

Draft Terms of Reference For The Mid-Term Review of HSDP IV

I. Introduction:

HSDP-IV is a policy level strategic document that will guide the development of sub-national plans and set the rules of engagement in the health sector for the five years period.

HSDP-IV expresses GoE's renewed commitment to the achievement of MDGs as a top Global Policy influencing national development policies and strategies. MDGs relevant and directly linked to the health sector include goals 1, 4, 5, 6, 7 and 8. Of these three particularly fall under the domain of the health sector with specific targets calling for accelerated health interventions. The design and content of HSDP IV specifically takes stock of the health MDGs by giving utmost attention to the prevention and control of communicable and non communicable diseases.

HSDP-IV is situated within and supports the government's overall vision for Ethiopia to become a middle-income country; the five years Growth and Transformation Plan (GTP).

Initiated by the Government of Ethiopia in 1997, the HSDP has evolved into a robust and comprehensive national planning instrument. It is essentially a twenty-year strategic roadmap for the health sector, which has been regularly appraised, improved and implemented as a series of five-year investment plans, focusing on the country's most pressing public health problems. Each five-year plan aims to build on the key achievements, best practices and lessons learned of the preceding one.

While the National Health Policy has been the umbrella for the development of HSDP-IV, other health and health related policies and strategies have also been considered. The influential international commitment giving direction to the HSDP IV is global declaration of MDGs.

HSDP IV is serving as the sector's comprehensive national plan and guiding framework for the detailed planning and implementation of the health sector activities by all level (the Federal, Regional and Woreda) and partners. It has been developed through extensive consultative process using the JANS tools and finally endorsed by the government and development partners.

The Regional Health Bureaus have developed their own Health Sector Strategic Plans derived from the national one and Woreda Health Offices have been exercising the development of their own strategic plan.

The HSDP IV was developed using the Balanced Score Card (BSC) approach and the costing was done using the Marginal Budgeting for Bottlenecks (MBB) tool which is

based on the marginal cost and impact on mortality reduction and was done with two scenarios.

The HSDP IV has three major strategic themes; Excellence in health service delivery, Excellence in leadership & governance and Excellence in health infrastructure & resources.

Based on the guiding framework of HSDP IV, the implementation of the health care services has been continued by developing annual plans, capacitating the human resources, mobilizing fund, conducting supervisions and review meetings, compiling and evaluating reports, etc. There were also tremendous efforts to improve the health system and quality of health services, as part of the general plan, by developing and implementing guidelines and manuals.

HSDP Harmonization Manual indicates midterm review of the five-year health sector development strategic plan. This Terms of References is therefore developed to serve for this purpose.

The general scope of the mid term review of HSDP IV

One of the program implementation arrangements in HSDP IV is the monitoring and evaluation which includes the mid-term review of the five-year strategic plan.

The Health Sector Development Program needs to be monitored to ensure that the implementation of activities is proceeding as planned and scheduled. It also uses to improve the management, maximum utilization of resources and make timely decision to resolve constraints and /or problems encountered during implementation.

According to the harmonization guideline, the HSDP IV mid-term review is planned to take place on the third year of implementation period, i.e., from March to April 2013. It will be conducted by teams of national and international experts according to this Term of Reference developed by the Joint Core Coordinating Committee (JCCC) and endorsed by the Joint Consultative Forum (JCF) and the ARM.

Therefore, the mid-term review is expected to assess the relevance of the activities, the progress made, the problems encountered and the experiences gained in the process of implementing the program. The review will use the detailed programmatic indicators & targets of HSDP and assess findings, conclusions and recommendations of the JRMs, ARMs, FMOH-HPN joint consultative meetings, Evaluations of HSDP I, II and III, HSDP III synthesis report, new guidelines and manuals of different health service programs, and recent studies and relevant documents in the health sector of Ethiopia as reference documents. The review is expected to provide pertinent information on the progress of the program, achievements obtained so far, constraints and/or challenges encountered and solutions provided covering all the ten strategic objectives. It is also expected to draw best lessons learned and experiences gained and forward recommendations on the overall performance of the program.

II. Objectives of the midterm review:

General objective:

To measure and document the extent to which the targets set for the HSDPIV are achieved, assess constraints and/or challenges encountered and solutions provided, draw best lessons learned and experiences gained, and forward recommendations to improve future management and implementation of activities to attain the HSDP goals.

Specific objectives:

Improve access to Health Service

1. To document the contraceptive acceptance rate
2. To document the contraceptive prevalence rate
3. To document the proportion of births attended by skilled health personnel
4. To measure Penta III coverage
5. To measure ART coverage
6. To document the PMTCT service
7. To measure ITNs coverage rate
8. To document the improvement of sanitation access rate
9. To measure TB case detection and treatment success rates
10. To document the primary health service coverage

Improve community ownership

11. To document the implementation of HDA
12. To document the implementation status of model household graduated by HEP
13. To document the performance and coverage of community conversations at different level

Improve Resource Mobilization and Utilization

14. To quantify Government budget allocation to the health sector
15. To quantify the total per capita health expenditure
16. To quantify the ratio of budget allocation to utilization/expenditure

Improve quality of health services

17. To document inpatient case fatality rates
18. To measure the health service utilization rate

Improve Public Health Emergency Preparedness and Responses

19. To document the proportion of epidemics averted

Pharmaceutical Supply and Services

20. To measure the essential drug stock out rate
21. To document the procurement lead time

Improve regulatory system

22. To document the proportion of health institutions complying with service standard

Improve evidence based decision making through enhanced harmonization and alignment

23. To document HMIS completeness and timeliness reporting rate
24. To document the level of HSDP harmonization with the “one plan, one report and one budget” principle.

Improve Health Infrastructure

25. To document health facilities fully equipped and furnished as per the standard

Improve Human Capital and Leadership

26. To proportionate institutions staffed as per standards

The above specific objectives are for the general study and the proposed areas for the focused study are:

- Maternal and neonatal mortality reduction
- Health Extension Program

III. Expected outcomes:

The final outcome of the whole Review Process will be a Main Report, which captures:

1. The strengths and weaknesses of the health system in the national policy context (democratization & decentralization, development of preventive & promotive health service, and other policy focuses) to proceed with the implementation of the HSDP.
2. The level of progress made in achieving both impact and outcome indicators during HSDP-IV period
3. The strengths, weaknesses and main challenges of the implementation process of HSDP IV key initiatives in the context of its main strategic objectives and strategic results, the national Growth and Transformation Plan and the MDGs
4. Identification of best practices and lessons learnt and major implementation problems, and
5. Conclusion on achievements to determine whether HSDP-IV is on track or needs any adjustments in implementation including recommendations on useful measures that will help to improve the implementation of HSDP IV in the remaining period of time.
6. Provide recommendations for the formulation of the next phase of the Health sector that require long term implementation

IV. Specific issues to be addressed:

The review should focus on the improvements, strengths and weakness of implementation, lessons learned and best practices gained of each components of HSDP.

It should also assess the status of HSDP monitoring indicators and present additional information on implementation progress and challenges.

V. Approach and methodology of the HSDP IV mid-term review:

The team leader will be working with the JCCC for the preparation of the study.

The consultancy team is expected to:

- Develop guides and tools for data collection, summarization, organization and analysis in consultation with JCCC. The tools should be commented by JCCC and the FMOH Management committee to assure the review is comprehensive and deep.
- Collect data by conducting document review; interview with governmental, civil society organizations and private sectors relevant to the health sector development program; and visit health service areas.
- Organize and analyze data and write report based on the TOR.

Data will be collected through:

A. Review of relevant documents:

- HSDP documents (HSDP I, II and III)
- Periodic reports to the respective Regional Councils, FMOH and others
- Annual consolidated reports
- Reports of the previous JRMs and ARMs
- The HSDP I, II & III MTR and Final evaluation reports
- Demographic Health Surveys (DHS), 2005 and 2011
- Relevant policy documents like GTP, MDG and MDGs Need Assessment Report, Public Expenditure Review (PER), Decentralization Policy, Policy on Ethiopian Women, National HIV/AIDS Policy and Strategy, Population Policy and others, HEP evaluation, Harmonization, etc.
- Other relevant and recent studies on the health sector of Ethiopia.

B. Semi-structured interviews/discussions with:

- Members of the JCF and RJSC
- FMOH staff of the relevant departments and teams
- MOFED, FMOE, Ministry of Water and other relevant Federal Authorities

- RHB staff, Regional MOFED and other relevant authorities from selected regions
- Staff of health facilities at Regional, woreda and health posts/health centers levels
- Staff of Woreda Health Offices
- Community members/beneficiary assessment.
- CSOs intervening activities relevant with health sector,
- Community and Religious Leaders at National and Regional levels
- Representatives of donor agencies and development partners proactive in the health sector
- Professional Associations (Ethiopian Public Health Association, Ethiopian Economists Associations, Physicians Associations in Private Practice, etc.)
- Institutions of Higher Learning

C. Questionnaires (providing qualitative information) that address the HSDP Strategic themes, Strategic objectives and Strategic results.

VI. Reporting and Dissemination of Results:

The Team Leader will present the mid-term review report to PPFDG and then the Joint Core Coordinating Committee (JCCC). Both have the responsibility of overseeing that the review process is conducted in accordance with the TOR and it is their joint responsibility in submitting the final report to the JCF for discussion and guidance. The report and any other comments as may be deemed necessary will be distributed to all stakeholders (Government agencies, donors, etc.) and will be presented at the ARM 2013 for discussion and final approval.

VII. Team Leader:

The Team Leader shall be a senior specialist in any of the public health fields related to the TOR of this review. He/She will be selected by the JCCC and will:-

- Be accountable to both the PPFDG and JCCC;
- Be responsible for the preparation of the overall review program in consultation with the PPFDG/JCCC
- Have overall responsibility for the day-to-day direction of the review
- Finalize, in collaboration with the JCCC and management committee, the instruments/questionnaires and introduce these to all team members;
- Assign, in consultation with the JCCC, team members to sub-teams and identify sub-team leaders;
- Identify and discuss any issues/problems with the JCCC;
- Make visit(s) to any of the sub team(s) in the field, if needed;
- Maintain regular contact with team members in the field
- Be responsible for the consolidation and analysis of inputs from team members to produce a coherent report.

- Be responsible for the quality of the report as stipulated by the TOR of the HSDP IV mid-term review.

VIII. The Team Members:

To permit adequate coverage of selected regions, the review team will consist of five sub-teams, each composed of five to six specialists in the components to be reviewed i.e. a total of 25 to 30 experts. This number excludes the team leader and the members of the JCCC.

As much as possible, preference will be given to specialists already familiar with the HSDP in order to maintain continuity. As much as possible, no part-time team membership will be recruited.

The composition of each sub-team will have appropriate mix of national, international, GOE and donor personnel and will also reflect adequate gender balance.

There will also be representative professionals in the teams from other sectors; Ministry of Education, Agriculture, Water, Information, Finance & Economic Development and Disaster Prevention & Preparedness Agency.

In order to strengthen the teams with professionals of sub-national planning & implementation experiences and perform in-depth analysis of health extension program, staff from Regional Health Bureaus will be included in the teams but they will be assigned in different regions other than their respective work place.

In general, the team will be of two types:

- 1) Team that develops the design and data collection instrument, analyze data and write the report
- 2) Team that will participate the field work

Professional mix will consist of at least:

1. Public Health professionals majority from outside the Ministry of Health but some from MOH with working experience in:
 - 1.1. Planning/ Health Systems (3) at least one with strong sub-national planning experience
 - 1.2. Maternal Health (2)
 - 1.3. Child Health (2)
 - 1.4. Disease control (emphasis on Malaria) (1)
 - 1.5. Disease control (emphasis on HIV/AIDS and TB) (1)
 - 1.6. Community based Health care delivery (3)
 - 1.7. One Public Nutrition Expert
 - 1.8. One Environmental Health Expert
 - 1.9. One Health Economist

- 1.10. One Pharmacist with health system experience
2. Health professionals from selected Regional Health Bureaus (11)
3. Representatives from other sectors who had direct or indirect relationship with the health sector (6)
4. One with professional background and experience on logistics
5. One with special experience on gender (this is in addition to the gender balance of the whole team)
6. One with professional background and experience on human resource related to health

This team composition will make at least 36 people + a team leader. With this mix, the tool/questionnaire and guide will be prepared. The Health economist and the team leader will do more in depth analysis of some other documents during the field work. This will be further discussed and team members identified with team leader. Based on the specific tasks assigned by the team leader, a team member is expected to successfully complete the following tasks depending on his/her areas of assignment:

- Each team member shares the duties and responsibilities specified for the review;
- Each member of the team is accountable to the team leader;
- Assess the progress in HSDP IV implementation by reviewing and analyzing documents, interviewing appropriate institutions and making site visits;
- Collect information required for the review.
- The review teams will report on their findings on each of the components, as specified in this TOR. The report of the mid-term review of HSDP IV will thus be composed of chapters for the components, the cross-cutting issues and the overall governance and management structure.
- Perform other relevant duties assigned by the team leader.

Assessment Approach: Two approaches are proposed, either of the two will be taken

Option 1: The traditional approach with huge involvement of independent national international consultants. There will be regional reports to be written by the consultants with possibility of comparing performance of regions.

Option 2: Undertake detailed studies on selected focus area before the launching the actual MTR; Select few areas for detailed studies before the actual commencement of the midterm evaluation. **Selected Regional health bureaus undertake their own self evaluation with support.** The results of these studies will feed into the midterm evaluation. Eg for focused studies are: Human resource development and management, Maternal and neonatal mortality reduction, Effectiveness of the health finance reforms, Health Extension Package, Wereda capacity building

The main mid-term review then follows with the international and national consultants.

1. The regions will have a chance to review in detail the performance of Weredas and could identify well-performing and poorly-performing Weredas and help them chart out strategies to improve the overall performance of the region with special emphasis with poor performing Weredas. In other words, the self evaluation might generate strategy for targeted management support from the regional levels.
2. The overall quality and comprehensiveness of the regional reports will be more accurate and comprehensive. While the external consultants could only visit sample Wereda and conclude from such few samples, this approach will provide an overall picture.
3. The regional health bureaus will develop self evaluation capacity that will help the management and supervision of annual plans in the future.

In this option there will be two phases:

- Detailed study and regional self evaluation phase : this is the actual period that the studies and regional self evaluation will be carried out
- Actual mid-term evaluation phase: this is the phase where the main evaluation team will be collecting and collating information, writing reports and obtaining immediate feedback for improvement.

IX. BUDGET:

The total budget required to conduct the review will be covered from the HPF III

X. TIME TABLE FOR THE MID-TERM REVIEW

No	ACTIVITY	TIME SCHEDULE		Responsibility
		Start	End	
1	Develop Terms of References for the review			
	1.1 Develop draft ToR and circulate to FMoH departments and development partners for comment			PPFDG & JCCC
	1.2 Incorporate comments and finalize the ToR			PPFDG
	1.3 Approve the ToR by Ministry of Health Management			PPFDG
	1.4 Approve the ToR by JCCC			PPFDG
	1.5 Approve the ToR by all stakeholders at the ARM 2012			PPFDG
2	Recruit and deploy consultants			
	2.1. Call for consultancy services and short list			PPFDG & UNICEF
	2.2 Recruit qualified international consultants			PPFDG & JCCC
	2.3. Recruit the national consultants			JCCC
3	Develop data collection instrument			
	3.1.Prepare interview guide, questionnaire, document review checklist and detailed methodology and plan of action			Consultants & JCCC
	3.2. Circulate to reviewers and incorporate comment			Consultants & JCCC
	3.3. Develop final tool and implementation plan			Consultants & JCCC
4	Logistics preparation			
	4.1. Conduct preparatory meeting with review teams			PPFDG & JCCC

	4.2. Communicate review program, ToR, data collection tools and methodologies to RHBs			PPFDG & JCCC
	4.3. Finalize logistics preparation			PPFDG & UNICEF
5.	Data collection			Consultants
6.	Review and collect data			
	6.1. Conduct document review			Consultants
	6.2. Conduct reviews and discussions			Consultants
	6.3. Prepare inception report by team leader to HSDP secretariat and JCCC			Consultants
	6.4. Compile, organize and analyze data			Consultants
7.	Produce report			
	7.1. Prepare review report			Consultants
	7.2. Submit zero draft			Consultants
	7.3. Incorporate comments and submit final review result/document			Consultants
	7.4. Present the findings at the ARM 2013			Consultants
8.	Disseminate result and use of data			
	8.1. Communicate the findings to stakeholders through forum at all level			PPFDG
	8.2. Publish review report and distribute to all concerned bodies for use			PPFDG