



Health Sector Development Support Project (P125229)

AFRICA EAST | Zimbabwe | Health, Nutrition & Population Global Practice |
Recipient Executed Activities | Investment Project Financing | FY 2012 | Seq No: 19 | ARCHIVED on 18-Oct-2021 | ISR48498 |

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 5 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 July 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 the end August 2021, despite implementation challenges posed by the COVID-19 pandemic, the project has demonstrated progress in three out of its five project development indicators and nine out of its twenty intermediate results indicators.

mpa table

Multiphase Programmatic Approach (MPA) Status

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"/> High	<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	20.00	22.00	32.00
Date	31-Dec-2012	31-Jan-2021	31-Aug-2021	30-Apr-2023



Comments:	Positive trend. Important to note that so far, MOHCC is still monitoring first ANC prior to 16 weeks instead of 12 weeks. MOHCC has started 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 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	28.00	29.00	50.00
Date	31-Dec-2019	31-Jan-2021	31-Aug-2021	30-Apr-2023
Comments:	Improved since January 2021 but decreased since 2020. MOHCC and PIE confirmed that baseline should have been 30 percent instead of 40 percent. If the baseline is confirmed to be 30 percent, the decrease from last year would be reduced from 11 percent to one 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	62.00	37.00	50.00
Date	31-Dec-2019	31-Dec-2020	31-Aug-2021	30-Apr-2023
Comments:	The percentage of hospitals that improved their quality scores decreased since the last review period (62% to 37%), but improved/is higher than the baseline (25%). Trend will be assessed during next mission including determining what caused the drop and if the indicator/target would need to be adjusted.			
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	23.00	23.90	80.00
Date	31-Dec-2012	15-Mar-2021	31-Aug-2021	30-Apr-2023
Comments:	Four additional facilities have been contracted from January 2021 to August 2021, but the increase is not significant enough to change the percentage except in terms of decimal points, i.e. from 23.6 percent during last review period to 23.9 percent in the recent review period. Zimbabwe's macroeconomic situation was worsened by COVID, which made it difficult for the GOZ to finance RBF subsidies in more facilities in 2020 and 2021 despite the MOHCC's wish to move forward with RBF institutionalization. However, with decreasing inflation and expected improvement in Zimbabwe's fiscal situation, more contracts may be signed in 2022.			
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	80.00	62.00	80.00
Date	28-Feb-2020	29-Jan-2021	31-Aug-2021	30-Jun-2021
Comments:	While the current figure reflects a decrease from the figure reported in the last ISR, it is based on more comprehensive data compared to the partial information obtained from only Mashonaland East Province in the last ISR. The latest available data for this indicator is for the period of January to August 2021. As Go-data is not yet rolled out nationally, district contact line list is used. This was made possible because of the project's support to contact tracing using an RBF approach which started in January 2021.			

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	424.00	439.00	1,155.00
Date	31-Dec-2012	15-Mar-2021	31-Aug-2021	30-Apr-2023
Comments:	Increased by four facilities. Previous ISR should have reported 435 facilities instead of 424. It did not include 11 health facilities that were contracted under the Voucher-RBF program.			
► People who have received essential health, nutrition, and population (HNP) services (Number, Corporate)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	4,046,300.00	4,306,716.00	4,847,512.00
Date	31-Dec-2012	31-Jan-2021	31-Aug-2021	30-Apr-2023
Comments:	Increased since last ISR.			
□ 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	2,100,030.00	2,515,859.00
□ Number of children immunized (Number, Corporate Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	817,556.00	856,256.00	929,004.00
Date	31-Dec-2012	31-Jan-2021	31-Aug-2021	30-Apr-2023



<input type="checkbox"/> Number of women and children who have received basic nutrition services (Number, Corporate Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	2,244,678.00	2,409,226.00	2,768,670.00
Date	31-Dec-2012	31-Jan-2021	31-Aug-2021	30-Apr-2023
<input type="checkbox"/> Number of deliveries attended by skilled health personnel (Number, Corporate Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	984,066.00	1,041,234.00	1,149,839.00
Date	31-Dec-2012	31-Jan-2021	31-Aug-2021	30-Apr-2023
<input checked="" type="checkbox"/> 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	15-Mar-2021	31-Aug-2021	30-Apr-2023
Comments:	Community-based RBF still to be initiated for this indicator to be measured.			
<input checked="" type="checkbox"/> 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	18.00	20.00	30.00
Date	31-Dec-2019	31-Jan-2021	31-Aug-2021	30-Apr-2023
Comments:	Improved since January 2021 (last ISR) but decreased since December 2019 (baseline) due to challenges associated with service utilization and availability of family planning commodities because of the COVID pandemic and macroeconomic situation (inflation).			
Component 2. Management and Capacity Building in RBF				
<input checked="" type="checkbox"/> 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	15-Mar-2021	31-Aug-2021	30-Apr-2023
Comments:	Training was on hold because of the extended COVID lockdowns in Zimbabwe.			
<input checked="" type="checkbox"/> Percentage of health facilities implementing Continuous Quality Improvement 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	15-Mar-2021	31-Aug-2021	30-Apr-2023
Comments:	Facilities in additional district were not able to receive in-person training due to the COVID-19 lockdown restrictions.			
► 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	15-Mar-2021	31-Aug-2021	30-Apr-2023
Comments:	The trainings will be given as part of the quality focused RBF for central and provincial pilot that will be initiated in late 2021 as per the work plan.			
► 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	15-Mar-2021	31-Aug-2021	30-Apr-2023
Comments:	A consultant will be engaged to develop the resource allocation formula which is expected to be implemented in 2022. PIE is expecting to receive a draft consultancy Terms of Reference from the MOHCC Policy, Planning, and M&E Department.			
► 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	15-Mar-2021	31-Aug-2021	30-Apr-2023
Comments:	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	0.00	20.00	20.00
Date	27-Apr-2020	15-Mar-2021	31-Aug-2021	30-Apr-2023
Comments:	Target achieved. Target will be revised to include additional districts expected to use the updated checklist.			
► 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	15-Mar-2021	31-Aug-2021	30-Apr-2023
Comments:	Process for evaluation will start in late 2021/early 2022. It has been delayed by COVID-related lockdown that was extended up to September 2021.			
► 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	15-Mar-2021	31-Aug-2021	29-Jul-2022
Comments:	Process for evaluation will start in 2022 after the new initiative 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	15-Mar-2021	31-Aug-2021	30-Apr-2023
Comments:	Project's work on having a standardized SOP that will be used by all facilities on Grievance Redress Mechanism (GRM) reporting has been delayed because of the COVID-19 related lockdown from June to September 2021. A capacity building workshop with focal points at all levels will be held to standardize GRM implementation. MOHCC has committed to having the activity done by end of October 2021. Project is expected to be able to report on this indicator when it starts to support the national call center in the second half of October 2021 onwards.			
COVID-19 Response				
► Percentage of health facilities with minimum package of PPE (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	5.00	64.40	79.90	70.00
Date	31-Jan-2020	31-Dec-2020	30-Jun-2021	31-Dec-2020
Comments:	The Vital Medicines Availability and Health Services Survey used by the COVID-19 Response logistics pillar indicates that the average availability for a package of PPE (caps, masks, gloves, gowns, goggles) is 79.9% in Q2 2021 which exceeds the project closing target. This indicator will need to be revised/formally restructured because the MOHCC has not yet defined a minimum package of PPE.			
► 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	10.00	80.00
Date	28-Feb-2020	27-Apr-2020	27-Apr-2020	31-Dec-2020



Comments:	To be updated once project-related support starts later in 2021.			
► 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	15-Mar-2021	31-Aug-2021	31-Dec-2020
Comments:	Tracking will commence once the five facilities are identified, and water tanks installed. Nonetheless, given the composite nature of the indicator, it will be difficult to measure without an index or tracer indicator, so it will be adjusted as part of a planned restructuring.			
► Number of COVID treatment centers with oxygen therapy (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	15.00	5.00
Date	31-Jan-2020	15-Mar-2021	31-Aug-2021	31-Dec-2020
Comments:	Efforts are underway to have additional hospitals with functional oxygen therapy with support from GOZ and partners. Indicator target will be adjusted as part of planned 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	100%
P125229	TF-A5311	Closed	USD	5.00	5.00	0.00	5.00	0.00	100%
P125229	TF-A9037	Closed	USD	3.00	3.00	0.00	3.00	0.00	100%
P125229	TF-B3156	Effective	USD	25.00	25.00	0.00	4.46	20.54	18%

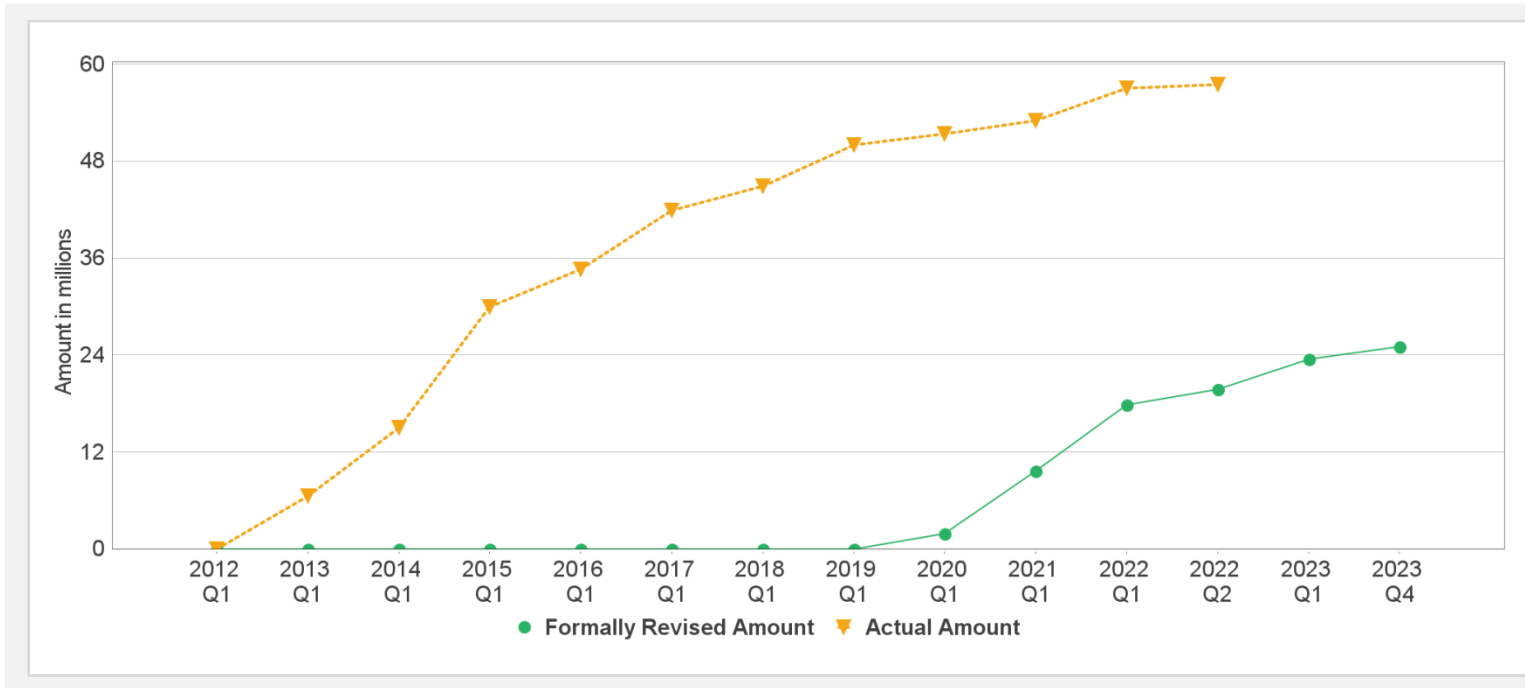
Key Dates (by loan)

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