target surpassed.			

Intermediate Results Indicators by Components

Component 1: Delivery of Packages of RMNCAH-N and Other Related Health Services				
► Cumulative number of health facilities enrolled in RBF program in participating districts (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	439.00	451.00	1,155.00
Date	31-Dec-2012	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	Increased by 12 facilities that were included as part of the UV-RBF program scale-up in 2021.			
► People who have received essential health, nutrition, and population (HNP) services (Number, Corporate)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	4,306,716.00	4,410,518.00	4,847,512.00
Date	31-Dec-2012	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	Steady upward trend.			
□ People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (Number, Corporate Supplement)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	2,100,030.00	2,289,059.00	2,515,859.00
□ Number of children immunized (Number, Corporate Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	856,256.00	872,595.00	929,004.00
Date	31-Dec-2012	31-Aug-2021	31-Dec-2021	30-Apr-2023



□ Number of women and children who have received basic nutrition services (Number, Corporate Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	2,409,226.00	2,462,636.00	2,768,670.00
Date	31-Dec-2012	31-Aug-2021	31-Dec-2021	30-Apr-2023
□ Number of deliveries attended by skilled health personnel (Number, Corporate Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	1,041,234.00	1,075,287.00	1,149,839.00
Date	31-Dec-2012	31-Aug-2021	31-Dec-2021	30-Apr-2023
▶ Cumulative number of children under 5 who had their Mid Upper Arm Circumference and Height measured by Community Health Workers (CHWs) as part of growth monitoring. (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	121,500.00
Date	27-Apr-2020	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	No change. Community-based RBF still to be initiated for this indicator to be measured.			
▶ Percentage of 15-49-year-old women who are new acceptors of long term, reversible family planning methods in participating districts (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	21.40	20.00	18.00	30.00
Date	31-Dec-2019	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	Decreased since last ISR due mainly to staffing shortages in addition to challenges associated with utilization during the COVID pandemic and macroeconomic situation (inflation).			

Component 2. Management and Capacity Building in RBF

▶ Number of health personnel and community health workers (CHWs) receiving training on RBF in participating districts (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	4,222.00	4,222.00	5,792.00
Date	31-Dec-2012	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	No change because of delays in implementing the pilots for Community-Based RBF and Quality Focused RBF in central and provincial hospitals. However, it was agreed that the project will also include additional staff trained as part of scale-up of the UV program in the next ISR.			
▶ Percentage of health facilities implementing Continuous Quality Improvement (CQI) model in the participating rural districts. (Percentage, Custom)				



	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	17.00	17.00	70.00
Date	01-Sep-2015	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	No change since last ISR. Facilities in additional districts were not able to receive training due to the COVID-19 lockdown restrictions. CQI training needs to be provided in-person.			
► Number of health workers that received first time training or refresher training on Emergency Obstetrics and Neonatal Care using skill labs (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	280.00
Date	27-Apr-2020	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	No change since last ISR. The trainings will be given as part of the quality focused RBF pilot for central and provincial pilot which was not initiated in 2021 as planned mainly due to COVID-19 related delays.			
► Percentage of MOHCC cost centers utilizing resource allocation formula in line with the whole Government Management Performance System (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	100.00
Date	01-Jan-2020	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	A consultant to support the MOHCC to develop the resource allocation criteria is expected to be in place by the second quarter of 2022.			
► Percentage of resources allocated to primary health care (PHC) (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	5.00	5.00	5.00	8.00
Date	31-Jan-2020	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	No change. This allocation is based on the GOZ budget blue book for 2021			

Component 3. Monitoring, Documentation, Verification of Results under Performance-based Financing

► Number of District Health Executives (DHEs) in participating districts using updated quality checklist with the COVID-19 component for supervision of health facilities. (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	20.00	20.00	20.00
Date	27-Apr-2020	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	Target achieved. Target will be revised as part of RF restructuring.			



► Process evaluation to examine the institutionalization of RBF in the government system as a viable approach to sustainability of RBF (Yes/No, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	No	No	No	Yes
Date	27-Apr-2020	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	Process evaluation has been delayed by COVID-related lockdowns .			
► Process evaluation to examine the effectiveness of quality focused RBF at provincial hospitals in improving the quality of maternal and neonatal care for improved outcomes. (Yes/No, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	No	No	No	Yes
Date	27-Apr-2020	31-Aug-2021	31-Dec-2021	29-Jul-2022
Comments:	Not yet due. Process for evaluation will start in late 2022/early 2023 after the quality focused RBF pilot has been implemented for at least a year.			
► Percentage of grievances addressed within 4 weeks of initial complaint being recorded (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	65.00
Date	31-Jan-2020	31-Aug-2021	31-Dec-2021	30-Apr-2023
Comments:	Standard operating procedures and monitoring and evaluation tools developed and awaiting MOHCC's feedback. It was agreed during the February 2022 virtual mission that this indicator will be revised as part of proposed RF restructuring to specifically refer to project-related grievances. It will be measured as follows: Number of project related grievances addressed within the required terms /total number of project related grievances received.			

COVID-19 Response				
► Percentage of health facilities with minimum package of PPE (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	5.00	79.90	89.00	70.00
Date	31-Jan-2020	30-Jun-2021	31-Dec-2021	31-Dec-2020
Comments:	The recent Vital Medicines Availability and Health Services Survey for Q4 2021 used by the COVID-19 Response logistics pillar indicates that the average availability for a package of PPE (caps, masks, gloves, gowns, goggles) is 89% which exceeds the project closing target. This indicator will be revised as part of the RF restructuring based on the definition used by existing data sources.			



► Percentage of affected people including health workers reached with clinical and psycho-social support (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	10.00	0.00	80.00
Date	28-Feb-2020	27-Apr-2020	31-Dec-2021	31-Dec-2020
Comments:	Data will be reported once project-related support starts in 2022. It has been delayed because the Call Center Annex which is expected to provide psychosocial support experienced delays in setting up a hotline. The last ISR erroneously reported 10 percent instead of 0.			
► Number of isolation centers complying with infection prevention control (IPC) guidelines (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	5.00
Date	31-Jan-2020	31-Aug-2021	31-Dec-2021	31-Dec-2020
Comments:	The five isolation centers to be supported by the project have been selected. Tracking will commence once the water tanks have been installed in these centers. Given the composite nature of the indicator, it will be difficult to measure it without an agreed index/criteria and regular data sources. It will be revised as part of the planned RF restructuring.			
► Number of COVID treatment centers with oxygen therapy (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	15.00	15.00	5.00
Date	31-Jan-2020	31-Aug-2021	31-Dec-2021	31-Dec-2020
Comments:	Target exceeded. Given that efforts are underway to have additional hospitals with functional oxygen therapy with support from GOZ and partners, the target will be adjusted as part of planned RF restructuring.			

Performance-Based Conditions

Data on Financial Performance

Disbursements (by loan)

Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed
P125229	TF-10748	Closed	USD	15.00	15.00	0.00	15.00	0.00	100%
P125229	TF-15111	Closed	USD	20.00	20.00	0.00	20.00	0.00	100%

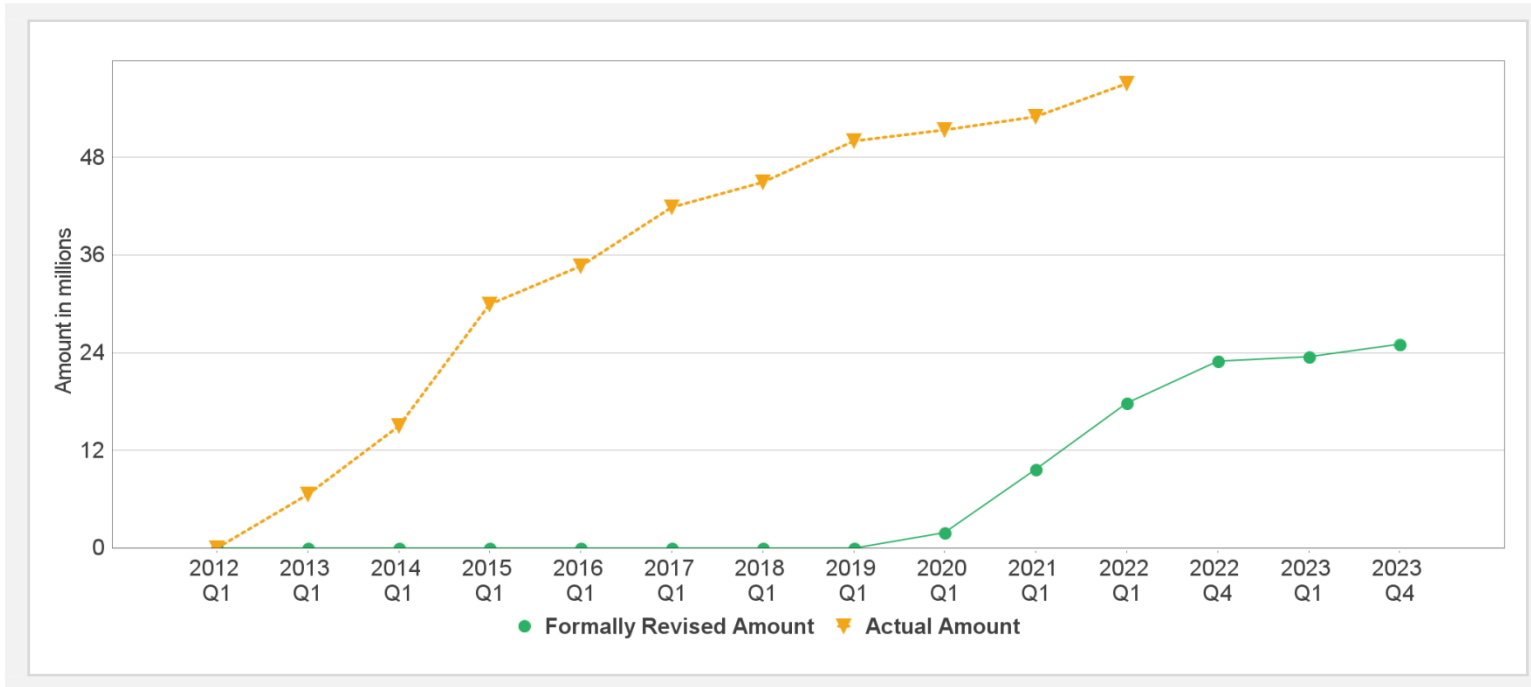


P125229	TF-A1598	Closed	USD	10.00	10.00	0.00	10.00	0.00	<div style="width: 100%; height: 10px; background-color: green;"></div>	100%
P125229	TF-A5311	Closed	USD	5.00	5.00	0.00	5.00	0.00	<div style="width: 100%; height: 10px; background-color: green;"></div>	100%
P125229	TF-A9037	Closed	USD	3.00	3.00	0.00	3.00	0.00	<div style="width: 100%; height: 10px; background-color: green;"></div>	100%
P125229	TF-B3156	Effective	USD	25.00	25.00	0.00	10.65	14.35	<div style="width: 43%; height: 10px; background-color: green;"></div>	43%

Key Dates (by loan)

Project	Loan/Credit/TF	Status	Approval Date	Signing Date	Effectiveness Date	Orig. Closing Date	Rev. Closing Date
P125229	TF-10748	Closed	27-Sep-2011	27-Sep-2011	08-Dec-2011	31-Jul-2014	31-Jul-2014
P125229	TF-15111	Closed	30-Jul-2013	30-Jul-2013	25-Sep-2013	30-Oct-2015	28-Feb-2017
P125229	TF-A1598	Closed	23-Dec-2015	12-Jan-2016	14-Mar-2016	28-Feb-2017	30-Jan-2018
P125229	TF-A5311	Closed	21-Jul-2017	26-Jul-2017	24-Oct-2017	30-Jun-2018	31-Dec-2019
P125229	TF-A9037	Closed	03-Nov-2018	20-Feb-2019	29-Mar-2019	31-Dec-2019	31-Dec-2020
P125229	TF-B3156	Effective	20-Sep-2020	01-Oct-2020	04-Dec-2020	30-Apr-2023	30-Apr-2023

Cumulative Disbursements





Restructuring History

Level 2 Approved on 01-Sep-2015 ,Level 2 Approved on 21-Feb-2017 ,Level 2 Approved on 27-Jun-2018 ,Level 2 Approved on 20-Dec-2018 ,Level 2 Approved on 06-Dec-2019 ,Level 2 Approved on 25-Jun-2020

Related Project(s)

P144532-Additional Financing Health Sector Development Support Project ,P156879-Zimbabwe Health Sector Development Support Project AF II ,P163976-Zimbabwe Health Sector Development Support Project III - AF ,P168734-Zimbabwe Health Sector Development Support Project IV - AF ,P173132-Health Sector Development Support Project - Additional Financing V ,P175232-Health Sector Development Support
