



**NORWEGIAN CHURCH AID**

actalliance

## Evaluation Summary

Evaluation	Evaluation Summary HLH Project Mid- term Evaluation 2021
<b>Publication year:</b>	2021
<b>Donor:</b>	Norad
<b>Name of Organisation(s):</b>	Norwegian Church Aid (NCA)
<b>Internal, External or Mixed team?</b>	External
<b>Local Partner(s):</b>	Haydom Lutheran Hospital
<b>Country/Region:</b>	Tanzania/ Eastern African region
<b>Author:</b>	Isaelly M. Nagunwa (Lead Consultant) and Co-Consultants; Apronius Vitalis Mbilinyi and Paul Ernest Millinga on behalf of Cybergen Tanzania
<b>Commissioned by:</b>	Norwegian Church Aid
<b>Type of evaluation (midline, formative):</b>	Midline
<b>DAC-sector:</b>	12220 Basic health care, 12181 Medical education/training, 12182 Medical research, 12191 Medical services, 13020 Reproductive health care, 13030 Family planning
<b>DAC-criteria used:</b>	Relevance, effectiveness, efficiency, sustainability and impact
<b>Intervention period:</b>	2019 and 2020.
<b>Key words:</b>	
<b>Evaluation summary and recommendations (max 2 pages):</b>	<p><b>Objective:</b> Purpose of the Mid-term Evaluation was to conduct an evaluation of project performance to date, strengths, and weaknesses in implementation aimed at making recommendations on priority actions or change of direction needed to deliver on the project outcomes by end 2022. The Mid-term Evaluation measured project interventions against the efficiency, effectiveness, and relevance, sustainability, coherence, and impact standards of the project.</p> <p><b>Method:</b> Document reviews, Focus Group Discussions (FGD), structured questionnaire, Key Informant Interviews (KII) and field visits.</p> <p><b>Key Findings:</b></p> <p><u>NCA performance as grant manager:</u> NCA has been in the forefront in making sure the hospital management reforms, board reforms, feasibility studies, technical, equipment and infrastructure support results positively in enhancing HLH governance. On annual basis; NCA conducts annual clinical review assessments and financial reviews and audit visits just to make sure HLH is run according to professional standards, guidelines and contractual agreement. NCA has demonstrated efficiency and value addition to the project as grant manager in the following areas:</p> <ul style="list-style-type: none"><li>• Increased efficiency in funds transfer to HLH</li><li>• NCA has increased capacity to follow up issues at HLH and attend them quickly</li><li>• With adequate capacity building, NCA has enabled the owner and the board to be professional and proactive as well</li><li>• NCA has helped change the mindset of HLH staff, owners and the board to creativity and sustainability focus</li><li>• NCA conducted financial sustainability training for HLH senior and middle managers</li><li>• NCA also has been instrumental in mobilizing extra Norad funding on top of the grant funds: - 2018 -2019 bridge funding from old to new grant, which helped to secure important investments in strategic equipment - NOK 5 million in extra</li></ul>

funding to respond to the impacts of COVID in 2020. Without this funding HLH deficits in 2020 would surely have increased.

**Progress vs KPIs: Overall there was a remarkable progress in the key results areas of the HLH project:** 16 indicators (42% of the total 38 indicators) have already surpassed 2020 targets and are closer to the End-of the Project (EOP) targets, 8 indicators (21% of them) were close to 2020 targets. 9 indicators (24%) were far from 2020 targets and 5 indicators (13%) were totally off the 2020 targets. Generally; the project is on track towards attaining the required project **impact** but more reforms are still needed to attained the required sustainability aspects

Sustainability:

- Percentage (%) of Norad funding to the total HLH budget: 2019: Target (28%), Actual (31%), 2020: Target (26%), Actual (35%), EOP Target (23%). The numbers put a doubtful trend if the target of reducing the dependency to 23% by 2022 will be realized.
- Annual deficit decreased significantly to 126 million in 2020 million from TZS 1.4 billion in 2019. The EOP is having 0 deficit by 2022.
- Trend on GoT funding to HLH: The target of GoT funding was missed in both years (i.e.2019 and 2020), targets were 20% and 21% in year 2019 and 2020 respectively. Actuals were only 19% and 18% in year 2019 and 2020 respectively.
- Funding from Non-medical Services including Gifts: The income target of 9% (in 2019 and 2020) of total budget was missed in both years and ended at only 6% in 2019 and only 4% in 2020. The HLH explained the problem as attributed to the ongoing COVID 19 pandemic that has downsized the flow of students who normally come for short term courses, research and income generated
- The income from medical services increased from TZS 3.8 billion in 2019 to TZS 3.87 in 2020 billion, marking an increase from 28.2% of total HLH budget in 2019 to 31.2% in 2020. The trend is positive, but the target of reaching 36% of the total budget by 2020 was missed.

Relevance:

The HLH project is rated as relevant based on consistency to the country's and global development priorities, soundness of the analysis of the development problem, and appropriateness of the proposed solution to the development problem.

Effectiveness:

The assessment team marked HLH project interventions as effective in achieving planned outcomes. The evaluation shows that there is positive collaboration between all stakeholders of HLH. HLH abides to all GoT rules and regulations, including submitting all necessary reports to the Government on time including adhering to regulatory and compliance standard as evidenced by regional, district and Mbulu District Council representatives. The board was restructured to suit the growing and professional needs of the modern health facility and future sustainability. The most significant area they have been working together is in advocacy and lobbying for more support from the Government, although the financial results/achievement are yet to be realized so far as GoT funds is declining.

Efficiency:

The HLH medical and non-medical income increased between 2019 and 2020; this achievement is attributed to the project interventions between the project periods; hence, evaluated as successful. However, income from the projects did not meet expectation as performed below the target. The findings from the financial reports showed that HLH costs were not proportionate to incomes, this led to discrepancies. Inadequate documentation for the services provided to

patients for record keeping and for billing purposes. Shortage of financial control on the use and handling of medicine, medical supplies, stationary items and food items.

Effects of factors outside of the control of the project on project implementation:

The outbreak of COVID-19 pandemic significantly affected the implementation of project and its objectives, for instance in the Reproductive and Child Health (RCH) services, HLH served 27,678 pregnant women and 67,097 children in 2020 compared to 30,730 pregnant women and 100,160 children in 2019. Moreover, the decreased funding from the GoT has largely affected the implementation of the project activities since the expectation was for the Government to increase its funding to HLH. Finally, the affordability to services was somehow affected as the newly introduced improved iCHF is not acceptable at HLH; this led to the decline in iCHF patients and income from TZS 101 million in 2019 to zero (0) in 2020.

***Specific Recommendations:***

- NCA and HLH need to fast track the preparation of the planned sustainability strategy (refer HLH Strategic plan 2019 -2023) which will show both short term and long-term measures to reduce dependency rate on donors (e.g., Norad funds) and increased efficiency in corporate business and income generating projects.
- A sustainable capacity building plan should be prepared with a target of increasing income at HLH in the three pillar areas: Medical Services, Projects/Corporate Unit and the Research Unit.
- NCA needs to prepare a clear exit strategy for HLH support that shows gradual stages for Norwegian Government funds reduction at the same time building capacities in the required sustainability aspects.
- Potential future Norad support should concentrate on financial sustainability. Specific investments should be done in areas of human resources so that HLH has enough technical health experts who can offer specialized medical services that ensures stable income.
- Additionally, investment should be geared towards building or renovating for modern infrastructure (e.g., wards with private rooms, private family rooms, and fast-tracking services etc.) and medical equipment, which could generate sustainable sources of income for the hospital.
- HLH and its core stakeholders; NCA, Mbulu Diocese and CSSC should continue advocating for an increase in Government support to the facility, the signing of MoU between the Government and HLH and endorsement of PPP documents to allow smooth future engagement with the Government.
- HLH board should be proactive and professional enough to make use of HLH financial and service delivery data, triangulation of information and act as a mechanism to monitor financial, relational, security and strategic risks of the facility.
- NCA and HLH should revise the Project results framework to include Performance Indicator Reference Sheet (PIRS) indicating precise indicator definitions, unit of measure, and frequency of reporting, data sources and means of verifications. This will allow easy tracking of project results and assessment of the entire Monitoring and Evaluation System.
- HLH Board should hire a Business Continuation Advisor for effective supervision of business strategies, models and plans.
- NCA should consider involving a partner with more specific competence in medical and health management, which can adapt and contextualize the training and supervision to a hospital operating in a resource poor setting.
- HLH Research Unit should capitalize on research grants and opportunities coming in Tanzania and Africa for various themes. The unit is matured and scientific enough to hold scientific conferences, find other partners worldwide, and hold international symposiums and conventions.

Cross-cutting issue(s):	Focus on affordability of Health Services to Poor and Marginalized Communities, but cross-cutting issues has not been covered by the mid-term review. Findings are not gender disaggregated.
Link to full report:	
Link to preregistration form:	



**NORWEGIAN CHURCH AID**  
actalliance



HLH Project Mid-term Evaluation

# KEY FINDINGS

28 June, 2021



# Report Summary

HLH Mid-term Evaluation Report, 2021



The study reached a total of 124 participants with 83 beneficiaries accounting for 67% of respondents and 41 respondents from the list of stakeholders reached



## STUDY OVERVIEW

Purpose of the Mid-term Evaluation was to conduct an evaluation of project performance to date, strengths, and weaknesses in implementation

Aimed at making recommendations on priority actions or change of direction needed to deliver on the project outcomes by end 2022.

The Mid-term Evaluation measured project interventions against the efficiency, effectiveness, and relevance, sustainability, coherence, and impact standards of the project

### Methods and Stakeholders Involved

The study reached a total of **124** participants with 83 beneficiaries accounting for 67% of respondents and 41 respondents from the list of stakeholders reached (Annex IV in the report) accounting to 33% of the total respondents

#### Data Collection Methods

- Desk Reviews
- Questionnaires
- FGD
- Key Informant Interviews (KII)

#### Stakeholders Reached

- Beneficiaries
- Regional and district representatives
- Village Executive Officers (VEO), Ward Executive Officers (WEO) and councilors
- HLH team
- ELCT Mbulu Diocese
- NCA (Tanzania and Home Office teams)
- Norad team
- Royal Norwegian Embassy (RNE)
- Christian Social Services Commission (CSSC)

# Report Summary

HLH Mid-term Evaluation Report, 2021

## Findings

### NCA Performance as Grant Manager

- Increased efficiency in funds transfer to HLH
- NCA has increased capacity to follow up issues at HLH and attend them quickly
- With adequate capacity building, NCA has enabled the owner and the board to be professional and proactive as well
- NCA has helped change the mindset of HLH staff, owners and the board to creativity and sustainability focus
- NCA conducted financial sustainability training for HLH senior and middle managers
- NCA also has been instrumental in mobilizing extra Norad funding on top of the grant funds:
  - 2018 -2019 bridge funding from old to new grant, which helped to secure important investments in strategic equipment
  - NOK 5 million in extra funding to respond to the impacts of COVID in 2020. Without this funding HLH deficits in 2020 would surely have increased.

### Progress vs KPIs

- Overall there was a remarkable progress in the key results areas of the HLH project
- 16 indicators (42% of the total 38 indicators) have already surpassed 2020 targets and are closer to the End-of the Project (EOP) targets
- 8 indicators (21% of them) were close to 2020 targets
- 9 indicators (24%) were far from 2020 targets
- 5 indicators (13%) were totally off the 2020 targets

### Sustainability

- **Percentage (%) of NORAD funding to the total HLH budget**
- 2019: Target (28%), Actual (31%)
- 2020: Target (26%), Actual (35%)
- EOP Target (23%)
- This fact puts a doubtful trend if the target of reducing the dependency to 23% by 2022 will be realized
- **Annual deficit decreased significantly to 126 million in 2020 million from TZS 1.4 billion in 2019. The EOP is having 0 deficit by 2022**

### Sustainability

- **Trend on GoT funding to HLH**
- The target of GoT funding was missed in both years (i.e.2019 and 2020),
- Targets were 20% and 21% in year 2019 and 2020 respectively.
- Actuals were only 19% and 18% in year 2019 and 2020 respectively
- **Funding from Non-medical Services including Gifts**
- The income target of 9% (in 2019 and 2020) of total budget was missed in both years and ended at only 6% in 2019 and only 4% in 2020
- EOP if 12% of the total HLH income coming from non-medical services
- The HLH explained the problem as attributed to the ongoing COVID 19 pandemic that has downsized the flow of students who normally come for short term courses, research and income generated
- **The income from medical services** increased from TZS 3.8 billion in 2019 to TZS 3.87 in 2020 billion, marking an increase from 28.2% of total HLH budget in 2019 to 31.2% in 2020.
- Missed the target of reaching 36% of the total budget by 2020
- EOP is 36% percent of the total budget by 2022 coming from medical services

# Report Summary

HLH Mid-term Evaluation Report, 2021

## Relevancy

- The HLH project is rated as relevant based on consistency to the country's and global development priorities, soundness of the analysis of the development problem, and appropriateness of the proposed solution to the development problem.

## Effectiveness

- The assessment team marked HLH project interventions as effective in achieving planned outcomes.
- The evaluation shows that there is positive collaboration between all stakeholders of HLH
- HLH abides to all GoT rules and regulations, including submitting all necessary reports to the Government on time including adhering to regulatory and compliance standard as evidenced by regional, district and Mbulu District Council representatives,
- The board was restructured to suit the growing and professional needs of the modern health facility and future sustainability
- The most significant area they have been working together is in advocacy and lobbying for more support from the Government, although the financial results/achievement are yet to be realized so far as GoT funds is declining.

## Efficiency

- The HLH medical and non-medical income increased between 2019 and 2020; this achievement is attributed to the project interventions between the project periods; hence, evaluated as successful.
- However, income from the projects did not meet expectation as performed below the target.
- The findings from the financial reports showed that HLH costs were not proportionate to incomes, this led to discrepancies
- Inadequate documentation for the services provided to patients for record keeping and for billing purposes
- Shortage of financial control on the use and handling of medicine, medical supplies, stationary items and food items.

## Effects of Factors Outside of the Control of the Project on Project Implementation and Project Objectives

- The outbreak of COVID-19 pandemic significantly affected the implementation of project and its objectives.
- For instance; in the Reproductive and Child Health (RCH) services, HLH served 27,678 pregnant women and 67,097 children in 2020 compared to 30,730 pregnant women and 100,160 children in 2019,
- Decreased funding from the GoT has largely affected the implementation of the project activities since the expectation was for the Government to increase its funding to HLH
- The affordability to services was somehow affected as the newly introduced improved iCHF is not acceptable at HLH; this led to the decline in iCHF patients and income from TZS 101 million in 2019 to zero (0) in 2020.



## RECOMMENDATIONS

- NCA and HLH need to fast track the preparation of the planned sustainability strategy (refer HLH Strategic plan 2019 -2023) which will show both short term and long-term measures to reduce dependency rate on donors (e.g. Norad funds) and increased efficiency in corporate business and income generating projects.
- A sustainable capacity building plan should be prepared with a target of increasing income at HLH in the three pillar areas; Medical Services, Projects/Corporate Unit and the Research Unit.
- NCA needs to prepare a clear exit strategy for HLH support that shows gradual stages for Norwegian Government funds reduction at the same time building capacities in the required sustainability aspects.
- Potential future Norad support should concentrate on financial sustainability. Specific investments should be done in areas of human resources so that HLH has enough technical health experts who can offer specialized medical services that ensures stable income.
- Additionally, investment should be geared towards building or renovating for modern infrastructure (e.g. wards with private rooms, private family rooms, and fast-tracking services etc.) and medical equipment, which could generate sustainable sources of income for the hospital.
- HLH and its core stakeholders; NCA, Mbulu Diocese and CSSC should continue advocating for an increase in Government support to the facility, the signing of MoU between the Government and HLH and endorsement of PPP documents to allow smooth future engagement with the Government.
- HLH board should be proactive and professional enough to make use of HLH financial and service delivery data, triangulation of information and act as a mechanism to monitor financial, relational, security and strategic risks of the facility.
- NCA and HLH should revise the Project results framework to include Performance Indicator Reference Sheet (PIRS) indicating precise indicator definitions, unit of measure, and frequency of reporting, data sources and means of verifications. This will allow easy tracking of project results and assessment of the entire Monitoring and Evaluation System.
- HLH Boards has to hire Business Continuation Advisor for effective supervision of business strategies, models and plans.
- NCA should consider involving a partner with more specific competence in medical and health management, which can adapt and contextualize the training and supervision to a hospital operating in a resource poor setting.
- HLH Research Unit should capitalize on research grants and opportunities coming in Tanzania and Africa for various themes. The unit is matured and scientific enough to hold scientific conferences, find other partners worldwide, and hold international symposiums and conventions.



---

### Contact

Phone: 0767 366 630  
inagunwa@cybergentz.com

Website: [www.cybergentz.com](http://www.cybergentz.com)

### Address

Daima Street, Foundation RD,  
Mikocheni, P.O.Box 77037,  
Dar Es Salaam - Tanzania.

THANKYOU





**NORWEGIAN CHURCH AID**  
actalliance



**Haydom  
Lutheran  
Hospital**  
ELCT Mbulu Diocese



# MID-TERM EVALUATION REPORT FOR HAYDOM LUTHERAN HOSPITAL PROJECT

JUNE, 2021

# TABLE OF CONTENTS

TABLE OF CONTENTS	i
List of Acronyms	iii
List of Tables	v
List of Figures	vi
Acknowledgement	vii
<b>1. EXECUTIVE SUMMARY</b>	<b>1</b>
1.1 Background	1
1.2 Approach and Methodology	1
1.3 Summary of Key Findings	1
1.4 Specific Recommendations	4
<b>2. INTRODUCTION</b>	<b>6</b>
<b>2.1 Objectives of the Mid Term Evaluation</b>	<b>6</b>
<b>2.2 Scope of the Mid Term Evaluation</b>	<b>6</b>
<b>2.3 Mid Term Evaluation Approaches and Methods</b>	<b>6</b>
<b>3. KEY FINDINGS</b>	<b>8</b>
<b>3.1 Evaluation of Project Performance</b>	<b>8</b>
<b>3.1.1 Assessment of Sustainability</b>	<b>8</b>
<b>3.1.2 Relevance</b>	<b>20</b>
<b>3.1.3 Effectiveness and Coherence in Achieving Outcomes</b>	<b>25</b>
<b>3.1.4 Efficiency in Achieving Planned Outputs and Outcomes</b>	<b>26</b>
<b>3.1.5 Impact</b>	<b>27</b>
<b>4. LESSONS LEARNT AND SPECIFIC RECCOMENDATIONS</b>	<b>29</b>
<b>4.1 Lessons Learnt</b>	<b>29</b>
<b>4.2 Specific Recommendations</b>	<b>29</b>
<b>5. ANNEXES</b>	<b>32</b>
Annex I: Haydom Lutheran Hospital 2019-2022 Project Targets and Achievements	32
Key:	42
Annex II: A Case Study of St. Benedict Ndanda Referral Hospital: Improving HLH Financial sustainability	43
Annex III: Initial Midterm-Evaluation Work Plan	44

Annex IV: List of Stakeholders Interviewed _____	45
Annex V: Data Collection Tools _____	49



**List of Acronyms**

<b>ANC</b>	Antenatal Clinic
<b>CHF</b>	Community Health Fund
<b>CME</b>	Continuous Medical Education
<b>CMI</b>	Chr. Michelsen Institute
<b>CSSC</b>	Christian Social Services Commission
<b>DC</b>	District Council
<b>DED</b>	District Executive Director
<b>ELCT</b>	Evangelical Lutheran Church of Tanzania
<b>FBOs</b>	Faith Based Organizations
<b>ENT</b>	Ear Nose and Throat
<b>EOP</b>	End-of the Project
<b>FGD</b>	Focus Group Discussions
<b>GoT</b>	Government of Tanzania
<b>HLH</b>	Haydom Lutheran Hospital
<b>HMIS</b>	Health Management Information Systems
<b>iCHF</b>	improved Community Health Fund
<b>IGA</b>	Income Generating Activities
<b>IPD</b>	In-Patient Department
<b>IT</b>	Information Technology
<b>KCMC</b>	Kilimanjaro Christian Medical Centre
<b>KII</b>	Key Informant Interview
<b>KPIs</b>	Key Performance Indicators
<b>MoU</b>	Memorandum of Understanding
<b>NCA</b>	Norwegian Church Aid
<b>NHIF</b>	National Health Insurance Fund
<b>Norad</b>	Norwegian Agency for Development Cooperation
<b>NSSF</b>	National Social Security Fund
<b>OPD</b>	Out-Patient Departments
<b>OPRAS</b>	Open Performance Review and Appraisal Systems
<b>PIRS</b>	Performance Indicator Reference Sheet
<b>P4P</b>	Pay for Performance
<b>PPE</b>	Personal Protective Equipment
<b>RNE</b>	Royal Norwegian Embassy
<b>SBCC</b>	Social and Behaviour Change Communication
<b>SDG</b>	Sustainable Development Goal

<b>PPP</b>	Public-Private Partnership
<b>SMT</b>	Senior Management Team
<b>VEO</b>	Village Executive Officer
<b>WEO</b>	Ward Executive Officer

**List of Tables**

Table 1: Achievement on the Outcome Indicator (Percentage) of Norad funding .....	8
Table 2: Achievement on the Output Indicator Annual Deficit and % Funding from GoT .....	9
Table 3: GoT Funding at HLH by Sources of support.....	10
Table 4: Achievement on the Output Indicator % income Generated through Resource Mobilization efforts in year 2019 and 2020.....	12
Table 5: Achievement on the Output Indicator % Income Generated from Medical Services in 2019 and 2020 .....	12
Table 6: Medical Income from Various Schemes in 2019 and 2020 .....	13
Table 7: Achievement on the Output Indicator % Income Generated from Corporate Strategy and Projects in 2019 and 2020 .....	14

**List of Figures**

Figure 1: Trend in Norad and GoT contribution at HLH from 2013 to 2020 .....	11
Figure 2: Perception of Interviewed Patients on HLH Services Affordability in 3 Past Years .....	18
Figure 3: Patients' Perception on HLH's Quality of Services .....	21
Figure 4: Accessibility of HLH Services .....	21

## **Acknowledgement**

This report is made possible by the generous support of the Norwegian people through the Norwegian Agency for Development Cooperation (Norad) and commissioned by Norwegian Church Aid (NCA). The contents of the report are the responsibility of Cybergen Tanzania.

Page | vii

This report was authored by Isaelly M. Nagunwa (Lead Consultant) and Co-Consultants; Apronius Vitalis Mbilinyi and Paul Ernest Millinga on behalf of Cybergen Tanzania. The authors and contributors to this report have no previous affiliation or relationship with the Haydom Lutheran Hospital (HLH) or the stakeholders interviewed as a part of this Mid-term Evaluation.

The authors would like to extend their sincere appreciation to the Manyara Regional Medical Officer, Mbulu District Medical Officer, District Executive Officer (DED)-Mbulu, the Evangelical Lutheran Church of Tanzania (ELCT) Mbulu Diocese, HLH staff, Christian Social Services Commission (CSSC), Royal Norwegian Embassy (RNE) in Tanzania, Norad, NCA (Tanzania and Norway), community leaders in Mbulu District Council and HLH clients/respondents for their cooperation. Without their cooperation this study would not have been possible.

Finally, the authors are sincerely grateful to Ms. Pauliina Parhiala, (NCA Country Director-Tanzania), Ms. Sarah Shija (NCA Program Manager-Tanzania) and Dr. Felix Mkini (NCA Program Officer-Tanzania), for their overall support, coordination and guidance in the successfully completion of the HLH Mid-term Evaluation.

To all, we are indebted.

Upendo Kimbe,

**Managing Director-Cybergen Tanzania**



## 1. EXECUTIVE SUMMARY

In 2019 HLH started implementing a three-year Norad funded project. The 2019-2022 project aimed at assisting HLH to transition to financial sustainability while maintaining quality health care. More specifically, the project aims to reduce dependence on Norad funding and reduce budget deficits, by diversifying and increasing income.

### 1.1 Background

Purpose of the Mid-term Evaluation was to conduct an evaluation of project performance to date, identifying strengths and weaknesses in implementation and thus making recommendations on priority actions or change of direction needed to deliver on the project outcomes by the end 2022.

### 1.2 Approach and Methodology

Objective-oriented and participant-oriented approaches were adopted for the evaluation, and both resulted in utilization of various data collection methods, including document reviews, Focus Group Discussions (FGD), structured questionnaire, Key Informant Interviews (KII) and field visits. The developed data collection tool and methods helped structure discussions and elicited information from key stakeholders namely: Government officials and representatives, community leaders, beneficiaries, HLH team, ELCT Mbulu Diocese, NCA (Tanzania and Home Office teams), Norad, RNE and CSSC. The study reached a total of 124 participants (44 males and 80 females) with 83 beneficiaries (23 males and 60 females) accounting for 67% of respondents and 41 respondents (21 males and 20 females) from the list of stakeholders reached (*Annex IV*) accounting to 33% of the total respondents.

### 1.3 Summary of Key Findings

Generally, the project is on track towards attaining the required project impact but more reforms are still needed to attain the required sustainability aspects.

Overall status of progress on project outcomes indicates that there was a remarkable progress in the key results areas of the HLH project. 42% of the total 38 indicators, results have surpassed the 2020 midterm targets and a number are closer to the End-of the Project (EOP) targets. The mid-term review shows good results on maintaining affordable quality services, and good progress on the governance and the organizational reforms needed to support future investments in achieving long term sustainability of HLH. The Midterm review also shows the project is demonstrating relevance, efficiency and effectiveness.

This mid-term review has found that progress on achieving financial sustainability is slow, and some of the targets are not likely to be met by the end of the project. The obstacles – both internal and external – are substantial, and the interventions of this project are modest in comparison. This raises questions if the expectations of this project are too ambitious/optimistic, the interventions too ineffectual or a combination of both.

#### 1.3.1 Reducing Dependency on Norad Funding

In the project, the following are considered key indicators of increased financial sustainability for HLH: reduced dependence on Norad funding, reductions in HLH annual deficits, and increased and predictable income from the Government of Tanzania (GoT), non-medical services and gifts, income from medical services and income generation from a robust corporate business strategy. At midterm, overall progress

to achieve financial sustainability is not on track. Main midterm findings for each dimension of financial sustainability are summarized below.

#### Dependency on Norad Funding

The available data indicates that the targeted percentage of Norad funding to the total budget in 2019 was 28%, while the actual budget contribution increased to 31% by end of 2019, representing a missed target. At the same time the target for 2020 was 26% of the total HLH budget but the target was again missed and ended at 35%. This means that despite the efforts to reduce dependency on Norad funding, the targets were missed in both 2019 and 2020 and dependency on Norad funding increased rather than decreasing during this period. This fact puts a doubtful trend if the target of reducing the dependency to 23% by 2022 will be realized.

#### Annual Deficit

Annual deficit decreased significantly to TZS 126 million from TZS 1.4 billion by end of 2019. The End of Project (EOP) target is having 0 deficit by 2022 when the project comes to an end.

#### Trend on Government Funding to HLH

The targets to increase GoT funding have not been met and seems to be showing a negative trend of declining funding. The targets were 20% and 21% in year 2019 and 2020 respectively. But achievements were only 19% and 18% in year 2019 and 2020 respectively. There is a need on changing Government policies on Public Private Partnerships (PPP) in health – as an external factor over which HLH has limited control. The aim here should be to increase GoT commitment to PPP.

#### Funding from Non-medical Services including Gifts

The income target of having 9% of total budget contributed by non-medical services was missed in both years 2019 and 2020 and ended at only 6% in 2019 and only 4% in 2020.

#### Income from Medical Services

The income from medical services increased from TZS 3.8 billion in 2019 to TZS 3.87 billion in 2020, marking an increase from 28.2% of total HLH budget in 2019 to 31.2% in 2020. Despite this impressive income increase from medical services offered to in-patient and outpatient customers, this income category missed its target of reaching 36% of the total budget by 2020. This fact might suggest the target was too ambitious.

#### Corporate Business Strategy and Planned Income Generating Projects

Available records indicated that the performance of HLH Income Generating (IGA) projects was not impressive; the projects performed below the planned targets in 2019 and 2020. Earned income from corporate business and projects in 2019 accounted to about 6% of the total HLH annual income against the target of 7% and in 2020 the income was 5% against the target of 8%.

#### 1.3.2 Relevance

The HLH project under the Norad grant is rated as *relevant*. Relevance has been assessed in terms of project coherence with Tanzania and global development priorities; soundness of the analysis of the development problem; and appropriateness of the proposed solution to the development problem. However, the project's relevance, could have been significantly boosted by the introduction of evidence-based interventions in the earliest opportunity possible such as, introduction of business models, separation of IGA/projects, and cost-cutting strategies so that the HLH financial sustainability is enhanced.

#### 1.3.3 Effectiveness

The assessment team marked HLH project interventions as effective in achieving planned outcomes. The evaluation shows that there is positive collaboration between all stakeholders of HLH. HLH abides to all GoT rules and regulations, including submitting all necessary reports to the Government on time and adhering to regulatory and compliance standards as evidenced by regional, district and Mbulu District Council representatives.

#### 1.3.4 Effective use of Grants to Produce Results

The evaluation indicated that the grant funds have been used effectively to ensure the retention of hospital staff, especially specialists. This is through providing staff with incentives that attracts their stay at HLH. The funds have also been used effectively by HLH in the area of medical services provision. This has been proved by patients interviewed; majority (90%) of patients interviewed agreed that they were satisfied by the services provided by HLH at affordable cost.

#### 1.3.5 Efficiency

The hospital has several medical and non-medical income generating projects; income from these sources increased between 2019 and 2020. This achievement is attributed to the project interventions between the project periods; hence, evaluated as successful.

#### 1.3.6 Progress of Key Performance Indicators (KPI)

Overall status of progress on project outcomes indicates that there was a remarkable progress in the key results areas of the HLH project. Statistically; 17 indicators (42% of the total 38 indicators) have already surpassed 2020 targets and are closer to the End-of the Project (EOP) targets, 8 indicators (21% of them) were close to 2020 targets and thus efforts are needed in order to reach their EOP target. Moreover; 9 indicators (24%) were far from 2020 targets and 5 indicators (13%) were totally off the 2020 targets. Generally; the project is on track towards attaining the required project impact but more reforms are still needed to attained the required sustainability aspects (refer a color-coded matrix of the indicator performance versus targets attached as *Annex I*).

#### 1.3.7 NCA Performance as Grant Manager

NCA has been in the forefront in making sure the hospital management reforms, board reforms, feasibility studies, technical, equipment and infrastructure support results positively in enhancing HLH governance. On annual basis; NCA conducts annual clinical review assessments and financial reviews and audit visits just to make sure HLH is run according to professional standards, guidelines and contractual agreement.

NCA has demonstrated efficiency and value addition to the project as grant manager in the following areas:

- Increased efficiency in funds transfer to HLH. This was not the case before NCA took over; the HLH management applauds NCA in this area as it helps swift transfer of funds whenever needed
- NCA has increased capacity to follow up issues at HLH and attend them quickly
- NCA has been pivotal on supporting HLH to take the positive required next step
- With adequate capacity building, NCA has enabled the owner and the board to be professional and proactive as well
- NCA has helped to change the mindset of HLH staff, owners and the board to creativity and sustainability focus
- NCA conducted financial sustainability training for HLH senior and middle managers
- NCA also has been instrumental in mobilizing extra Norad funding on top of the grant funds:
  - 1) 2018 -2019 bridge funding from old to new grant, which helped to secure important investments in strategic equipment

- 2) NOK 5 million in extra funding to respond to the impacts of COVID in 2020. Without this funding HLH deficits in 2020 would surely have increased.

## 1.4 Specific Recommendations

To sustain project gains, the Mid-term Evaluation team recommends the following:

### Sustainability Strategy

- NCA and HLH need to fast track the preparation of the planned sustainability strategy (refer HLH Strategic plan 2019 -2023) which will show both short term and long-term measures to reduce dependency rate on donors (e.g. Norad funds) and increased efficiency in corporate business and income generating projects. A sustainable capacity building plan should be prepared with a target of increasing income at HLH in the three pillar areas; Medical Services, Projects/Corporate Unit and the Research Unit.

### Exit Strategy

- NCA needs to prepare a clear exit strategy for HLH support that shows gradual stages for Norwegian Government funds reduction at the same time building capacities in the required sustainability aspects (e.g. financial, quality and access to quality services, and projects management). This is because the current targets stated in the 2019 to 2022 project grant period is somehow over ambitious.

### Enhancing Work to Strengthen Financial Sustainability

- NCA and HLH have to have a clear, measurable, time-bound and realistic work plan outlining all assumptions and expected deliverables. NCA should strongly make a case for investment plans funding from Norad so that HLH becomes financially independent in future. Should there be an extension of the Norad grant to a new period, then the future role of NCA should be concentrated more on capacity building for HLH staff, management, board and monitoring progress for the current plans and reforms towards financial sustainability while maintaining the quality of health services provided to the beneficiaries.
- Potential future Norad support should concentrate on financial sustainability. Specific investments should be done in areas of human resources so that HLH has enough technical health experts who can offer specialized medical services that ensures stable income. Additionally, investment should be geared towards building or renovating for modern infrastructure (e.g. wards with private rooms, private family rooms, and fast-tracking services etc.) and medical equipment, which could generate sustainable sources of income for the hospital.
- HLH and its core stakeholders; NCA, Mbulu Diocese and CSSC should continue advocating for an increase in Government support to the facility, the signing of MoU between the Government and HLH and endorsement of PPP documents to allow smooth future engagement with the Government. This should go hand in hand with continuing to strengthen synergies between NCA Fighting Inequality Programme and advocacy for universal health coverage and leveraging RNE relations to lift sustainable health care policies to political arenas.

### Planning, Resource Mobilization, Monitoring and Evaluation

- HLH board should be proactive and professional enough to make use of HLH financial and service delivery data, triangulation of information and act as a mechanism to monitor financial, relational, security and strategic risks of the facility.
- NCA and HLH should revise the Project results framework to include Performance Indicator Reference Sheet (PIRS) indicating precise indicator definitions, unit of measure, and frequency of reporting, data sources and means of verifications. This will allow easy tracking of project results and assessment of the entire Monitoring and Evaluation System.
- HLH Boards has to hire Business Continuation Advisor for effective supervision of business strategies, models and plans. It was confirmed that NCA team support now is very much limited to compliance, management, finance and procurement and structuring kind of support and to some extent some of these support activities have been done by consultants.
- As recommended in the CMI report: NCA should consider involving a partner with more specific competence in medical and health management, which can adapt and contextualize the training and supervision to a hospital operating in a resource poor setting.
- HLH Research Unit should capitalize on research grants and opportunities coming in Tanzania and Africa for various themes. The unit is matured and scientific enough to hold scientific conferences, find other partners worldwide, and hold international symposiums and conventions. All these will be vital in generating more income for the facility.



### 2.1 Objectives of the Mid Term Evaluation

In November 2018, Norwegian Agency for Development Cooperation (Norad) awarded a grant to support implementation of the Haydom Lutheran Hospital (HLH) project towards sustainability. The project was to be implemented from May, 2019 to December, 2022 with Norwegian Church Aid (NCA) playing a role of a grant manager for the partnership.

HLH was established in 1955 and has since practiced a holistic approach to health care for its patients to meet the "total needs of the person" (spiritual, social, and health needs). The hospital is in Northern part of Tanzania, around 300km from Arusha and 130km from Babati Town. HLH is a faith-based hospital owned by the Evangelical Lutheran Church of Tanzania (ELCT) Mbulu Diocese and works in partnership with Government of Tanzania (GoT). It is operating as a regional referral level hospital for the purpose of delivering quality health services in Manyara and nearby regions with 420 bed capacity and more than 500 staff. The hospital has long term partnership with Norad, Royal Norwegian Embassy (RNE) in Tanzania and NCA.

Purpose of the Mid-term Evaluation was to conduct a strategic review of HLH project performance to date, assessing strengths, and weaknesses in implementation of the project and to make recommendations on priority actions or change of direction needed to deliver on the project outcomes by end 2022. The evaluation planned to inform HLH, NCA and other related stakeholders the progress through the efficiency, effectiveness, relevance, sustainability, coherence and impact of the project. On the other hand; it was aimed at providing feedback to all parties on how to improve planning, project formulation, appraisal, and implementation phases; and to ensure accountability for results to the project's donor, stakeholders, and beneficiaries.

### 2.2 Scope of the Mid Term Evaluation

The Mid-term Evaluation of the HLH project measured project interventions against the efficiency, effectiveness, and relevance, sustainability, coherence, and impact standards of the project. This study also assessed whether Norad funding has prepared the HLH and the GoT at large in taking over the supported activities, looking at other means of income according to the initial project set-up and GoT allocation of resources to the facility, capacity of community members in contributing to the costs of health services, the performance of available health insurance schemes and thereafter providing a solid recommendation on sustainability plan.

### 2.3 Mid Term Evaluation Approaches and Methods

#### 2.3.1 Mid Term Evaluation Approaches

The Mid-term Evaluation of the HLH project was done through participatory and consultative processes. The approach was adopted to ensure gathering of critical findings from and ownership and consensus building through discussions and brainstorming sessions by all stakeholders on the implementation of results of the consultancy.

#### 2.3.2 Mid Term Evaluation Tools and Methods

The collection of HLH Mid-term Evaluation data involved methodological triangulation of qualitative and quantitative approaches. In addition to desk review that provided secondary information; structured questionnaire was designed for data collection from project beneficiaries, while other techniques such as Focus Group Discussions (FGD) as well as Key Informant Interview (KII) guides were adopted for quantitative and qualitative information gathering. Data sets generated from beneficiaries were collected directly through mobile devices (android smart phones) during field visits using KoBoToolbox application. Data collection was done in a very participatory manner involving the wide range mentioned respondents. The study reached a total of 124 participants (44 males and 80 females) with 83 (23 males

and 60 females) beneficiaries accounting for 67% of respondents and 41 respondents (21 males and 20 females) from the list of stakeholders reached (*Annex IV*) accounting to 33% of the total respondents. Below is a brief description of the data collection methods used during the study.

**Desk Review:** This method included undertaking document review for existing project documents, data, project results, financial and narrative reports and all relevant strategies, policy and guidelines provided by NCA and HLH team.

**Semi Structured Questionnaire:** Questionnaires was designed and administering to project beneficiaries. These tools allowed quantification of information on knowledge, views, satisfaction, affordability and accessibility of HLH services from patients/beneficiaries' point of view.

**Key Informant Interviews Guide:** Key informant interviews were conducted using KII guide to regional and district representatives as well as other important stakeholders such as regional and district representatives, HLH team, ELCT Mbulu Diocese, NCA (Tanzania and Home Office teams), Norad, RNE and Christian Social Services Commission (CSSC). These stakeholders were presumed by virtual of their positions to be well informed and hence knowledgeable on policies, strategies, practices, resources and services related to HLH.

**Focus Group Discussion (FGD):** FGDs guide was used in eliciting in-depth discussions and views of the members of two groups of community leaders; Village Executive Officers (VEO), Ward Executive Officers (WEO) and Councilors.

### 3. KEY FINDINGS

#### 3.1 Evaluation of Project Performance<sup>1</sup>

##### 3.1.1 Assessment of Sustainability

NCA-HLH partnership indicated several areas, where progress would be required during the grant period. Much of the focus for progress related to the need for the HLH to achieve greater sustainability, modernize its governance structures and reduce its dependence from Norad funding. Page | 8

These were to be achieved through the following outcomes: *improving quality of health services for the poor and underserved communities in the catchment area; maintaining the accessibility of the quality health services; making quality health services affordable to patients through health insurance; improving maternal and neonatal health services through innovative approaches developed at HLH; implementing key investments in governance, systems and management for long term sustainability of HLH and increasing successfully own financial sustainability and decreased dependence on Norad funding.*

This Midterm Evaluation study concentrated on sustainability aspects; the sustainability assessment was guided by question *'to what extent is HLH moving in the right direction to achieve financial sustainability and reduce dependency, and what key steps have been taken?'*

#### **Financial Sustainability: Outcome 6 (HLH has successfully increased own financial sustainability and decreased dependency on NORAD funding)**

The purpose of the grant was to ensure the accessibility of healthcare services to the marginalized poor communities around HLH catchment areas. Hence; the HLH management was required to strengthen its system and diversify its revenue sources to ensure financial sustainability by the end of the grant period.

Historically, the HLH budget indicated dependency of about 60 percent on Norad funding; this was viewed as not sustainable for the HLH future and therefore measures were taken with the role of reducing the dependency as one of its objective outcome.

The available data indicated that the target for Norad funding to the total budget in 2019 was 28% while its actual budget contribution increased to 31% by end of 2019; at the same time the target for 2020 was 26% of the total HLH budget but the target was again missed and ended at 35% in 2020. This means that despite the efforts to reduce dependency on Norad funding the target was missed in both 2019 and 2020 years.

Table 1: Achievement on the Outcome Indicator (Percentage) of Norad funding

Indicator Name	Target 2019	Actual 2019	Desired change	Target 2020	Actual 2020	Target 2022	Achievement at Midterm Evaluation	Evaluation Comment
----------------	-------------	-------------	----------------	-------------	-------------	-------------	-----------------------------------	--------------------

<sup>1</sup> Assessment of HLH project performance is based on a four-point scale as follows: Relevance = Highly relevant (4), Relevant (3), Partly relevant (2) and Irrelevant (1); Effectiveness = Highly effective (4), Effective (3), Partly effective (2) and Ineffective (1); Efficiency = Highly efficiency (4), Efficiency (3), Partly efficiency (2) and Inefficiency (1); and Sustainability = Most likely (4), Likely (3), Less likely (2) and Unlikely (1). Source: ADB. 2006. Guidelines for Preparing Performance Evaluation Reports for Public Sector Operations

6.1. % of Norad funding	28%	31%	Decrease	26%	35%	23%	+13%	Missed target
-------------------------	-----	-----	----------	-----	-----	-----	------	---------------

Source: HLH Annual Report 2020

As seen in the *Table 1* above the percentage of Norad funding to the total HLH budget has increased slightly over the assessment period of May, 2019 to December, 2020 from 31% to 35% of the total HLH budget. However; compared to the project target of reducing the Norad funding percentage to 23% by December 2022; the current position seems to be far from reaching the target as the target itself has been missed by an increase (instead of decrease) by 13%. At the same time the hospital received COVID-19 funding in 2020 on top of the grant amount thus reducing the denominator. This fact puts a doubtful trend if the target of reducing the dependency to 23% will be realized during the remaining period of one year and a half to the end of December 2022.

Additionally; the HLH sustainability was also assessed using other five output indicators. One of them measures the annual deficit target; this indicator was aimed at measuring the progress of HLH in reducing its budget deficit on annual basis reaching the target of zero budget deficit by the end of 2020. The deficit has decreased between year 2019 and end of year 2020. The deficit target in 2019 was TZS 600 million but at the end of the year 2019 the deficit increased to TZS 1.4 billion; at the same time the target for year 2020 deficit was TZS 300 million, but the achievement was TZS 126 million deficit by end of 2020. This encouraging trend of deficit reduction is attributed to several reforms and cost cutting measures taken between 2019 and 2020. The HLH management board approved several cost cutting strategies to reduce financial deficit measures in 2019 and 2020; these included; staff retrenchment, removal of staff house allowance, introduction of house rent to the staff staying in the hospital premises and cutting the special/responsibility allowance by 25%. However; such reforms would result into negative staff morale; to avert such effects on staff morale, the management introduced a Pay for Performance (P4P) policy/strategy which rewards staff who perform more than others. *Table 2* summarizes the progress for the two output indicators on reduction of annual deficit and GoT funding to HLH for year 2019 and 2020.

Table 2: Achievement on the Output Indicator Annual Deficit and % Funding from GoT

Indicator name	Target 2019	Actual 2019	Desired change	Target 2020	Actual 2020	Target 2022	Achievement at Midterm evaluation	Evaluation Comment
6.1.1 Annual deficits reduced to 0	TZS 600 Mill.	TZS 1.4 Bill	Decrease	TZS 300mill	126mill	TZS 0 mill	- 90%	On track
6.2.1. % of funding from the TZ Government	20%	19%	Increase	21%	18%	23%	-6%	Missed target

Source: HLH Annual Report 2020

However; the target for increasing the GoT funding seem to be moving in the opposite direction as it was expected to increase but instead it decreased. The percentage (%) of GoT funding the targets were 20% and 21% in year 2019 and 2020 respectively. But achievement was only 19 % and 18% in year 2019 and 2020 respectively. *Table 3* indicates GoT funding at HLH by various sources of support in 2019 and 2020.

Table 3: GoT Funding at HLH by Sources of support

Type of support	Actual 2019	Actual 2020
Direct salary support	11.1%	10.6%
Staff on grant	7.4%	6.8%
Medicine and medical supplies	0.4%	0.6%
Bed grant/OC	0.0%	0.0%
Basket fund	0.4%	0.3%

Source: HLH Annual Report 2020

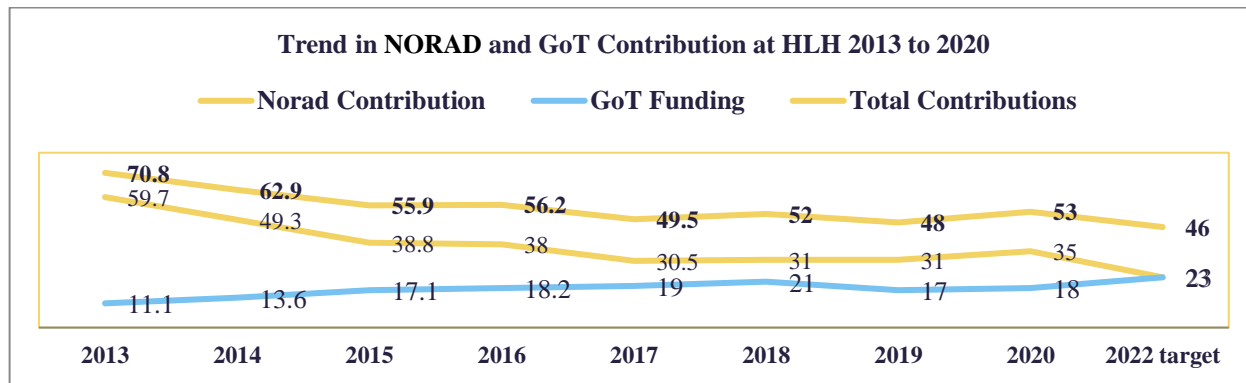
As seen above almost all GoT budget support items have declined for instance; direct salary support declined from 11.1% to 10.6%, staff grant have declined from 7.4% in 2019 to 6.8% in 2020, basket fund has done so from 0.4% to 0.3% and no funding was received for bed grant/OC leading to a decline in total GoT funding.

The evaluation team was notified by the DED in Mbulu DC during the interviews that the reason for GoT reduction in funding might be explained by the fact that GoT is investing more in its own health facilities in Babati and Dongobesh although HLH is still recognized as regional referral hospital in Manyara Region. The decrease in overall government support might also be a result of transfer out of some of staff from HLH, retirement and death of government employees seconded to HLH as well.

The HLH Board and hospital management have consistently been lobbying for more support from the government and at the same time the hospital has requested the replacement of retired and deceased staff currently awaiting GoT response. The discussion with the HLH management and Mbulu DC indicated a hope for HLH getting other additional staff allocated seconded to HLH. Mbulu District Council (DC) has requested around 230 health staff and expect a half of them may be allocated to HLH and therefore more GoT resources to HLH. As the current GoT plans is to support its own health facilities the project objectives and targets may not be attained during the project period. The discussion with some of the HLH board members indicated the same doubts as the expected partnership between the Faith Based Organizations (FBOs) and GoT country-wise is doubtful at the moment. There is concern that the direction of Got support to FBOs facilities at the moment is not clear yet.



Figure 1: Trend in Norad and GoT contribution at HLH from 2013 to 2020



Source: NCA Annual Report 2020

The actual observation at this Mid-term Evaluation for the funding is the opposite where dependency on Norad funding is increasing and GoT funding is decreasing. This is seen in the trend in Norad and GoT contribution at HLH from 2013 to 2020 as shown in *Figure 1*.

### Funding from Non-medical Services including Gifts

Another objective on financial sustainability was a target for increasing non-medical services income including gifts; this objective was being measured by the output indicator – ‘Percentage (%) of income generated through resource mobilization efforts’. The HLH has several non-medical income generating projects including donations from various friends and partners. The hospital has a research center that generates income from research activities as well. The HLH has also maintained the long existing relationship with Friends of Haydom that assisted to collect revenue for health care services of poor families around Haydom. HLH has other avenues including enhancing activities under the Medical



College, Haydom marathon contributions and short courses and trainings. For instance; the NCA annual

report indicates that HLH generated TZS 72 million in 2020 from the Social and Behavior Change Communication (SBCC) project. In 2020 the HLH received equipment for microbiology laboratory from Stavanger University Hospital worth more than TZS 160 million. Additionally; HLH received two Sterilizers worth over TZS 50 million from GE Health, Norway, anesthesia machine and diagnostic endoscopes worth more than TZS 200 million from friends in University of Toronto, Canada. Likewise, Friends of Haydom from Norway supported the hospital in raising funds for neonatal ward and supported the hospital in strengthening IT infrastructure. Further; the Friends of Haydom from the Netherlands, Canada and Germany both as individuals and groups, supported the hospital both in cash and in kind. During the evaluation discussion meetings; the HLH management, interviewed board members and the Mbulu Diocese team appreciated all these support received from partners and friends in the 2019 -2020 period and the past years and thus were expecting that such generous support will continue in the years to come.

Table 4: Achievement on the Output Indicator % income Generated through Resource Mobilization efforts in year 2019 and 2020

Indicator name	Target 2019	Actual 2019	Desired change	Target 2020	Actual 2020	Target 2022	Achievement at Midterm evaluation	Evaluation Comment
6.3.1. Percentage (%) of income generated through resource mobilization efforts.	9%	6%	<b>Increase</b>	9%	4%	12%	-33%	Missed target

Source: HLH Annual Report 2020

The above target was to be achieved through strengthening partnership, friendship and collaborative activities that generate income to HLH as well as segmenting the hospital units into strategic funding opportunities so that more income is collected the hospital. As seen above the target of 9% of total budget was missed in both years 2019 and 2020 and ended at only 6% in 2019. Whereas in year 2020 the income generated through resources mobilization was only 4% against the target of 9% representing a 33% percent below the target. The HLH explained the problem as attributed to the ongoing COVID-19 pandemic that has downsized the flow of students and professionals who normally come to HLH for short-term courses and research activities.

### Increased Income from Medical Services

Medical services provided at HLH are among the reliable sources of income for the services offered to in-patient and outpatient customers.

Table 5: Achievement on the Output Indicator % Income Generated from Medical Services in 2019 and 2020

Indicator name	Target 2019	Actual 2019	Desired change	Target 2020	Actual 2020	Target 2022	Achievement at Midterm evaluation	Evaluation Comment
----------------	-------------	-------------	----------------	-------------	-------------	-------------	-----------------------------------	--------------------



6.4.1. Percentage (%) of income from medical services	36%	28.2%	Increase	36%	31.2%	36%	+11%	On track
-------------------------------------------------------	-----	-------	----------	-----	-------	-----	------	----------

Source: HLH Annual Report 2020

The income from medical services increased from TZS 3.8 billion in 2019 to TZS 3.87 billion in 2020, marking an increase from 28.2% of total HLH budget in 2019 to 31.2% in 2020. Despite an impressive income increase from medical services offered to in-patient and outpatient customers, this income category missed its target of reaching 36% of the total budget by 2020, the achievement was above the past year income by 6 percent and therefore the achievement in 2020 (31.2%) is judged as *on track* towards the final target of 36% percent of the total budget by 2022 (end of the project). This judgment follows the fact that the HLH and NCA reform efforts, capacity building measures and investments led to quality improvements and increased medical equipment and human resources who can perform specialized services at the hospital and therefore attract more medical income in the present and future years including year 2022.

As seen in the *Table 6* below the highest medical income came from cash payment from patients representing an increase from 64.2% to 68.8% in 2019 and 2020 respectively. Other medical income came from National Health Insurance Fund-NHIF (28.9%), ambulance services income (1.4%), patients paying in installments (1.2%) and National Social Security Fund-NSSF (0.04%).

Table 6: Medical Income from Various Schemes in 2019 and 2020

Category of Patient Revenue	2020 Amount (TZS)	Percentage	2019 Amount (TZS)	Percentage
Cash patients	2,647,128,891	68.4%	2,441,315,271	64.2%
NHIF	1,117,635,985	28.9%	1,095,815,405	28.8%
NSSF	1,659,760	0.04%	12,159,000	0.3%
iCHF	-	0%	101,723,000	2.7%
Ambulance services income	53,132,140	1.4%	65,062,690	1.7%
Patients paying in installments	47,744,190	1.2%	85,673,570	2.3%
<b>Total</b>	<b>3,867,00,966</b>	<b>100%</b>	<b>3,801,748,936</b>	<b>100%</b>

Source: HLH 2020 Annual Report

The above data shows that there was substantially a decline in income from both insurance schemes; National Health Insurance Fund (NHIF) and the improved Community Health Fund (iCHF) that had no income contribution in 2020. Since iCHF is related to poor village communities around Haydom the evaluation team was interested to know why there was not income for 2020. The HLH management

indicated that the iCHF is not no longer acceptable at HLH because the contribution and iCHF reimbursement are very small leading to loses to HLH. Based on the iCHF design document ten percent of the premiums collected from beneficiaries is expected to be deducted to compensate iCHF enrollment officers as payment for services. Nine percent is used for administration costs and 80 percent for charges incurred by the facility. The remaining one percent is set aside as reserves. A portion of iCHF enrollment for the poor is expected to be subsidized by the government of Tanzania. The definition of “poor” in this context refers to those living on an income that is below the national poverty line, reflected in the country’s specific cost for basic consumption needs—equivalent to about US\$1 per capita per day using 2005 purchasing power parity estimates (World Bank, 2015). As a matter of fact; HLH found out that the amount reimbursed by the National Health Insurance Fund (NHIF) could not even cover the minimum costs of providing services to iCHF clients.

Interviewed village communities around HLH also indicated that as iCHF is not acceptable at HLH community members have no option but only pay cash while employees indicated that they normally pay cash or use NHIF or NSSF insurance schemes. This means that village community members who in the past years were using iCHF which is not acceptable at HLH are somehow excluded from services or have limited options for funding their health care services thus their accessibility to health services is somehow limited and this puts a question for the universal health care services targeted at the national level. The study showed that 71% (59 community members; 16 males and 43 females out of a total of 83 respondents) of the interviewees were using cash to pay for HLH services.

### **Corporate Business Strategy and Planned Income Generating Projects**

According to the HLH 2019 -2022 project Results Framework, the increased income from Corporate Business Strategy and income generating projects is measured using the output indicator – ‘*Percentage (%) of income from corporate business plan and income generating projects*’.

The hospital has several income earning corporate businesses and projects namely; a farm, guest house, leased land spaces and buildings with shops, restaurant, petrol station and financial services (e.g. banks and mobile financial services) and vehicles, tractors and trucks which are normally hired to various customers as part of income generating activities.

According to the available records the performance in all projects was not impressive. The projects performed below the planned target in 2019 and 2020. Earned income from corporate business and projects in 2019 accounted to about 6% of the total HLH annual budget against the target of 7% and in 2020 was 5% against the target of 8%; this income source has missed its target in both years as it declined in 2020 by 17% compared to 2019.

Table 7: Achievement on the Output Indicator % Income Generated from Corporate Strategy and Projects in 2019 and 2020

Indicator name	Target 2019	Actual 2019	Desired change	Target 2020	Actual 2020	Target 2022	Achievement at Midterm evaluation	Evaluation Comment
6.5.1. % income from Corporate Business plan and income generating projects.	7%	6%	Increase	8%	5%	12%	-17%	Missed target

Source: HLH 2020 Annual Report

The discussion with the HLH management and available reports indicates that the underperformance for the projects in 2020 was attributed to the following factors: -

- COVID-19 outbreak which affected HLH corporate services following travel restrictions all over the world. According to the HLH management more than \$80,000 was lost as foreign short term students and researchers could not come to HLH because of the pandemic. The affected sources of income included: the guest house, restaurant, research center, short courses and shops.
- Unfavorable weather (with high rainfall) and machines breakdown affected performance and hiring of trucks, tractors and other machines.
- The farming activities were also affected by unfavorable weather (heavy rain) which resulted into low harvest and at the same time the harvested products encountered a challenge of very low market price compared to the production cost, this is because buyers from neighboring countries could not enter the country.

### **Human Resources Reforms**

Through the support from NCA/Norad the hospital has conducted several sustainability trainings to the staff which resulted into some interventions to reform HLH as an Institution. The trainings seem to have brought positive mind-set changes as most staff now have business thinking and positive perception for planned reforms towards sustainability of HLH services with reduced dependency from Norad funds.

As part of the reforms at HLH; three directorates were formed to foster efficiency in clinical care provision and increase income generating activities; the three included; clinical services directorate, income generating/project directorate and research and training directorate.

The HLH has target for strengthened competency for its human resources and thus introduced an Open Performance Review and Appraisal Systems (OPRAS). This target is measured using the output indicator- *the number of staff who completed full cycle of OPRAS*. In 2019 HLH had a target of 475 staff but only 397 (84%) completed the OPRAS circle and in 2020 the target was 480 but only 380 (79%) completed the OPRAS.

Additionally; NCA has agreed to hire the consultant who will review the existing organogram and propose the best structure for the hospital. The consultant is expected to advise the hospital board and the owner (Mbulu Diocese) regarding the hospital's legal implication on the proposed new structure. The recommendation from the consultant will also help the hospital to develop business investment strategies/plans

As part of the HLH reform process the HLH retrenched some of its non-professional staff in 2019 and thus increasing the level of professional staff from 63% in 2019 to 65% by 2020; at the same time the number of non-professional staff decreased from 37% in 2019 to 35% in 2020. The facility is striving to reach 70% of the professional staff by 2. HLH also aims for the ICT investments where staffing level can be improved more and cut down the HLH salary budget which currently stands at 68% of the total budget and with a target of 64% by end of the grant in December 2022.

### **Strengthening Hospital Governance**

One important condition for attaining financial sustainability of an organization is having optimal governance structure that support long run development of the organization. Following the 2018 Chr. Michelsen Institute (CMI) recommendations (Evaluation of agreement between Norwegian Church Aid and Norad for financial support to Haydom Lutheran Hospital); the HLH management structure and board were to undergo reforms.

Hence; governance reform was included in the project result framework. Strengthening the HLH governance was party of the grant intervention and measured on Outcome 5: *HLH has required to successfully implementing key investments in governance, systems and management for long term*

*sustainability*. This outcome was also measured by using the output indicator: *HLH Hospital governance reformed to meet current and future needs*. The target was to reform the HLH management and form the new HLH board and proper functioning of the board.

The progress in the indicator shows that the HLH management was restructure and new board members were appointed in November 2019 by the HLH owner using new Board Guideline and the newly appointed hospital board members formed three standing committees namely; Planning, Finance and Audit, Quality Assurance and Human Resources Committees. The new HLH board is said to effectively support the new HLH organizational structure. Interviewees indicated that the board members are professionals as per the new guidelines, and responsible in spite of being newly appointed but one identified challenge related to have limited information on the hospital long run risks as the partnership with the GoT is currently doubtful.

Additionally; five interviewed stakeholders (HLH Board Chairperson, ELCT-Mbulu Diocese Bishop, Assistant Bishop, Diocese General Secretary and Diocese Treasurer) also claimed that the board now has a better understanding of its role and responsibilities. However; it is not clear whether the new management board has had any impact in shaping the hospital operations, advocacy functions and improved sustainability of HLH nor the ready-made ability to translate financial and service delivery reports and data for proper decision making at this juncture.

As part of the prerequisite reforms the HLH was required to reform the management structure. Such requirement was measured using the output indicator; '*HLH has implemented improved organizational structure*'.

The status on this indicator is that the old organizational structure still in use although recruitment for new higher posts based on professionalism has been done (e.g. HLH Managing Medical Director and Deputy Managing Medical Director). However; the available reforms and discussions at HLH indicated that the mapping of core management functions and competencies and development and approval of new organizational structure are on progress.

Nevertheless; as HLH is run as charity organization such reforms that include plans to start business operation have implications in taxations and other legal matters and at the same time HLH is still owned by a religious organization whose income sources are excluded from taxation.

### **Sustainability of Quality Health Services**

In order to sustain quality health services delivered at HLH several efforts have been taken; these include staff professional training and development, Continuous Medical Education (CME) and scholarship offering.

To enhance staff learning and development toward ensuring high performance in the work place, CME has been conducted to all staff every Thursday through the Morning Prayer session where various cross cutting topics are normally taught to all staff.

Available information indicate that several in-house trainings in 2019 and 2020 have been provided, these include; refresher courses, short courses and experience sharing that were provided to top and middle staff as well as lower-level staff to enhance professionalism and quality service provision at HLH.

The conclusion on the progress in sustaining quality of services at HLH is that; available information indicates that HLH has been able to maintain the quality of its services in most of quality aspects as demonstrated by the higher SafeCare rating as indicated in the quality assessment reports for 2019 and 2020.



There are, however; a number of important challenges that need to be addressed before project end period so that the agreed target are reached: absence of specialists for some medical services such as internal medicine and Ear Nose and Throat (ENT), old infrastructures (old buildings and ageing equipment) and increases work load for some categories of professional staff. These aspects; if not addressed, may as well negatively affect the quality of health services.

There are some worrying observed quality concerns that need further analysis. A decrease in the number of in-patients and outpatient customers and increased death rates in year 2019 and 2020. Although the outbreak of COVID-19 might be a contributing factor behind.

The Mid-term Evaluation findings show that the core hospital services have progressed well while the level of quality of clinical service was maintained and without compromise to accessibility of services to HLH communities despite the significant reduction on total budget funding at HLH. Interviews from community members also supported this segment; 52 beneficiaries (63% of the 83 beneficiaries interviewed) said that HLH quality of services provided has improved in the period of 2-3 years prior to the interview date; 14 males and 38 females asserted this information.

### **Affordability of Health Services to Poor and Marginalized Communities**

HLH is rural-based hospital surrounded by the poor and marginalized communities who are mainly peasants and livestock keepers whose average income is quite low. As a result HLH has been providing subsidized medical services to such community members. Additionally; there has been an increase in demand for waiver for medical fees from poor communities around HLH.



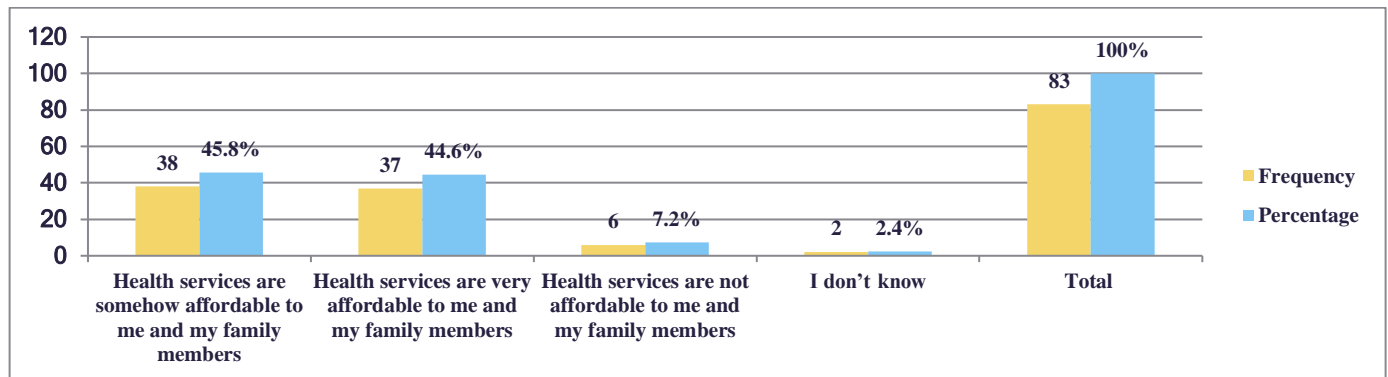
Due to increasing such social-economic challenges the hospital social welfare office has continued to work and address challenges related to all aspects of both internal and external financing ability by customers. For instance; in 2019/20 the HLH had to write off medical services charges worth TZS.30.1 million to 46 poor patients. However; the hospital management managed to raise TZS.9.1 million to cover the cost of these patients through poor

patient fund.

Furthermore; the affordability to services was somehow affected as the newly introduced improved iCHF is not acceptable at HLH; this led to the decline in iCHF patients and income from TZS 101 million in 2019 to zero (0) in 2020.

The evaluation team interviewed some of the HLH patients (a total of 83 clients were interviewed) and requested them to state how affordable the hospital health services were in the past three years. The figure below shows their responses.

Figure 2: Perception of Interviewed Patients on HLH Services Affordability in 3 Past Years



Source: 2021 HLH Mid-term Evaluation

As seen above a significant number – 75 (90.4%) of interviewed clients (22 males and 53 females) indicated that the hospital services are either very affordable or somehow affordable to them and their family members while 7.2% indicated that they are not affordable while 2.4% indicated not knowing affordability issues.

As most of the services at HLH are highly subsidized and prices are below market value the results may suggest reality although few (7.2%) were of the view that they are still not affordable; these may be representing few marginalized poor communities who despite the subsidize services are still unable to pay for the services especially at this time when the improved community health insurance is unacceptable at HLH.

The affordability challenge can also be seen from an increased in number of patients paying in installments for in-patient and outpatient services and an increase in HLH debtors due to default by patients.

The foregoing discussion indicated that with planned decrease in funding from the major sources such as Norad and GoT; sustaining such subsidized services to poor marginalized communities is critical challenge in future and thus affordability of services to communities around HLH will still be jeopardized.

### Information and Technology (IT)

HLH managed to replace Care2X with eHMS for further improvement of patient information recording and retrieval for both Out-Patient Departments (OPD) and In-Patient Department (IPD) and the system is now integrated with stock and financial management systems. Drugs and other essential supplies are now requested online through WebERP.

The available reports and management discussions indicated that the establishment of electronic operational and management systems have increased efficiency at HLH.

The hospital has been working with external IT consultant to capacitate the local experts in various aspects. However; the HLH management wants the hospital to lead and manage its IT process, this has been done with a support from NCA and currently all the hospital departments have been computerized,



and staff trained by the Haydom local IT staff who also checks and maintains the hospital and campus network status. Additionally; several IT policies and manuals have been developed during the period of year 2019 and 2020.

The evaluation team is of the view that more investment is still needed to improve the IT application that ultimately improve HLH efficiency (e.g. finance department) and cut down operation costs (e.g. use of security cameras may reduce the number of employed security officers from 17 to approximately 6).

### **COVID-19 Effects**

According to the HLH management and available reports, year 2020 was financially a very challenging year, because of COVID-19 outbreak. The management indicated that there was unexpected increase in expenditure and decrease in income. These forced the hospital to reduce cost by cutting some of the staff benefits, change scholarship policy and apply for more funding to combat COVID-19 pandemic.

Norad responded by providing additional support through NCA by providing the hospital with COVID-19 preparedness fund which to the large extent enabled the hospital to protect staff and take care of the COVID-19 cases adequately.

Furthermore; the hospital experienced a significant loss on revenue grant due to fall of Norwegian Kroner (exchange rate loss) following COVID-19 pandemic outbreak.

The pandemic outbreak negatively affected HLH income in some of its projects such as guest house services, restaurant, research center, and farms. This follows travel restrictions all over the world and thus the HLH management indicated that more than \$80,000 was lost as foreign short term students and researchers could not come to HLH because of the Pandemic.

The available reports and the management were of the view that the presence of COVID-19 outbreak in 2020 led to a reduction of outpatients and inpatients. Citing; for instance in 2020 a total of 79,130 clients were attended as outpatients compared to 88,373 patients same period in 2019 which is about with 10.5% drop. (9,243). The outbreak of the COVID-19 pandemic contributed significantly to the decrease of outpatients as the hospital was selected by the GoT as center for COVID-19 patients hence many feared getting health services at HLH. Likewise, the COVID-19 pandemic caused the temporary suspension of some hospital services including specialist outreach clinics in 26 centers from March to June 2020.

At the same time there was a tremendous increase in operation cost for the hospital through purchasing of Personal Protective Equipment (PPE) for staff and customers at the hospital.

### **Discussions with Relevant Authorities**

The evaluation team had an opportunity to meet with regional and district representatives looking for their views, contributions and plans related to sustaining HLH services.

There is an approved plan for hiring 230 new staff for Mbulu DC; and the plan is to have at least 90 staff stationed to HLH with 100% of their salaries being paid by the district.

The council will also continue supporting the procurement of pharmaceuticals and essential supplies worth of around TZS 50 million per year.

Region and district representatives assured the evaluation team on their support and readiness to take part in advocacy meeting with higher authorities for the aim of raining central government attention and support to HLH.

Generally; sustainability is less likely to be realized for the project interventions by the end of this current Norad funding.

### 3.1.2 Relevance

The HLH project under Norad grand is rated as *relevant* (3) based on consistency to the country's (as well as the funder) and global development priorities, soundness of the analysis of the development problem, and appropriateness of the proposed solution to the development problem.

The HLH project is *relevant* because it primarily aims to ensure the effective execution of a key national strategies. Improvement of health systems is mentioned as a key driver to attain high quality livelihood which is among the Tanzania Vision 2025 targets. Access to quality primary health care for all, access to quality reproductive health services for all individuals of appropriate ages and reduction in infant and maternal mortality rates by three-quarters of current levels are among other priority targets<sup>2</sup> of the country.

The project further aligns itself to the 3<sup>rd</sup> Sustainable Development Goal (SDG<sup>3</sup>) of *Good Health and Wellbeing* in “reduction of maternal mortality; ending all preventable deaths under 5 years of age; grant universal access to sexual and reproductive care, family planning and education; support research, development and universal access to affordable healthcare services; increase health financing and support health workforce in developing countries”.

The six project's key results areas (*Quality of health services improved for the poor and underserved communities in the catchment area, accessibility of quality health services maintained, quality health services are made affordable to patients through health insurance, maternal and neonatal health has improved as a result of innovative approaches developed at HLH, HLH has successfully implemented key investments in governance, systems and management for long term sustainability, and HLH has successfully increased own financial sustainability and decreased dependency on Norad funding*) as described in the 2019-2022 Project Results Framework, remain strategic in pushing the access to quality health services agenda move forward and making the project impact felt by the primary stakeholders – the community members around the HLH catchment areas.

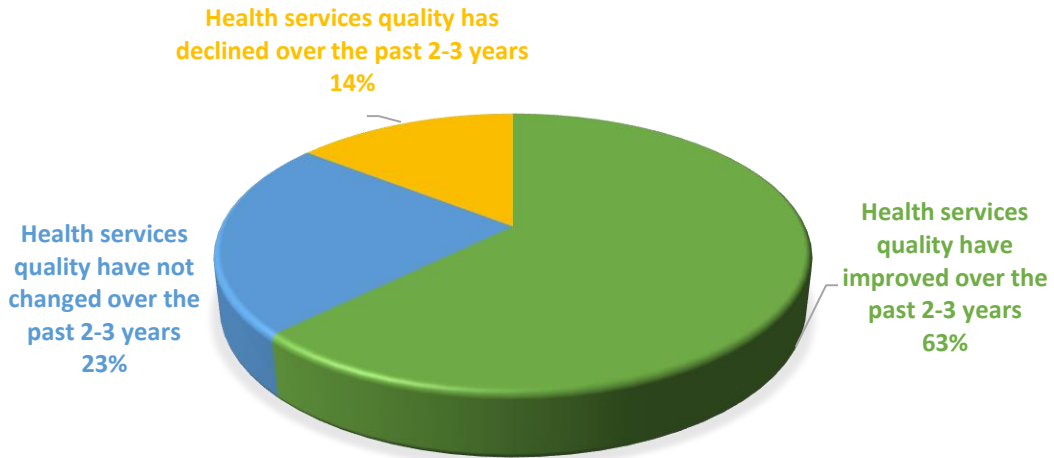
*Quality of health services improved for the poor and underserved communities in the catchment area, accessibility of quality health services maintained* results areas were the highly performing during the assessment when the evaluation team interviewed the group of 83 patients/beneficiaries.

---

<sup>2</sup> [THE TANZANIA DEVELOPMENT VISION 2025 \(mof.go.tz\)](https://mof.go.tz)

<sup>3</sup> [THE 17 GOALS | Sustainable Development \(un.org\)](https://un.org)

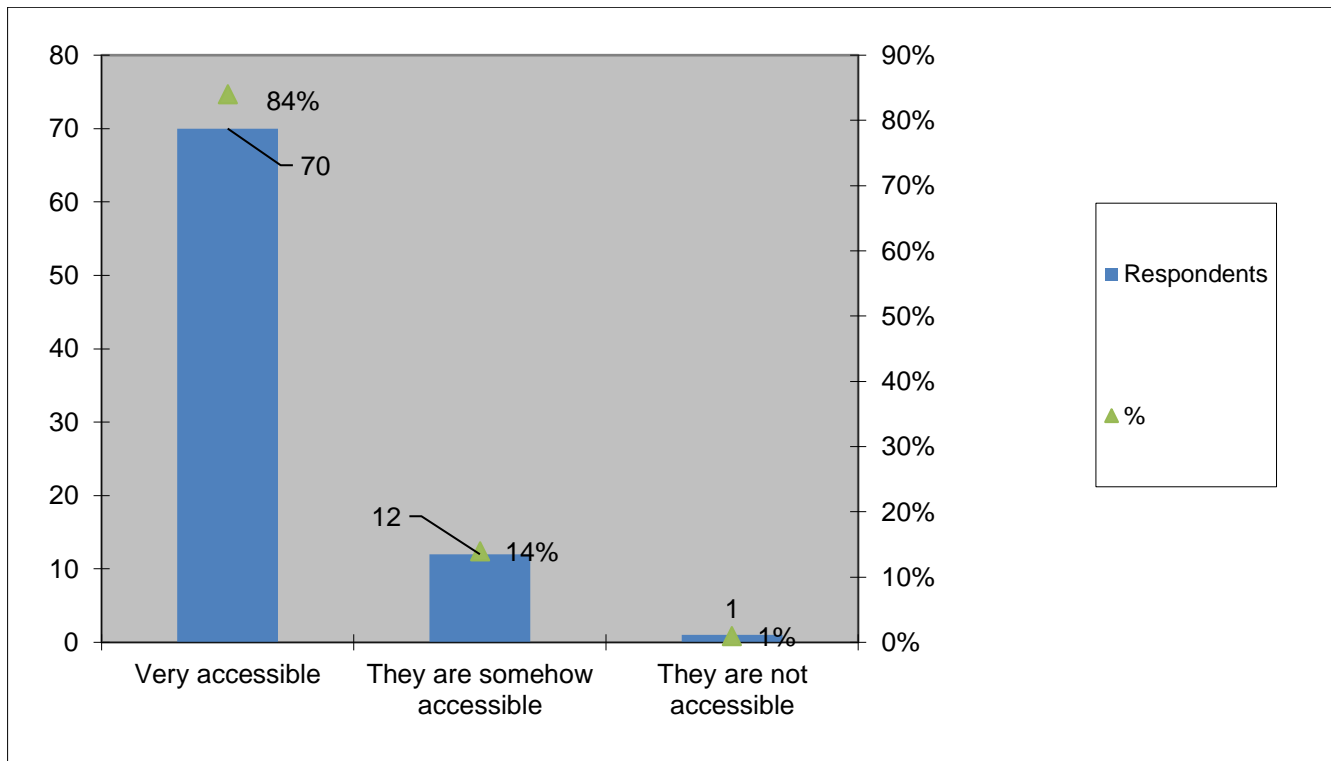
Figure 3: Patients' Perception on HLH's Quality of Services



Source: 2021 HLH Mid-term Evaluation

More than a half of the patients interviewed responded that quality of HLH services has improved in the last 2-3 years. This fact was also supported by FDG discussions. On the other hand; 84% (70 interviewees; 20 males and 50 females)) of the respondents as well as discussion points with community leaders confirmed that HLH services are very accessible. These realities add value to the relevance of HLH project products to the community members. Lastly; 67 clients/patients equivalent to 81% of the interviewees were satisfied with HLH services.

Figure 4: Accessibility of HLH Services



Source: 2021 HLH Mid-term Evaluation

The project's relevance, however; could have been significantly boosted by the introduction of evidence-based interventions in the earliest opportunity possible such as during the problem analysis stage or in the project formulation stage. The remaining period of the project is not supportive enough for the changes such as reformation of the hospital board, introduction of business models, cost-cutting strategies (reduction of staff allowances and laying off some supporting staff) and separation of Income Generating Activities (IGA)/projects, research institution and hospital management to realize their maximum potential. The changes on insurance scheme from CHF to iCHF is another major setback in the attainment of project outcomes since HLH does not accept the later scheme thus leaving a segment of most needy community members failing to pay for HLH services.

*Quality health services are made affordable to patients through health insurance, HLH has successfully implemented key investments in governance, systems and management for long term sustainability, and HLH has successfully increased own financial sustainability and decreased dependency on Norad funding* results areas are not likely to be achieved within the remaining timeframe and with the allocated resources (including human resources). Discussions and facts from section 3.1.1 (assessment of sustainability) supports the low level of relevance of these key results areas.

The evaluation team found the Key Performance Indicators (KPIs) used to track project results appropriate and useful. However; the relevancy assessment of the KPIs could be more robust if the results framework could have Performance Indicator Reference Sheet (PIRS) indicating precise indicator definitions, unit of measure, and frequency of reporting, data sources and means of verifications.

HLH has invested on staff development to ensure the availability of skilled personnel. The staff have been furthering their education at diploma, bachelor and masters level with support from the hospital. Example, report shows three staff from pharmacy department (two for degree and one for diploma) by year 2020 were away and would return to the hospital to help improve quality in service delivery and six more employees were given scholarship to pursue further studies in the 2020/2021 academic year. Health worker at HLH have been supported and motivated to improve skills and competency, it was clearly noted that the culture of working and then going for further studies was dominant. Some health care workers were hired with certificate and have recently graduated with Masters Degrees. The GoT also has a number of staff seconded to the HLH. These joint efforts and aspects are positive and very relevant in reducing the vacancy rate, delivering more specialized services, attracting professional staff, advancing their career and even retaining them.

The evaluation team positively noted that the additional Bridge Funds of 2019 were very relevant in ensuring HLH services are provided according to the standards and attracting more clients and supporting specialized services hence supporting increase in internal income. The funds made the procurement of the hi-tech incinerator, CT scan, Digital X-Ray and Oxygen Plan as well as supporting renovations of some buildings and infrastructure.

The strategy for sustainability at the design stage of the project was not clearly fleshed-out (*Section 8.2 of the Application for Grant Document*). Although the strategy linked sustainability with other key prerequisites (such governance, modernization of the hospital governance structures and board; clinical service review; capacity building of staff, board and management; refocus advocacy of resource

-----"There are a few projects running but are still in a premature stage to fully support HLH at the same time we are not sure of the Government support. The only way for HLH to survive if Norad grants come to an end, is to increase costs of HLH services. Given the purchasing power of the majority of people around HLH, will we be saving lives?"

-----**Bishop Nicholas Nsanganzelu**

mobilization; and HLH innovation and best practices replication to NCA networks) the strategy did include important ingredients of sustainability in its methodology. One could expect having a clear timeline with

deliverables and milestones for the strategy, having a coherent mission/theory of change for the sustainability model, a good monitoring and evaluation system to track key activities (KPIs for every funding element) and test the proposed changes, adaptability of the approach and integration of the strategy into existing systems and political support, advocacy and viability of proposed income generating projects with business plans. The strategy even undermined the value on an exit plan citing it as *not relevant*; the plan that the evaluation team thought was necessary given the long-built relationship between Norwegian funding and HLH and its associated dependency factoring in the short period of the current grant.

NCA demonstrating relevant added value support to the HLH through the sub-project priorities as assessed during the HLH Midterm Evaluation.

### **Resource Mobilization**

As a grant manager, NCA supports the provision and supervision of the overall HLH project financial system. NCA regularity reviews financial transactions payment against supporting documents, checks reasonability and value for money for all activities reported by HLH. All these aspects are geared towards financial accountability and having a sound system that could attract more investments. Moreover; NCA manages additional funds from Friends of Haydom and communicated to the stakeholders including the Royal Government of Norway on the outcomes/impacts of taxpayers' money.

### **Health Advocacy**

NCA as a grant manager has been involved with a number of advocacy meetings that provide hopes should the GoT decide to support initiatives in the agenda.

There have been an ongoing discussions trying to convince the GoT to increase its support to HLH this goes hand in hand with advocating for enacting of the Public-Private Partnership (PPP) policy, guidelines and act that will in the future provide legal framework for the GoT to adhere to partnership agreements.

There is also an effort to make sure the GoT-HLH Memorandum of Understanding (MoU) developed since 2014 is signed and becoming operational. Should the MoU signed there will be a significant support of the GoT in medicine and essential supplies as well as staff salaries and allowances including new recruitment to increase staff base.

### **Capacity Building of HLH Management and the Board**

NCA has supported a number of capacity building sessions during the first phase of this grant. Three training sessions for new HLH board members and hospital management was conducted in 2020. The participants were trained on the overview of board competency, transparency, responsiveness, accountability, effectiveness and efficiency. Other sessions were focused on strategic decision and performance management.

Furthermore, Hospital board members were trained on HLH organizational structure, HLH financial sustainability and role of audit committee. The Board was encouraged to identify the training needs for the future board capacity building.

### **Hospital Governance**

NCA has been in the forefront in making sure the hospital management reforms, board reforms, feasibility studies, technical, equipment and infrastructure support results positively in enhancing HLH governance. On annual basis; NCA conducts annual clinical review assessments and financial reviews and audit visits just to make sure HLH is run according to professional standards, guidelines and contractual agreement.

However; the evaluation team noted a number of challenges that limit effectiveness of NCA supervising HLH grants. NCA not having full mandate of managing other aspects (such as procurement processes) of HLH that might have an impact on Norad funding, limited skills and number of NCA staff in supervising all aspects of Norad grants in such an important health facility especially in ensuring sustainability, little Government support to the facility, Government control over its staff seconded to HLH, limited equipment, infrastructure and buildings, poor financial adherence and inadequate monitoring visits/audits.

### **Innovation Replications**

NCA through the project has brought new research and tools to help improve newborn care through innovative training solutions and therapy products. The project respond to the challenges facing safe delivery in Tanzania and enables frontline professionals working in maternity units to improve the safety of the services they deliver to women and their babies. One of the outstanding example of this initiative is the 2019-2020 perinatal mortality audit (an observational cross section study) conducted to inform future interventions. The study reviewed the perinatal deaths case notes and identifies potential gaps in care provision to foster future practice. The audit found high stillbirth and neonatal mortality rates being contributed by both women's and healthcare providers' factors. There is a need to address the facility and providers factors contributing to perinatal deaths while promoting women to attend antenatal clinic and utilize health facility during birth. There are three health facilities that adopted HLH Safer birth Model in the catchment areas by 2020; that is 100% of the 2020 targets in extending innovations to other facilities.

Nevertheless, the assessment while assessing the project relevance noted that the appropriateness of the project's proposed solution to the identified development issues was rated relevant as it balanced the strengths and gaps and the project has been so pivotal during the pandemic as well.



### 3.1.3 Effectiveness and Coherence in Achieving Outcomes

The assessment team marked HLH project interventions as effective in achieving planned outcomes.

#### Key Stakeholders Involvement in Project Implementation

The study shows that there is positive collaboration between all stakeholders of HLH:

- HLH abides to all GoT rules and regulations, including submitting all necessary reports to the Government on time including adhering to regulatory and compliance standard as evidenced by regional, district and Mbulu District Council representatives
- The board was restructured to suit the growing and professional needs of the modern health facility
- The management of HLH reports to the board and owners as required
- The study shows that the diocese as the owner is fully involved in planning and management of HLH and regularly updated on the progress of the HLH
- The owner of the facility, board and HLH management have continually been working together in various aspects to ensure maximum achievement in program implementations. The most significant area they have been working together is in advocacy and lobbying for more support from the Government

#### How Project Outcomes Complement other Development Plans and Initiatives of HLH

HLH has increased the income from medical services (*refer to section 3.1.1*). This has been the outcome of investment and increase of specialists among other reasons. As a result, more patients have been admitted for specialized services.

The project outcomes have proved to complement other development plans and initiatives in the area of capacity building. Where the professional and non-professional hospital staff ratio was 65% and 35% respectively by the end of 2020. This followed the recruitment of 19 more staff; three Medical Doctors, 15 nurses and one driver in 2020.

HLH has on the other hand continued to collaborate with key stakeholders, such as the Government. This has helped HLH to secure additional staff from the Government who are in the Government payroll and thus reducing wage bill to HLH.

Despite the difficulties posed by COVID 19 in 2020, the hospital management has managed to increase income from own sources. The management invested efforts to increase efficiency in medical and non-medical services. Likewise; the hospital reduced running cost without affecting healthcare service delivery.

#### Effective use of Grants to Produce Results

Grant funds have been used effectively in the area of retention of staff especially specialists. This is through providing staff with incentives that attracts their stay at HLH, hence helping HLH to avoid the costs that would have been brought by staff turn-over.

Also, the funds have been used effectively by HLH in the area of medical services provision. This has been proved by patients interviewed. Majority of patients interviewed agreed that they were satisfied by the services provided by HLH at affordable cost.

Patients interviewed highlighted that there were a significant improvement in time spent for the entire service provision and waiting time.

Furthermore, the grants funds has been used effectively by providing affordable health services to poor and the most marginalized families most of whom do not have insurance cover or financial capability to meet medical costs.

### **3.1.4 Efficiency in Achieving Planned Outputs and Outcomes**

The assessment team found that HLH project interventions were efficient in realizing planned results.

#### **How the Financial Resources and other Inputs Used Efficiently by HLH to Achieve Project Outcomes and Outputs.**

HLH has increased funding from non-medical services including gifts. The hospital has several non-medical income generating projects including donations from friends and partners. The hospital has a research center that generates overhead incomes from research activities conducted at the center. HLH normally run an annual Marathon event for income generation. The COVID-19 outbreak affected the 2020 Marathon plan leading to postponement from May to December. The postponement affected the income collected from Marathon from TZS100 million expected to less than TZS 30 million collected.

#### **Equipment Support**

The hospital received equipment for microbiology laboratory from Stavanger University Hospital. Likewise; HLH received two Sterilizers from GE Health, Norway, Anesthesia machine and diagnostic Endoscopes from Prof. Levente Diosday and friends (From University of Toronto, Canada). Similarly; Friends of Haydom from Norway supported the hospital in raising funds for neonatal ward and supported the hospital in strengthening IT infrastructure. The Friends of Haydom from the Netherlands, Canada and Germany both as individuals and groups have supported the hospital both in cash and in kind. The hospital appreciates all the support received in the year 2020 and vividly one could see the use of donations making changes linked to the project results.

#### **Increased Funding from Medical Services**

Medical services are among the reliable sources of the income that are realized from the medical services offered to the clients. In order to increase the funding in this category, the hospital management has been improving the quality and accessibility of medical services by strengthening the established specialized clinical services both at outpatient and inpatient departments. For the missing specialized services, the hospital has been hosting specialists from Kilimanjaro Christian Medical Centre (KCMC) and Manyara Regional Hospital for at least once per week in every month. The hospital management made sure that medical equipment are maintained adequately and timely especially after the lightning that hit the hospital in January 2020. This initiative has contributed to the increase in income generated.

In collaboration with NCA Tanzania, the hospital has managed to conduct the clinical review using independent consultant firm. The outcome and recommendations of this assessment contributed significantly to improvement of clinical services and client satisfaction thus attracting more clients.

In the last quarter of 2020, the hospital in collaboration with Africa HealthCare Network Tanzania Ltd initiated the hemodialysis services that also increased the client base.

### **How Costs are Proportionate to Incomes Generated**

Findings from the financial reports showed that HLH costs were not proportionate to incomes, this led to discrepancies.

There were few cases noted and that question the value for money item during the assessment period due to the following issues:

- Inadequate documentation for the services provided to patients for record keeping and for billing purposes. The 2020 NCA Financial Monitoring Report noted that there was a bill from OSHA for TZS 7,630,000 with control number 991510040586. However; the total sum of TZS 8,011,500 was paid to OSHA with control number 992620040586. There was a difference of TZS 381,500 between the amount billed and the amount paid.
- Several procurements have been completed without following a proper procurement process. NCA team noted missing EFD receipts, quotations, bid analysis and contracts as seen in Financial Monitoring Report

These few notable financial figure miss-match might result into improper cost-spending analysis and red flags in financial reports and practices.

### **Opportunities to improve Efficiency**

HLH has to increase the efforts to increase efficiency, more control on usage of medicine, medical supplies, and stationeries and reduce other unnecessary costs. There was an over-spending in the area of medicine and medical supplies by 13% as well as in printing and stationeries.

Some financial findings for 2020 indicates the need for improvement of efficiency on these areas as well:

- Lower medical service income than budgeted (TZS~71million.)
- Lower Income from project than budget (TZS ~25.7million)
- Lower Government grant than budgeted (TZS ~73million.)
- Overspend of medicine and medical supplies than budget (TZS ~190million)

### **3.1.5 Impact**

The evaluation team noted various elements of the impacts of the Norwegian funding at HLH during this round of funding.

### **Overall Status of Progress on Project Outcomes**

The Mid-term Evaluation team noted that there was a remarkable progress in the key results areas of the HLH project. Statistically; 17 indicators (42% of the total 38 indicators) have already surpassed 2020 targets and are closer to the End-of the Project (EOP) targets, 8 indicators (21% of them) were close to 2020 targets and thus efforts are needed in order to reach their EOP target. Moreover; 9 indicators (24%) were far from 2020 targets and 5 indicators (13%) were totally off the 2020 targets. A color-coded matrix of the indicator performance versus targets is attached as *Annex I*.

### **Achievements on HLH Governance Reform**

NCA should boost the package already made in ensuring the governance of HLH is well enhanced; training and capacity building sessions conducted, formation of the new HLH board with a mix of skill-set to adequately fill the roles and responsibilities of a board, presence of a strong team at HLH, existence of research unit, renovations on buildings and infrastructure, revision on organogram to make governance and administration more effective, professional running of HLH according to standards even HLH being a showcase of advocacy for broader NCA program globally are notable positive contributions to impact as regards strategic management of the hospital

### **Direct Impact of NCA Involvement in the Project**

NCA has been in the forefront in making sure the hospital management reforms, board reforms, feasibility studies, technical, equipment and infrastructure support results positively in enhancing HLH governance. On annual basis, NCA conducts annual clinical review assessments and financial reviews and audit visits just to make sure HLH is run according to professional standards, guidelines and contractual agreement.

NCA has demonstrated efficiency and value for money as grant manager in the following areas:

- Increased efficiency in funds transfer to HLH. This was not the case before NCA took over; the HLH management applauds NCA in this area as it helps swift transfer of funds whenever needed
- NCA has increased capacity to follow up issues at HLH and attend them quickly
- NCA has been pivotal on supporting HLH to take the positive required next steps.
- With adequate capacity building, NCA has enabled the owner and the board to be professional and proactive as well
- NCA has helped to change the mindset of HLH staff, owners and the board to creativity and sustainability focus
- NCA conducted financial sustainability training for HLH senior and middle managers.

NCA team has incredibly supported the following interventions: updating financial management systems; improving patient's information system; establishment and implement for the advocacy strategy; developing and implementing business and investment strategy; strengthening fundraising function and strategy; conducting biannual training for the hospital owner (Mbulu Diocese) and the management board, and Senior Management Team (SMT) in key competency areas, board appointment and approval, developing training plan and topics to be covered for the board and its committees as well as SMT and revising the HLH organogram, and later updating, approving and implementing the organogram to fit the purpose

The available records and discussions with the HLH management, staff, the board members and chairperson confirmed that NCA has played a key role to strengthening the governance, reforms, conducting trainings and monitoring the processes.

NCA also has been instrumental in mobilizing extra Norad funding on top of the grant funds:

- 3) 2018 -2019 bridge funding from old to new grant, which helped to secure important investments in strategic equipment
- 4) NOK 5 million in extra funding to respond to the impacts of COVID in 2020. Without this funding HLH deficits in 2020 would surely have increased.

However; the evaluation team noted a number of challenges that limit effectiveness of NCA supervising HLH grants. It was reported that NCA team support now is very much limited to compliance, management, finance and procurement and structuring kind of support and to some extent some of these support activities have been done by consultants. NCA not having full mandate of managing other

aspects (such as procurement processes) of HLH that might have an impact on Norad funding, limited skills and number of NCA staff in supervising all aspects of Norad grants in such an important health facility especially in ensuring sustainability, little GoT support to the facility, Government control over its staff seconded to HLH, limited equipment, infrastructure and buildings, poor financial adherence and inadequate motoring visits/audits may be among the challenges that reduce effectiveness of NCA as a grant manager to HLH.

## **4. LESSONS LEARNT AND SPECIFIC RECCOMENDATIONS**

### **4.1 Lessons Learnt**

There were a number of notable lessons learnt during the Mid-term Evaluation of the HLH project.

- HLH to continue working with Mbulu District Council (DC) in advocating for Income Generating Activities (IGA) for special groups around the catchment areas. An outstanding example is the current practice of 10% of the total Mbulu DC revenues that is sent to women, youth and people with disability for IGA purposes. Some of the groups have been using this fund for health insurance schemes. Improving people's welfare has a positive effects in purchasing power.
- Sustainability for quality health services, access and affordability for requires investments in health systems and commitment for funding by partners such as governments, development partners and private sector.
- Getting out of long term donor dependency required a clear exit strategy and plan that shows gradual stages for funds reduction at the same time building capacities of sustainability aspects in terms of reforms and investments to generate internal income to substitute the donor funds at the same government fund may also be unpredictable and may not be a long run solution for funding private facilities.
- The outbreak of COVID-19 has a huge impact on the income and costs of running HLH activities. This implies that if the pandemic continues there is a concern whether the planned financial sustainability may be attained in the project by 2022 because of the financial implication of the COVID-19 pandemic as it negatively affect the income-expenditure balances.

### **4.2 Specific Recommendations**

To sustain project gains, the Midterm Evaluation team recommends the following:

#### **Recommendations for NCA and HLH**

- I. NCA and HLH need to fast track the preparation of the planned sustainability strategy (refer HLH Strategic plan 2019 -2023) which will shows both short term and long-term measures to reduce dependency rate on donors (e.g. Norad funds) and increased efficiency in corporate business and income generating projects. A Sustainable capacity building plan should be prepared with a target of increasing income at HLH in the three pillar areas; Medical Services, Projects/Corporate Unit and the Research Unit.
- II. NCA need to prepare a clear exit strategy for HLH support that shows gradual stages for funds reduction at the same time building capacities of sustainability aspects; the current approach stated in the 2019 to 2022 project grant period is somehow over ambitions.
- III. NCA and HLH have to have a clear, measurable, time-bound and realistic work plan outlining all assumptions and expected deliverables with NCA strongly making a case of investment plans



funding from Norad so that HLH becomes financially independent in future. Should there be an extension of Norad grants then the future role of NCA should be concentrating in capacity building for HLH staff, management, board and monitoring progress for the current plans and reforms towards financial sustainability.

- IV. As recommended in the CMI report: NCA should consider involving a partner with more specific competence in medical and health management, which can adapt and contextualize the training and supervision to a hospital operating in a resource poor setting. NCA and HLH should extend the wing of partners internally and globally to attract more professionals to HLH in form of secondment, exchange programs and fellowship
- V. NCA and HLH should implement the suggested reforms in the past studies regarding hospital reform, projects and establishment for new projects that can earn more income at the hospital. There should be a business model with supportive data on how farms, lodges, workshops etc. should be run, the amount of investment needed, tax and break-even models and how the investment will be practically funded for profit realization.
- VI. The strategy for sustainability should have a clear timeline with deliverables and milestones for the strategy, having a coherent mission/theory of change for the sustainability model, a good monitoring and evaluation system to track key activities and test the proposed changes, adaptability of the approach and integration of the strategy into existing systems and political support by using available resources (human resources).
- VII. HLH has to conduct an operational study to establish concrete reasons for decrease in the number of in-patients and outpatient customers and increased death rates in year 2019 and 2020. There might be quality of service concerns that need further analysis.
- VIII. HLH Research Unit should capitalize on research grants and opportunities coming in Tanzania and Africa for various themes. The unit is matured and scientific enough to hold scientific conferences, symposiums and conventions. All these will be vital in generating more income for the facility.
- IX. NCA and HLH should revised the results framework to include Performance Indicator Reference Sheet (PIRS) indicating precise indicator definitions, unit of measure, and frequency of reporting, data sources and means of verifications. This will allow easy tracking of project results and assessment of the entire Monitoring and Evaluation System.

### **Recommendations for NORAD**

- I. Norad should consider another phase of funding for HLH to realize the potential of plans and strategies that are still on papers. Business plan needs time for its maturity, advocacy for policies, strategies, acts, Government support, insurance schemes etc. need time; the time left for the project to be closed out is not realistic. Norad should consider the second phase of funding as a business strategy phase for capacity building of local resources.
- II. Future Norad support (if will happen) should be structured to concentrate on financial sustainability, specific investments should be done in areas of human resources so that HLH has



enough technical health experts who can offer specialized medical services that ensures stable income. Additionally; investment should be geared towards modern infrastructures (e.g. wards with private rooms, private family rooms, and fast-tracking services etc.) and medical equipment that will facilitate experts to offer specialized and super specialized services that cannot be found anywhere in Manyara Region and nearby regions. These initiatives will assist to increase income for medical services and assist in financial sustainability for HLH. The sustainability strategy should be internally structured for maximum use of local resources

### **Recommendations for the HLH Board**

- I. HLH board has to hire Business Continuation Advisor for effective supervision of business strategies, models and plans. It was confirmed that NCA team support now is very much limited to compliance, management, finance and procurement and structuring kind of support and to some extent some of these support activities have been done by consultants.
- II. HLH board should get on innovative ideas for attracting more funds geared towards financial freedom of HLH ventures. Ideas such the one prematurely narrated by the board chairperson of approaching commercial banks for loans in reduced rates.
- III. HLH board should be proactive and professional enough to make use of financial and service delivery data, triangulation of information and act as a mechanism to monitor financial, relational, security and strategic risks of the facility.
- IV. HLH board should continue advocating for an increase in Government support to the facility, the signing of MoU between the Government and HLH and indorsement of PPP documents to allow smooth future engagement with the Government.

### **Recommendations for the Government of Tanzania**

- I. There is a need for the GoT to think on how it will assist group of poor communities affording health services so that the universal health care target is reached across the country through the revision of the iCHF.
- II. GoT to review the potential that lies in good PPP in health – especially with faith based hospitals who have existing infrastructure and demonstrated experience in delivering health services to poor rural populations. Investments in new public health facilities should be planned in ways that complement these existing services and not try to duplicate or replace them.

### **Recommendations for the HLH End-of-the Project Evaluation**

- I. Allow for a more iterative approach to data collection and analysis. The Mid-term Evaluation has been conducted on a slightly compressed time scale to accommodate consultancy timelines and requirements, which has limited the amount of iterative learning and data collection possible. It has also limited the number of interviews that the evaluation team was able to collect. The end-project evaluation will work to increase the timescale for the evaluation data collection and analysis, so that primary and secondary data can be collected across a longer period, allowing for data collection and analysis to be more iterative and explorative including comparable variables with other facilities of similar nature and projects.

## 5. ANNEXES

### Annex I: Haydom Lutheran Hospital 2019-2022 Project Targets and Achievements

Results (Outcome/output)	Indicators	2019 Targets	2019 Actual	2020 Target	2020 Actual	2022 Target (EOP)	Achievement by 2020
<b>Outcome 1:</b> <i>Quality of health services improved for the poor and underserved communities in the catchment area.</i>	1.1 Safe Care level	Safe Care level 4	<b>Safe Care Level 4</b>	Safe Care level 5	<b>Safe Care Level 4</b>	Safe Care level 5	
	1.2. Decreased hospital mortality rate	6.7%	<b>7.4%</b>	6.4%	<b>8.3%</b>	6.0%	
	1.3 % of HLH in and outpatient client's satisfaction	82%	<b>88%</b>	85%	<b>90%</b>	92%	
<b>Output 1.1.</b> Improved patients flow system	1.1.1. Number of departments implementing proper triage system.	HLH extend triage at OPD	<b>Triage system strengthened at OPD and Causality Department started to practice Triage system.</b>	HLH to continue extending triage at Emergency and Theatre	Triage system continued to be strengthened at OPD, Causality Department and Maternity ward.	HLH to continue extending triage at Intensive Care Unit (ICU), Surgical Ward and Medical ward	
<b>Output 1.2.</b> Sustained functionality of machines/equipment for health services delivery"	1.2.1. Comprehensive Planned Preventive Maintenance (PPM) developed "	Individual machine PPM plan continued implemented	Individual machine PPM plan continued implemented	Development on comprehensive PPM plan for medical	Draft PPM plan developed	Review of PPM	

Results (Outcome/output)	Indicators	2019 Targets	2019 Actual	2020 Target	2020 Actual	2022 Target (EOP)	Achievement by 2020
				machines/equipment			
	1.2.2. % of key machines and equipment serviced and maintained	90%	90%	98%	98%	98%	
	1.2.3 Bio medical expert in place	Mapping of level of bio medical expertise needed for PPM	Mapping is done and Hospital Management has identified and approve for recruitment of one post	Recruitment of bio medical expertise	Not implemented	Full supervision and reporting of PPM plan	
<b>Output 1.3</b> Health care professional competence increased through in service & pre-service training	1.4.1 % of qualified competent staff at the facility	64%	63%	66%	65%	70%	
<b>Outcome 2:</b> <i>Accessibility of quality health services maintained</i>	2.1. Number of patients attended by HLH	112,000 Outpatients/ 12,000 inpatients	88,373 outpatient/ 11654 inpatients	112,000 Outpatients/ 12000 inpatients	79,130 Outpatient/ 10,919 Inpatient	112,000 Outpatients/ 12,000 inpatients	
	2.2. Number of deliveries conducted at the facility	3,600	3,511	3,600	3,205	3,600	
Output 2 Barriers to access to hospital services reduced	2.1.1. Ambulance services maintained	Two ambulances will	Two ambulances have	Two ambulances will	Two ambulances	Two ambulances will	

Results (Outcome/output)	Indicators	2019 Targets	2019 Actual	2020 Target	2020 Actual	2022 Target (EOP)	Achievement by 2020
		continue to provide services to poor patients who cause ambulance by paying the subsidized cost and for patients from hard-to-reach areas	been providing services to poor patients who cause ambulance by paying the subsidized cost and for patients from hard-to-reach areas	continue to provide services to poor patients who cause ambulance by paying the subsidized cost and for patients from hard-to-reach areas	continued to providing services to patients by paying subsidized cost and for the patients from hard-to-reach areas	continue to provide services to poor patients who cause ambulance by paying the subsidized cost and for patients from hard-to-reach areas	
	2.1.2. Number of specialized clinics	8 (3 more specialized clinics established; Physician for internal medicine, Ear, Nose & Throat (ENT), Dermatologist)	All 5 specialized clinic were conducted two times per week and additional clinics physician for internal medicine are	8 (3 more specialized clinics maintained; Physician for internal medicine, ENT, Dermatologist)	5 Specialized clinics were conducted two times per week and additional specialist clinic for (ENT, Internal Medicine	8 (3 more specialized clinics maintained; Physician for internal medicine, ENT, Dermatologist)	

Results (Outcome/output)	Indicators	2019 Targets	2019 Actual	2020 Target	2020 Actual	2022 Target (EOP)	Achievement by 2020
			coming from regional hospital for one week per month and ENT and dermatology specialist were coming and were attending the patients for two weeks per month		, Nephrology and Dermatology have been outsourced to attend patients twice per month.		
	2.1.3. Number of Outpatient Department (OPD) services hours extended	OPD services hours continue to be 1530	19:30	OPD services working hours will be extended to more 4 hours	OPD hours continued to be extended till 20:00	OPD services working hours will be maintained to 4 more working hours	
2.2. Clients access to Reproductive Child Health	2.2.1. Number of pregnant mothers attended by HLH	25,000	30,730	25,000	27,678	25,000	

Results (Outcome/output)	Indicators	2019 Targets	2019 Actual	2020 Target	2020 Actual	2022 Target (EOP)	Achievement by 2020
(RCH) services at the facility and outreach stations has maintained	2.2.2. Number of children vaccinated	85,000	100,160	85,000	68,097	85,000	
	2.2.3. Number of stations reached	26	26	26	26	26	
<b>Outcome3: Quality health services are made affordable to patients through health insurance</b>	3.1. % of patients who have access to health services through health insurance	34%	32%	40%	27%	50%	
3.1. Affordable health services through health insurance available to patients.	3.1.1. % of patients receiving services through Improved Community Health Fund (iCHF) at the facility	12%	3%	17%	0%	25%	
	3.1.2. % of patients receiving services through other health Insurance e.g. National Health Insurance Fund (NHIF), Jubilee, Micro health Initiative at the facility	22%	29%	23%	27%	25%	
<b>Outcome 4: Maternal and neonatal health has improved as a result of innovative approaches developed at HLH.</b>	4.1. % reduction of maternal death in health facilities that have adopted Safer Birth model in catchment area.	5%	0.00%	10%	n/a	20%	
	4.2. % reduction of neonatal death in health facilities adopted Safer Birth model in Tanzania	5%	0.13%	10%	0.29%	20%	
Output 4.1 Innovative methodologies adopted in HLH catchment area	4.1.1. Number of health facilities adopted HLH Safer birth Model in the catchment areas	3	3	3	3	4	
	4.2. HLH Outreach staff and health personnel from other health facilities in the catchment area trained on safer birth model	135	105	135	182	135	
4.2. Innovative methodologies have been adopted in other countries	4.1.2. Number of health workers from other countries trained by HLH in Safer Birth Model	21	0	21	0	21	



Results (Outcome/output)	Indicators	2019 Targets	2019 Actual	2020 Target	2020 Actual	2022 Target (EOP)	Achievement by 2020
4.3 HLH have made its innovations visible in and outside Tanzania	4.2.1. Number of occasions where HLH have made their innovations visible	10	10	10	14	10	
Outcome 5: HLH has successfully implemented key investments in governance, systems and management for long term sustainability	5.1. HLH Hospital governance reformed to meet current and future needs.	ToR and guidelines for new HLH Board approved and new Board appointed	The Board members were appointed in November 2019 by the Owner using new Board Guideline	HLH Owner and HLH new Board effectively practicing their new roles and responsibilities	The newly appointed Hospital board members formed three standing committees which are Planning, Finance and Audit, Quality Assurance and Human Resources Committee. All these committees are in place and performs their	HLH Board effectively supporting the new Hospital Organizational Structure	

Results (Outcome/output)	Indicators	2019 Targets	2019 Actual	2020 Target	2020 Actual	2022 Target (EOP)	Achievement by 2020
					duties and report to the Hospital Board		
	5.2. HLH has implemented improved organizational structure	Old organizational structure still in use	Old Organizational structure was in use	"Mapping of core management functions and competencies. Development and approval of new organizational structure.	Mapping of core management functions and competencies done.		
<b>Outputs 5.1:</b> Revised Board Guidelines that promote professional and strategic governance	5.1.1. HLH Board demonstrates compliance to new guidelines	New Board Members selected and appointed as per new guidelines.	Owner appointed new Board members as per new Board Guidelines.	3 Board Meetings/year established and implemented and 3 Standing Committees are resourced and operational.	3 Board meetings established and 3 standing committees have done their job and submit their report to the	HLH Board Compliance to new Guidelines and Lessons Learned reviewed.	

Results (Outcome/output)	Indicators	2019 Targets	2019 Actual	2020 Target	2020 Actual	2022 Target (EOP)	Achievement by 2020
					Hospital Board.		
5.2. HLH Owner and Board members are trained for purpose	5.2.1. Number of training sessions, Number of participants.	Training Plan with key topics for new HLH Board and Committees developed and approved.	Induction training for Board members was scheduled to be done in March 2020.	2 Board trainings completed + Capacity Building for Planning, Finance and Audit Committee.	3 Boarding meetings were done plus three sessions for capacity building for planning and Administration, finance and Audit committee.	2 Board trainings completed + Capacity Building for HR and Administration Committee.	
5.3. Electronic operational and management systems have increased efficiency.	5.3.1. Care2X replaced with eHMS	Care2X continued to improve information record and retrieve lost information and matched information	Two modules were added in WebERP system that is Payment voucher and Receipt. Care2x system	HLH to replace Care2X with eHMS for further improvement of patient information recording and	Upgrading Care 2X to CareMD which has additional functionalities and rolled out to inpatients	HLH to further improve eHMS for further improvement of patient information recording and retrieve	

Results (Outcome/output)	Indicators	2019 Targets	2019 Actual	2020 Target	2020 Actual	2022 Target (EOP)	Achievement by 2020
		on with weberp.	continued to improve patient information and retrieval of the patient records	retrieve for both OPD and IPD and integrated with stock and financial management	. The system has improved patient information management and that Drugs and other supplies are now requested online through WebERP	for both OPD and IPD and integrated with stock and financial management	
5.4. HLH has strategic and functional ownership over sustainable, safe and scalable Information Technology (IT) operations	5.4.1.HLH managing information technology (IT) application internally	Current situation mapped out clearly. Ways forward on areas of weakness identified ,	HLH Administration and IT department had a meeting. Different Objectives were Identified and methods to meet those	Initial steps taken to address identified areas of weakness. Recruitment process of competent staff started.	Recruitment not done; however, management has improved communication with current external expert from Norway and he is	Competent staff to strategically manage all HLH IT applications recruited . Further recruitment or competence	

Results (Outcome/output)	Indicators	2019 Targets	2019 Actual	2020 Target	2020 Actual	2022 Target (EOP)	Achievement by 2020
			objectives		currently giving full IT support including capacity building to our local personnel	building to reduce dependency on external contractors or volunteers for non-specialized application needs.	
5.5. Human Resources competency strengthened	5.5.1. Number of staff completed full cycle of Open Performance Review and Appraisal Systems (OPRAS)	475	397	480	380	490	
<b>Outcome 6: HLH has successfully increased own financial sustainability and decreased dependency on Norad funding</b>	6.1. % of Norad funding	28%	31%	26%	35%	23%	
Output 6.1. Balanced budget of income and expenditure is achieved	6.1.1 Annual deficits reduced to 0	TZS 600 mill	TSZ 1.4 Bill	TZS 300 mill	<b>126 million</b>	TZS 0 mill	
6.2. HLH has increased funding from Government of Tanzania	6.2.1. % of funding from the TZ Government	20%	19%	21%	18%	23%	

<b>Results (Outcome/output)</b>	<b>Indicators</b>	<b>2019 Targets</b>	<b>2019 Actual</b>	<b>2020 Target</b>	<b>2020 Actual</b>	<b>2022 Target (EOP)</b>	<b>Achievement by 2020</b>
6.3. HLH has increased funding from non-medical, services including gifts.	6.3.1. % of income generated through resource mobilization efforts	9%	6%	9%	4%	12%	
6.4. HLH has increased funding from medical services	6.4.1. % of income from medical services	36%	38%	36%	37%	36%	
6.5. Increased income from Corporate Business Strategy and income generating projects.	6.5.1. % income from Corporate Business plan and income generating projects.	7%	6%	8%	5%	12%	

Key:

	Surpasses 2020 Targets
	Close to 2020 Targets
	Far from 2020 Targets
	Off the 2020 Targets



## Annex II: A Case Study of St. Benedict Ndanda Referral Hospital:

### Improving HLH Financial sustainability

*St. Benedict Ndanda referral hospital was established in 1927 by the Germany Missionaries of Benedict Monastery of the Catholic Church. Currently, it has a capacity of 300 beds for In-patients and by 2019 it was serving a catchment population of about 160,512 and the Hospital had a total of 300 employees. The St. Benedict hospital is owned by Benedictine Abbey Ndanda Community. Apart from operating the hospital services, they have established business projects to support the health services at the hospital that is run as charity as it is located in the rural set up. According to the team that visited Ndanda, most of the projects are the same as those owned by HLH, and they own projects such as: A Carpentry, Garage, Plumbing, Electricity workshop, buildings, Printing press, bookshop, bakery, farms, biological projects (Cows, Pigs and Chicken), a Vocational training Center, a Pre-primary and secondary schools, Water processing plant, and a metal workshop.*

***How the projects were registered and operate:*** According to the report of the Ndanda Visit team; in order to increase financial efficiency and sustainability at Ndanda Hospital, each project was registered as an independent business unit, got its own business license and run independently with its own project staff led by a head of unit. Each project pays the service obtained from another sister projects so that its costs and income is accounted for independently. However, all the projects have a common running bank account being managed by the Administrator of Ndanda Abbey Community. A Financial statement is prepared each year and income tax is paid for and surplus is invested in a fixed deposit account in a commercial Bank so that interest rate is generated and all projects are subject to monthly internal audit.

***Lesson learnt from the Ndanda case study that HLH can follow for sustainability:*** Each project at HLH can be registered as independent projects/business with a business license with its own staff and run as profitable businesses that generate surplus to support hospital services and assist in making the HLH financially sustainable; the HLH management can form a services performance agreement or MoU with the project head of Units. Furthermore, the projects can play a role of being centers for practical or vocational education or provide short term trainings at the same time the practical students can be used as additional manpower while being trained in the projects. Additionally, HLH Projects need to be independent from core hospital services but each project will have a head of unit but one project manager is appointed and located under the head of Corporate/Finance directorate. The head of Corporate/Finance directorate can be tasked to make a close follow up and monitoring of all the projects operations and report to the HLH management periodically (e.g. quarterly bases).

***Source: HLH Staff Learning Visit report to St. Benedict Ndanda Referral Hospital in 2020.***

## Annex III: Initial Midterm-Evaluation Work Plan

S/N	Activities	Date	Deliverable
1.	Inception meeting with the Steering Committee with Inception protocol and Evaluation summary submitted	May 10-11, 2021 (2 Days)	Inception Report (covering agreed methodology, evaluation questions and data sources, logistics plan, sites to be visited, categories and number of interviewees, timeline and deliverables)
2.	Development of Data Collection Tools	May 12-15, 2021 (4 Days)	Data Collection Tools
3.	Data collection	May 17-24, 2021 (8 Days)	Qualitative and Quantitative Data Sets
4.	Data Analysis and Drafting Evaluation report	May 26-31, 2021 (6 Days)	Analyzed Data and Draft Report
5.	Draft Evaluation report submitted to NORAD and RNE	June 1-11, 2021 (10 Days)	Draft Evaluation Submitted
6.	Presenting the Draft Evaluation report to HLH, NCA, RNE and Norad.		
7.	Analyzing and incorporating the feedback		
8.	Draft Report Submission, Addressing Comments, Consultation , Presentation and Submission of Final Report		
9.	Final report submitted to Norad	June 12, 2021	Final Report, Presentation and Data Set Submitted

## Annex IV: List <sup>4</sup>of Stakeholders Interviewed

S/N	Dates	Names	Sex	Location	Designation	Phone	Email
1.	18 <sup>th</sup> May, 2021	Dr. Paschal Mdoe	M	Haydom	HLH Managing Medical Director	0621785678	<a href="mailto:mmd@hydom.co.tz">mmd@hydom.co.tz</a>
2.	18 <sup>th</sup> May, 2021	Dr. Vickfarajaeli Z. Daudi	F	Haydom	Assistant HLH Managing Medical Director	0786941288	<a href="mailto:farajaeli@yahoo.com">farajaeli@yahoo.com</a>
3.	18 <sup>th</sup> May, 2021	Bariki Kibona	M	Haydom	Health Secretary-HLH	0757637873	<a href="mailto:kibonabarick@gmail.com">kibonabarick@gmail.com</a>
4.	18 <sup>th</sup> May, 2021	Catherine S. Massay	F	Haydom	Ag. Assistant Nurse Officer I/C-HLH	0784869416	<a href="mailto:cathy.massay@gmail.com">cathy.massay@gmail.com</a>
5.	18 <sup>th</sup> May, 2021	Emmanuel Mighay	M	Haydom	Quality Assurance Officer-HLH	0787328617	<a href="mailto:emmanuel.mighay@haydom.co.tz">emmanuel.mighay@haydom.co.tz</a>
6.	18 <sup>th</sup> May, 2021	Timothe Dakay	F	Haydom	Head of Finance-HLH	0787000648	<a href="mailto:timothy.dakay@haydom.co.tz">timothy.dakay@haydom.co.tz</a>
7.	18 <sup>th</sup> May, 2021	Dicla Paulo	F	Haydom	Cashier-HLH	0787764260	<a href="mailto:dicla.paulo@haydom.co.tz">dicla.paulo@haydom.co.tz</a>
8.	18 <sup>th</sup> May, 2021	Pendo Murayda	F	Haydom	Accounts Officer-HLH	0783370835	<a href="mailto:pendomurayda23@gmail.com">pendomurayda23@gmail.com</a>
9.	18 <sup>th</sup> May, 2021	Claudia Mayomba	F	Haydom	Accounts Officer-HLH	0768862230	<a href="mailto:claudiamayomba@gmail.com">claudiamayomba@gmail.com</a>
10.	18 <sup>th</sup> May, 2021	Emanuel Fabiano	M	Haydom	Ag. Project Manager-HLH	0762558583	<a href="mailto:emmanuel.fabiano@haydom.co.tz">emmanuel.fabiano@haydom.co.tz</a>
11.	18 <sup>th</sup> May, 2021	Jackson Tarmo	M	Haydom	Accountant-HLH	0763253819	<a href="mailto:jackson.tarmo@haydom.co.tz">jackson.tarmo@haydom.co.tz</a>
12.	18 <sup>th</sup> May, 2021	Barikieli Samweli	M	Haydom	Accountant-HLH	0769324622	<a href="mailto:barikieli.samweli@haydom.co.tz">barikieli.samweli@haydom.co.tz</a>
13.	18 <sup>th</sup> May, 2021	Elibariki Gabriel	M	Haydom	Internal Auditor-HLH	0786268565	<a href="mailto:elibariki@gmail.com">elibariki@gmail.com</a>

<sup>4</sup> The list does not include (due to research ethics) 83 beneficiaries/patients interviewed at HLH; their details have been submitted as a data set in Excel form

14.	18 <sup>th</sup> May, 2021	Clementina Burra	F	Haydom	Information and Internal Relation Officer-HLH	0787226042	<a href="mailto:clementina.dakay@haydom.co.tz">clementina.dakay@haydom.co.tz</a>
15.	18 <sup>th</sup> May, 2021	Hendry S. Tlawi	M	Haydom	Secretary-TALWGU—HLH Branch	0682222524	<a href="mailto:hendrytlawi@yahoo.co.uk">hendrytlawi@yahoo.co.uk</a>
16.	18 <sup>th</sup> May, 2021	Athanasio B. Tippe	M	Haydom	Secretary-TALWGU—HLH Branch	0787325094	<a href="mailto:tippeatanasio@gmail.com">tippeatanasio@gmail.com</a>
17.	19 <sup>th</sup> May, 2021	Katarina Labu	F	Haydom	Assistant Nurse Officer-Labay Dispensary	0769002865	-
18.	19 <sup>th</sup> May, 2021	Asteria Mwacha	F	Dongobesh	Nurse Officer-Dongobesh Health Centre	0784926663	<a href="mailto:mwachaasteria@gmail.com">mwachaasteria@gmail.com</a>
19.	19 <sup>th</sup> May, 2021	Horace W. Kolimba	M	Dongobesh	Ag. Mbulu District Executive Director (DED)	0765466030	<a href="mailto:horance.kolimba@mbuludc.go.tz">horance.kolimba@mbuludc.go.tz</a>
20.	19 <sup>th</sup> May, 2021	Nicolaus Nsanganzeli	M	Mbulu	Bishop-ELCT Mbulu Diocese	0687361730	<a href="mailto:niconzeli@gmail.com">niconzeli@gmail.com</a>
21.	19 <sup>th</sup> May, 2021	John Nade	M	Mbulu	Assistant Bishop-ELCT Mbulu Diocese	0784815870	<a href="mailto:Jokarera2003@yahoo.com">Jokarera2003@yahoo.com</a>
22.	19 <sup>th</sup> May, 2021	Fabian Abayo	M	Mbulu	General Secretary-ELCT Mbulu Diocese	0782901193	<a href="mailto:fdsulley@gmail.com">fdsulley@gmail.com</a>
23.	19 <sup>th</sup> May, 2021	Julius Safari	M	Mbulu	Treasurer-ELCT Mbulu Diocese	0688165985	-
24.	20 <sup>th</sup> May, 2021	Elisamson Marko	M	Nar	Nar Village Executive Officer	0626235514	-
25.	21 <sup>st</sup> May, 2021	Agnes Karengi	F	Haydom	Councilor-Special Seats	0787734982	-
26.	21 <sup>st</sup> May, 2021	Catherine Ombay	F	Haydom	Haydom Ward Executive Officer	0684209109	-
27.	21 <sup>st</sup> May, 2021	Sion Msuya	F	Haydom	Village Executive Officer	0786162428	-
28.	21 <sup>st</sup> May, 2021	Elihuruma Manase	M	Haydom	Village Executive Officer	0788594700	-

29.	25 <sup>th</sup> May, 2021	Peter Maduki	M	Dar es Salaam	CSSC Executive Director and Board Chairperson-HLH	0754803344	<a href="mailto:pmaduki@cssc.or.tz">pmaduki@cssc.or.tz</a>
30.	25 <sup>th</sup> May, 2021	Pauliina Parhiala	F	Dar es Salaam	NCA Country Director	0787770811	<a href="mailto:pauliina.parhiala@nca.no">pauliina.parhiala@nca.no</a>
31.	25 <sup>th</sup> May, 2021	Theonat Mushi	M	Dar es Salaam	NCA Grants and Compliance Manager	0785300920	<a href="mailto:theonat.mushi@nca.no">theonat.mushi@nca.no</a>
32.	25 <sup>th</sup> May, 2021	Sarah Shija	F	Dar es Salaam	NCA Program Manager	0786234495	<a href="mailto:sarah.shija@nca.no">sarah.shija@nca.no</a>
33.	25 <sup>th</sup> May, 2021	Dr. Felix Mkini	M	Dar es Salaam	NCA Program Officer-Health	0683410417	<a href="mailto:felix.mkini@nca.no">felix.mkini@nca.no</a>
34.	28 <sup>th</sup> May, 2021	Pio Ding	M	Norway	NCA Head of Eastern Africa Division, Department of International Programmes	+47 97539051	<a href="mailto:pio.ding@nca.no">pio.ding@nca.no</a>
35.	28 <sup>th</sup> May, 2021	Odd Evjen	M	Norway	NCA Country Advisor for Ethiopia and Sudan, Eastern Africa Division	+47 970 62 357	<a href="mailto:odd.evjen@nca.no">odd.evjen@nca.no</a>
36.	28 <sup>th</sup> May, 2021	Gweneth Berge	F	Norway	NCA Country Advisor for Tanzania, Eastern Africa Division	+ 47 90807720	<a href="mailto:gwen.berge@nca.no">gwen.berge@nca.no</a>
37.	7 <sup>th</sup> June, 2021	Ms. Elisabeth Jacobsen	F	Dar es Salaam	Norwegian Ambassador to Tanzania	-	<a href="mailto:elisabeth.jacobsen@mfa.no">elisabeth.jacobsen@mfa.no</a>
38.	7 <sup>th</sup> June, 2021	Ms. Vivian H. Opsvik	F	Dar es Salaam	Counsellor-Royal Norwegian Embassy in Tanzania	-	<a href="mailto:vivian.hilde.opsvik@mfa.no">vivian.hilde.opsvik@mfa.no</a>
39.	8 <sup>th</sup> June, 2021	Ragnhild Seip	F	Norway	Senior Advisor, Civil Society and the Private Sector Department-NORAD	-	<a href="mailto:Ragnhild.Seip@norad.no">Ragnhild.Seip@norad.no</a>
40.	8 <sup>th</sup> June, 2021	Britt Hilde Kjølås	F	Norway	Senior Advisor, Department for Quality Assurance (former	-	<a href="mailto:Britt.Hilde.Kjolas@norad.no">Britt.Hilde.Kjolas@norad.no</a>

					Counselor Grant Management- 2016-2020 Norwegian Embassy Dar es Salaam)-NORAD		
41.	8 <sup>th</sup> June, 2021	Anne Britt Sandsnes	F	Norway	Acting Assistant Director, Civil Society and the Private Sector Department (former case holder for the agreement between NCA and Norad on support to HLH – until 2020.)-NORAD	-	<a href="mailto:Anne.Britt.Sandsnes@norad.no">Anne.Britt.Sandsnes@norad.no</a>



## Annex V: Data Collection Tools

### A. Key Informant Interview Guide

#### KII Guide to HLH Staff, Norwegian Embassy, NORAD, CSSC, NCA Project Staff, Mbulu Dioceses, DMO, DED, DRCHCo

Assessment Criteria	Suggested Questions
<p><b>Sustainability</b></p>	<ol style="list-style-type: none"> <li>1. Would you please provide a short description of the NCA/Norad project at HLH?</li> <li>2. How sustainable are the results/impacts of NCA/Norad Project at HLH (i.e. financial, quality of health services, access and affordability of health services to beneficiaries)?</li> <li>3. In absence of the NCA/Norad support can the HLH provide its health services effectively? How? (Quality health services, affordable and accessible to its customers?)</li> <li>4. How much resources (%) does the HLH generate compared to NCA/Norad support? What is the trend in dependency ratio?</li> <li>5. Do you think the HLH is moving in the right direction to achieve financial sustainability? What key steps have been taken to improve the HLH financial sustainability?</li> <li>6. What is the composition of the HLH management board (professionalism)</li> <li>7. Are there important internal or external factors preventing HLH financial sustainability? How did you address them?</li> <li>8. How did you implement the CMI Grant Evaluation study recommendations (2015-2018); regarding governance reforms as a key strategy to secure long-term sustainability? Management board reform.</li> <li>9. What is the trend in donor dependence ratio at HLH?</li> <li>10. How the NCA did provided support effective to strengthen HLH financial sustainability? How might this support be further enhanced for the remaining project period?</li> <li>11. How the efforts to achieve financial sustainability and reduction of donor dependence did limit the hospital's ability to invest in necessary maintenance, infrastructure upgrades and capacities of health personnel? The quality of health services and number of patients accessing hospital services?</li> <li>12. Are there any technology adoption and innovation done during the project period? How did it contribute to financial sustainability?</li> <li>13.</li> </ol>
<p><b>Relevance</b></p>	<ol style="list-style-type: none"> <li>1. Would you please provide a short description of the NCA/Norad project at HLH?</li> <li>2. To what extent was the project in line with the national development priorities, the country programme's outputs and outcomes, and HLH?</li> </ol>

	<ol style="list-style-type: none"> <li>3. Are there any related aspects which should be considered to make the project more relevant to the current and future needs of HLH?</li> <li>4. Are the expected project outcomes likely to be achieved within the established timeframe and with the allocated resources (including human resources)? How?</li> <li>5. Do the project interventions and its outcomes and outputs display continued relevance to the HLH strategic plan? How?</li> <li>6. To what extent were the investments in equipment and renovations made by NORAD funding relevant and conducive for generating new sources of income for HLH? How?</li> <li>7. Are there any related aspects which should be considered to make the project more relevant to the current and future needs of HLH?</li> <li>8. Was the Project sustainability impact strategy defined clearly at the design stage of the project? If yes how? And was the methodology / approach appropriate?</li> <li>9. How did the project address the challenge of training, hiring, and retaining adequate and qualified healthcare professionals? If so, how?</li> <li>10. How does the NCA interventions/support relevant for adding value to the HLH through the sub-project priorities such as: <ol style="list-style-type: none"> <li>1. Resource Mobilisation</li> <li>2. Health Advocacy</li> <li>3. Capacity building of management</li> <li>4. Hospital Governance</li> <li>5. Innovation replications</li> </ol> </li> </ol>
<b>Effectiveness</b>	<ol style="list-style-type: none"> <li>1. Who were the stakeholders of the NCA/Norad project at HLH?</li> <li>2. What was the role of each of the NCA/Norad project stakeholders?</li> <li>3. To what extent have key stakeholders been involved in project implementation?</li> <li>4. Do you think the project was effective in creating ownership of key stakeholders, (especially the Diocese, HLH Board and Management)?</li> <li>5. Do you think the grant funds were used effectively to produce results, demonstrating value for money and a good return on investment? How?</li> <li>6. Is the project on track to developing and building capacities of partners on planning for reconstruction and development activities?</li> <li>7. Are there any factors/challenges outside of the control of the project that have affected project implementation (positive or</li> </ol>

	<p>negative) and project objectives? What steps were taken to mitigate them?</p> <p>8. How did you cope with COVID19 Pandemic situation? Was the HLH project implementation affected by the pandemic? (e.g. quality of services, access, affordability)</p> <p>9. In which areas/objectives/intervention was the project more effective and not effective? Why?</p> <p>10. How has NCA ensured effective monitoring and follow up of the project in the context of COVID19 pandemic restrictions?</p> <p>11. Are there any alternatives strategies that would have been more effective in achieving the project objectives?</p> <p>12. To what extent has NCA demonstrated effectiveness in its delivery, approach and use of funds? OR which intervention/activities demonstrated effectiveness of funds use? Why?</p>
<b>Impact</b>	<p>1. Please provide the overall status of progress on project outcomes? (please refer project performance indicators)</p> <p>2. What project impacts are already apparent? How sustainable are the noted positive results on these outcomes?</p> <p>3. Did the NCA/Norad project had any impact in hospital governance reforms (change in hospital management and Board) How? What impact did these changes had to the HLH? .e.g. positive contributions to impact as regards strategic management of the hospital?</p> <p>4. Are there any external or internal factors likely to jeopardise the project's direct impact, particularly in achieving financial sustainability?</p> <p>5. What is the direct (or indirect) impact of NCA involvement in the project? Are there any shortcomings in that impact? Please explain</p>
<b>Efficiency</b>	<p>1. Do you think the HLH efficient in delivering it's expect results? How? Why?</p> <p>2. Were the financial resources and other inputs (human resources, land, and capital, time) used efficiently by HLH to achieve project outcomes and outputs?</p> <p>3. Are the HLH costs proportionate to the achievements? What was their value for money?</p> <p>4. Are there opportunities to improve efficiency?</p> <p>5. Is the NCA demonstrating efficiency and value for money as a grant manager?</p>

<b>Coherence</b>	<ol style="list-style-type: none"><li>1. Are the project interventions coherent with other health reform initiatives being introduced at HLH?</li><li>2. Are there other internal or external interventions which support or undermine the project interventions?</li><li>3. How can further synergies be built, inclusive of other HLH initiatives or NCA programs?</li></ol>
<b>Lessons learned</b>	<ol style="list-style-type: none"><li>1. What lessons learned from the NCA project implementation?</li><li>2. HLH Donor dependency, management board reforms?</li><li>3. Identify strategic performance indicators if they align with the theory of change.</li></ol>

## B. Focus Group Discussion Guide

### Focused Group Discussion – Community Leaders (Member of Parliament, Councillors, Ward Executive Officers and Village Executive Officers)

<b>Introduction</b>	
<p>Hello, my name is _____. I am a representative of NCA- Tanzania. We request you to take part in a Mid-term Evaluation designed to collect information for the <b>Midterm Review of Grant Agreement between NORAD and NCA regarding TAN-19/0002 Haydom Lutheran Hospital 2019 -2022</b></p>	
<p>All the answers that you/others provide will be kept private — only researchers will have access to this information. You may choose not to participate in the interview. You can stop the interview at any time or ask me to clarify any question. You may also choose to withdraw from the study at any time.</p>	
<p>Do you have any questions for me now?</p>	
<p><b>ANSWER QUESTIONS AS COMPLETELY AS POSSIBLE AND PROCEED</b></p>	

<b>Identification</b>		
#	Questions	Responses
1.	Name of the Moderator	
2.	Ward	
3.	Street/Village	
4.	Date of FGD	

<b>Details of the FGD Participants</b>					
#	Name of the Participant	Designation	Location	Email	Phone Number
1					
2					
3					
4					
5					
6					

**Topics:**

1. Do you think the HLH is efficient in delivering its expected results? How? Why?
2. As a Local Government leader what is your role on ensuring HLH delivers its expected result?
3. What Health services does your community normally get from HLH? Are you satisfied with the services?
4. Are health Services at HLH affordable to the members of Community?
5. Are health Services at HLH easily accessible to the members of Community?
6. What are unmet needs so far?
7. Are there opportunities for HLH to improve efficiency?



## C. Questionnaire for Project Beneficiaries

Questionnaire for Midterm Evaluation for NCA- Haydom Lutheran Hospital (HLH) project.

(To be administered to project beneficiaries)

### SECTION A: SOCIO-ECENOMIC CHARACTERISTICS OF RESPONDENTS

Date:	Ward
District:	Sex: F ( ), M ( )

### SECTION B: ASSESSMENT OF THE LEVEL OF SATISFACTION WITH THE HEALTH SERVICES PROVIDED AT HLH (quality, access, affordability issues)

1. How many times have you visited the Haydom Lutheran Hospital this year for health services?  
a) Once ( ), b) Twice ( ), c) Thrice ( ), d) Other, please mention ( )
2. How satisfied are you with the quality of health services provided by the Haydom Lutheran Hospital? a) I am very satisfied ( ), b) I am somehow satisfied ( ), c) I am not satisfied ( ), I don't know ( )
3. If not satisfied please give reasons
4. How do you normally pay for health Services when you visit HLH? a) Cash ( ), b) NHIF ( ), c) Other health insurances ( ) d) Other options
5. If other (above) please specify
6. How long do normally spend in getting services here?
7. If more than 4 days please give reasons for the stay
8. How accessible are the health services provided by the Haydom Lutheran Hospital? a) Very accessible ( ), b) They are somehow accessible ( ), c) They are not accessible ( ), d) I don't know ( )
9. If not accessible please give reasons
10. When you or your family member visited the HLH did you get all the health services you needed  
a) Yes ( ), b) No ( )
11. If your answer is no what health services did you miss? And why  
.....
12. Comparing with the past 2-3 years what is your view regarding the quality of health services provided at HLH?
  - a) Health services quality have improved over the past 2-3 years ( )
  - b) Health services quality has declined over the past 2-3 years ( )
  - c) Health services quality have not changed over the past 2-3 years ( )

13. Give reasons for your answer.

14. Please provide your view regarding the affordability of the health services at HLH

- a) Health services are very affordable to me and my family members ( )
- b) Health services are somehow affordable to me and my family members ( )
- c) Health services are not affordable to me and my family members ( )
- d) I don't know ( )

15. If services are not affordable please give reasons.

16. If services are not affordable please give reasons

