

Facility Financial Accounting and Reporting System (FFARS) in Tanzania: successes and challenges

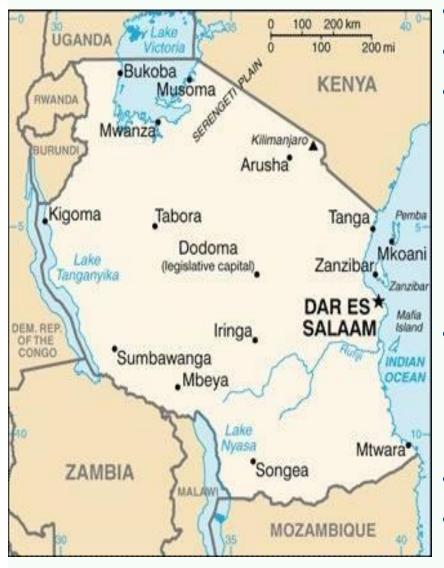
Dr. Gemini Mtei, Deputy Chief of Party USAID Public Sector Systems Strengthening (PS3+), Abt Global

Policy dialogue: PFM as enabler for greater health facility autonomy, Mauritius, August 27-29, 2024



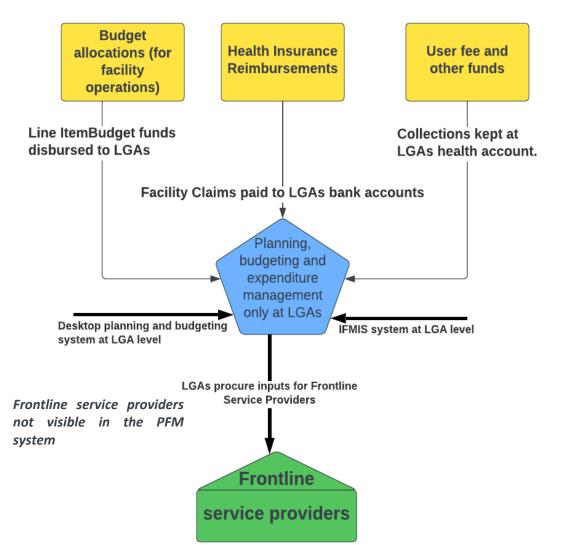


Country Context



- Population 61.7 million
- Decentralization by devolution policy
- Administration areas as of 2021
 - Regions 26
 - Districts 139
 - LGAs -184
 - Wards 3,956
 - Village/Mitaa 16,581
- Public Service providers (health and education)
 - Public primary health facilities-6,640
 - Public schools 33,980
- GDP (Source:WB)— US \$ 67.84bn (2021)
- GDP growth (Source:WB) 4.3 (2021)

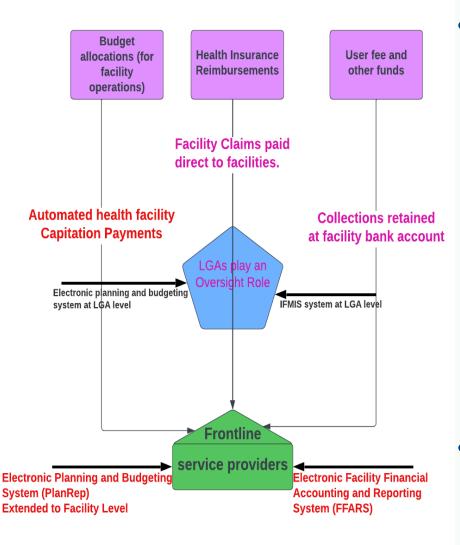
The situation prior to Automation of facility planning, budgeting and financial management



- Resources flow only to LGAs
- Individual frontline service providers not visible in the PFM systems
 - No formal recognition of facilities as fund managers or spending entities
 - No health sector budget funds from central Treasury flowing directly and managed by health service providers

3

Extending PFM systems to frontline service providers inline with direct facility financing (DFF)... I



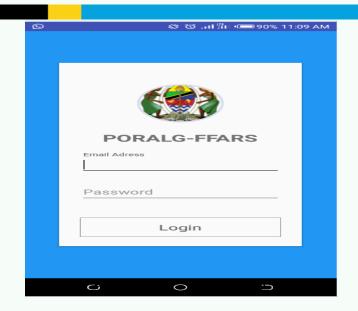
- In 2017 introduction of output-based payment to health facilities in central Treasury
 - All facilities required to open facility bank account
 - Direct Facility Financing (DFF) for
 Health Sector Basket Fund across all
 health facilities
 - Formula-based payment to service providers (capitation with adjusters for equity, need and performance)
- The need to extend PFM systems to facilities to manage DFF

Extending PFM systems to frontline service providers...2

- Extending cross-sectoral planning and budgeting system to service provider level to improve service delivery
 - PlanRep: system used by LGA for planning, budgeting and reporting
 - Chart of Accounts (COA) in PlanRep revised to accommodate individual service provider codes in health and education
 - COA also has a code for geographical location and accommodates lower-level governments (villages and wards)
 - National Planning and Budget guideline issued by Treasury each year recognizes this new
 COA that accommodates service providers as planning, budgeting and spending entities
 - This gave a formal recognition of service providers as planning, budgeting and spending entities under the national PFM system

Extending PFM systems to frontline service providers...3

- Development of simple webbased Facility Financial Accounting and Reporting System (FFARS)
 - Mobile FFARS version developed for place without LAN or computers
- Legal frameworks reviewed to recognize health facilities as spending entities
 - Local Government Accounting Manual (LAM) revised to recognize FFARS as financial management system at facility level



FFARS:

- Capture the funds received and expenditures at the facility level
- Provide reports to LGA, Sector Ministry, and Other funders and facility itself
- Receive Plans and Budget from PlanRep
- Receive COA segments from PlanRep
- Send Actual funds received and expensed to PlanRep & MUSE (central IFMIS)

FFARS Modules

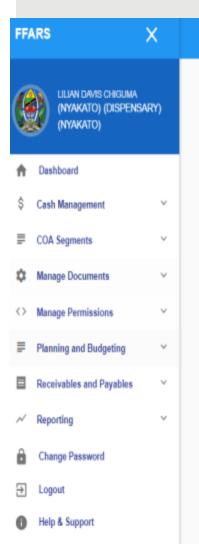
FFARS	×
	LILIAN DAVIS CHIGUMA (NYAKATO) (DISPENSARY) (NYAKATO)

	(NYAKATO)	
n	Dashboard	
\$	Cash Management	~
≡	COA Segments	~
*	Manage Documents	~
<>	Manage Permissions	~
=	Planning and Budgeting	~
	Receivables and Payables	~

	Receivables and Payables	`
~	Reporting	
â	Change Password	
∌	Logout	
0	Help & Support	

Na	Module	Description
1	"Dashboard"	This is a page that appears when a user click login after entering a User name and Password. A Dashboard will show the amount of funds received, spent and available balance on each facility or level where this user has been assigned to/ has access rights.
2	"COA Segments"	It's a module where a user can get all (GFS Codes), "sub-budget class" Fund types, project codes and fund sources. Actually all COA segment come automatically from PlanRep
3	"Planning and Budgeting"	It's a module that depicts all plans, activities, activity costing and revenue projections for each facility according to the fund sources. These information are automatically coming from PlanRep
4	"Receivables and Payables"	This is an important module where a facility uses to recognize all the fund received in its Bank account and the expenditures. It will all receipts, suppliers, customers and payment vouchers The Actual funds received and expenditures will also be exported directly to PlanRep and Epicor
5	"Cash Management"	This is a module where the management of funds can be done; this includes; Bank reconciliations, journal vouchers, bank adjustment and bank charges etc. And its where you can get bank reconciliation reports
6	"Reporting"	It's a module where you can get all reports from the systems; The report varies according to different level of access rights. Facility, Council, Region and PORALG has reports that suits their purposes. Example Cashbook report, general ledger, cash book entries report, income and expenditure reports etc
7	"Change Password"	A module where a user can change password
8	"Log out"	A module to logout of the system
9	"Help and Support"	A module where a user can get online support by going through the FFARS user manual which is access online.
10	"Settings"	It's a module for customizing all the settings of the systems. Here only a super user can access this module

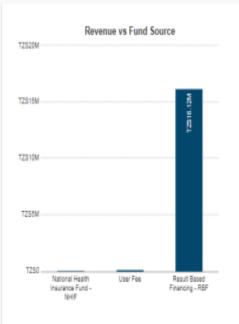
FFARS Dashboard

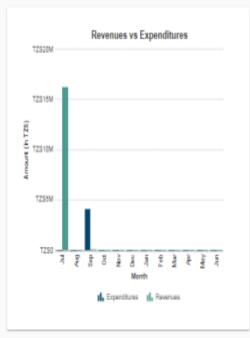


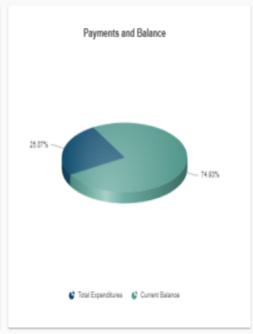


TSH 7,459,399.10 CARRY OVER FUNDS

TSH 4,095,216.00 EXPENDITURE TSH 19,700,535.10 CURRENT BALANCE **0**





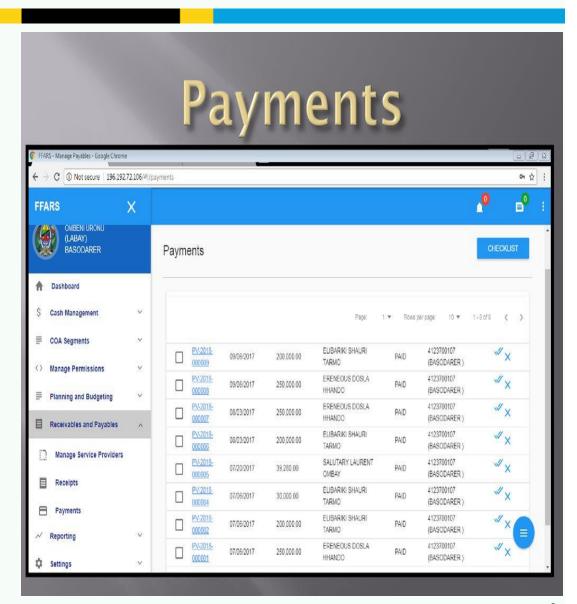


FFARS Usage

FFARS used in:

- 176 Council Hospitals,
- 5852 Dispensaries,
- 841 Health Center,
- 17707 Primary School,
- 4786 Secondary School,
- 9132 Villages/Mtaa,
- 2043 Wards

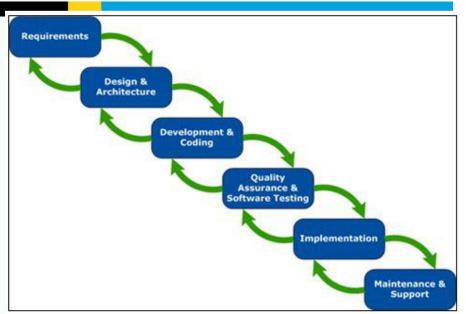
- 100,788 users



FFARS development process

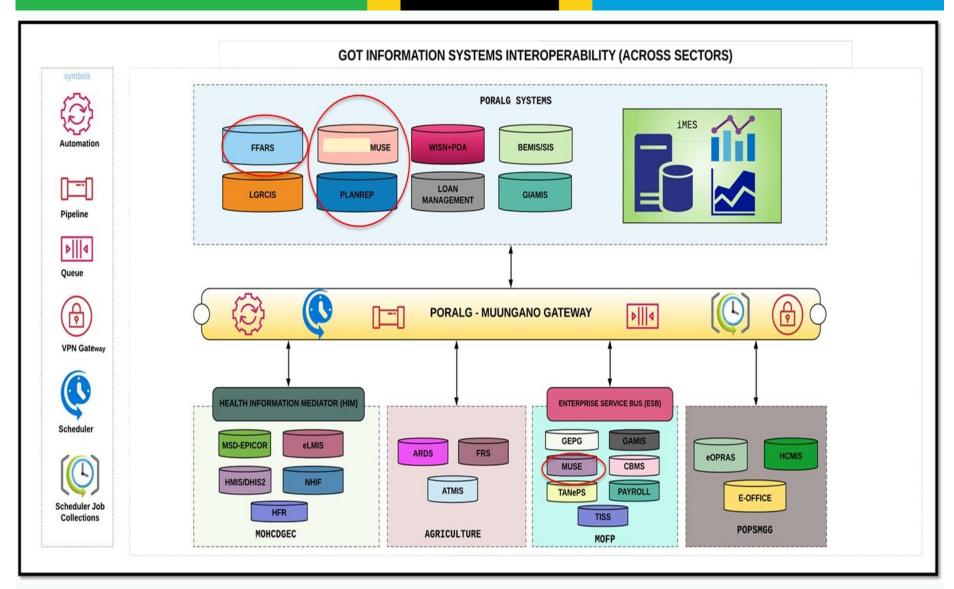
- Using local programmers and system analysts
- Blue rooms approach
- Followed Agile Methodology in development
- Clear Governance structure
- Continuous improvements/refinements based on user feedback and additional/new requirements
- Training
 - National Trainers of Trainers
 - End user training (Cascading approach)







Systems Interoperability



Successes and Remaining Challenges

Successes

- Enhanced accountability at frontline service provider level (in health and education sectors)
- Improved availability and quality of services including medicine, medical supplies and other supplies
- Automation has improved efficiency in development of plans, budgets and expenditure management
- Facilities are now able to practice more autonomy

Remaining Challenges

- Limited Infrastructure (Internet connectiivity, computer)
- Capacity to use electronic PFM systems (changes in staff due to transfer and retirements)
- Effective use of systems to generate and share reports (some facilities are still using manual templates)
- Quality of plans and budgets

Implemented solutions to address these challenges

- Use of mobile versions of PFM systems
- Online platforms for capacity building (ODEL, Youtube videos)
- Supportive supervision and monitoring
- Article: Performance Assessment of FFARS: https://pubmed.ncbi.nlm.nih.gov/36925885/
- **Documentary:** FFARS improves Citizens Engagement and public service delivery: https://www.youtube.com/watch?v=oQ9ApAk5vzA
- <u>Link to FFARS Tutorial:</u>
 https://www.youtube.com/watch?v=UXMrqMDWrlg&list=PL2KOBpskLinT1SEmDleKmOiB6A0qaODi7

