Inception Report

Mid-Term Review (MTR) of the Health Sector Strategic Plan V (HSSP V)

Directors of programs at MOH and non-state actors in a group photo during the MTR- inception meeting in Dodoma on 20th September, 2024

Submitted to The Ministry of Health,
Dodoma – Tanzania

By The Ifakara Health Institute,
Dar es Salaam – Tanzania
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INVESTIGATORS
Principal Investigator:
Dr. Sally Mtenga

Co-Investigators:
Dr. Getrud Mollel
Dr. Francis Levira

This inception report was approved by the MoH and was shared during the inception meeting held in Dodoma on the 20th of September 2024. The meeting was attended by delegates from the MOH, PO-RALG and non-government organizations.

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LIST OF ABBREVIATIONS

DHIS	District Health Information System
DPG	Development Partners
EDM	Evaluation Design Matrix
FGDs	Focus Group Discussion
FYDP	Five-Year Development Plan
HIAP	Health in all Policies
HSSP	Health Sector Strategic Plan
IDI	In-depth Interview
LGA	Local Government Authority
MOF	Ministry of Finance
MoFP	Ministry of Finance and Planning
MOH	Ministry of Health
MTR	Mid-Term Review
NCDs	Non-Communicable Diseases
NTDs	Neglected Tropical Diseases
PHC	Primary Health Care
PO-PSMGG	President's Office Public Service Management and Good Governance
PO-RALG	President's Office – Regional Administration and Local Governments
SDGs	Sustainable Development Goals
TOC	Theory of Chage
WHO	World Health Organization

FOREWORD

This inception report, which was submitted and approved by the MOH, describes the Consultant's comprehension of the scope of work and provides a thorough account of the study design, work plan and timelines for the deliverables in the recently signed contract between Ifakara Health Institute as a Consultant and the World Health Organization (WHO) on behalf of the Ministry of Health. The consultancy is required to undertake technical assistance to support the mid-term review (MTR) of the Health Sector Strategic Plan V (HSSP V), July 2021 – June 2026 in Tanzania.

This inception report will reflect the MTR deliverables included in the revised Terms of Reference (Annex 1) and the details of how the deliverables will be achieved. The inception report also considers the stakeholders' input from the Ministry of Health, which was provided during the debriefing session in August 2024, the written comments received from the ministry technical team and extensive deliberations during the inception meeting held on the 20th September of 2024 at the Jakaya Kikwete Convention Center in Dodoma, Tanzania.

Ministry of health focal point persons who will be supporting the MTR during a debriefing session in Dodoma together with some consultants and WHO technical experts.

1. BACKGROUND AND CONTEXT OF HSSP-V

In 1999, the Government of Tanzania initiated the formulation of five years' strategic plans to guide the development of the health sector in accordance with the National Health Policy. The current Tanzania Health Sector Strategic Plan V (HSSP V) covers the period from July 2021 to June 2026. This plan aligns with sectoral, national and international Frameworks including the National Health Policy, Tanzania's Development Vision 2025, Third Five-Year Development Plan (FYDP III) and the Sustainable Development Goals (SDGs). HSSP V aims to ensure that all Tanzanians have access to quality health services, thereby contributing to a healthier and more prosperous society, without leaving anyone behind.

The HSSP-V was developed during the coronavirus disease 2019 (COVID-19) pandemic where various countries, including Tanzania, were re-organizing their healthcare systems for more effective response to the pandemic. This context may have influenced the priorities setting in the HSSP-V. However, the HSSP-V was developed through a participatory process involving Government and Non-Governmental stakeholders across multiple healthcare system levels.

At the midst of COVID-19 in 2020-2021, the same time when HSSP-V was developed, the country had made significant strides in achieving its HSSP IV. The achievements include a reduction of child mortality, childhood malnutrition, and mortality due to major communicable diseases such as HIV, tuberculosis, malaria, improved diagnostic services and increased availability of health commodities. Additionally, the country saw an expansion of health facilities and increased training opportunities for healthcare workers. The advancements in information technology and information systems also improved the positioning of the health sector strategically to monitor and evaluate progress on various indicators and targets. The presence of various health insurance schemes was another achievement despite several challenges in coverage, affordability, and quality of provision, as well as the decentralization of responsibilities, accountability, and planning of healthcare for communities.

Despite the progress, the HSSP-V was developed in the context of several emerging and persistent challenges with some areas of public health still lagging, including maternal and neonatal mortality, adolescent pregnancies, high fertility, and unmet need for family planning. There were persistent inequalities between urban and rural populations, as well as between regions. The shortage of human resources for health (HRH) and inadequate uptake of health insurance were also significant obstacles. Additionally, the health sector faced demographic and epidemiological transitions, including an aging population and the high morbidity of neglected tropical diseases (NTDs) and non-communicable diseases (NCDs). Climate change further compounded these challenges.

HSSP-V also recognized the unfinished business of HSSP-IV, including governance concerning duplicate efforts in the management of health sector and that intersectoral collaboration had yet to reach its full potential, especially in primary health care services.

Given the above challenges, the HSSP-V was developed to provide a guiding framework with specific strategies and targets expected to assist the various stakeholders in planning, prioritizing, and implementing healthcare activities at all levels within the health sector. The vision of the HSSP-V is to have a healthy and prosperous society that contributes fully to the development of individuals and the nation. HSSP-V is committed to not leave anyone behind by providing sustainable health services with

standards that are acceptable to all citizens without financial constraints, based on geographical gender equity. Universal health coverage is at the top of the HSSP-V outcomes.

As we approach the mid-point of the HSSP V implementation period, the MTR is essential to assess the progress made, identify challenges, and adjust strategies to ensure that the goals of HSSP V are achieved by June 2026.

## 2. PURPOSE AND OBJECTIVES OF THE MTR

Main Objective

The MTR aims to provide an in-depth analysis on the progress of the implementation of the Tanzania HSSP V with a time frame of July 2021 to June 2024.

Specific Objective

1. To assess the progress and factors that hinder or accelerate the achievement of HSSP V objectives and targets
2. To explore the relevance, awareness, and utility of the HSSP-V among all key stakeholders including health-service users in the community
3. To assess policy alignment, service delivery, and stakeholder engagement in the development and execution of HSSP V
4. To assess the health sector's pace and extent of mobilization of resources as outlined in the HSSP V, and recommend required modifications and refinement.
5. To evaluate the effectiveness, efficiency, relevance, and sustainability of the strategies and interventions implemented

3. SCOPE OF MTR

The MTR will cover all strategic areas outlined in HSSP V, including epidemics and Disaster Preparedness and Response, Health Financing, Governance, Leadership, and Accountability, Health System Strengthening, Health Commodities, Human Resource for Health, Health Service Delivery and Cross-Cutting Issues. A detailed description of each of these topics is found in Annex IV. According to the conceptual framework depicted below, the MTR of the HSSP V will evaluate the status of all essential building blocks in health care delivery in the country – organized into key thematic areas. Furthermore, the processes influencing the availability, access, quality and community engagement will be evaluated, along with the assessment of key contributors or bottlenecks to the achievement of the HSSP V strategic outcomes and the overall goal of improving health and wellbeing of the people – leaving no one behind.
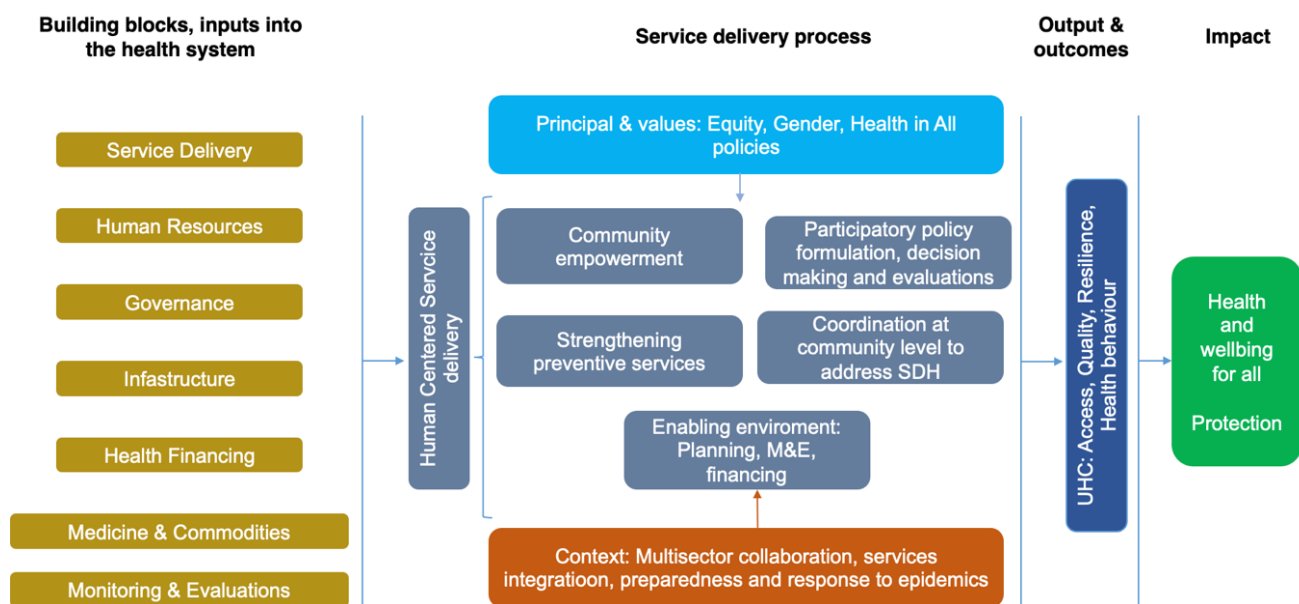
Fig 1: Schematic representation of HSSP V conceptual framework

Evaluation thematic areas

The main evaluation questions, sub-questions, and the summary of the evaluation methods for each of the thematic areas are presented in the Evaluation Design Matrix (EDMs) found in Annex II. Here we provide the general evaluation questions as recommended by the Ministry of Health, PORALG, consultant and stakeholders viewpoints. They are also included in the Consultant's Terms of Reference (ToR).

Thematic Area: Public Health Policy and Planning

- What is the context, content, and process of developing HSSP-V? (who was involved? What normative and non-normative documents that guided the development process? how were the stakeholders engaged during the dissemination? Is the HSSP-V utilized?)
- What are the governance aspects that support the health sector in achieving its targets?
- Are changes in policy, political and socio-economic context affecting the implementation of the HSSP V?
- What is the functionality of the technical working groups?
- How effective is the sector-wide approach?
- How is the Private Public Partnership (PPP) functioning?
- To what extent are the HSSP-V principles related to gender, equity, social determinants of health and health in all policies implemented?
- To what extent does governance contribute to the achievement of HSSP-V implementation?
- How clear and relevant is the HSSP V Theory of Change (ToC)?

Thematic Area: Community Engagement

- Are community engagement strategies clearly defined in the HSSP V ToC?
- To what extent has the reinforcement of Local Government structures been strengthened to ensure community accountability in community health programs?

- How effectively are community health workers being integrated into the health and wellbeing system, and what impact does their involvement have on the overall effectiveness of health services?
- To what extent are users satisfied or dissatisfied with health services in Tanzania, and how accurately was this level of satisfaction anticipated in the HSSP V planning and implementation?
- To what extent the health promotion has contributed to the preventive behaviors?
- What are the barriers (including financial barriers) to accessing the health care?

Thematic Area: Health Financing
- How the costing of the HSSPV is aligned with the costing of strategic plans developed since 2021?
- To what extent the management of the budget of the HSSP V is efficient?
- To what extent has the governance of the HSSP V improved the effectiveness of the health sector?
- How effective has the mobilization of financial resources been for the implementation of HSSP V, including the implementation plans developed by the Ministry of Health Directorates Units, Programmes, Professional Councils and Boards since 2021?
- How effective and efficient have the financing modalities and resource allocation mechanisms, such as the Health Basket Fund, General Budget?
- How flow of health basket fund from the Ministry of Finance to the health facilities through the Direct Health Facility Financing (DHFF) is efficient and effective and what is its impact on service delivery?
- How the support, and complementary financing including the Community Health Fund, user fees, and health insurance schemes, been during the first half of HSSP V?
- What are the current practices and policies regarding purchasing and provider payment within the healthcare system, and how do they impact the efficiency and effectiveness of healthcare delivery?

Thematic Area: HRH Strategic Plan and final evaluation of HR production Plan 2014
- Are the strategies implemented under HSSP V effective in addressing the shortage and distribution of HRH across Tanzania?
- Effectiveness: To what extent have HRH targets been achieved?
- Efficiency: How efficiently have HRH resources been utilized?
- Sustainability: What measures are in place to ensure HRH sustainability?

Thematic Area: Health Commodities Management
- Are the policies, strategic plans and regional framework governing the health products management current and updated
- Are strategies implemented under HSSP V improving availability of medicines, equipment, and health technologies?
- Are there mechanisms to ensure appropriate use of medical products?
- Are strategies implemented under HSSP V contributing to improvement in health products management at all levels of the health care system?

Thematic Area: Result Based Management
- Is the Government on track to achieve HSSP V objectives as per HSSP V indicators?
- To what extent could the positive and negative changes observed in the health sector since 2021 be attributed to the implementation of the HSSP V?
- To what extent are the Strategic Outcomes, ToC, and results framework of the HSSP V still relevant after the end of the COVID-19 pandemic?
- How is the Result Based Management is used to inform the progress of HSSP-V?
- To what extent are the targets included in the HSSP-V achieved in an equitable and gender focused context? Are the targets inclusive of men, women, girls and boys, aged and young, rural and urban as well as those with disability?

Thematic Area: Sexual, Reproductive, maternal, neonatal, Child and adolescent health
- How effective has the One Plan III and HSSP V been in improving RMNCAH impact indicators?
- How effective has the One Plan 3 and HSSP V been in minimizing inequalities for RMNCAH impact indicators?
- What interventions have contributed to the changes in RMNCAH impact indicators across the continuum? How well does the health system structure support the availability of RMNCAH services?
- What are the contextual factors impacting utilization of RMNCAH services?
- To what extent are the RMNCAH services are achieved equitably and with gender focused perspective

Thematic Area: Information Communication Technology and Data Management
- Does the Health Information Systems support continuous measurement of health sector performance and monitoring of HSSP V indicators?
- What are the challenges related to data centralization and accessibility in the monitoring of HSSP V indicators?
- What impact does the HIS have in improving the HSSP-V?
- How effective is the health Sector Digital Strategy?
- What are challenges of data quality in health facilities?
- How is data validated and verified to minimize errors during collection?
- Are Data Review Meetings conducted?
- What are the challenges that hinders system Interoperabity in the health sector
- To what extent does ICT systems and infrastructure contributed to increasing productivity, efficiency, and quality of health care in the country?
- Are there adequate and competent ICT staffs to manage existing IT systems and infrastructure at all levels of service delivery?
- What are the ICT Systems and infrastructure gaps that hinders better provision of health service delivery at all levels?
- To what extent does the information generated from the ICT systems supported the improvement of decision making process.
- To what extent health facilities or the councils make use data for budgeting and planning process?
- To what extent parallel project and programs adhere to Health Sector Digital Strategy when developing their HIS?

Thematic Area: Service Delivery

- To what extent are the health services available in Tanzania capable of achieving the strategic objectives outlined in HSSP V across all age groups?
- Are the program strategic plans in alignment with the health sector strategic plan with respect to healthcare delivery in the country?
- What are the drivers of in-country variation and inequalities in health service delivery?
- What are the barriers and facilitators for accessibility to health services?
- What is the quality of the services available, and the factors influencing the quality of health services in the country?
- What are the effects of climate change in health delivery?
- To what extent are the services delivered have been reaching to various groups of population including men, women, girls and boys, aged and young, rural and urban as well as those with disability?

Thematic Area: NCD Strategic Plan

- Has there been a reduction of premature mortality due to NCDs halfway into the implementation of HSSP V?
- Has there been an increase in the uptake of cervical cancer screening among women aged 30 to 50 years old?
- Has there been an increase in the delivery and uptake of NCD community interventions?
- Has there been a reduction in the prevalence of raised blood pressure among persons aged 18+ years?
- Has there been a reduction in overweight and obesity among adolescents halfway into the implementation of HSSP V?
- Has there been a reduction in overweight and obesity among the adult population halfway in the implementation of HSSP V?
- Has there been an increase in the number of health facilities providing diagnosis and treatment services for major NCDs at the PHC level?
- What interventions should be implemented to reduce alcohol consumption level in the country?
- What intervention should be implemented to address the growing problem of mental health in the country?
- What intervention should be implemented to address the growing problem of eye care in the country?

4. MAPPING OF HEALTH POLICIES

As part of the MTR, a comprehensive policy mapping of existing health sector policies will be conducted, and their alignment with the HSSP-V analyzed. A policy mapping framework and the related questions are presented in Annex V. The task will also highlight any reforms enacted during the implementation period and policy gaps that may appear as bottlenecks for the achievement of the planned objectives. The policy and context analysis of HSSP V will be evaluated using Walt and Gilson's (1994) policy analysis framework. This framework examines strategic directions through four key elements:

1. Content: What are the key strategic outcomes and targets?
2. Context: Why is this strategy necessary considering recent changes like the emergence of COVID-19? What is its value for beneficiaries?

3. Actors: Who is involved in and influences the formulation and implementation of HSSP-V? Who is responsible for its execution?
4. Processes: How is HSSP V being monitored? how is the monitoring and evaluation plan being used to inform health sector decisions? What are the challenges, facilitators of its implementation? how resources are mobilized? Is the strategy achieving its goals?
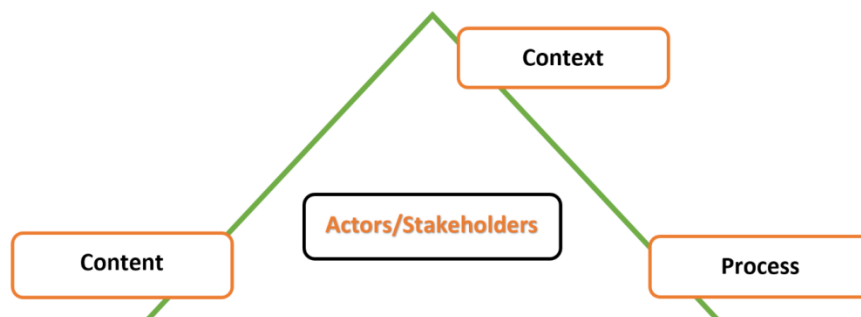
Fig 2: Policy framework (Walt and Gilson, 1994)

All normative and non-normative policies will be mapped and reviewed using a specific policy mapping framework. Analysis of existing documents, including the HSSP V plan, annual health sector performance reports, budget reports, and relevant policy documents will be implemented. All thematic leads will participate in the desk review of various documents that are relevant to their specific research questions.

Normative (the application is mandatory for all the stakeholders):
- National Health Policy (2007)
- National Health Policy Evaluation Report (2020)
- Medium Term Strategic Plan (2021/2022 – 2025/2026)
- Mandatory health service standards and guidelines
- Standard classification
- Policy options (endorsed by the Parliament or any other relevant institution)
- Regional and global resolutions (ratified by the Parliament)
- Strategic plans endorsed by the Permanent Secretary
- Validated curricula?

Non-normative (living documents/no consequence if recommendations not applied)
- Strategic and operational plans not endorsed by the Permanent Secretary
- Reports recommendations
- Non-mandatory learning materials and implementation guidance

As we plan to assess the alignment of policies and the HSSP V, it is important to explain the difference between policies and strategic plans and ensure that these differences are reflected in the assessment tools (table 1).

Table 1: Some highlights of the differences between policies and strategic plans

	Policies	Strategic plans

| Purpose	• Provide a framework for decision-making and establish rules, expectations, and standards for actions	• Outlines long-term goals, objectives, strategies, and actions. Provides a roadmap for the organization's future • Guide for resource allocation and organizational development
Focus	• Specific issues or areas	• Overall direction and goals of the organization • Positioning, competitive advantages, expansion, resource allocation
Flexibility	• Designed to maintain consistency and compliance, hence not flexible	• Help the organization to adjust strategies and tactics when the context change

HSSP V Analysis: The HSSP V will be specifically reviewed. A descriptive report on the content, context, process, and stakeholders detailing the development of HSSP V, utility of the strategy, relevance of the theory of change, strategic objectives, facilitators, and barriers of its implementation will be established. Detailed evaluation questions are presented in Annex V.

5. METHODOLOGY

This section describes the study sites, study design and approaches that will be employed by the 7 main consultants to address the evaluation questions and meet the deliverables as stipulated in the ToR. The ToR has provided a description of key thematic areas to be undertaken by the Consultant and the expected deliverables (Annex IV).

Workflow

The figure below depicts the sequential progression and yet interactive set of activities that guide the process of HSSP V MTR.
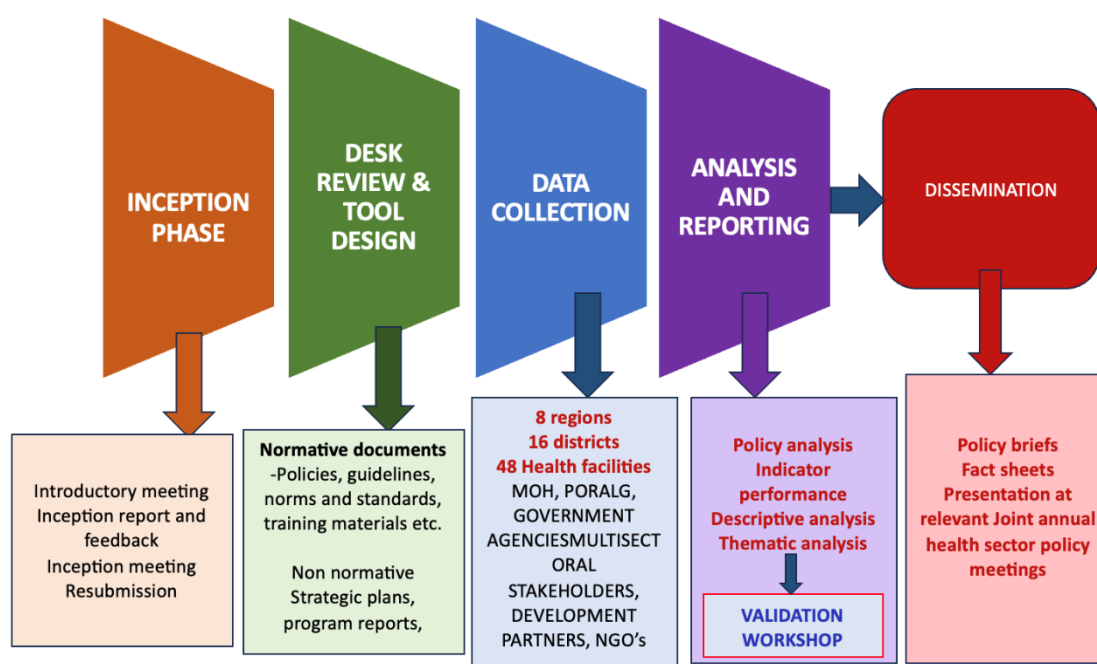
Geographical scope- national level

The geographic scope of HSSP V MTR is Tanzania Mainland. Policy review and formulation and health services delivery are the responsibilities of Ministry of Health and PORALG, therefore the two government entities will substantially contribute to this evaluation. Health performance indicators will be evaluated in all 26 regions and 184 districts. Furthermore, the MTR will directly involve health facilities, NGO, development partners, health funding agencies, and expert of the field who are working in the health sector in Tanzania.

Geographical scope – regional and council level

To gain an in-depth understanding of the implementation of policies, strategies, and service delivery at local government and health facilities level, it was decided that sample of regions from the eight zones of Tanzania will be selected for rapid assessment of the health sector. This assessment is designed to provide additional information needed to supplement information gaps during desk review. The rapid

assessment is not a survey therefore no specific sample size will be determined for inference or extrapolating results to the national level. Questions include in the rapid assessment will be of qualitative nature.

The rapid assessment will be conducted in eight regions representing the eight zones of Tanzania. The regions include **Kigoma** (West), **Arusha** (Northern), **Rukwa** (Southwestern), **Dar es salaam** (Eastern), **Geita** (Lake Zone), **Mtwara** (Southern), **Dodoma** (Central), **Njombe** (Southern Highland). Within each region, we selected a sample of two Councils based on rural-urban and best performers and poor performers according to the burden of neonatal deaths in the district as per table below. Besides ensuring representation of all eight administrative zones of Tanzania and burden of RMNCAH indicators (number of neonatal or maternal deaths reported on HMIS/DHIS2)., the following criteria were considered in selection district councils;

- Socio-economic status and burden of urban poverty[1]
- Burden of communicable and non-communicable diseases (Malaria, HIV, TB, and Hypertension)

Within each district total of three public and private health care facilities (District Hospital, dispensary, and health center) will be selected for detailed service assessment. The map below shows the regions where the MTR will be conducted.
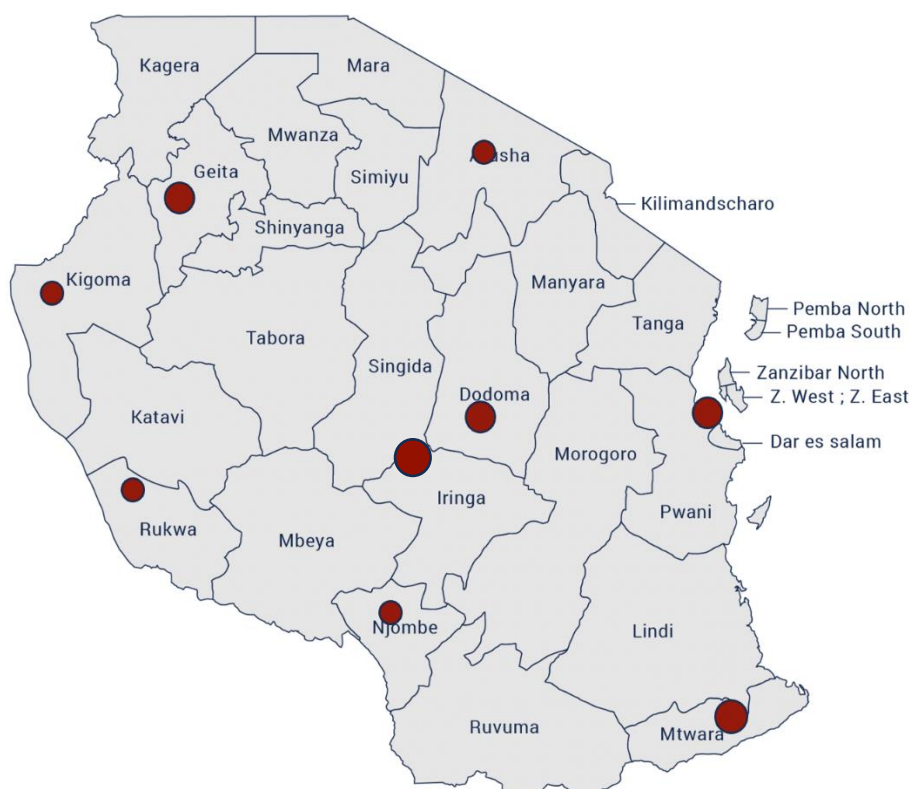
Fig 1: Geographical scope

Table 2: Regions and district councils selected for quantitative survey

Region	Poverty index	Councils	Low burden		High burden	
			Urban	Rural	Urban	Rural

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[1] https://www.nbs.go.tz/nbs/takwimu/hbs/Tanzania_Mainland_Poverty_Assessment_Report.pdf

Region	Level	Council				
Kigoma	High	Kigoma MC	✓			
		Kibondo DC				✓
Arusha	Low	Arusha CC			✓	
		Longido DC		✓		
Rukwa	Very high	Sumbawanga MC			✓	
		Kalambo DC		✓		
Dar es salaam	Very low	Temeke MC			✓	
		Ubungo MC	✓			
Geita	Very high	Bukombe DC				✓
		Geita TC	✓			
Mtwara	Moderate	Mtwara MC	✓			
		Masasi DC				✓
Dodoma	Low	Dodoma CC			✓	
		Kondoa DC		✓		
Njombe	Very low	Njombe TC			✓	
		Makete DC		✓		
Total			4	4	5	3

MTR facilities will ensure representation of all levels of health care delivery in Tanzania, from primary to tertiary level of healthcare delivery.
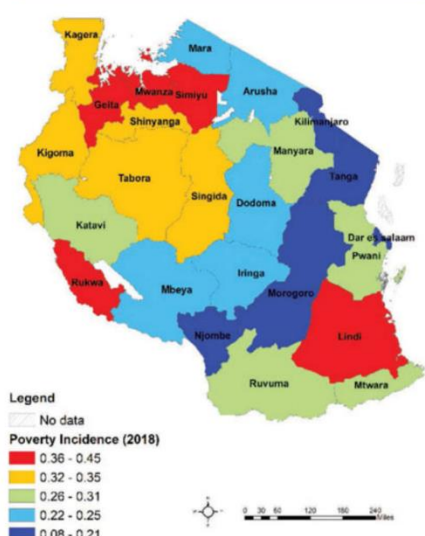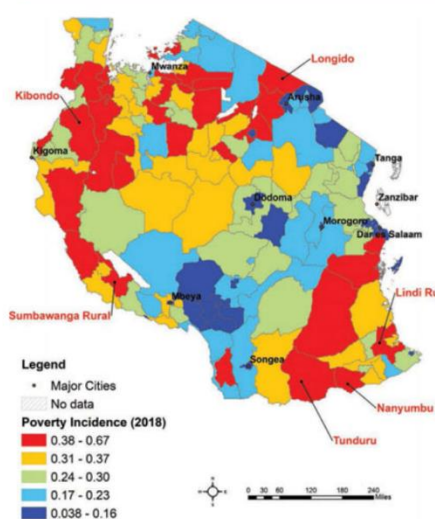
Source: HBS 2017/18 and auxiliary variables

Figure 1: Poverty Index by region and district councils

Design Approach

Putting people at the center, the MTR will employ a mixed-methods ~~cross-sectional~~ approach, which involves desk review of normative and non-normative documents guiding the performance of the health

sector in the country, quantitative approached including primary data collection, secondary data analysis and mapping of all HSSP V monitoring indicators, and qualitative assessments including key informant interviews, in-depth interviews and focus group discussions. Furthermore, the MTR will involve facility observations to selected district councils, and review of meeting minutes at facility, district and regional levels. Key methodological details for each thematic area are describes in detail in the attached Evaluation Design Matric in Annex VI.

Basically, the approach to mid-term evaluation includes the following domains:

Assess Progress

- **Quantitative Analysis**: Measure the progress made towards achieving HSSP V targets using key performance indicators (KPIs).
- **Qualitative Analysis**: Evaluate stakeholder perceptions, utility of the strategy, satisfaction levels, and the qualitative perceived impact of the strategic interventions.

Identify Gaps

- **Service Delivery Gaps**: Identify areas where health services have not reached the intended populations or where service quality has been suboptimal.
- **Resource Gaps**: Assess the adequacy of financial, human, and infrastructural resources in meeting the demands of HSSP V.

Evaluate Effectiveness and efficiency

- **Strategy Evaluation**: Determine the effectiveness of the strategies and interventions used in HSSP V, including their relevance to current health challenges.
- **Efficiency Analysis**: Assess the interventions' cost-effectiveness and resource use efficiency.

Provide Recommendations

- **Strategic Adjustments**: Propose necessary adjustments to the strategies, interventions, and resource allocations to improve the likelihood of achieving HSSP V goals.
- **Policy Recommendations**: Recommend policy changes or enhancements that could support the successful implementation of HSSP V.

Qualitative Methods

Desk work review of policies and other non-health sector documents

This method will be employed to analyze health policies and other non-health sector documents. The product will be a repository of policies and strategies reviewed/developed/used by different stakeholders in the health sector. The indicators included in the results framework of the HSSP-V, or their proxies, will be used for the quantitative part of the evaluation of the HSSP V. A Post-doctoral student will conduct the policy mapping under the supervision of the team lead for thematic area 1.

In-depth Interviews (IDIs)

IDIs will be employed to follow up on issues that emerge during desk work review. This will involve the key informants' interviews (KIIs). IDIs will also be used to elicit stakeholders' perceptions, views, and perspectives regarding the status of all thematic areas. Each Consultant is expected to develop the IDIs

tools with a set of qualitative questions (Annex V), which will be explored to respond to the evaluation questions.

Consultative meetings

Consultative meetings will be employed to ascertain stakeholders' variation of views, consensus building, and validation of the observations found from IDI interviews and desk review. During stakeholder's meetings, stakeholders will also discuss achievements on the strategic outcomes.

Focus Group Discussions (FGDs)

FGDs guide will be used for rapid exploration on variation of participant's views related to quality of care. It will be administered to community members, health workers, and other stakeholders to gather qualitative insights.

Field visits

In addition, we will conduct field visits to selected regions to observe service delivery, infrastructure, and stakeholder engagement firsthand.

Stakeholders/Participants

Stakeholders participating in the qualitative study will be selected purposefully based on the theoretical underpinning of how they will contribute to this evaluation undertaking. They are categorized into four groups. The categories are listed below as follows:

Group 1: (HSSP V developers and those responsible for the implementation of HSSP-V) - those who developed the HSSP V (independent consultants from different institutions who participated in providing technical support for HSSP V development), and those who have an institutional memory of health sector and its vision. HSSP V provides a list of all the technical team members who were involved in its development and implementation plan.

Group 2: (decision makers)- those participating in decision-making and policy-making processes but they are also responsible for the implementation of HSSP V. This includes the Ministry of Health officials such as the Directors of Preventive Services and Curative Services, Chief Medical Officers, Permanent Secretary, Chief Pharmacist, Heads of Technical Working Groups, Heads of Primary Health Care, Heads of various reforms such as heads of health insurance policies, NHIF, MSD and the Director of Health, Nutrition and Social Welfare Services at PO-RALG, Members of Parliament (Social services Committee).

Group 3: (HSSP-V implementers and users) those that are expected to implement and utilize the HSSP V. This includes the Regional Medical Officers, District Medical Officers, health care providers, community health workers, researchers, Non-Government Organizations (NGOs) and development partners (see annex 1 of the strategic plan, page 74). Selected hospitals, health centers, and dispensaries, covering both rural and urban service delivery settings. health professionals from different levels of healthcare delivery, representatives from community-based organizations, LGAs, district-level officials, researchers, and healthcare providers.

Group 4: (Beneficiaries of the strategy)-the local community members at the study sites.

A theoretical and preliminary list of the participants is included in Table 2 below. A snowball technique [Kirchherr et al., 2018] will be applied to ensure the inclusiveness and gender and professional diversity of participants to enrich the understanding of the HSSP V development, implementation process, relevance and value of the objectives and strategies within the health sector.

Table 2: Expected study participants and research method

SN	Participants	Methods	Starting Sample Size
1.	Officials from the Ministry of Health (policy and planning unit, emergency unit, service delivery) including those who coordinated the development of HSSP V	IDIs/KII	Up to 15
2.	Representatives from NGOs and CBOs	Consultative meetings	Up to 2
3.	Regional and Council Health Management Teams and health care providers	IDIs/KII	Up to 5 regions (up to 20 participants)
4	Local community members, primary health care committee members, community health workers (Youth Association, Elderly, People with Disability (Vision /Albinism)	FGDs/IDIs depending on the context	To be determined
5	President's Office - Regional Administration and Local Government Tanzania (PO-RALG) (Policy and planning unit, emergency unit, service delivery) including those who coordinated the development of HSSP V	IDIs/KII	Up to 7
6	Academicians and Researchers (MUHAS, IHI, KCMC, UDSM, NIMR, MITU, UDOM)	IDIs/KII	Up to 20

5.1. Quantitative methods

Quantitative data will be collected based on indicators stipulated during the design of the HSSP V Monitoring and Evaluation framework, with respective highlighted data sources. The evaluation will focus on reliable data sources stipulated in HSSP V or program specific indicator matrixes. For each data source, caution will be exercised to ensure bias is reduced to the minimum. Data interpretation will take into consideration data source used and its limitations will be presented. Additional indicators or proxies may be defined during the policy review. Progress to date will be highlighted, and the likelihood of achieving the set target by the end of the HSSP V implementation target will be estimated. In addition, the health information system will provide routine data, which will be used to evaluate the current data against HSSP V target indicators. We will also employ surveys to health facilities, LGAs, and other stakeholders to collect data on implementing HSSP V. Data sources will include the 2022 National Census, TDHS-2022, DHIS2, annual program reports, Tanzania National Nutrition survey, etc. Data related to the progress of the HSSP V indicators will be supplemented by the views from the consultative meetings and observations to assess the progress of implementation of all key activities that are to be implemented during the 2021-2023 period by the Government through MoH, PO-RALG, and other stakeholders as stipulated in the HSSP V. Some indicators included in the HSSP-V monitoring and evaluation framework will provide proxy explanations about the extent to which equity and gender are achieved. This will enlighten the extent to the targets inform bout health status of men, women, girls and boys, aged and young, rural and urban as well as those with disability.

Data Collection

The thematic lead for the data component will digitize all the study tools (quantitative and qualitative). Each consultant will provide a list of questions to be merged and synchronized into the electronic devices. Experienced research assistants will be recruited from the IHI human resource database. The research assistants will be oriented for 2 days about the purpose of the study and other ethical compliance issues. All qualitative interviews will be audio-recorded based on the participant's consent.

Expanded notes will support data capturing during the interview. Participants will be interviewed at their convenience while safeguarding confidentiality and privacy.

There will be four teams composed of experienced quantitative and qualitative researchers. All researchers will receive focused training before the commencement of data collection. Each team will conduct interviews in 2 regions. This will facilitate quick data capturing. Transcription of qualitative data and coding will start at the field sites. To ensure robustness, representatives of the steering committee, MoH, PO-RALG, and the Joint review team will also join the field team during data collection.

Data analysis

All data will be anonymized and transcribed verbatim. Thematic content policy analysis will be employed to identify the inductive and deductive themes emerging from participants' narratives. Core themes related to the HSSP V policy implementation will be identified and categorized based on the study framework. Interpretation of the findings will involve multiple stakeholders, and any misinterpretation will be resolved. Descriptive data analysis will be employed for quantitative data. Data triangulation from various sources will be carried out to provide a broader reflection of key domains that relates to HSSP V implementation progress. NVivo version 14 software will aid in categorizing the data, viewing it, and easily retrieving the key themes. However, where necessary, manual coding will also be applied, aided by Microsoft (MS) Excel and MS Word spreadsheets.

5.1.1. Analysis Framework

The analysis will be structured around the HSSP V strategic outcomes and will use some or all the following frameworks:

Analysis of the context:

- Root cause analysis: To assess the completeness of the situation analysis that informed the strategic choices and the relevance and completeness of data informing the situation analysis
- Review of the theory of change: relevance of the strategic choice and clarity of the pathways described to achieve the intended results
- Efficiency, Effectiveness, and Impact Analysis: To assess whether the inputs, activities, outputs, and outcomes are logically linked and lead to the intended impact
- Risks and mitigation Strategies: Proposed measures to mitigate identified risks
- Cost-Benefit Analysis: To evaluate the efficiency and cost-effectiveness of the interventions.

5.8   Ethics

MTR protocol will be developed and submitted to Ifakara Health Institute (IHI) ethics committee for ethics approval. The protocol will detail evaluation rationale, evaluation methodology, data collections tools and analysis approaches. The evaluation will ensure privacy of information collected, protect respondents, preserve Tanzanian culture, and ensure consent is thought prior to any interview.

6. STAKEHOLDER ENGAGEMENT

Stakeholder engagement is critical for the success of the MTR. The following steps will be taken to ensure comprehensive stakeholder participation:

- **Stakeholder Mapping**: Identify all relevant stakeholders, including government agencies, development partners, NGOs, health service providers, and community representatives
- **Consultation Workshops**: Organize consultation workshops at national and regional levels to gather inputs from stakeholders on the progress of HSSP V
- **Validation Meetings**: Present the draft MTR findings to stakeholders for validation and incorporation of their feedback into the final report

7. TIMELINE AND DELIVERABLES OF DIFFERENT PHASES

The MTR will be conducted over three months, divided into the following phases:

Phase 1: Inception (Month 1): Finalization of the MTR framework, protocol including methods, the evaluation data matrix, and tools; stakeholder engagement; inception report submission.

The deliverables of the phase 1 are:

- **Inception Report:** This report will outline the MTR's scope, methodology, timeline, and stakeholder engagement strategy. It will serve as the guiding document for the MTR process.
- **MTR Protocol:** The protocol will have the detailed statement of work for the MTR and will be submitted to the (Institutional Review Board) IRB for approval or non-research determination.

Phase 2: Data Collection and Analysis (Month 1-2): Data collection through document review, surveys, interviews, FGDs, and field visits; data analysis and preliminary findings.

The deliverables of the phase 2 are:

- **Progress Report:** A comprehensive report detailing the findings of the MTR, including progress, challenges, and gaps identified in the implementation of HSSP V.
- **Stakeholder Validation Workshop:** A workshop to present the MTR findings and recommendations to key stakeholders for validation and finalization. This will ensure that the final MTR report reflects the views and inputs of all relevant stakeholders.

Phase 3: Reporting and Validation (Month 3): Drafting the MTR report; validation workshops with stakeholders; finalization and submission of the report.

The deliverables of the phase 3 are:

- **Recommendations:** A set of actionable recommendations for mid-course corrections and future improvements to achieve HSSP V goals by June 2026. These recommendations will be tailored to address specific gaps and challenges identified during the MTR.
- **Final MTR Report:** A finalized MTR report incorporating feedback from the validation workshop, ready for submission to the Ministry of Health and other relevant bodies.

8. ETHICAL CONSIDERATION

- **Ethical Standards**: Ethical guidelines will be followed during the review (e.g., confidentiality and informed consent).
- **Data Privacy and Security**: Measures to ensure data privacy and security throughout the review process will be taken.

9. BUDGET AND RESOURCE ALLOCATION

This review is jointly Funded by WHO and MoH. Budget from WHO will facilitate the consultant and budget from MOH for facilitating the task force as described here under;

Budget Overview (TZS): Summary of the budget allocated for the MTR activities.
- Consultancy and logistic Fee: 176,490,000
- Ethics Review: 3,000,000.00
- Communication: 50,000
- Local Transport: 1,000,000
- Transport to Meetings and Workshops: 2,400,000
- Overhead Costs: 25,095,200

Total Costs: 218,135,200

10. EVALUATION TEAM

Previous policy reviews indicated that any midterm analysis of progress is best conducted by a team comprising representatives of government agencies, independent institutions, and global health organizations [Mboera et al., 2015]**.** In this case, the research team will comprise of an **interdisciplinary** team of researchers with competence to deliver the work ranging from social scientists, Global Health specialist, Epidemiologists, Human Resources Specialists, Data analysts, Public Health Specialists, Community Health Specialists and Monitoring and Evaluation experts.

Members of the technical Committee will include but not limited to the following:

- A representative from NGO's
- A representative from MoH
- A representative from PO-RALG
- A representative from WHO
- A representative from DPG health

11. DISSEMINATION

Stakeholders will continue to play a major role in the evaluation of HSSP V. All findings and recommendations will be shared in an action-based dissemination workshop. The workshop will aim to share major findings addressing the key areas of the strategic plan and agree on the action plan for improving the implementation of HSSP V and other plans. HSSP V findings will also be presented at the Joint Annual Health Sector Review and the Policy Meetings.

12. CHALLENGES AND LIMITATIONS

Data Quality and Availability

Data availability and quality across different regions and health facilities may vary, posing challenges for accurate assessment and analysis. Strategies will be put in place to mitigate this, including triangulation of data sources and capacity building for data collectors.

Stakeholder Engagement

Ensuring active participation from all relevant stakeholders may be challenging due to time constraints, competing priorities, and varying levels of commitment. The MTR team will develop a comprehensive engagement plan to address these challenges.

ANNEXES

Annex I: Detailed Work Plan

	Task	Period	Actions to be taken	Responsible
1	Signing of the contract	August 24th to September 2nd	Signing of the contract with the beneficiary institution by 2nd September	Ramla/WHO
2	Inception phase:	On Thursday 9th	Introduction meeting with local consultants to clarify the term of refences on Friday 9th August	Vivian Wonanji/Health secretariat
		6th September	Draft inception report to be submitted to the Health Secretariat on 6th September	Lead consultant/WHO
		12th to 16th September	Feedback of the secretariat to the consultants on 12th September	Vivian Wonanji/Health secretariat
4	Inception Meeting (Presentation) and Feedback of the MoH and PORALG on the inception report	20-Sep	Steering committee meeting to be planned on 26th or 27th September	Vivian Wonanji/Health secretariat
3	Review of relevant documents by consultants	16th to 23rd September	Document review report to be submitted by the consultant to ministry of Health on September 23rd	Lead consultant/WHO
4	Digitization of data collection tool	September 20th to September 25th	WHO data manager to ensure the questionnaires are digitized between August 24th and September 2nd by the consultants	Dr Eli Akyoo/WHO
6	Data collection	9th to 30th September	Transmission of the list data collection team members by the Ministry of health before September 30th *Four teams composed of 1 representative of the Ministry of Health, one representative of PO-RALG, one representative of the institution contracted for the review and eventually one representative of WHO One Secretariat staff to facilitate the collection of qualitative data in Dodoma*	Vivian Wonanji/Health secretariat
			WHO Office to finalize the logistic preparation for the data collection before September 03rd	Zawadi Sweke/WHO
7	Mapping of policies	9th to 30th September	The team of consultant to conduct the mapping of policies in parallel with data collection	Lead consultant/WHO
8	Data interpretation bootcamp	7th to 10th October	Ministry of Health to send the list of participants and letter to confirm the date before September 20th	Vivian Wonanji/Health secretariat
			WHO to finalize the logistic preparation of the bootcamp before September 25th	Zawadi Sweke/WHO
9	Submission of the draft report by consultants	14th October	WHO to follow up the timely submission of the report by consultants	Fedjo/WHO
10	Feedback of the Ministry of Health on the draft report	15th to 22nd October	Ministry of Health to send the comments of the task force before October 22nd	Vivian Wonanji/Health secretariat
11	Submission of the revised report to the steering committee	October 23rd	Invitations for the steering committee to be sent by the secretariat before October 15th	Vivian Wonanji/Health secretariat

12	Validaton of the final report	10th to 22nd October	WHO to prepare the logistics for the validation meeting before October 22nd	Zawadi Sweke/WHO
		October 30th	Invitations for the validation meeting and list of participants to be sent by the secretariat before October 20th	Vivian Wonanji/Health secretariat
13	Production of communication material and knowledge products	5th to 7th November	WHO to invite the team from AHO before October 1st	Fedjo/WHO
14	Presentation of the reports during the Join annual Health Sector technical committee meeting	21st and 22nd November	Presentation of the Midterm review findings to be included in the agenda of the Join annual Health Sector Review by the Secretariat	Reynold John/Health secretariat
15	Presentation of policy brief and fact sheets during the Join annual Health Sector policy meeting	10th December	Policy recommendations to be prepared by the Health Secretariat	Reynold John/Health secretariat

Annex II: Evaluation Design Matrix (EDMs)

1. Evaluation Question	2. Sub-question	3. Type of sub-question	4. Measure or Indicator	5. Target or Standard (for normative questions only)	6. Baseline data?	7. Data Source	8. Design Strategy for Question	9. Sample or Census	10. Data Collection Instrument	11. Data Analysis	12.Comments
What is the context, content and process of developing HSSP-V?	1. What is the strength of evidence supporting problem analysis? 2. Who was involved in the development of the HSSP-V strategy? 3. How is HSSP-V linked with other normative and non-normative documents such as national essential health care intervention guideline, National policies, national research priority documents, national NCD priority documents etc? 4. What criteria was used to set the strategic priorities? 5. Are the proposed strategies and desired outcomes still relevant? 6. Does the HSSP-V have the concrete theory of change? 7. Are there any gaps presented in the HSSP-V? 8. Is there any monitoring and evaluation plan to track achievement of HSSP-V? 9. Does the HSSP-V include any realistic plan for resource mobilization to support its implementation?	* Descriptive * Analytical	Normative and Non-normative documents: * Number of Strategic plans of regional, African and Global organization endorsed by Tanzania * Number of Strategic and operational plans used by MoH * Number of active National policies * Number of health care professionals who uses HSSP-V * Number of policy reforms emanated after HSSP-V was launched * Number of programs reports providing feedback on the implementation of HSSP-V * Types of utility of HSSP-V of researchers who uses HSSP-V * Number of community members and professionals who are aware of HSSP-V * Number of policy and national guidelines that supported the HSSP-V development * Number of policy	* Achieve commitments made in the HSSP-V * A full review of the HSSP V and other National documents such as National policy, National essential health care intervention guideline, national policy document	1. Health sector strategic plan V and its targets 2. Reports from the Ministry of Health and POLARG 3. Online meeting proceedings	1. Review of HSSP-V 2. Review of National Health policies 3. Qualitative inquiry 4. Consultative meetings 5. Reliable Social media platforms of the Ministry of Health for program and policy updates	Mixed Methods approach including qualitative and quantitative data analysis from stakeholders and policy documents	*Census of all active policies and strategic document in the health sector *Census of all policy reforms emanated after the HSSP-V	1. Semi-structured interview guide 2. Focus Group Discussion 3. Consultative meetings. 4. Informal inquiry 5. Quick Walk By Surveys	1. Descriptive 2. Analytical based on thematic analysis	

1. Evaluation Question	2. Sub-question	3. Type of sub-question	4. Measure or Indicator	5. Target or Standard (for normative questions only)	6. Baseline data?	7. Data Source	8. Design Strategy for Question	9. Sample or Census	10. Data Collection Instrument	11. Data Analysis	12.Comments
	10. Is HSSP-V driving the health sector in the direction of attaining universal health coverage and equitable health coverage? 11. Is HSSP-V known? Is it valuable and utilized? 12. What is the theory of change guiding the implementation of HSSP-V? 13. How is the HSSP-V monitored and evaluated? 14. Do you think that the health sector is achieving its target of 'not leaving any one behind' in the health care? 15. Is there any monitoring and evaluation plan that is used to track achievement of HSSP-V and provide feedback of health sector performance in the strategic priorities? 16. Does HSSP-V guide the Health decisions, priorities and perfomance plan?		reforms which emerged after the launching of HSSP-V								

1. Evaluation Question	2. Sub-question	3. Type of sub-question	4. Measure or Indicator	5. Target or Standard (for normative questions only)	6. Baseline data?	7. Data Source	8. Design Strategy for Question	9. Sample or Census	10. Data Collection Instrument	11. Data Analysis	12.Comments
Are changes in policy, political and socio-economic context affecting the implementation of the HSSP V?	1. How relevant is the policy context described in the HSSP V to the goals and strategies? 2. Are there any programs and policy reforms which have emerged since the endorsement of the HSSP-V? 3. How did the external factors (i.e COVID-19?,policy and political changes?) influenced the development of HSSP-V? 4. Do we have adequate resources to support the implementation of HSSP-V ?	Descriptive	* Number of new policies/regulations enacted since HSSP V validation	* Achieve commitments made in the HSSP-V * A full review of the HSSP V and other National documents such as National policy, National essential health care intervention guideline, national policy document	Number of policies that were refered to during the development of the HSSP V	Repository of policies and strategies; Government policy documents; Ministry reports	* Content analysis * Comparative policy analysis	Census of all relevant policies and regulations	1. Policy mapping framework 2. Policy review checklist 3. Follow up interviews with key stakeholders	* Content and thematic analysis of policy documents * Comparative analysis	1. Task shifts in policy focus 2. New strategic priorities 3. Major legislative changes.
What is the functionality of the technical working groups?	1. Are there specific indicators to monitor the performance of the TWGs? 2. Is there any monitoring and evaluation framework used to monitor the performance of the TWGs? 3. What strategies are in place to minimize duplication of effort across several partners? 4. Are the working groups used to monitor HSSP-V performance? 5. How well are the TWGs contributing to the effectiveness of health sector coordination mechanisms and partnerships?	Descriptive and analytical	1. Number of policy actions emanated from the technical working groups 2. Number of policy decisions in the technical working groups informed by the evidence 3. Number of joint programs established to minimise duplicate of efforts across several partners	* Full participation and collaboration of the technical workigng group members	1. Minutes of the technical working groups 2. Interviews with the members of the technical working groups	1. Desk work review, 2. Indepth interviews	Descriptive	Triangulation of various minutes from the techincal working groups	1. Semi-structured Interview guide	Thematic analysis of stakeholder feedback.	Availability of the meeting proceedings

1. Evaluation Question	2. Sub-question	3. Type of sub-question	4. Measure or Indicator	5. Target or Standard (for normative questions only)	6. Baseline data?	7. Data Source	8. Design Strategy for Question	9. Sample or Census	10. Data Collection Instrument	11. Data Analysis	12.Comments
How effective is the sector wide approach?	1. Are the SWAp arrangements functioning as intended to support HSSP V objectives? 2. How effective has the implementation of health in All policy been in addressing social determinants of health (SDH)? 3. Is the current Terms of reference of the sector wide arrangement relevant? How? 4. How effective is the SWAP arrangement in providing evidence based advise for universal health insurance design and roll out? 2. 5. Are major global health initiatives (PEPFAR, Global Fund, Gavi) effectively	Descriptive	1. Number of planning and monitoring at national and subnational levels 2. Number of implementation level of Join annual Health Sector Review policy recommendations 3. % of basket funds target mobilized 4. % of TWG meetings effectively held 5. TWG Working documents informed by relevant up to date data 6. % of actionable outcomes of TWG endorsed by the Ministry of Health top management and the DPG-Health 7. % of budget mobilized through the DPG Health 8. Level of integration of SDH in health programs and policies.	* Full participation and collaboration of the woring group members * Full integration of SDH considerations in all relevant health programs.	1. Minutes from the Multisectoral committee members 2. Data from previous TWG performance evaluations 3. M&E reports communicated to TWG before the quarterly meetings 4. Usage frequency data from the start of HSSP V implementation 5. Data from the start of HSSP V implementation.	1. Semi-structured interviews with TWG members and stakeholders 2. Desk work review 3. Interviews with TWG members and stakeholders 4. Monitoring framework reports; Stakeholder interviews; Planning and reporting documents 5. TWG output reports; 6. TWG meeting records 7. Policy and program reports; Stakeholder interviews; Review of national and regional health plans	1. Analytical 2. Functionality assessment; Output analysis; Stakeholder feedback 3. Utilization analysis; Stakeholder feedback assessment 4. Comparative analysis;	1. Census of all minutes and reports from the multisectoral collaborations 2. Sample of key decision-makers and planners using the framework 3. Census of relevant health programs and policies.	1. TWG meeting minutes review template Stakeholder interview guide 2. Document analysis guide; 3. Semi-structured interviews 4. Policy and program review template; 5. Interviews with program managers	1. Thematic analysis of stakeholder feedback 2. Frequency analysis Thematic analysis of interviews 3. Descriptive analysis of TWG outputs 4. Comparative analysis across regions	1. The functionality of TWGs is critical for effective sector-wide coordination, ensuring all relevant stakeholders are contributing to the common goals. 2. The effectiveness of the monitoring framework is dependent on its actual utilization by stakeholders in their planning and reporting activities 3. Ensuring SDH integration is key to achieving equitable health outcomes and addressing root causes of health disparities.

1. Evaluation Question	2. Sub-question	3. Type of sub-question	4. Measure or Indicator	5. Target or Standard (for normative questions only)	6. Baseline data?	7. Data Source	8. Design Strategy for Question	9. Sample or Census	10. Data Collection Instrument	11. Data Analysis	12.Comments
	intergrated int other helaht coordiantion archtecture? 6 How can the public-private partnership be improved? 7. Is there any monitoring and evalution indicators to assess the progress of sector wide approach										
To what extent does governance contribute to the achievement of HSSP-V implementation?	1. Are there any governance aspects that negatively affect the achievement of HSSP-V strategies? 2. To what extent are non-health sectors support the implementation of health care interventions? 3. To what extent is the Private sector engaged in health decisions and support?	Descriptive	1. Share of domestic spending to Total Health Expenditure 2. Percent of goverment contribution 3. Percent of foreign funds distributed by foreign entities 4. Percent of funds allocated through direct facility financing 5. Percent of donor's funds covering health worker salaries and volunteers, proportion of patners cooperation strategies reffering to the HSSP-V 6. Percent of private partner's funds supporting health programs 7. Percent of non-health sectors participating in Health initiatives or	1. Health Annual budgets reports	1. MOH reports	1. Review of MOH Financial reports	Analytical	Census of all transfer made	MOH Financial reports	Content analysis	The availability of the financial reports from donors and transparency

1. Evaluation Question	2. Sub-question	3. Type of sub-question	4. Measure or Indicator	5. Target or Standard (for normative questions only)	6. Baseline data?	7. Data Source	8. Design Strategy for Question	9. Sample or Census	10. Data Collection Instrument	11. Data Analysis	12.Comments
			addressing the determinants of health								

1. Evaluation Question	2. Sub-question	3. Type of sub-question	4. Measure or Indicator	5. Target or Standard (for normative questions only)	6. Baseline data?	7. Data Source	8. Design Strategy for Question	9. Sample or Census	10. Data Collection Instrument	11. Data Analysis	12.Comments
What are the normative and non-normative policies governing decisions within the health sector and how they influence priorities of the health sector?	1. Is there any alginment between normative and non-normative policies with the HSSP-V? 2. How are these policies used to inform decisions within the health sector? 3. Which health clusters have overlapping policies? 4. What are the main goals of these policies? 5. Are the policies, strategies and theory of change align with HSSP V?	Descriptive and analytical	Normative documents: * Number of Strategic plans of regional, African and Global organization endorsed by Tanzania * Number of Strategic and operational plans used by MoH Department to implement the HSSP V * Number of programs reports that exist and used to inform HSSP-V priorities * Number of cooperation strategies of partners involved in the health sector Non-Normative documents *Policies guiding the health sector's interventions *Guidelines and other norms and standards products *Approved training/learning materials *Approved monitoring and evaluation methods, strategic information and health information tools	* At least all the policies need to be available and accessible whether online or physical copies by request * 100 percent of program reports need to be accessible * 100 percent of monitoring reports need to be accessible	1. Online publications and physical documents 2. POLARG and MOH reports 3. Meeting minutes/interviews with various stakeholders at MOH, research institutions, NGOs, POLARG 4. HSSP monitoring reports 4. Relevant evaluation reports submitted to the WHO or other development partners 5. Policy briefs submitted to the MOH and POLARG 6. Tanzania National Bureau of Statistics For national and regional statistical data related to health and local government performance 7.Tanzania Health Information System data related to health service delivery and management at the local level	1. Desk work review of reports, published and unpublished policies and strategies 2. In-depth interview with various stakeholders	1. What is the current status of normative and non-normative policy landscape within the health sector in Tanzania? 2. How does each policy type inform the current decisions, resource mobilization and priorities within the health sector? 3. Which framework will be relevant for policy mapping? 4. What are the relevant themes to be included in the policy framework?	1. purposive sampling approach to select relevant stakeholders across different zones in Tanzania with an inclusion of rural and urban to capture variations of views	1. In-depth interviews 2.Focus Group Discussion. 3. Consultative meetings. 4. Informal inquiry	1.Descriptive 2. Analytical based on thematic analysis	

1. Evaluation Question	2. Sub-question	3. Type of sub-question	4. Measure or Indicator	5. Target or Standard (for normative questions only)	6. Baseline data?	7. Data Source	8. Design Strategy for Question	9. Sample or Census	10. Data Collection Instrument	11. Data Analysis	12.Comments
How clear and relevant is the HSSP V Theory of Change (ToC)?	1. To what extent do stakeholders find the ToC clear and aligned with current priorities? 2. How aligned to HSSP V were the policies and strategic plan developped since 2020? 3. What adjustments are needed for the HSSP V ToC and strategies?	Descriptive	Percentage of stakeholders who rate the ToC as clear and relevant.	100% of stakeholders find the ToC clear and aligned with priorities.	HSSP-V and previous HSSP-IV	Stakeholder surveys; Interviews with Ministry officials; Review of HSSP V document.	Mixed-methods approach: Surveys followed by in-depth interviews.	Representative sample of key stakeholders.	Stakeholder survey; Semi-structured interviews.	Descriptive statistics for survey results; Thematic analysis for interview data.	Important for validating the strategic direction and ensuring continued alignment with stakeholder expectations.

Annex III: Key Areas of Focus

Health Service Delivery

- **Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH)**: Assess progress in improving RMNCAH services, including antenatal care, skilled birth attendance, immunization coverage, and adolescent health services.
- **Communicable Diseases**: Evaluate the effectiveness of interventions targeting HIV, TB, malaria, and neglected tropical diseases (NTDs), including the impact of these interventions on reducing morbidity and mortality.
- **Non-Communicable Diseases (NCDs)**: Assess the scaling up of services for NCD prevention and management, including hypertension, diabetes, and cancer screening and treatment, mental health, eye care and oral health, rehabilitation, palliative.
- **Health Equity**: Evaluate progress in reducing health outcomes and access to health services across different population groups, including urban vs. rural, rich vs. poor, and gender-based disparities.

Health System Strengthening

- **Human Resources for Health (HRH)**: Assess the recruitment, distribution, training, and retention of health workers, including implementing the HRH strategic plan.
- **Health Infrastructure**: Evaluate the expansion and quality of health facilities, the availability of medical equipment, and the state of health infrastructure maintenance.
- **Health Information Systems**: Assess the effectiveness of health information systems in supporting data-driven decision-making, including the use of District Health Information Software 2 (DHIS2) and other digital health initiatives.
- **Supply Chain Management**: Evaluate the efficiency and reliability of supply chains for essential medicines, vaccines, and medical supplies.

Governance, Leadership, and Accountability

- **Decentralized Health Management**: Assess the effectiveness of decentralized health management and governance structures at regional, district, and local levels.
- **Intersectoral Collaboration**: Evaluate the effectiveness of collaboration between the health sector and other sectors (e.g., water, education, agriculture) in addressing social determinants of health and other crosscutting health issues such as: antimicrobial resistance (AMR); emergency preparedness and response to epidemic diseases such as cholera; school health program; and NCDs).
- **Accountability Mechanisms**: Assess the implementation of accountability frameworks, including the roles of Health Facility Governing Committees (HFGCs) and other community-level governance structures.

Health Financing

- **Resource Allocation:** Assess the adequacy and efficiency of financial resources allocated to the health sector, including the Health Basket Fund and other domestic and external funding sources.
- **Health Insurance Coverage:** Evaluate the progress in expanding health insurance coverage, including implementing the Community Health Fund (CHF) and National Health Insurance Fund (NHIF).
- **Financial Management:** Assess the effectiveness of financial management systems in ensuring transparency, accountability, and efficient use of resources.

12.1. Epidemics and Disaster Preparedness

- **Emergency Preparedness and Response**: Assess the capacity of the health system to respond to epidemics, natural disasters, and other public health emergencies, including the ongoing response to COVID-19.
- **Risk Communication**: Evaluate the effectiveness of risk communication strategies in raising public awareness and promoting health-protective behaviors during emergencies.
- **Resilience Building**: Assess efforts to build resilience in the health system and communities to withstand and recover from health emergencies and disasters.

Cross-Cutting Issues

- **Gender Equity:** Evaluate the integration of gender considerations into health policies, programs, and service delivery, including efforts to address gender-based violence and promote women's health.
- **Social Determinants of Health:** Assess the impact of interventions targeting social determinants of health, such as poverty, education, and housing, on health outcomes.
- **Nutrition:** Assess the efforts to reduce stunting in children under the age of five years; To assess the effectiveness of interventions to reduce anemia in women aged 15-49 years old, adolescents (15-19 yo) and children under the age of five years; Assess the compliance to early initiation of breast feeding to all newborn children.
- **Climate Chang**e and Health: Evaluate the impact of climate change on health and the integration of climate change adaptation strategies into health planning and service delivery.
- **Technology and innovation in Health [JL1]:** Assess the adoptability, sustainability and scalability to emerging technologies on detection and management
- **Economic fluctuations:** Incorporate global economic dynamics and trade (improvements and decline) and its influence on health financing.
- **Global health policies and priorities:** Assess changes in global health policies and priorities and its contribution in investment in health in Tanzania.

Annex 1V: Thematic areas and deliverables as per the terms of reference

Thematic Area 1: Evaluation of Public Health policy and planning of HSSP V
Deliverables:
- Inception report clarifying the objectives, evaluation method and detailed work plan.
- Repository of policies and strategies, including regional frameworks governing the health sector and multiyear plans developed by Ministry of Health programs, directorates, units, professional councils, and boards.

- Context analysis.
- Theory of Change analysis.
- Efficiency and effectiveness of the working arrangement between development partners and Government including Sector Wide Approach SWAp), and the intersectoral coordination for the achievement of the HSSP V targets.
- The functionality of the 10 Technical Working Groups (with a specific focus on Governance and Leadership, Public-Private Partnership, and their respective contribution to improving the effectiveness of health sector coordination mechanisms and partnerships).
- Proposed adjustment to the HSSP V theory of change, strategies, implementation modalities and costs for the remaining years of the HSSP V.

The Governance area will cover the health system structure, except the community engagement:

- **Governance, Leadership, and Accountability:** Review of decentralized management, intersectoral collaboration, and the role of Local Government Authorities (LGAs) in implementing health services.
- **Health Financing:** Analysis of resource allocation, health insurance coverage, financial sustainability, and efficiency of financial management.
- **Cross-Cutting Issues:** Focus on gender equity, social determinants of health, and the impact of climate change on health.

Thematic Area 2: Service delivery

Deliverables

- Selection of quantitative indicators for the evaluation of the HSSP V
- Contribution of services delivered in PHC services to achieving the HSSP V objective.
- Proposed adjustments of the result framework with revised targets and milestones
- The functionality of the service delivery and Disease Epidemics and Disaster Preparedness and Response Technical Working Groups and their contribution to improving effectiveness of health sector coordination mechanisms and partnerships
- The Health Service Delivery area will cover service availability and quality, Service utilization, equity in access to services and the continuum of care across different population groups, epidemics, and Disaster Preparedness: Evaluation of the health system's capacity to respond to health emergencies. It will also cover infrastructure and health information systems needed to deliver quality health services.

Thematic Area 3: Result-based monitoring and evaluation and data systems

Deliverables

- Presentation of initial findings of Quantitative indicators analysis and progress toward achieving outcomes and outputs of the HSSP V
- Challenges experienced, lessons learnt, best practices observed during the implementation of the HSSP V interventions, and contextual factors impacting health system performance
- The functionality of the Information Systems Monitoring, Evaluation and Learning Technical Working Group and its contribution to improving the effectiveness of health sector coordination mechanisms and partnerships

Thematic Area 4: Sexual, reproductive, maternal, neonatal, Child and adolescent health

Deliverables

Evaluation tools for the one plan 3

Specific evaluation report for one plan 3

Functionality of the RMNCAH Technical Working Group and its contribution to improving the effectiveness of health sector coordination mechanisms and partnerships

Thematic Area 5: Control of non-communicable diseases

Deliverables

- Evaluation tools for the NCD strategic plan
- Specific evaluation report for NCD strategic plan

Thematic Area 6: Community Engagement

Deliverables

- The extent and ways in which the local communities have been engaged in setting priority for the health sector strategic plan
- The perception of community members vis a vis achievement of HSSP V objectives
- The contribution of the Community Health Workers program in achieving the results of the HSSP V.

Thematic 7: Data management

Deliverables

- Digitization of evaluation questionnaire
- Compilation of data
- Management of the database
- Production of tables, figures and reports requested by the technical team.

Annex V: References

1. Ministry of Health. Tanzania's Health Sector Strategic Plan V 2020/21–2025/26
2. Sanders, R., R. Linder, K. Tarimo, S. Mujaya, L. Ndagile, et al. 2022. Costing of Tanzania's Health Sector Strategic Plan V 2020/21–2025/26: Estimated Cost and Impact of the Plan. Washington, DC: Palladium, Health Policy Plus.
3. Kirchherr J, Charles K. Enhancing the sample diversity of snowball samples: Recommendations from a research project on anti-dam movements in Southeast Asia. PLoS One. 2018 Aug 22; 13(8):e0201710. doi: 10.1371/journal.pone.0201710. PMID: 30133457; PMCID: PMC6104950.
4. Mboera LE, Ipuge Y, Kumalija CJ, Rubona J, Perera S, Masanja H, Boerma T. Midterm review of national health plans: an example from the United Republic of Tanzania. Bull World Health Organ. 2015 Apr 1; 93(4):271-8. doi: 10.2471/BLT.14.141069. Epub 2015 Feb 19. PMID: 26229191; PMCID: PMC4431557.
5. Sayinzoga, F., Bijlmakers, L. Drivers of improved health sector performance in Rwanda: a qualitative view from within. BMC Health Serv Res 16, 123 (2016). https://doi.org/10.1186/s12913016-1351-4