



Australian Government
AusAID

Quality at Entry Report and Next Steps to Complete Design for Tanzania Maternal and Child Health

A: AidWorks details <i>completed by Activity Manager</i>			
Initiative Name:	Tanzania Maternal and Child Health		
AidWorks ID:	INJ 931	Total Amount:	\$8,172,000
Start Date:	15 May 2011	End Date:	30 June 2013

B: Appraisal Peer Review meeting details <i>completed by Activity Manager</i>	
Initial ratings prepared by:	Tracey Newbury
Meeting date:	6 May 2011
Chair:	Naomi Dumbrell, Director East Africa Section
Peer reviewers providing formal comment & ratings:	<ul style="list-style-type: none"> – Andrea Cole, Program Manager, Performance and Quality, Africa Section – Cathie Hurst, Director Caribbean Section
Independent Appraiser:	– Jarl Chabot, MCH Adviser
Other peer review participants:	<ul style="list-style-type: none"> – Tracey Newbury, Program Manager – Peter Duncan-Jones, First Secretary, Addis Ababa – Stephanie Kimber, Program Officer, East Africa – Janet Donnelly, Program Officer, Tanzania

C: Safeguards and Commitments <i>(new!) completed by Activity Manager</i>		
<i>Answer the following questions relevant to potential impacts of the activity.</i>		
1. Environment	Have the environmental marker questions been answered and adequately addressed by the design document in line with legal requirements under the <i>Environmental Protection and Biodiversity Conservation Act</i> ?	Yes
2. Child Protection	Does the design meet the requirements of AusAID's Child Protection Policy?	Yes
3. Imprest Account	Does the business case and risk assessment support the use of an imprest account as the most efficient, effective and ethical use of Commonwealth funds in accordance with the Commonwealth Financial Framework and AusAID policy?	N/a

D: Initiative/Activity description <i>completed by Activity Manager (no more than 300 words per cell)</i>
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4. Description	<ul style="list-style-type: none"> • Global Health Alliance Western Australia (GHAWA) – Customised Support Package to Two Health Training Institutions • African Medical Research Foundation (AMREF) – Improving Maternal and Child Health in Shinyanga Region in Tanzania and Gulu, Kitgum and Pader Districts in Northern Uganda • USAID – Family Planning Commodities (FPC) and Expanded Program on Immunisation/Measles Campaign (EPI/MC)
5. Objectives Summary	<p>The package of four activities will provide a platform for AusAID to expand its maternal and child health program in Tanzania. The objective is to strengthen the capacity of government and communities to improve MCH outcomes.</p> <p>The Goal of the GHAWA support to Tanzania is to Improve Nursing and Midwifery capacity for tutors, nurses and midwives, in 2 public and private health training institutions and their associated practice sites, in Tanzania in 2-year period 2011-2013, thereby aiming to improve maternal and child health indicators through the proposed programs identified in the proposal.</p> <p>The goal of the AMREF program is: To increase access to Integrated Management of Childhood Illnesses (IMCI) and treatment of micronutrient deficiencies in children under five years old</p> <p>AMREF specific objectives are:</p> <ol style="list-style-type: none"> 1. To increase by 40% the proportion of children receiving appropriate treatment in the community and health facilities for malaria, pneumonia and diarrhoea by 2013 2. To reduce the proportion of children with micronutrient deficiencies by 15% in target districts by 2013 <p>The USAID FPC activity supports the Tanzania Ministry of Health and Social Welfare's (MoHSW) objective: lift the Contraceptive Prevalence Rate (CPR) from 26% (2.2 million Tanzanian women using modern contraception) to President Kikwete's objective of 60% CPR, or approximately 5.4 million women using an effective method of their choice by 2015.</p> <p>The expected results of the USAID EPI/MC activity are (together with other donors):</p> <ul style="list-style-type: none"> • 6.7 million children 9 months to 5 years will get the measles vaccine • 8 million children will get bOPV • 7.1 million children 9 to 59 months will get Vitamin A • 6.2 million children will get deworming tablets

E: Quality Assessment and Rating <i>(no more than 300 words per cell)</i> <i>completed by Activity Manager after agreement at the Appraisal Peer Review meeting</i>			
Criteria	Assessment	Rating (1-6) *	Required Action (if needed)
6. Relevance	<p>It was noted that Tanzania is identified as a priority country in the genesis of the Australia Africa Maternal and Child Health Initiative (AAMCHI) as set out in the December 2009 Concept Peer Review and the December 2010 Implementation Plan.</p> <p>In 2010, Mr Smith, the then Minister for Foreign Affairs committed \$1 million to the Western Australian Government to support expansion of GHAWA into Tanzania. In January 2011, Mr Rudd, the Minister for Foreign Affairs committed to his Tanzanian counterpart that Australia would rapidly expand its MCH support in Tanzania.</p> <p>Given that AusAID does not have a presence in Tanzania, AusAID has sought to enter into strategic partnerships with experienced development partners and undertake a coherent program of foundation activities.</p> <p>The three programmes align closely with AusAID's strategic goals for MCH in East Africa.</p> <p>There were overlaps in the projects, with the possibility of complementary funding and action. An ability to aggregate the overall impact on MCH in Tanzania in reports to the Government would be beneficial.</p> <p>Sector Wide planning and analysis would be less confusing and help mitigate against proliferation in Tanzania. It becomes more confusing when you are focusing on the lower level activities.</p>	5	The MCH Team will review the possibility of creating a delivery strategy or other document which better articulates a stronger policy framework for our future program in Tanzania.

E: Quality Assessment and Rating <i>(no more than 300 words per cell)</i> <i>completed by Activity Manager after agreement at the Appraisal Peer Review meeting</i>			
7. Analysis and Learning	<p>Within the constraints imposed on AusAID by Ministerial commitments, all project designs are based on previous delivery experience (AMREF and USAID) and extensive analysis of the current constraints in the health sector, various options and the most appropriate responses for each organisation.</p> <p>USAID has a very well established health program and a large, well qualified, high calibre health team. The proposed activities are consistent with their health strategy, which is based on thorough and coherent analysis of sector issues.</p> <p>AMREF has a very deep knowledge and experience base in Tanzania, having established operations there in 1957. They also have strong expertise in the content areas of their interventions (both SRH,R and Child Health) and experience with local conditions and characteristics of the program districts. AMREF's proposal includes sound health sector situational analysis and identifies constraints.</p> <p>AusAID contracted a consultant with very strong health training experience in Tanzania to work extensively with GHAWA to re-write their initial proposal.</p> <p>Some of the documents were brief and did not cover all the learning and lessons learnt in particular during similar projects around cross cutting issues ie disability, gender, environment.</p>	5	Consider some wider lessons learnt from donors implementing these types of activities.
8. Effectiveness	<p>USAID – There are no objectives so nothing to measure against. What do we expect for our 2m funding gap? Where will we be in 2 years time?</p> <p>We are not in the position to demand a formal design document from USAid. This has left us with gaps. The information is there and they have it, we can access it.</p> <p>The GHAWA goal level is too low level – what are they trying to improve capacity for? What are the objectives? When you are clear you can be more effective. Broader perspective is that this is a small initiative and is about building partnerships and Australian identity in Africa.</p> <p>AMREF / DANIDA is a good result for us. We will have much more impact than just our \$2m. They have very ambitious targets.</p>	4	<p>Some more elaboration on what the objectives are supposed to be?</p> <p>GHAWA – the project is still worth outlining what the objectives will be? Andrea will email comments to Jarl and Peter about what is missing.</p> <p>Jarl and Peter to confirm that AMREF can deliver on ambitious targets.</p>

E: Quality Assessment and Rating <i>(no more than 300 words per cell)</i> <i>completed by Activity Manager after agreement at the Appraisal Peer Review meeting</i>			
9. Efficiency	<p>This approach in Tanzania is all about building partnerships and leveraging existing arrangements. The choice of partnership with AMREF and USAID will provide the foundation for a longer term engagement in the future.</p> <p>USAID and AMREF significantly reduce transaction costs for donors. USAID is not charging us anything extra (WHO 7% leverage costs) to contribute. AMREF also has low costs for utilisation. GHAWA leverages significant other relationships and resources.</p> <p>Whilst there is no doubt that each programme is in itself efficient is this a coherent and efficient approach in general. We need to consider how to reduce further proliferations within Tanzania.</p> <p>Talking at the higher level about higher level efficiency strategy would alleviate this discussion of smaller projects.</p>	5	Future programming should endeavour to limit proliferation and consider a wider strategic approach.
10. Monitoring and Evaluation	<p>The programmes with USAID and AMREF will utilise the existing M&E frameworks of those organisations. In the GHAWA proposal there is no mention of reporting back to AusAID, however, our standard grant agreement will cover this requirement. Monitoring of these projects should be straightforward.</p>	4	
11. Sustainability	<p>Echo earlier comments about the sustainability of proliferation of projects in Tanzania.</p> <p>While the USAID activities are focused on contraceptive procurement and short-term immunisation programs, they are part of larger programs which aim to strengthen the capacity of the Tanzanian MOH&SW to better plan and manage their programs. All activities are fully aligned with programs and priorities of MoH/SW.</p> <p>The GHAWA support will be provided to two well established training institutions in Tanzania that are not financially dependent on GHAWA funding.</p> <p>The AMREF activities will be implemented as part of a close collaboration with GoT, which has evolved over a 50 year period. By working closely with GoT structures in the targeted districts and by focusing on capacity building among both service providers and community organisations, AMREF will ensure that its intervention will have lasting effects on the health status of women and children.</p>	4	

E: Quality Assessment and Rating (no more than 300 words per cell)

completed by Activity Manager after agreement at the Appraisal Peer Review meeting

12. Gender Equality	Addressing key gender inequalities which impact on maternal and child health outcomes are the goals of the three projects. AusAID's contraceptive funding is for injectable contraceptives and implants which women advise they prefer as they can be hidden from their husbands. Vitamin A supplementation as part of the measles immunisation campaign can help to reduce rickets which cause obstructed labour. Through the GHAWA project women will have access to better trained midwives and women in two districts will have access to ambulances. The AMREF project will delivery comprehensive sexual and reproductive health services.	5	
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*** Definitions of the Rating Scale:****Satisfactory (4, 5 and 6)**

- 6 Very high quality; needs ongoing management & monitoring only
- 5 Good quality; needs minor work to improve in some areas
- 4 Adequate quality; needs some work to improve

Less than satisfactory (1, 2 and 3)

- 3 Less than adequate quality; needs to be improved in core areas
- 2 Poor quality; needs major work to improve
- 1 Very poor quality; needs major overhaul

E: Next Steps

completed by Activity Manager after agreement at the Appraisal Peer Review meeting

Provide information on all steps required to finalise the design based on <i>Required Actions</i> in "C" above, and additional actions identified in the peer review meeting	Who is responsible	Date to be done
1. Elaboration of objectives for GHAWA and USAID	Peter Duncan-Jones	By end May
2. Africa MCH Team consider developing a delivery strategy or program strategy document for future planning in Tanzania	Tracey Newbury and Peter Duncan Jones	By end 2011

F: Approvalcompleted by **ADG or Minister-Counsellor** who chaired the peer review meeting

On the basis of the final agreed Quality Rating assessment (C) and Next Steps (D) above:

☒ **QAE REPORT IS APPROVED**, and authorization given to proceed to:

- ☒ **FINALISE** the design incorporating actions above, and proceed to implementation
- or: ☐ **REDESIGN** and resubmit for appraisal peer review

☐ **NOT APPROVED** for the following reason(s):

Naomi Dumbrell

signed:

6/5/11
May 2011