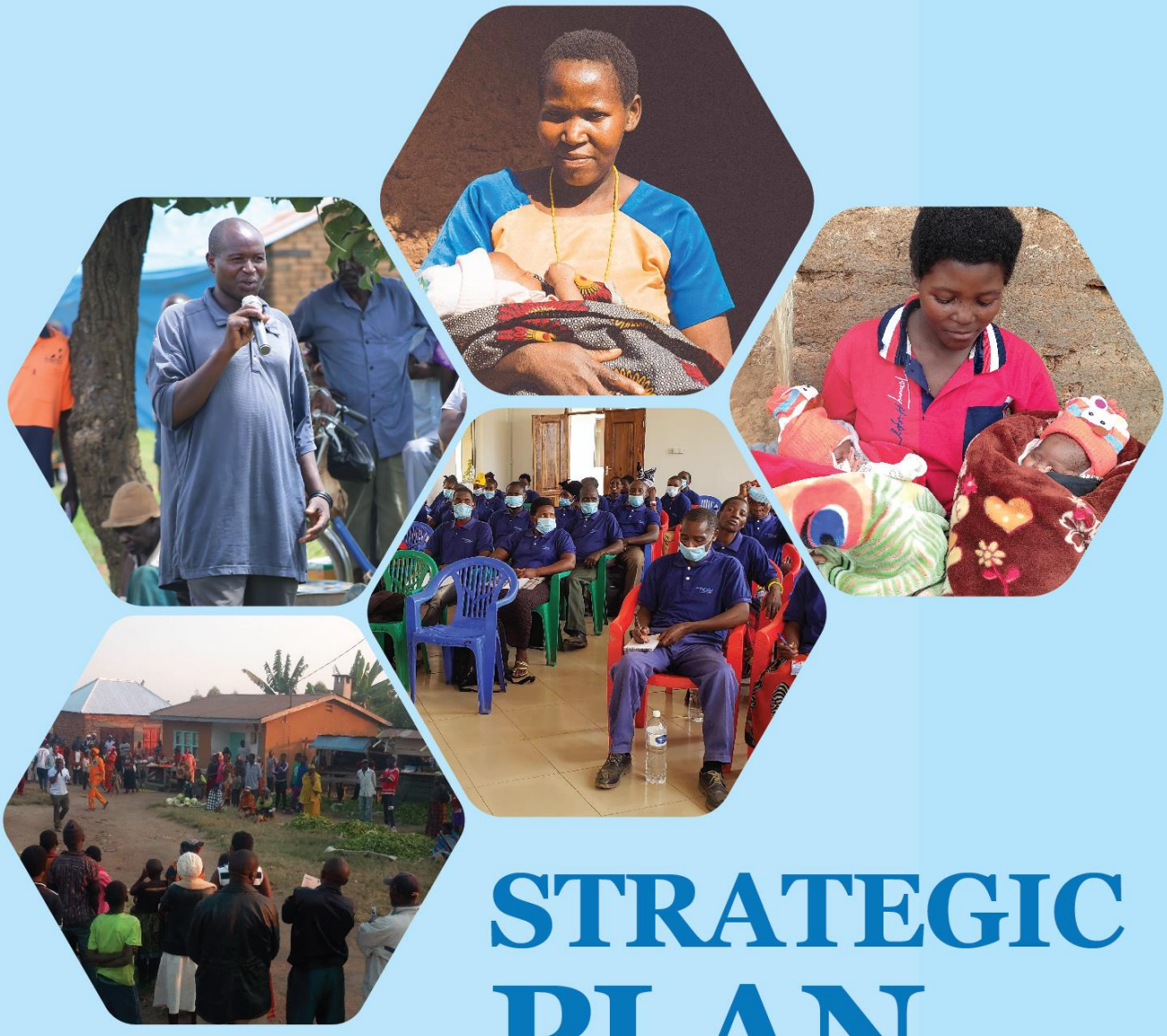
HEALTH & INSURANCE MANAGEMENT SERVICES ORGANIZATION (HIMSO)



STRATEGIC PLAN

2023 – 2028

Message from the Board Chairperson

DELAYS in seeking and getting quality healthcare services can lead to increased morbidity and sometimes death. However, most of these delays are preventable. The delays can be at a personal level or due to family, cultural or infrastructural constraints. All these are made even worse when financial difficulties are also part of the problem.

Over the years, our organization has contributed to addressing these issues by helping communities in Mbeya and Songwe regions to seek early medical care without being concerned with financial issues. Our organization has pulled together resources at community level to support communities towards access to quality healthcare services. This is being done before emergencies strike to community members.

Our organization has facilitated the establishment of Community Health-users Association (CHuA) in each district where we work. These community-based organizations help to sensitize communities, enroll community members in health insurance schemes and promote accountability at health facility level.

During the period of 10 years, our organization has learned abundantly through many achievements, challenges we faced and recommendations we received from numerous partners. As our goal is to complement to the efforts of the government of the United Republic of Tanzania, our organization has taken into consideration the objectives of the Health Sector Strategic Plan 2021 – 2026 (HSSP V) to understand the government's directions towards improved health sector in Tanzania.

To contribute to the expectations of HSSP V, our organization has developed this 5 Year Strategic Plan that aims to focus on improving access to quality healthcare services; influencing social and behaviour change communication; improving community health management systems; scaling up our CHuA model to other regions; and strengthening our institutional capacity.

Our organization, for all these years, has never worked nor achieved anything solely. Even in developing this Strategic Plan, we have worked together with communities, government and other partners from whom we have fetched vast experience and expertise.

We have prepared ourselves to work with individuals, communities, other partners and systems (including legal and institutional frameworks) to contribute the attainment of HSSP V.

We are therefore looking forward to achieving this 5 Year Strategic Plan together and continue to support communities in Tanzania access quality healthcare services.

Dr. Charles Hosea Mbwanji,
Board Chairperson.

Acknowledgements

The development of this HIMSO 5 Year Strategic Plan was a long process that involved the enormous efforts of many. The Health & Insurance Management Services Organization is indebted to various individuals and organizations that offered their unyielding support to make this document complete.

HIMSO wishes to express its gratitude to Community Health Users Associations from Songwe and Mbeya regions who provided their insights on what they wish HIMSO to focus on for the next 5 years. HIMSO acknowledges the tireless efforts of HIMSO board members and staff throughout the development of this strategy. HIMSO further expresses its thankfulness to Songwe and Mbeya regional authorities for their support through their CHMTs.

Moreover, HIMSO extends its special gratitude at the same capacity and weight to Mr. Benedict Wambura, independent consultant; Mr. Issack Kitururu, INTERFINi Technical Lead; Ms. Atusungukye Dzombe, Songwe Regional iCHF Coordinator; Ms. Daria Rugumira, ADP Mbozi Executive Director; Ms. Felister Winston, MIICO Programme Coordinator; CHuA representatives Ms. Tupokigwe Mwakalebela and Rev. Samwel A. Sichone; HIMSO board members Dr. Charles H. Mbwanji, Dr. Yahya Ipuge, Dr. Anna Nswilla; and HIMSO staff Mr. Mwita Isaya, Ms. Salome Nyagawa, Mr. Eric Muganga and Ms. Mwanaidi Brown who made the technical team in the development of this Strategic Plan.

Fadhili F. Mtanga,
Director and Chief Executive Officer.

List of Abbreviations

AIDS	-	Acquired immunodeficiency syndrome
BftW	-	Bread for the World
CBO	-	Community-based organization
CHF	-	Community Health Fund
CHMT	-	Council Health Management Team
CHSB	-	Council Health Services Board
CHuA	-	Community Health-users Association
CHWs	-	Community Health Workers
CIDR	-	Center for International Development and Research
DC	-	District Council
DED	-	District Executive Director
EOs	-	Enrolment Officers
ETS	-	Emergency Transport System
GBV	-	Gender-based violence
HFGC	-	Health Facility Governing Committee
HIMSO	-	Health & Insurance Management Services Organization
HIV	-	Human immunodeficiency virus
HSSP	-	Health Sector Strategic Plan
iCHF	-	improved Community Health Fund
IEC	-	Information, Education and Communication
IMIS	-	Insurance Management Information System
LGA	-	Local Government Authority
M&E	-	Monitoring and Evaluation
MERL	-	Monitoring, Evaluation, Research and Learning
MoU	-	Memorandum of Understanding
NGO	-	Non-Governmental Organization
PLHIV	-	People Living with HIV
PORALG	-	President's Office Regional Administration and Local Government
PPP	-	Public Private Partnership
OVC	-	Orphans and Vulnerable Children
RHMT	-	Regional Health Management Team
SDGs	-	Sustainable Development Goals
SMHIS	-	Self-Managed Health Insurance Scheme
SRHR	-	Sexual Reproductive Health & Right
TC	-	Town Council
UHC	-	Universal Health Coverage
UNICEF	-	United Nation's Children Fund
VAC	-	Violence Against Children
VEO	-	Village Executive Officer
WEO	-	Ward Executive Officer

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Executive Summary

Since 2012, HIMSO has worked to complement the Government of Tanzania's efforts in providing comprehensive healthcare coverage while also developing and implementing innovative insurance schemes that addresses persistent risk management needs of low-income households in Southern Highlands of Tanzania. HIMSO is working as iCHF implementing partner in 10 councils of Mbeya and Songwe regions where the implementation of an emergency transport service (Dharura Fasta) is also taking place.

In 2022, HIMSO marks 10 years since its inception. In reflecting the milestones achieved and lessons learnt, it has developed this 5 Year Strategic Plan as the big picture towards what the organization longs to achieve in the next 5 years. Despite all the efforts from the government and other stakeholders, there is still a need to join hands in ensuring universal access to comprehensive high quality healthcare in Tanzania.

To pursue this path, HIMSO has worked with community, government and non-government partners to develop the 5 Year Strategic Plan for 2023 – 2028. This strategy has developed five Strategic Objectives that HIMSO aims to achieve.

Strategic Objective 1: To improve access to quality healthcare services. The focus is to ensure both rural and urban community members from low- and middle-income households have access to quality healthcare services.

Strategic Objective 2: To influence social and behaviour change communication whereby the strategic approach will be on target information, education and communication (IEC) approaches and materials to reach individuals, households and communities to significantly improve behaviours to overcome barriers to normative and social change.

Strategic Objective 3: To improve community health management systems. To achieve this, HIMSO aims to empower communities to have stronger and better structures to manage community health. HIMSO understands that engagement and empowerment through responsive community health systems is key towards improved community health.

Strategic Objective 4: To scale up CHuA model to other regions as it has been proved through the 10 year experience to be an efficient and reliable community structure model to strengthen community engagement in health interventions.

Strategic Objective 5: Strengthening institutional capacity. HIMSO aims at improving its technical and resource capacity to deliver the intended results under this Strategic Plan.

HIMSO has developed four pathways through which this Strategic Plan will be achieved. They will involve working with individuals, households, communities and systems to bring on board collective efforts to contribute to the overachieving goals of HSSP V. Through a transformative HIMSO Model, they will be engaged, empowered, partnered and being shared with best practices and learnings. HIMSO will work with various players to monitor the implementation of this Strategic Plan through routine tracking of indicators and conduct periodic evaluations. Scientific research methods and practices will form the baseline to all interventions under this Plan. To achieve this Strategic Plan, HIMSO will work with different stakeholders to mobilize required resources.

1.0 HIMSO's Story

The story of Health & Insurance Management Services Organization (HIMSO) dates 10 years back when HIMSO was established and registered in 2012. In 2002, a French organization, the Centre for International Development and Research (CIDR) started conducting research on Self-Managed Health Insurance Schemes (SMHIS) in Tanzania. SMHIS was established in Kyela and Mbozi district councils in Mbeya region, this was before Mbeya region divided into two regions i.e. Mbeya and Songwe regions.

When CIDR was winding up the SMHIS intervention, various options for sustainability were considered and the preferred option was to hand over to an indigenous institution to carry on the work and sustain the benefits. In response, HIMSO's establishment was proposed to carry on the mission of complimenting the Tanzanian government's efforts in providing comprehensive quality healthcare coverage as well as developing and implementing innovative insurance schemes that addresses persistent risk management needs of low-income households.

HIMSO was established and registered in 2012 as a Non-Government Organization (NGO) with the aim at driving healthcare enhanced interventions while providing technical expertise for the development of social protection innovations; particularly in micro-health insurance through Public Private Partnership (PPP).

HIMSO has a long history of promoting Community Health Fund (CHF), from the time when CIDR was promoting SMHIS between 2002 and 2008 in Mbozi and Kyela district councils and later on CHF in Rungwe, Busokelo and Kyela district councils in Mbeya region; and Mbozi district council in Songwe region. The implementation was conducted through the establishment of Community Health-users Associations (CHuAs). CHuAs as community-based organizations (CBOs) are established by HIMSO and registered by district councils to manage all community health interventions at the council level including HIMSO's interventions.

In 2016, HIMSO created and started piloting a micro-health insurance scheme that offers transport assistance (benefits) to members when faced by obstetric and medical emergencies. This emergency transport system (ETS), famously known as Dharura Fasta in Mbeya and Songwe regions, is a micro-health insurance product that offers access to transport services to community members from home to healthcare facility or when referred to higher facility level at the district council when the public ambulances are not available. If a member dies in the hospital, the scheme supports families to transport back the body for burial at home.

To date, HIMSO has scaled up Dharura Fasta in 10 councils in Mbeya and Songwe region. HIMSO is currently operating in Mbeya, Chunya, Mbarali, Rungwe and Busokelo district councils in Mbeya region; and in Mbozi, Ileje, Momba and Songwe district councils and Tunduma Town Council in Songwe region. Besides, HIMSO co-manages Dharura Fasta and iCHF with government in two regions and all 10 interventions districts.

2.0 SITUATIONAL ANALYSIS

2.1 Health Sector Context

Health care system in Tanzania has a long history. Dating back to 1960s during the Arusha Declaration era, a path was set for a nationalized healthcare. The sector experienced rising costs in the 1990s, after it had been adversely affected by economic recession in the 1970s and 1980s. The deterioration of health care prompted the government to introduce health sector reforms alongside multiple private options, such as instituting other financial options like the user fees and prepayment schemes such as National Health Insurance and the Community Health Fund.

Over two-thirds of Tanzanians reside in rural areas and rely on local health facilities run by their Local Government Authorities (LGAs) to provide them with basic health services. Therefore, efforts to achieve major, sustainable improvements in local health outcomes will have to ensure that resources (including health staff, medicines and medical supplies, operational expenses, as well as other health-related resources) reach the primary health facilities that form the front-line of public health service delivery in Tanzania.[1]

In Tanzania, quality has been a major concern for many years, including the problem of ineffective and inadequate routine supportive supervision of healthcare providers by Council Health Management Teams. Improving health service quality is a prerequisite for moving towards Universal Health Coverage and these are crucial for achieving the health-related Sustainable Development Goal 3. Various quality improvement initiatives have been implemented in resource constrained environments, including supportive supervision by Council Health Management Teams (CHMT). These teams have the responsibility to conduct supportive supervision in all hospitals, health centres and dispensaries within their council on a quarterly basis. However, routine CHMT supportive supervision has often been reported as infrequent, inefficient and ineffective in tackling performance gaps. Although national supportive supervision guidelines exist, they are not followed in practice.[2]

Inadequate and unequally distributed health services are a major obstacle to the socio-economic development of Tanzania and have a negative impact on the state of health of the population. Rural regions and poor population groups are most affected by these deficits. There is a considerable shortage of qualified health professionals and skilled staff, poor infrastructure and inadequate maintenance of equipment. In addition, poor management in healthcare facilities often lead to inefficient use of scarce financial resources, among other problems.[3] Tanzania through ministry responsible for Health in collaboration with stakeholders has made progress in reducing maternal and mortality but the

[1] Boex, J., Fuller, L., & Malik, A. (2015) Decentralized Local Health Services in Tanzania, Research Report. Urban Institute.

[2] Renggli, S., Mayumana, I., Mboya, D. et al. Towards improved health service quality in Tanzania: contribution of a supportive supervision approach to increased quality of primary healthcare. BMC Health Serv Res 19, 848 (2019). https://doi.org/10.1186/s12913-019-4648-2

[3] Ngoli, B. (2022) Improving the quality of health services. German Federal Ministry for Economic Cooperation and Development (BMZ)

ratio remained high over the past 10 years, being 556 per 100,000 live births in 2004/2005, 434 per 100,000 live births in 2010 and 556 per 100,000 live births in 2015/16.[4]

The health sector faces important challenges: life expectancy at birth reaches 66 years [5]and the human resources gap is estimated at 52%[6]. The country has been experiencing an epidemiological transition with a significant increase in non-communicable diseases (diabetes, cancer, heart diseases), particularly in urban areas. Those are estimated to cause nearly 46,000 deaths per year and this figure is likely to double by 2030.[7]

Tanzania Development Vision (2025) has identified health as a priority sector for contributing to quality livelihood for all Tanzanians that would ultimately enhance competitive economy capable of producing sustainable growth and shared benefits by 2025.[8] The government of Tanzania has been making many efforts to overcome these challenges in improving health sector and access to healthcare services to the Tanzanians. The Health Sector Strategic Plan five (2021 – 2026) provides that the government, among other things, aims to ensure availability of essential primary healthcare services with acceptable quality standards throughout the country. The government also aims to apply public private partnership to achieve the goals of the plan.[9]

Despite the efforts of the Government and the support from development partners, the public health care system struggles to meet the growing demand in health services, both quantitatively and qualitatively. People in both urban and rural areas have continued to face key challenges in accessing healthcare services and facilities. Due to this, while faced with an emergency that requires immediate medical attention, they experience three major delays, that are: deciding to access medical care, transportation to health care facilities and accessing services at health care facilities.

Due to these major delays which are the gaps in the provision of quality and timely healthcare services, HIMSO has developed this Strategic Plan to complement the government's efforts to ensure people have access to quality healthcare services.

[4] United Republic of Tanzania (2021). National Communication Strategy for Health Promotion. MOHCDGEC.
[5] NBS projection 2020
[6] National Human Resources for Health Strategy 2021-2026
[7] Agence Francaise de Development (2013) Improving health services in Dar eks Salaam and countrywide.
[8] United Republic of Tanzania (2021) NCD Action Plan 2021 – 2026. MOHCDGEC.
[9] United Republic of Tanzania. (2021) Health Sector Strategic Plan 2021 – 2026. MOHCDGEC.

2.2 SWOT analysis

S	1. Technical capacity in management of health insurance schemes 2. Registered customer centric health products 3. Committed and qualified staff and board of directors 4. Experience in dealing with development partners in both public and private sector 5. Availability of working tools and equipment 6. Experience in the management and establishment of community-based organizations (CBO) 7. Well established internal control systems (Finance and administration and Monitoring, Evaluation and Learning) 8. Well established reporting system – documentation and sharing reports to donors and government 9. Community engagement strategies 10. Media and branding expertise 11. Strong organizational culture that enhances knowledge sharing and innovative initiatives. 12. Government appointed implementing partner Health insurance interventions (iCHF) 13. Capacity to implement 14. Creditable, acceptable and recognizable NGO by the government of Tanzania 15. Well established database of transport providers in our catchment areas.
W	1. Inadequate financial reserves 2. Shortage of staffs 3. Less diversification of health programs 4. Fewer sources of funds. 5. Limited geographical focus to only Mbeya and Songwe regions 6. Less advocacy capacity
O	1. Legal, policy and institutional framework 2. Collaboration with government at all levels 3. Community needs in accessing healthcare 4. Low uptake of community base health insurance services. 5. Existence of for multilateral partnership and collaboration. 6. Local and international development partners to support health services programs 7. Global focus on health issues. 8. Political will to support NGO initiatives. 9. Community active participation in supporting health programs 10. Political stability
T	1. Unforeseen policy changes. 2. Outbreaks, epidemics and pandemics 3. Donor policy changes or priority shift 4. Diverging duty-bearers' interest 5. Political interference 6. Existence of traditional and norms against best health practices. 7. Untrusted partners 8. Unstainable finances

2.3 Summary of HIMSO's 10-year achievements

Since its establishment in 2012, HIMSO has worked to support government and community's efforts in improving the well-being of Tanzanians through access to quality healthcare services.

For the period of 10 years, HIMSO had made significant achievements as explained below.

In 2013, HIMSO started to implement HIV and CHF programs in Mbeya Region (that also included what is today Songwe Region) on behalf of CIDR. Through this implementation, in 2014, HIMSO purchased an ambulance with financial support from Biolands International. The ambulance was handled over to Kyela District Hospital to support the provision of quality healthcare in Kyela District.

In 2016, HIMSO designed a Dharura Fasta, a micro-health insurance to offer transport accessibility during medical emergencies to low-income community members. Dharura Fasta was designed to transport community members from homes to healthcare facilities and from lower to higher-level healthcare facilities when public ambulances are unavailable. The intervention was piloted in 147 villages of Mbozi District (Songwe Region) and Rungwe and Busokelo (Mbeya Region). In 2017, HIMSO tested the PPP model in Kyela District on the management of the ambulance to enable community members access quality healthcare in the district.

In 2018, facilitated the enrolment of 87,627 households from 2 districts of Mbeya Region (Rungwe and Busokelo) and 2 districts of Songwe Region (Mbozi and Ileje) into CHF. In the like manner, the organization supported 10,326 PLHIV and OVC to enroll into CHF.

In the same year, HIMSO started to officially support iCHF implementation in Songwe Region with financial support from BftW and was appointed as iCHF implementing partner in the region. It therefore hosted National iCHF All Stakeholders Meeting that took place in Mbeya. HIMSO purchased and handed over 3 motorbikes to Rungwe DC and 1 to Busokelo DC to support iCHF coordination under financial support from Bread for the World (BftW).

In 2019, HIMSO kicked off iCHF implementation in Songwe Region and fundraised TZS 9.6 million to support destitute families enroll into iCHF. In supporting iCHF enrolment in Songwe Region, HIMSO produced enrollment materials and trained enrolment agents from all villages in Mbozi and Ileje districts. To achieve the iCHF enrolment targets in Songwe Region, HIMSO started to provide technical support to iCHF Coordinators, health facility in-charges and enrolment officers on Insurance Management Information System (IMIS). The organization mapped and trained 389 Community Health Workers (CHWs). In the same year, HIMSO scaled up Dharura Fasta in Mbozi and Ileje districts in Songwe along with Busokelo and Rungwe districts in Mbeya.

In 2020, HIMSO provided capacity building to council and regional iCHF teams on IMIS and handed over 5 motorbikes to support iCHF coordination in Songwe Region to improve iCHF results and trained 193 health facility in-charges on customer identification and claim management for iCHF.

In the same year, HIMSO launched Okoa Maisha project in Mbeya Region to facilitate the transportation of pregnant women and under 5 children with financial support from United Nation's Children Fund (UNICEF) and scaled up Dharura Fasta to Mbeya, Mbarali and Chunya districts in Mbeya Region. At the end of year, HIMSO had already enrolled about 22,000 individuals into Dharura Fasta scheme in Rungwe, Busokelo and Mbozi districts whereby about 1,320 beneficiaries (84% being pregnant women) were transported during their medical emergencies.

In 2021, The organization continued to support iCHF with promotion and visibility materials. With financial support from BftW and UNICEF, HIMSO scaled up Dharura Fasta to three more districts: Songwe, Tunduma and Momba (Songwe Region) and hence making the intervention to total of 10 districts in Mbeya and Songwe. All 10 CHuAs have been registered at district level as CBOs while HIMSO continues to support them technically and financially. For effective implementation of Dharura Fasta, 443 CHWs were mapped and trained in Mbeya Region on first aid and early danger signs to pregnant women.

In 2022, HIMSO handed over one ambulance to Mbozi Mission Hospital to contribute the improvement of provision of healthcare services in Mbozi District and beyond. HIMSO signed Memorandum of Understanding (MoU) with Mbeya and Songwe regions and all 10 districts to co-manage Dharura Fasta and iCHF. HIMSO has mapped and trained 856 CHWs in Songwe and Mbeya regions, enrolled 21,411 individuals and 289 villages into Dharura Fasta and technically supported the enrolment of 19,261 households into iCHF in both regions. For the intervention's best results, the organization trained 332 health facility in-charges in Mbeya region on handling Dharura Fasta referrals, sensitization and reporting referral outcomes.

In the same year, HIMSO through Dharura Fasta has transported 869 beneficiaries to various healthcare facilities in both regions whereby 74% cases were related to pregnancies, 2% under five children while 24% were other cases. To improve results, HIMSO sensitized Dharura Fasta and iCHF to all 109 wards of Mbeya and 94 wards of Songwe.

Additionally, HIMSO has mapped and trained 856 CHWs and 431 healthcare facility in-charges; established 10 CBOs known as CHuAs (one per each intervention district) and provide technical and financial support to them; and engaged other NGOs to support destitute in the communities within project area.

HIMSO wishes to maintain best practices experienced and achievement made and improve interventions from lessons learnt during the period of 10 years.

3.0 STRATEGIC DIRECTION AND APPROACH

3.1 Vision and Mission

Vision Statement

Healthy communities with universal access to comprehensive high-quality healthcare without financial difficulties in Tanzania and beyond.

Mission Statement

To promote, support and facilitate provision of health services and community enrolment into the health insurance schemes to increase access to affordable quality health services for the household improvements that will contribute to sustainable development in Tanzania.

3.2 Core Values

The HIMSO has built a strong institutional capacity that has demonstrated the desire and premise working with communities; engage, empower, partner and share with the community, creates the sense of ownership to them that make the interventions and results sustainable. It strives to be a role model in effective and efficient programming and be accountable to the Tanzanian communities by reducing maternal death and suffering. These core values have enabled the HIMSO to maintain a robust and resilient institution.

1. *Solidarity* – HIMSO believes in binding individuals into a cohesive collectivity based on normative obligations. Bring together efforts to articulate and solve specific problems and needs of the communities we serve for betterment of health and prosperity.

2. *Social Justice* –HIMSO believes that all individuals, groups, households and communities need and deserve equal rights, and equal opportunity for equal treatment in order to build an inclusive society.

3. *Commitment* – HIMSO is committed to serve the community with professionalism and put those in need first. Motivated and positive about change and focused on the big picture.

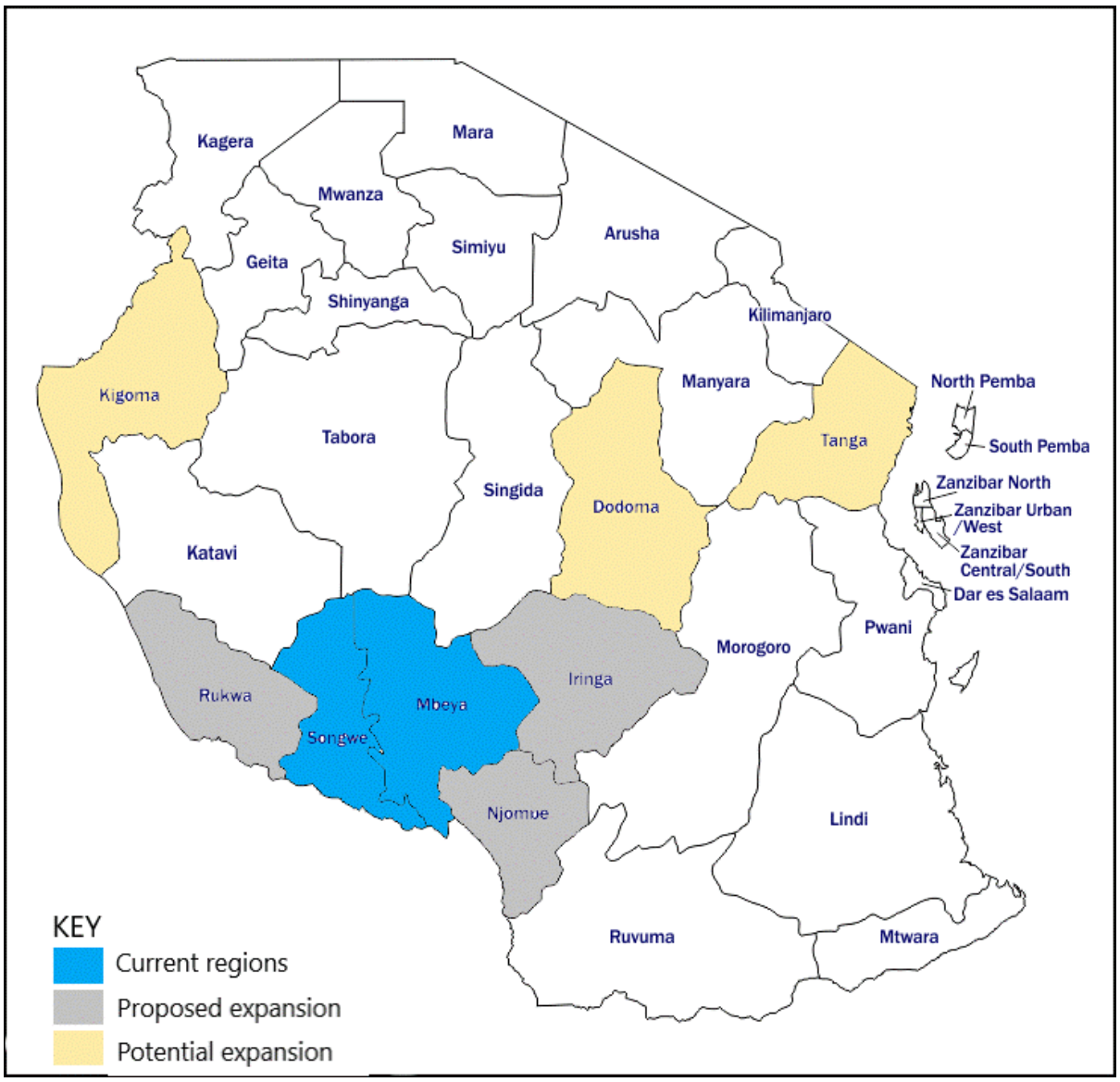
4. *Accountability* – HIMSO is responsible for its words, actions, results, and resources from our partners. Answerable for accomplishing its goal. Use constructive approach to improve the performance, participation and involvement, competency, creativity and innovation, and morale to bring changes and achievements.

5. *Transparency* – HIMSO builds trust through responsible actions and honest relationships. Work in a way that creates openness. Share information and feedback freely and openly with each other. Combine transparency with agility, clarity, quality, brevity and flexibility.

6. *Partnership and collaboration* – HIMSO work, collaborates and cooperates with public and private stakeholders from within and outside Tanzania for betterment of health and prosperity for Tanzanians.

4.0 STRATEGIC OBJECTIVES, OUTCOMES AND INTERVENTIONS

4.1 Scope of HIMSO Programs



HIMSO will continue to sustain and expand its programs in Mbeya and Songwe Regions and has plans to expand to Iringa, Njombe and Rukwa. During the implementation of this Strategic Plan, HIMSO will also consider expanding beyond these regions to other zones of the country such as Tanga, Dodoma and Kigoma Regions. HIMSO will conduct stakeholder consultations in these regions before making firm proposals for expansion. This will ensure that HIMSO has a realistic and sustainable expansion plan.

4.2 Theory of Change

After working with communities in Mbeya and Songwe regions for 10 years, HIMSO have learned community's needs in relation to access to quality healthcare services. The lessons learnt combined demographic, epidemiological transitions, global shifting paradigms and understanding of new technological opportunities to strategically think on what HIMSO need to focus on in the coming years. There are five objectives developed that the organization expect to achieve.

4.3 HIMSO Objectives and Outcomes

Strategic Objective 1: To improve access to quality healthcare services.

Strategic approach: To ensure both rural and urban community members from low- and middle-income households have access to quality health services. Despite the efforts that have been done by the government and other actors, individuals and households still communities face three major delays in accessing healthcare services. These are:

Decision to seek healthcare. Many individuals do not access quality healthcare services because they delay making decisions to seek care. This is caused by firstly, lack of appropriate information about the available healthcare services, means of transportation to reach healthcare services and risks associated with not seeking appropriate and timely healthcare services. Secondly, delays in decision-making among many individuals is also caused by infrastructural constraints such as the condition of roads, distance and healthcare facilities. Thirdly, time of the need for medical emergency affects how individuals make decisions. If it is night, they are likely to wait till dawn, and if it is raining, until the rain is over. This is too risky to the patient, for instance, if it is a pregnancy related matter. Fourthly, financial constraints cause many not to afford costs to travel to the nearby or referred healthcare facilities and again not to afford medical costs at the facilities.

Timely transportation to the appropriate level of healthcare facility. Due to the topographic and infrastructural nature of many rural-urban areas, individuals and households are constrained when need transport services to access healthcare services. Transport facilities has been one of the casual factors to maternal mortality. Due to financial constraints individuals and households find it difficult to afford hiring transport facilities such as vehicles and motorcycles to the nearest or referred healthcare facilities. In access to emergency transportation is great challenge worldwide. Many people especially in rural areas do not obtain medical care due to transportation issues. Transportation issues include lack of vehicle access, inadequate infrastructure, long distances resulting to lengthy times to reach needed services and transportation costs. Because transportation touches many aspects of a person's life, adequate and reliable transportation services are fundamental to health communities. However, the existing health insurances in Tanzania only support when an individual has presented him/herself at the health care facility without considered how the patient has been able to reach there.

Receiving quality, effective, respectful and safe healthcare. Due to economic constraints, many Tanzanians do face challenges to receive quality, effective, respectful and safe healthcare.

To accomplish Strategic Objective 1: HIMSO's Five Year Strategic Plan will address the following:

i) To compliment to the existing efforts to overcome these three major delays,
ii) To support the communities overcoming the first and second delays by ensuring community members are provided with reliable and safe transport during medical emergencies while receiving information and support through CHWs, and
iii) To support overcoming the third delay through co-management of health insurance scheme to enable community members access healthcare services without any financial constraints.

Outcome 1.1 Both low- and middle-income communities are transported to healthcare facilities during medical emergencies.	***Outcome 1.2 Individuals from both low- and middle-income households' access medical services with low cost-effective means***	***Outcome 1.3 Dharura Fasta and other health insurance schemes are co-managed***
1.1.1 Project Introduction at National, Regional, District and Ward level 1.1.2 Community mobilization and sensitization on use of emergency transport services 1.1.3 Identification and contracting of Transport Providers 1.1.4 Mapping communities in need of ETS 1.1.5 Launch ETS in the communities 1.1.6 Conduct impact studies on accessing ETS during medical emergencies 1.1.7 Setting and strengthening communication systems for medical emergencies 1.1.8 Strengthening emergency transport information system 1.1.9 Facilitation of emergency transport to the GBV and VAC victims	1.2.1 To mobilize and sensitize community to enroll in health insurance schemes 1.2.2 Capacity building to health care facilities in charges 1.2.3 Developing and adapting a special insurance scheme for mothers in waiting homes 1.2.4 Training health insurance actors on insurance management information system for effective service delivery 1.2.5 Advocating for identification destitute individuals/households and provide them with special insurance cover to access healthcare services	1.3.1 Satisfaction survey and impact studies on accessing Dharura Fasta during medical emergencies. 1.3.2 Signing MoU with government authorities and other stakeholders 1.3.3 Advocating for co-current use of Dharura Fasta and health insurance schemes 1.3.4 Engaging key actors of Dharura Fasta and health insurance schemes 1.3.5 Documentation of the processes, lessons learnt and best practices for co-management advocacy 1.3.6 Participating in the health strategic meetings and events to demonstrate the co-management of Dharura Fasta and health insurance schemes 1.3.7 Developing IMS for capturing Dharura Fasta and insurance member data 1.3.8 Capacity building to government and community structure for co-management of both

Strategic Objective 2: To influence social and behaviour change communication

Strategic approach: To strategically target information, education and information (IEC) approaches and materials to reach individuals, households and communities to significantly improve behaviours. This will be used to overcome barriers to normative and social change. HIMSO will work to promote changes in knowledge, attitudes, beliefs and behaviours through coordination of various messages and activities. This will be done to ensure communities are equipped with relevant information, education and communication regarding maternal health, SRHR, GBV, VAC, nutrition and food security, HIV/AIDS prevention, immunization/vaccination, and emergency preparedness & response.

To accomplish Strategic Objective 2: HIMSO's Five Year Strategic Plan will address the following:

i) To enable communities to become aware of health risking behaviors and take appropriate actions.
ii) To equip the communities with appropriate health promotion and education.
iii) To engage key health stakeholders to provide relevant health education to the communities.

Outcome 2.1: Community members are equipped with appropriate health promotion and education package to enable them to overcome health malpractices.	***Outcome 2.2: Communities are transformed to eliminate social norms and beliefs that trigger gender-based violence***	***Outcome 2.3: Communities are equipped with relevant knowledge on disaster preparedness and response***
2.1.1 Development and adoption of health education training manual 2.1.2 Recruitment and training of community health workers 2.1.3 Conduct health education sessions to special groups in the communities 2.1.4 Conduct public health awareness campaigns via physical and electronic campaigns.	2.2.1 Engagement of community leaders and members in the reflection of norms that promote GBV and VAC 2.2.2 Development of community care programs 2.2.3 Publication of community care information packages	2.3.1 Development and adoption of disaster preparedness and response education training manual 2.3.2 Distribution of awareness materials to the public 2.3.3 Conduct public awareness arising events

Strategic Objective 3: To improve community health management systems

Strategic approach: To empower communities to have stronger and better structures to manage community health. Engagement and empowerment through responsive community health systems is key towards improved community health. Community structures become a cornerstone for improving quality of health services through a demand driven approach in collaboration with key health actors. They are to be acknowledged and utilized as first responders to community-based health interventions.

To accomplish Strategic Objective 3: HIMSO's Five Year Strategic Plan will address the following:

i) To equip community health workers with technical capacity to improve community health.
ii) To support community-based management and participation of groups within the communities to manage community health
iii) To support the government to improve monitoring systems and the capacity of groups in the communities to use data to improve services at community level.

Outcome 3.1: Volunteer Community health workers are equipped with technical capacity to improve community health	***Outcome 3.2: Community health structures are strengthened to sustain provision quality health services provision.***	***Outcome 3.3: Key health stakeholders are engaged to improve community health management systems***
3.1.1 Identification and verification of volunteer community health workers 3.1.2 Training of community health workers 3.1.3 Facilitate community health workers to conduct community health activities 3.1.4 Develop community health workers' incentive system 3.1.5 Implementation of community health workers incentive system	3.2.1 Building capacity of the community-based structures to monitor quality of health services 3.2.2 Strengthening the capacity of health governing committees to manage and monitor quality of health services 3.2.3 Empowering community to participate in the management of community health 3.2.4 Facilitate Health Facility Governing Committee meetings as per government's guidelines 3.2.5 Capacity building to HFGC on how to mobilize and sensitize communities in the management of health services	3.3.1 Conduct community sensitization to raise awareness on community health management systems 3.3.2Identification of key stakeholders in the improvement of community health management 3.3.3 Engagement of key stakeholders in the improvement of community health management 3.3.4 Facilitation of quarterly community health management meetings

Strategic Objective 4: To scale up CHuA model to other regions

The strategic approach: Scaling up the use of community health users' associations to other regions. CHuA has proved to be an efficient and reliable community structure model to strengthen community engagement in health interventions.

Through 10 years' experience of working with community, HIMSO have learned that when we engage, empower, partner and share with the community, we create the sense of ownership to them that make the interventions and results sustainable. CHuA as community-based organization empowers key communities' health players to manage their various community health interventions. They are operating as an independent entity. They play significant role in execution of the interventions developed. They collect and manage premiums from individuals and villages and become the link with other key players in their communities.

To accomplish Strategic Objective 4: HIMSO's Five Year Strategic Plan will address the following:

i) To scale up CHuA model to other regions that are Njombe, Iringa and Rukwa. Each district in these new regions will form its own CHuA hence making the total of 27 CHuAs. To also consider the scaling up of CHuA model to Dodoma, Tanga and Kigoma regions

ii) To provide financial and technical support to CHuAs to co-manage Dharura Fasta and health insurance schemes

iii) To support CHuA to become a key player in liaising and conducting community-based health initiatives. By so doing, CHuAs will support HIMSO to achieve this Strategy.

Outcome 4.1: CHuAs are established and capacitated to engage communities in health initiatives.	***Outcome 4.2: CHuAs are involved and engaged in the management of the community health system***	***Outcome 4.3: To sensitize district councils to enact by-laws for CHuA implementation***
4.1.1 Conduct village meetings to elect village representatives	4.2.1 Memorandum of Understanding (MoU) signing with local government authorities	4.3.1 Documentation of best CHuA practices from existing CHuAs
4.1.2 Conduct ward level meetings to elect ward representatives	4.2.2 Facilitating CHuA to participate in community health structure	4.3.2 Advocacy for CHuA by-laws enactments at council level
4.1.3 Conduct district's general assembly to elect executive committees and signatories	4.2.3 Facilitating CHuA to undertake the enrollment of insurance schemes and Dharura Fasta	4.3.3 To develop and disseminate by-laws with community structures and government authorities
4.1.4 Facilitate completion of statutory requirements for registration	4.2.4 Facilitating CHuA to undertake the promotion and sensitization of health insurance schemes and Dharura Fasta	4.3.4 To advocate CHuA model at ministry level for larger scale-up
4.1.5 Conduct training to CHuA members	4.2.5 CHuA actively participate in the Council Health Services Board (CHSB) as co-opted member	4.3.5 To support and monitor CHuA by-laws implementation at all levels
4.1.6 Capacity building to CHuA executive committees	4.2.6 CHuA perform joint planning with Council insurance scheme Coordinator	
4.1.7 To develop and strengthen CHuA economic model to ensure financial sustainability	4.2.7 CHuA document and maintain district Dharura Fasta and insurance scheme data for lobbying and advocacy purposes	

Strategic Objective 5: Strengthening institutional capacity

The strategic approach: Through 10 years of experience, HIMSO has learnt about the areas that require institutional strengthening to enable the organization to work towards these strategic objectives such that to attain the best of the intended results.

For HIMSO to deliver the intended results, it must improve its technical and resource capacity. To achieve that there should be deliberate actions to improve HIMSO's resources capacity.

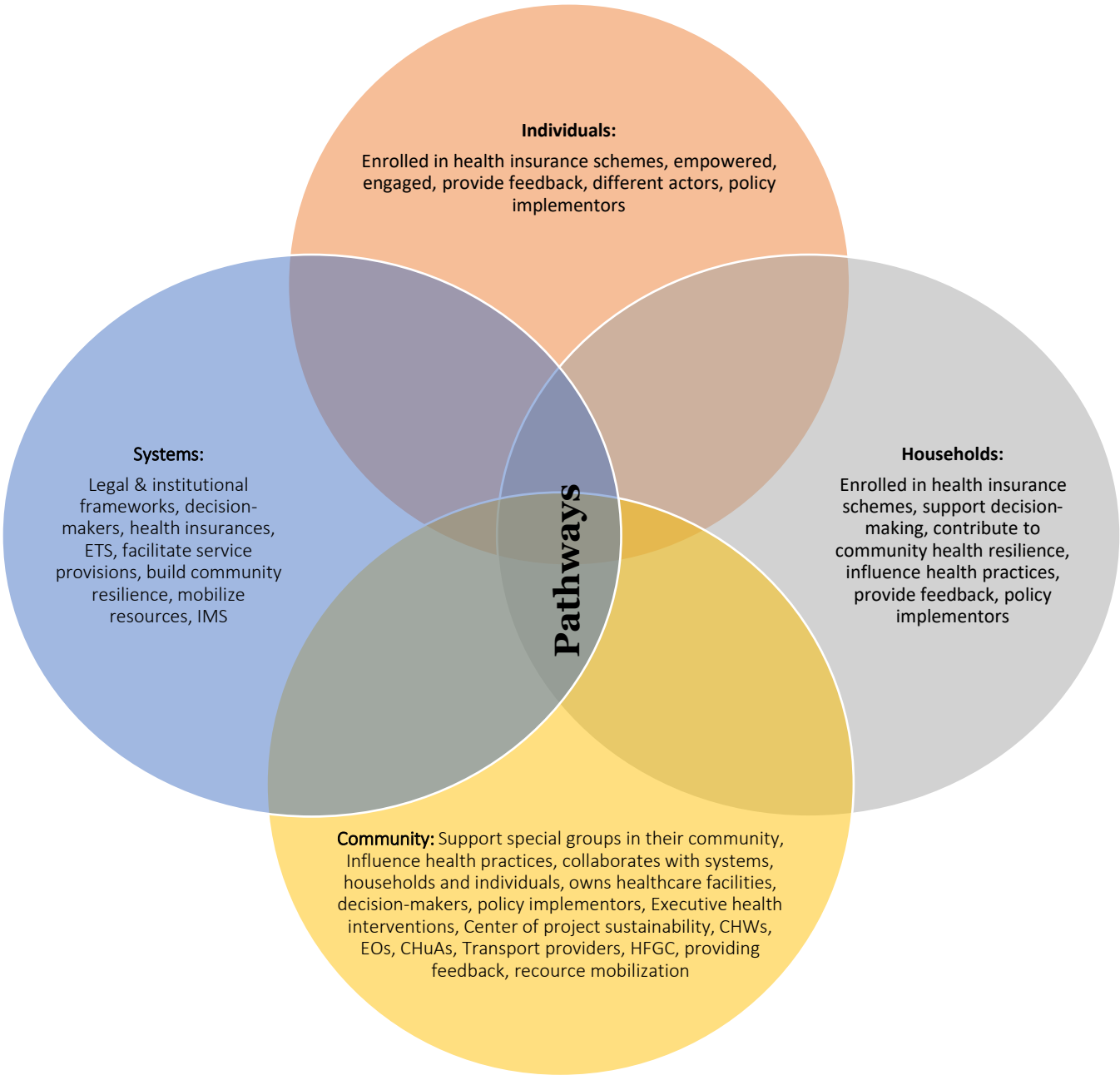
To accomplish Strategic Objective 5: HIMSO's Five Year Strategic Plan will address the following:

i) To strengthen its human resources with relevant skill development, recruitment of qualified staff as per strategic needs and upgrade human resources and internal control systems.
ii) To strengthen organizational capacity on fundraising strategies, and financial management.
iii) To strengthen organization's Monitoring and Evaluation systems, Research and Learning capacity.
iv) To strengthen HIMSO's communication, visibility, collaboration and networking strategy.

Outcome 5.1: HIMSO's governance system is strengthened to deliver intended results	***Outcome 5.2: organizational capacity on fundraising strategies, and financial management is strengthened***	***Outcome 5.3: organizational M&E systems, Research and Learning capacity is strengthened***	***Outcome 5.4: HIMSO's communication, visibility, collaboration and networking strategy is strengthened***
5.1.1 Enhancing HIMSO staff with relevant skill development 5.1.2 Recruitment of qualified staff to deliver intended results 5.1.3 Upgrading of human resources and internal control systems 5.1.4 Conducting quarterly board meetings 5.1.5 Capacity building to board members to support institutional strengthening	5.2.1 Developing donor relation management manual 5.2.2 Developing funding and grant management policy 5.2.3 Upgrading fundraising strategy 5.2.4 Procurement of program implementation tools and equipment 5.2.5 Establish and develop sustainable resource mobilization plan 5.2.6 Capacity building to staff and board members on fundraising	5.3.1 Conducting mid-term reviews 5.3.2 Conducting end of project evaluation to measure results 5.3.3 Documentation and publication of best practices 5.3.4 Develop M&E plan 5.3.5 Operationalization of M&E plan	5.4.1 Development of HIMSO's communication and visibility strategy 5.4.2 Implementation of communication and visibility strategy 5.4.3 Development of HIMSO's collaboration and networking strategy 5.4.4 Participate in national, regional and district level networking forums 5.4.5 Engagement with decision makers at national, regional and district level

4.4 Pathways

HIMSO to achieve its expected results, will work with individuals, households, communities and systems. In addition, is committed to work with collective efforts to bring changes on community health issues. These individuals, households, communities and systems are interconnected pathways through which HIMSO Model will be implemented and the pathways are interconnected, as each one contributes to one another.



Working with individuals

HIMSO will sensitize and mobilize individuals to get enrolled in health insurance schemes that will assure their access to quality healthcare services, will raise their awareness on health lifestyles and health seeking behaviors. Individuals as primary actors when it comes to health-related issues, will engage them in its activities that aim

at improving their access to quality healthcare. The engagement will consider special groups such as pregnant women, children under 5 and people with special needs. HIMSO also will work to increase individual's health resilience and support them to circulate health-related knowledge among themselves, work with individual transport providers to increase transport access during medical emergencies and work with different individual actors within and outside communities.

Working with households

The organization will sensitize and mobilize households to get enrolled in health insurance schemes. Households are key in the organization interventions as they support decision-making of the individuals in their households on the use of healthcare services. They do contribute to the community health resilience. HIMSO will work with them to support them circulate health-related knowledge among the household members, influence health practices among the households and share information and feedback with them from time to time.

Working with community

HIMSO will sensitize and mobilize communities to support specials groups in their communities; work hand in hand with communities to influence health practices among community members; facilitate synergies between communities and systems; work with community-owned healthcare facilities and influence decision-making towards improving and well managing them; engage and empower communities as policy implementors. Understanding the role of the communities in the project sustainability and engage different actors in the community. Empower and engage community health workers, enrollment officers and community health users' associations.

Working with systems

HIMSO will work with existing legal and institutional frameworks and provide feedback and recommend for improvements, engage existing systems to support achieve the organization utmost goal, work with health insurance schemes to facilitate people's access to quality healthcare, work hand in hand with responsible organs to facilitate the quality service provisions, engage systems to build communities' health resilience while embracing partnership for health improvements and will scale up the organization's emergency transport system to other regions and work with government to co-manage improved community health fund.

The Health & Insurance Management Services Organization (HIMSO) Model

The Sustainable Development Goal Number 3 needs to achieve health and well-being by 2030. There are also other SDGs that have an impact on health. Again, African Union's Agenda 2063 needs the improvement of health of population. Tanzania aims to achieve health goals of the East African Community, as well as Southern African Development Community's protocol on health. The vision 2025, The Health Policy 2007 version 2020 and the Health Sector Strategic Plan Five (HSSP V). In this Strategic plan, HIMSO is focusing on complementing these government's efforts in providing comprehensive quality healthcare coverage as well as develop and

implement innovative insurance solutions to address the pressing health related risks of the low-income households.

To achieve this Five Year Strategic Plan, HIMSO have developed a transformative HIMSO Model through interconnected pathways.

Engagement

In delivering its interventions to achieve its expectations, will engage individuals, households and communities who are all essential decision-makers, duty-bearers, strategically engage various institutions such as ministries, local government authorities, health governing bodies from the grassroots level to the national level; other organizations that support the course. While engaging them, HIMSO will ensure active community participation in pressing health issues and suggested options to solve them. The suggestions will be shared with responsible actors as they understand how critical it is before taking actions and therefore, connect with actions, engage them and listen to them.

Empowerment

HIMSO will empower communities through their structures and facilitate the formation of community health users' associations in new regions and continue to build the capacity of existing CHuAs such that they continue to manage ETS and co-manage health insurance schemes. HIMSO will continue to build the capacity of community health workers and enrollment agents, empower existing systems to work effectively in the ways that put collective efforts in achieving government's expectations, support community initiatives that promote health for all including those involved in improving access to quality health and empower communities and their systems to improve on how individuals, households, healthcare providers and others change agents can address pressing access to health problems.

Partnership

In achieving this Five Year Strategic Plan, HIMSO will strategically partner with relevant such as government, international and national development partners, others organizations and communities. Will continue to build relationships and facilitate collective focus towards contributing to the people's access to healthcare services, use effective partnership to leverage strengths of each other and apply them strategically to make lasting achievements and involve different sectors/parts of the community. The HIMSO focus is to make community partnerships with key community leaders, experts and others organizations that aim at increasing people's access to quality healthcare.

Sharing

HIMSO will share what have learnt during its implementation (progress, processes, achievements, and new models). Document the processes and best practices, use the lessons learnt to influence cultural norms, policies and systems that affect the efforts towards access to quality healthcare. Also, HIMSO will share reports and learnings to drive accountability and show its commitment and transparency, use learnings to influence and shape practices to achieve the vision for access to quality healthcare

services on a timely basis, work with the communities and systems to identify the pressing challenges and jointly work on the proposed solutions, support community health actors to document the level of problems with access to healthcare and disparities in outcomes in the communities, work with the authorities to understand the magnitude of challenges, document them and work collectively to improve the situations and work with partners to develop and implement framework for actions that will help guide the process of community action and change.

4.5 HIMSO Holistic Model

HIMSO Model as an approach that will help to engage, empower, partner and share together will be integrated. For the past 10 years, the organization have worked with individuals, households, communities and systems in a holistic manner. For the next 5 years, the holistic HIMSO Model will be implemented that will enable to deliver the interventions while engaging all stakeholders, empower the communities and systems, partner with all key players and share with them what was learnt throughout the journey and what are the best practices for them to adopt while also learning and adopt from them.

These are various ways that engage, empower, partner and share contribute to each other's towards achieving the organization utmost goal. The following are examples of how the holistic model works:

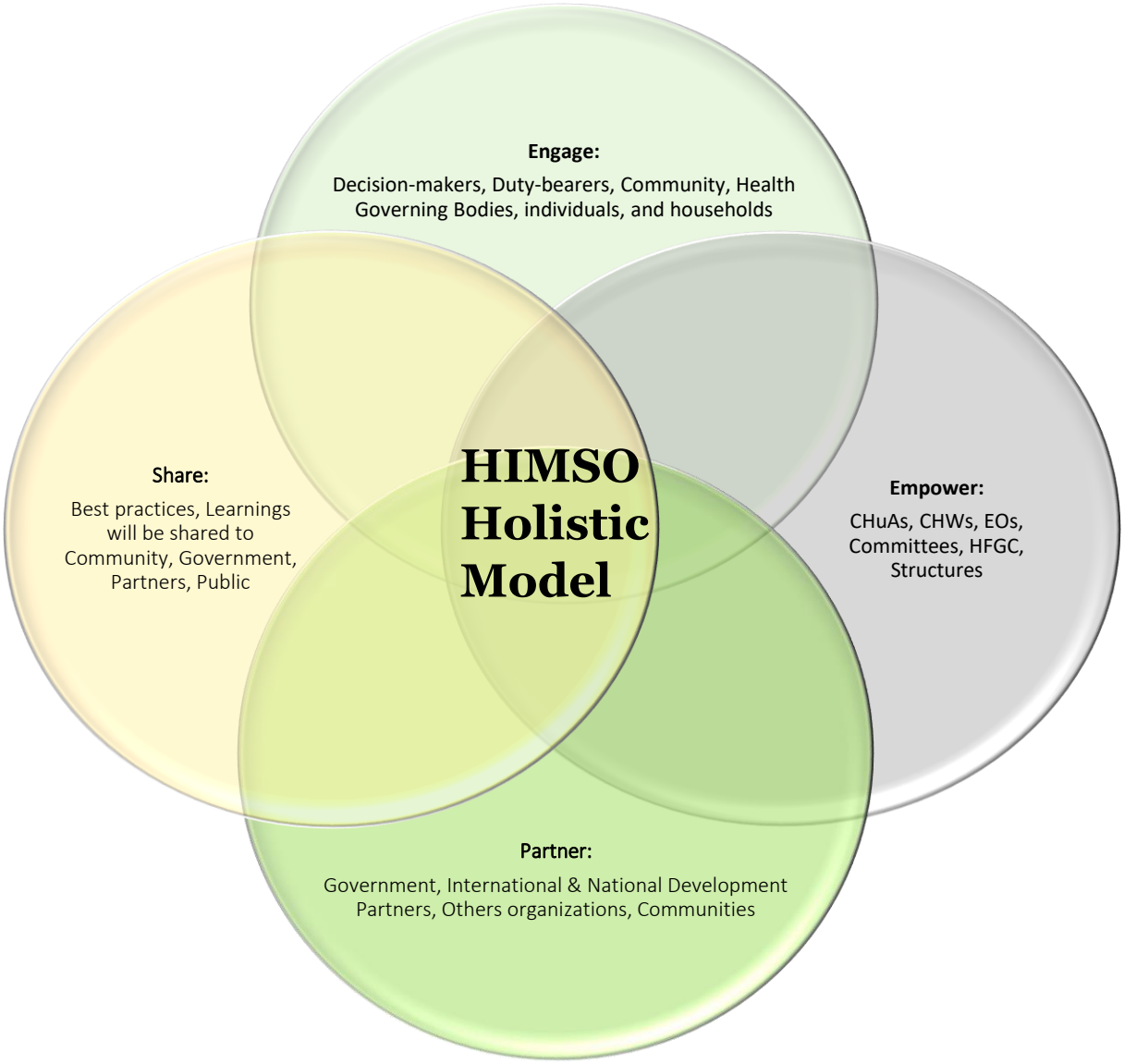
When communities are engaged through local leaders, CHuAs, CHWs, committees, and build their capacity through training, workshops and their inclusion to the organization day-to-day activities. By so doing, the communities are empowered to be able to manage and govern healthcare provision at their community level. HIMSO offers technical and financial support to local systems such as health facility governing committees (HFGC) and CHWs to perform their daily responsibility on health and well-being of their communities.

HIMSO facilitate the establishment of CHuAs as community-based organizations, in each District Council where implementation of the interventions takes place and registered as community-based organization at the council level at the DED office by the Community Development Officer. CHuA is the umbrella of all community health interventions with the aim of empowering the community health key players to manage their various community health interventions. They are operating as an independent entity while receiving technical and financial support from HIMSO. All premiums from Dharura Fasta collection are managed by CHuA and each CHuA operates their association accounting such payments of claims from transport providers and co-maintenance of contracted public ambulances. HIMSO will technically support CHuAs on economic model to make them independent and sustainable.

When HIMSO empower the communities and health actors, partner with them and other different actors who contribute to its course in the interventions that

compliment government's efforts in providing comprehensive quality health care coverage to the needy population.

Through HIMSO partnership with all actors, HIMSO will share what learnt along the way, while also receiving from them. Sharing will help collectively to understand the shifting paradigms while also informing the best practices.



4.6 The HIMSO Strategic Approach

The unique HIMSO Model, for the next five years will execute the planned activities as follows

Year 1

- Expand interventions and establish CHuA in Kyela District Council and Mbeya City Council and technically and financially support them to be functional.
- Continue to implement the project in other councils of Mbeya and Songwe regions.
- Continue to strengthen the existing CHuAs in Mbeya and Songwe for them to continue to co-manage insurance schemes

Year 2

- Expand the intervention and establish CHuA in the councils of Njombe and Iringa regions and technically and financially support them to be functional.
- Continue to provide technical and financial support to the established CHuAs in previous regions
- Provide technical support to community health management structures to improve access to quality healthcare services in Mbeya, Songwe, Iringa and Njombe regions
- Sensitize and mobilize communities to enroll to health insurance schemes

Year 3

- Expand intervention and establish CHuA all councils in Rukwa region
- Continue to implement the interventions in Mbeya, Songwe, Iringa and Njombe regions
- Continue to provide technical and financial support to co-management of Dharura Fasta and health insurance schemes
- Continue to sensitize and mobilize communities to enroll to health insurance schemes
- Conduct mid term Evaluation of the Strategic Plan.

Year 4

- Continue to support the interventions in all five (5) regions
- Continue to provide technical and financial support to co-management of Dharura Fasta and health insurance scheme

Year 5

- We will continue to support the interventions in all 5 regions
- We will continue to technically and financially support the co-management of Dharura Fasta and health insurance scheme
- Conduct end Evaluation of this strategic plan and prepare new for the other 5 years

5.0 MONITORING, EVALUATION, RESEARCH AND LEARNING

5.1 Monitoring and Evaluation Plan

To ensure that HIMSO produce the best results from this Strategic Plan, routine tracking of indicators will be used. This will enable the organization to remain a responsive and learning organization. To be measure the impact of this Strategic Plan, a baseline study shall be conducted in all intervention areas that will help to establish the benchmark for tracking the progress and results.

Monitoring and Evaluation plan have been developed that will enable to trace, measure and report the interventions under the Strategic Plan. The strategic objectives have been identified, defined the data collection methods and timelines, identified Monitoring, Evaluation, Research and Learning (MERL) roles and responsibilities, created an analysis plan and reporting templates and planned for dissemination and reporting to government, donors and other partners. All these will help to assess the achievements against strategic objectives.

5.2 Research and Learning

To ensure that HIMSO deliver evidence-based, innovative and quality healthcare interventions, scientific research methods and practices will be a baseline to all of our organization practice.

HIMSO will continue to strengthen itself through gaining experience and use the experiences to create knowledge and transfer within the organization. The aim is not only to enhancing employee's knowledge and skills but also developing and growth of the organization and building flexible dynamic learning organization. Learning will be a strategical tool in the field of modern management for gaining competitive advantage and stabilizing organizational success.

5.3 Knowledge Management

Information and knowledge generated during implementation of this strategic plan will not be helpful if it is not organized, used, and shared collectively within HIMSO, with the Government or other stakeholders. Successful knowledge management includes maintaining information in a place where it is easy to access. HIMSO will set up a knowledge management process to ensure that the data, information and knowledge generated will be processed, stored, used and shared for learning. The following methods will be used to bring out learning:

a) Publications

HIMSO will ensure that, the data generated from implementation of various activities are published in peer reviews journals that may find appropriate and relevant.

b) Articles and Newsletters

HIMSO will develop articles, and newsletters; and prepare editorials for publication in existing print and electronic media (journals or newspapers or magazines).

c) Reports

Periodic reports will be developed by program staff and be consolidated by MERL Officer and disseminated by HIMSO.

HIMSO will ensure participation and representation in Local, National and International conferences and conduct presentations to share learning from the implementation of its various programs and activities. These should constitute additional avenues for conducting advocacy on issues identified and implemented by the foundation. Forums can include but limited to:

- Annual Joint Sector Health Reviews
- Tanzania Health Summit
- East African Conferences in Health and Insurance management sectors
- Regional Consultative meetings
- District Consultative meetings

d) Digital presence

HIMSO will make use of different digital platforms within and beyond Tanzania to disseminate the learning from the implementation of its programs.

HIMSO will further updating its website which is the central place for all public communications. The website documentations will be supplemented with social media contents such as Twitter, Webinars, Facebook, YouTube, LinkedIn and Instagram in order to widen the means of publishing the work of the organization.

6.0 FINANCING THE STRATEGIC PLAN

6.1 Financial Resources needed 2023-2028

To effectively execute this Five Year Strategic Plan, HIMSO needs a total of USD 8,646,050.00 that is divided into five strategic goals. This budget is planned around the formulated problems and the outcomes that are expected to be produced. The average annual budget is USD 1,529,210.00 for all Strategic Objectives, based on the current annual expenditures and interventions. This budget has been developed after costing the activities, administration costs, and capital expenditure. The internal control measures that facilitate the compliance to statutory requirements is developed.

6.2 Resource Mobilization Plan

HIMSO will use its Resource Mobilization Plan to secure new and additional resources to executive this Strategic Plan. To enable the organization to achieve this plan, a better use of the existing resources while also maximizing them will be strengthened. The mobilization plan will be used to secure funds for the organization to implement this Strategic Plan. Proposals to typical donors as conventional ways of mobilizing resources for this Strategic plan will be submitted, but also, receiving support from volunteers, material donations and in-kind contributions from various stakeholders and partners is sought.

7.0 ANNEXES

7.1 Annex 1: Results Framework

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
SO1: To improve access to quality healthcare services					
Outcome 1.1: Both low and middle income communities are transported to healthcare facilities during medical emergencies					
Output 1.1.1: Project is introduced at national, regional, district and ward level	# of introduction meetings conducted at national, regional, district and ward level	Introduction meetings	• Meeting minutes and reports • Progress reports	Quarterly	Political and legal environment will continue to be conducive for the civil societies to run
Output 1.1.2: Community is mobilized, sensitized and enrolled into use of ETS	# of sensitization and mobilization events conducted at community level # of individuals enrolled on ETS # of villages enrolled	Sensitization events Membership enrollment	• Progress reports • Mid-term and Final evaluations • Membership database	Quarterly	Communities will support the interventions
Output 1.1.3 Transport providers identified and contracted	# of transport providers identified # of transport providers contracted	Transport providers identification and contracting	• Transport provider contracts	Quarterly	Transport providers and communities will be ready to support the interventions
Output 1.1.4 Communities in need of ETS mapped	# of communities in need of ETS mapped	Mapping of communities in need of ETS	• Mid-term and Final evaluations • Progressive Reports	Quarterly	Legal and policy framework will continue to be conducive for the intervention
Output 1.1.5 ETS launched in communities	# of ETS launching events	Launching of ETS in communities	• Mid-term and Final evaluations • Progressive Reports	Quarterly	Legal and policy framework will continue to be conducive for the intervention

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
Output 1.1.6 Impact studies on accessing ETS during medical emergencies conducted	# of studies conducted	Conducting impact studies on accessing ETS during medical emergencies	Publications Progressive Reports	Semi-annually	Legal and policy framework will continue to be conducive for the intervention
Output 1.1.7 Communication systems for medical emergencies are set and strengthened	# of communication systems set # of communication systems strengthened	Setting and strengthening communication systems for medical emergencies	Progressive Reports	Quarterly	Legal and policy framework will continue to be conducive for the intervention
Output 1.1.8 Emergency transport information system strengthened	# of real time data captured	Strengthening ETS information management system	ETS information management system	Quarterly	Key players will support and fully utilize the system
Output 1.1.9 Transport to GBV and VAC victims facilitated	# of GBV victims transported # of VAC victims transported	Facilitation of Transport to GBV and VAC victims in communities.	Claim forms Outcome trackers Progressive Reports Police Form 3	Quarterly	Communities and key players will support the intervention
Outcome 1.2: Individuals from both low and middle income households access medical services with low cost-effective means					
Output 1.2.1 Communities mobilized, sensitized and enrolled in health insurance schemes	# of community sensitization and mobilization events # of HH enrolled	Community mobilization and sensitization	Dharura Fasta Members Registry IMIS	Quarterly Semi-annually	Communities will support the interventions
Output 1.2.2 Healthcare facility in-charges capacitated on management of insurance cases	# of healthcare facility in-charges trained on management of insurance cases	Capacity building to healthcare facility in-charges on the management of insurance cases	Attendance Registry for health care facility in charges	Semi-annually	Legal and policy framework will continue to be conducive for the intervention
Output 1.2.3	# schemes developed and adopted	Development and adaptation of	Document of the schemes for mothers in	Semi-annually	Legal and policy framework will continue to

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
Special insurance scheme for mothers waiting at homes developed and adopted	# of mothers waiting at homes enrolled on the special insurance scheme	insurance schemes for mothers waiting at homes	waiting developed and adopted Maternity waiting Homes registry.		be conducive for the intervention
Output 1.2.4 Health insurance actors trained on insurance MIS for effective service delivery	# of health insurance actors trained	Training health insurance actors	Attendance Registry for training for health insurance actors Progressive report Training manual and agenda	Semi annually	Legal and policy framework will continue to be conducive for the intervention and health insurance actors will support the intervention
Output 1.2.5 Destitute households identified and provided with special insurance cover to access healthcare services	# of destitute H/H identified # of destitute H/H provided with special insurance cover # of destitute accessing healthcare services	Identification of destitute individuals and H/H to provide with special insurance cover	Records of Destitute households identified and issued with special insurance cover Health facility records Progressive report District social-welfare report	Quarterly	Legal and policy framework will continue to be conducive for the intervention
Outcome 1.3: Dharura Fasta and other health insurance schemes are co-managed					
Output 1.3.1 Satisfaction and impact studies on accessing Dharura Fasta conducted	# of study reports on Dharura Fasta produced	Satisfaction survey and impact studies on accessing insurance schemes during medical emergencies.	Publications Satisfaction survey report	Annually	Legal and policy framework will continue to be conducive for the intervention
Output 1.3.2 MoU signed with government authorities and other stakeholders	# of MoUs signed	Signing of MoU with government authorities and other stakeholders	Signed MoUs	Once	Legal and policy framework will continue to be conducive for the intervention

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
Output 1.3.3 Dharura Fasta and health insurance schemes co-currently used	# of individuals enrolled into Dharura Fasta and health insurance schemes co-currently	Promoting and advocating for co-current use of Dharura Fasta and health insurance schemes	Data Base of Dharura Fasta and health insurance schemes members Progressive reports	Annually	Legal and policy framework will continue to be conducive for the intervention and communities will enrol into Dharura Fasta and universal health coverage schemes
Output 1.3.4 Key actors for Dharura Fasta and health insurance schemes engaged	# of key actors engaged	Engaging key actors on Dharura Fasta and health insurance schemes	Progressive reports	Annually	Key actors will support co-management of both Dharura Fasta and health insurance schemes
Output 1.3.5 Processes, lessons learnt and best practices for co-management advocacy documented	# of documentations produced # of documentation disseminated # of actions resulted from documentations shared	Documentation of processes, lessons learnt and best practices for co-management advocacy	Documentation and publications Meeting resolutions	Annually	Legal and policy framework will continue to be conducive for the intervention
Output 1.3.6 Health strategic meetings and events participated	# of meetings participated # of events participated	Participating in health strategic meetings and events to demonstrate co-management of Dharura Fasta and health insurance schemes	Activity report Program agenda Event registration report Progressive reports Attendance register	Semi annually	Legal and policy framework will continue to be conducive for the intervention
Output 1.3.7 IMS for capturing Dharura Fasta	# of MIS developed	Developing MIS for capturing Dharura Fasta	Dharura Fasta MIS	Quarterly	Legal and policy framework will continue to be conducive for the

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
member data developed					intervention and key actors will fully utilize the MIS
Output 1.3.8 Government and community capacity structures on co-management of insurance systems built	# of government officials trained # of community structures trained	Capacity building to government and community structures on co-management of insurance schemes	Training Report Training registry Training manual and agenda Progressive report	Semi annually	Legal and policy framework will continue to be conducive for the intervention
SO2: To influence social and behavioral change communication					
Outcome 2.1: Community members are equipped with appropriate health promotion and education package to enable them to overcome health malpractices.					
Output 2.1.1 Health education training manuals developed and adopted	# of health education training manuals developed # of health training manuals adopted	Health education training manual development	Training manuals Progressive report	Annually	Legal and policy framework will continue to be conducive for the intervention
Output 2.1.2 Community health workers recruited and trained	# of community health workers recruited # of community health workers trained	Community health workers recruitment and training	Registry of community health workers Training registry, manual and agenda	Annually	Community health workers will be willing to volunteer and support the intervention
Output 2.1.3 Health education sessions to special groups in the community conducted	# of health education sessions conducted to special groups in the community # of community special groups trained	Conducting health education sessions to community special groups.	Training reports Attendance register Training manual and agenda	Quarterly	Community members will continue to support the intervention and fully participate on health education sessions
Output 2.1.4 Public health awareness campaigns	# of physical campaigns conducted	Conducting public health awareness campaigns	Campaigns reports Attendance registry Campaign agenda	Quarterly	Legal and policy framework will continue to

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
via physical and electronic campaigns conducted	# of electronic campaigns conducted				be conducive for the intervention
Outcome 2.2: Communities are transformed to eliminate social norms and beliefs that trigger gender based violence					
Output 2.2.1 Community leaders and members engaged in events for reflection on norms that trigger GBV and VAC.	# of community leaders and members engaged # of reflective events conducted	Conducting engagement events with community leaders for reflecting on norms that trigger GBV and VAC	Attendance registry Event Reports Progressive reports	Quarterly	Legal and policy framework will continue to be conducive for the intervention; community members will participate in the events
Output 2.2.2 Community care programs are developed	# of community care programs developed	Developing community care programs	Progressive report	Annually	Legal and policy framework will continue to be conducive for the intervention
Output 2.2.3 Community care information packages published	# of information packages published # of community reached with publications	Publication of community care information packages	Publications Progressive reports	Semi Annually	Community members will utilize the packages published
Outcome 2.3: Communities are equipped with relevant knowledge on disaster preparedness and response					
Output 2.3.1 Disaster preparedness and response education training manual developed	# of disaster preparedness and response education training manual developed # of training manual adopted	Development and adoption of disaster preparedness and response education training manual	Training manuals Progressive reports	Semi-annually	Legal and policy framework will continue to be conducive for the intervention and manual developed will be useful to the communities
Output 2.3.2 Awareness materials on disaster	# of awareness materials distributed	Distribution of disaster preparedness and	Publications distributed Distribution register Progressive reports	Annually	Materials distributed will contribute to raise

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
preparedness and response distributed	# of communities reached	response awareness materials			awareness of the communities
Output 2.3.3 Public awareness rising events conducted	# of public awareness arising events conducted # of community reached	Conducting public awareness rising events.	Event report Attendance registry Progressive report	Annually	Events will transform the communities
SO3: To improve community health management systems					
Outcome 3.1: Volunteer community health workers are equipped with technical capacity to improve community health					
Output 3.1.1 Volunteer community health worker identified and verified	# of volunteer community health workers identified # of volunteer community health workers verified	Identification and verification of volunteers community health workers.	CHW Registry CHWs database Progressive report	Annually	Legal and policy framework will continue to be conducive for the intervention and communities will identify the volunteer community health workers
Output 3.1.2 Volunteer community health workers trained	# of volunteer community health workers trained	Training volunteer community health workers	Training Reports Training agenda and registry Progressive report	Annually	Legal and policy framework will continue to be conducive for the intervention
Output 3.1.3 Volunteer community health workers facilitated to conduct community health activities	# of volunteer community health workers facilitated # of communities reached by volunteer community health workers	Facilitating volunteer community health workers to conduct community health activities	Event reports Distribution reports Progressive reports	Annually	Legal and policy framework will continue to be conducive for the intervention
Output 3.1.4	# of community health workers incentive systems developed	Development of community health	Incentive system developed	Annually	Legal and policy framework will continue to

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
Community health workers incentive system developed	# of community health workers received incentives	workers incentive system	Incentive receipt acknowledgement Progressive reports		be conducive for the intervention
Output 3.1.5 Community health workers incentive system is implemented	# of community health workers incentive systems implemented # of community health workers received incentives	Development of community health workers incentive system	Incentive system developed Incentive receipt acknowledgement Progressive reports	Annually	Legal and policy framework will continue to be conducive for the intervention
Outcome 3.2: Community health structures are strengthened to sustain provision of quality health services					
Output 3.2.1 Community sensitized	# of community sensitization events	Community sensitization	Event Reports	Quarterly	Communities will support the interventions
Output 3.2.1 Capacity of the community based structures to monitor quality of health services built	# of capacity building events conducted	Capacity building	Event Reports	Quarterly	Legal and policy framework will continue to be conducive for the intervention
Output 3.2.2 Capacity of health governing committees to manage and monitor quality of health services strengthened	# of capacity strengthening events	Capacity strengthening	Event reports Certificates of recognition	Annually	Legal and policy framework will continue to be conducive for the intervention
Output 3.2.3 Community is empowered to participate in the management of community health	# of community members participating in the management of community health	Capacity building Advocacy	Event reports Certificates of recognition	Annually	Legal and policy framework will continue to be conducive for the intervention

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
Output 3.2.4 Health Facility Governing Committee meetings are facilitated	# of HFGC meetings conducted	Community empowerment	Event Reports	Semi annually	Legal and policy framework will continue to be conducive for the communities to participate in the management of community health
Output 3.2.5 Health Facility Governing Committees are capacitated to mobilize and sensitize communities to participate in the management of health services	# of community mobilization events	Community sensitization and mobilization	Event reports	Semi-annually	Legal and policy framework will continue to be conducive for the communities to participate in the management of community health
Outcome 3.3: Key health stakeholders are engaged to improve community health management system (CHMS)					
Output 3.3.1 Community sensitization to raise awareness on community health management system conducted	# of community sensitization event conducted # of communities reached	Conducting community sensitization to raise awareness on community health management systems	Sensitization reports Attendance registry Progressive report Sensitization manual and agenda	Quarterly	Legal and policy framework will continue to be conducive for the intervention
Output 3.3.2 Key stakeholders in the improvement of community health management identified	# of identified key Stakeholders in CHMS	Identification of key stakeholders in the improvement of CHMS	Identification report Progressive reports CHMS Stakeholders registry	Quarterly	Key stakeholders identified will support the intervention
Output 3.3.3	# of key stakeholders engaged	Engaging key stakeholders in	Engagement event reports	Quarterly	Key stakeholders engaged will fully participate

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
Key stakeholders for improvement of community health management engaged		improvement of CHM	Stakeholders registration		
Output 3.3.4 Quarterly Community health management meetings facilitated	# of Quarterly CHM meetings conducted # of CHM members involved	Facilitation of quarterly CHM meetings	Meeting reports Attendance registry Meeting minutes Progressive report	Quarterly	Legal and policy framework will continue to be conducive for the intervention
SO 4: To scale-up CHuA model to other regions					
Outcome 4.1 : CHuAs are established and capacitated to engage communities in health initiatives					
Output 4.1.1 Village meetings to elect village representatives conducted	# of village meetings conducted # of village representative elected	Conducting village meetings to elect village representatives	Meeting reports Village representatives database Attendance registry Progressive report	Once	Legal and policy framework will continue to be conducive for the formation of CHuA
Output 4.1.2 Ward level meetings to elect ward representatives conducted	# of ward meetings conducted # of wards representatives elected	Conducting ward meetings to elect ward representatives	Meeting reports Ward representatives database Attendance registry Progressive report	Once	Legal and policy framework will continue to be conducive for the formation of CHuA
Output 4.1.3 District general assembly to elect executive committees and signatories conducted	# of district general assemblies conducted # of Executive committee members/signatories elected	Conducting general district assembly to elect executive committee and signatories.	Meeting reports Executive Committee database Attendance registry Progressive report	Semi-annually	Legal and policy framework will continue to be conducive for the formation and operationalization of CHuA
Output 4.1.4 Completion of statutory requirements for registration facilitated	# of statutory requirement completed # of CHuA registered	Facilitating CHuA registration	Certificate of registration Certified CHuA constitution	Once	Legal and policy framework will continue to be conducive for the formation of CHuA

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
Output 4.1.5 Training to CHuA members conducted	# of training conducted to CHuA members # of CHuA members trained # of CHuA trained	Training CHuA members for effective management of health insurance schemes	Training reports Attendance registry Progressive reports Training manual/agenda	Annually	CHuA members will fully participate in the trainings
Output 4.1.6 Capacity of CHuA executive committee is built	# of capacity building events # of CHuA committee members capacitated	Conducting capacity building for CHuA executive committee	Event reports Attendance registry CHuA Capacity building plan	Annually	CHuA Executive Committees will use the capacity building sessions to improve CHuA functionalities.
Output 4.1.7 CHuA economic model for financial sustainability developed and strengthened.	# of economic model developed # of CHuA applying the economic model developed	Development and strengthening CHuA economic model.	Economic model developed Progressive reports	Semi-annually	CHuAs will fully utilize CHuA Economic Model to improve their financial capacity
Outcome 4.2 : CHuA are involved and engaged in the management of community health system					
Output 4.2.1 MoU with Local government authorities signed	# of MoU signed	Signing MoU with local authorities.	MoU signed Progressive report	Once	Legal and policy framework will continue to be conducive for the local government to sign MoU with the intervention
Output 4.2.2 CHuA participation in community health structures facilitated	# of CHuA participated in community health structures # of participation events attended by CHuA.	Facilitating CHuA to participate in community health structures.	CHuA Membership recognition in community health structures Attendance registry Progressive report	Annually	Legal and policy framework will continue to be conducive for the functioning of CHuA in the community health structures

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
	# of community structures participated by CHuA.				
Output 4.2.3 Enrollment of insurance schemes and Dharura Fasta by CHuA facilitated	# of CHuA undertake enrollment of insurance scheme and Dharura Fasta	Facilitating CHuA to undertake enrollment of health insurance schemes and Dharura Fasta	Dharura Fasta membership database IMIS Progressive report	Quarterly	Legal and policy framework will continue to be conducive for the CHuA to operate
Output 4.2.4 Promotion and sensitization of health insurance schemes and Dharura Fasta by CHuA facilitated	# of CHuA undertaken promotion and sensitization events # of CHuA conducting sensitization and promotion events # of membership enrolled into health insurance scheme and Dharura Fasta # of communities and individuals reached by CHuA promotion/sensitization events.	Facilitating promotion and sensitization of health insurance schemes and Dharura Fasta	Promotion Reports Progressive reports Health insurances membership database IMIS	Quarterly	Legal and policy framework will continue to be conducive for the CHuA to operate
Output 4.2.5 CHuA participation in CHSB as a co-opted member facilitated	# of CHuA actively participate in (CHSB) # of CHSB meetings participated by CHuA	Facilitating CHuA participation in CHSB.	Meetings report Progressive reports	Quarterly	Legal and policy framework will continue to be conducive for the functioning of CHuA in the community health structures
Output 4.2.6	# of joint planning events conducted	Conducting joint planning among	Joint plans developed	Quarterly	Legal and policy framework will continue to

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
Joint planning between CHuA and health insurance scheme coordinators conducted	# of CHuA conducting joint planning # of health insurance schemes engaged in joint planning	CHuA and other health insurance schemes.	List of partners engaged in joint planning Progressive reports		be conducive for the functioning of CHuA in the community health structures
Output 4.2.7 Dharura Fasta and health insurance schemes data for advocacy purposes documented and maintained	# of documentations developed # of documentation used for advocacy purposes # of CHuA using the documentation for advocacy purposes.	Documenting and maintaining Dharura Fasta and health insurance scheme data	Documentations developed Advocacy plan Advocacy report Progressive report	Semi-annually	Data will be used for advocacy purposes
Outcome 4.3: District councils are sensitized to enact by-laws for CHuA implementation					
Output 4.3.1 Best practices from existing CHuA are documented	# of best practices documented	Documentation	Documentations developed Progressive report	Semi-annually	Legal and policy framework will continue to be conducive for the CHuA operationalization
Output 4.3.2 CHuA by-law enactments at district level advocated	# of by-laws enacted by districts	Advocacy	Progressive Report	Semi-annually	Legal and policy framework will continue to be conducive for the CHuA operationalization
Output 4.3.3 By-laws are disseminated to community structures and authorities	# of dissemination events conducted	Dissemination meetings	Activity report	Quarterly	Legal and policy framework will continue to be conducive for the CHuA operationalization
Output 4.3.4 CHuA model is advocated at ministry level for a larger scale up	# of advocacy meetings conducted at ministry level	Advocacy meetings	Progressive Report	Semi-annually	Legal and policy framework will continue to be conducive for the CHuA operationalization

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
Output 4.3.5 CHuA by-law implementation is monitored at all levles	# of monitoring activities conducted	Monitoring	Progressive report	Semi-annually	Legal and policy framework will continue to be conducive for the CHuA operationalization
SO5: Strengthening institutional capacity					
Outcome 5.1 HIMSO governance system is strengthened to deliver intended results					
Output 5.1.1 HIMSO staff's relevant skill development enhanced	# of skill development conducted to HIMSO staff # of HIMSO staff received skills development	Enhancing HIMSO's staff with relevant skills development	Skill need assessment report Skill development plan Training attendance Training report Progressive report	Annually	Enhanced skills will strengthen the organization
Output 5.1.2 Qualified staff recruited	# of qualified staff recruited	Recruiting of qualified staff to deliver intended result	Staff gap analysis report Recruitment report Employee contract	Annually	HIMSO will continue to recruit qualified staff
Output 5.1.3 Human resource and internal control system upgraded	# of human resource system upgraded # of internal control system upgraded # of staff complying with upgraded human resource and internal control	Upgrading human resource and internal control system	Human resource manual updated Internal control system upgraded	Annually	The upgraded human resources and internal control system will improve the performance of HIMSO
Output 5.1.4 Quarterly board meetings conducted	# of board meetings conducted # of board members attended board meetings	Conducting quarterly board meeting	Meeting minutes Meeting attendance	Quarterly	Board meetings will take place accordingly

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
Output 5.1.5 Capacity of board members to support institutional strengthening built	# of capacity building events conducted # of board members received capacity building	Building capacity of bard members to strengthen the organization	Training need assessment report Training attendance Training report Progressive report	Annually	Board members will be able to support institutional strengthening
Outcome 5.2 Organizational capacity on fund raising strategies and financial management strengthened					
Outcome 5.2.1 Donor relationship management manual developed	# of donor relationship management manual developed	Developing donor relation management manual	Manual Progressive report	Once	The developed manual will support the organization to properly manage the relationship with donors
Outcome 5.2.2 Funding and grant management policy developed	# of policy developed # of policies enacted for compliance	Developing fund and grant management policy	Policies developed Signed policies Progressive report	Once	The developed policy will support the organization in the management of funding
Output 5.2.3 HIMSO fundraising strategy upgraded	# of strategy upgraded	Upgrading fund raising strategy	Fund raising strategy Progressive report	Once	The upgraded strategy will support fundraising activities
Output 5.2.4 Program implementation tools and equipment procured	# of program tools procured # of equipment procured # of staff or offices received tools and equipment	Procuring program implementation tools and equipment	Procurement report Asset distribution report Inventory list Progressive report	Annually	Procured equipment will strengthen the organizational capacity to deliver
Output 5.2.5 Sustainable resources mobilization plan is developed	# of plans developed	Establishing and developing sustainable resources mobilization plan	Resource mobilization plan	Once	The plan will support the organization to mobilize resources required
Output 5.2.6	# of capacity building events conducted	Capacity building to staff and board	Capacity building report Skill gap analysis report Attendance registry	Annually	Staff and board members will continue to fundraise for the organization

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
Capacity of staff and board members on fundraising built	# of staff received capacity building # of board members received capacity building	members on fund raising	Progressive report		
Outcome 5.3: organizational M&E systems, research and leaning capacity is strengthened					
Output 5.3.1 Program mid-term reviews conducted	# of mid-term reviews conducted	Conducting program mid-term reviews	Mid-term review report Progressive report	Semi-annually	Mid-term reviews will support the improvement of the interventions
Output 5.3.2 End-line evaluation for measuring strategic results conducted	# of end-line evaluation conducted	Conducting end-line evaluation to measure strategic results	End-line evaluation report Consultant procurement report	Once	End-line evaluation report will be used to measure results and improve future programming
Output 5.3.3 Best practices are documented and published	# of best practices documented # of best practices published	Documentation and publication of best practices	Publication report Documentation Progressive report	Quarterly	Best practices documented and published will be useful for others to learn
Output 5.3.4 M&E plan developed	# of M&E plan developed	Developing M&E plan	M&E plan	Semi-annually	Developed M&E Plan will technically support the organization to monitor and measure results
Output 5.3.5 M&E plan operationalized	# of plan implemented	Operationalization of the developed M&E plan	Progressive report	Quarterly	M&E Plan will be fully operationalized
Outcome 5.4: HIMSO's communication, visibility, collaboration and networking strategy is strengthened					
Output 5.4.1 HIMSO's communication and visibility strategy developed	# of communication strategies developed # of visibility strategies developed	Developing HIMSO's communication and visibility strategy	Communication strategy Visibility strategy Progressive report	Once	HIMSO Communication and Visibility Strategy will be useful

Narrative Summary	Objectively Verifiable Indicator	Key Activities	Means of Verification	Frequency	Assumptions
Output 5.4.2 HIMSO's communication and visibility strategy implemented	# of communication strategic actions implemented # of visibility strategic actions implemented	Implementation of communication and visibility strategy	Visibility report Progressive report	Quarterly	HIMSO Communication and Visibility Strategy will be fully implemented and that Tanzania legal and policy frameworks will allow its operationalization
Output 5.4.3 HIMSO's collaboration and network strategy developed	# of strategies developed.	Developing HIMSO's collaboration and network strategy	Strategy developed	Once	HIMSO Collaboration and Networking Strategy will be useful to strengthen the organizational capacity in collaborating and networking
Output 5.4.4 National, regional and district level strategic networking forums participated	# of national forums participated # regional forums participated # district forums participated # of HIMSO's staff participated in the forums	Participating in national, regional and district level networking forums	Event reports Progressive reports Registration certificate Certificate of participation	Quarterly	HIMSO will continue to fully participate in national, regional and district strategic networking forums
Output 5.4.5 Key decision makers at national, regional and district level engaged	# of key decision makers engaged from national level # of key decision makers engaged from regional level # key decision makers engaged from district level	Engaging key decision makers at national, regional and district level	Engagement event reports Engagement event attendance registry Progressive report Event resolutions	Quarterly	The engagement of key decision-makers at all levels will continue to add value to HIMSO interventions

7.2 Annex 2: Project Budget

HIMSO 5 YEAR STRATEGIC PLAN BUDGET IN US DOLLARS						
	Strategic Objective 1	Strategic Objective 2	Strategic Objective 3	Strategic Objective 4	Strategic Objective 5	TOTAL
Year 1	363,134	259,382	168,598	220,474	285,320	**1,296,908**
Year 2	847,313	605,224	393,395	514,440	665,746	**3,026,118**
Year 3	605,224	432,303	280,997	367,457	475,533	**2,161,513**
Year 4	363,134	259,382	168,598	220,474	285,320	**1,296,908**
Year 5	242,089	172,921	112,399	146,983	190,213	**864,605**
TOTAL	**2,420,894**	**1,729,210**	**1,123,987**	**1,469,829**	**1,902,131**	**8,646,050**

7.3 Annex 3: Risk and Mitigation Matrix

Risk	Key Drivers	Mitigation measures
Strategic and Programmatic risks	Competition There is a danger of HIMSO model to be imitated by other organizations with larger funding capacities.	Increasing Information management system control, Close monitoring of the context, control document sharing, relationship government-based champions and promote more of Niche products to the general public
Fund Governance and Management	Change of Donor priorities Donor contributions are unpredictable in nature, even if pledges are made early in the year. This could pose a challenge in terms of planning and executing the standard allocations and in executing the Strategic Plan, thus leading to weak and inconsistent delivery and a loss of credibility in eyes of community we serve, government and other stakeholders.	Designing long term programs with multiple funder and partners that require long term partnerships will ensure flexibility in project timelines and deliverable. The organization will keep a database of all potential donors and maintain proper channels of communication even after closure of projects. HIMSO will ensure programs are implemented in a manner that, there is value for money. The Resource Mobilization/Fundraising strategy will also allow HIMSO to explore its non-conventional sources of funds.
Perceptions against projects	Community's Perception Nowadays, community's perception is a significant factor that has made healthcare organizations successful. People's perceptions are an important issue for both the evaluation and improvement of healthcare services. Traditional, beliefs and	HIMSO will continue with health promotion and education to the community, use of influential person in a certain community whom they respect, a friendly approach with individuals and community, improving women access to maternal health and reduce the number of health issues and death during childbirth, physical presence,

	cultural norms also plays a vital role in community's uptake of various health interventions	and emotional support from healthcare providers, increase access to drugs and childbirth services.
Calamities and disasters	Disasters occurrence In occurrence any serious disruptions to the functioning of a community that exceed its capacity to cope using its own resources poses a risk. It might be naturally, man-made or technological hazards.	To prevent new and reducing the existing disaster risk, and managing residual risk, all of which contribute to strengthening resilience that led to the achievement of sustainable development; the organization will apply the disaster risk reduction policies and strategies, to prevent new disaster risks, reduce existing disaster risks, and manage residual risks. Helping the communities be prepared, reduce their risks and become more resilient.

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