



Advancing Health Research, Enhancing Life



National Institute for Medical Research

**Strategic Plan IV
2014-2019**

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LIST OF ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
AJSC	Annual Joint Scientific Conference
DFHRP	Director of Finance, Human Resources and Planning
DG	Director General
DITC	Director of Information Technology and Communication
DRCP	Director of Research Coordination and Promotion
GIS	Geographical Information System
HIV	Human Immunodeficiency Virus
ICT	Information Communication Technology
M&E	Monitoring and Evaluation
MoU	Memorandum of Understanding
MRCC	Medical Research Coordinating Committee
NIMR	National Institute for Medical Research
PRO	Public Relations Officer
SWOC	Strength, Weakness, Opportunities and Challenges

FOREWORD

National Institute for Medical Research (NIMR) aims to remain at the forefront of research for health by maintaining its competitive advantage in the key areas of biomedical sciences, social determinants of health and health systems and policy. NIMR's vision, mission, strategies and metrics for success are articulated in this five-year strategic plan, *Advancing Health Research, Enhancing Life*. By successfully implementing the strategies outlined in this plan, NIMR will achieve its vision of employing health research excellence to meet the national health challenges of today and tomorrow and to achieve health equity nation-wide. Our inspirational goal is to ensure health research impacts the country's socioeconomic transformation through healthy people.

The National Institute for Medical Research (NIMR) established in 1979 has evolved from a small institution with only 13 research scientists to its current capacity of 167. Of the research scientists, 40 (23.9%) are PhD, 88 (52.7%) Master and 39 (23.3%) Bachelor degree holders. In addition, there are 45 laboratory technologists and 10 Systems Analysts. Currently, 34 research scientists are undertaking PhD programmes. During the period of the last Strategic Plan, NIMR has published 405 journal articles in peer reviewed journal.

During the 2008-2013 period, the number of Research Centre has increased from 6 (Amani, Mwanza, Muhimbili, Tabora, Tanga and Tukuyu) to 8 following the Gazetting of Mbeya and Ngongongare as Research Centres in November 2010 (The Institute for Medical Research, Proclamation (Amendment) Order, 2010). Over the past 5 year, the Institute has expanded in its scope to include several clinical trials in malaria, HIV and tuberculosis. New programmes have been added in its portfolio. We have witnessed the completion of Traditional Medicine Research and Development Laboratory at Mabibo area in Dar es Salaam. It is envisaged that the Laboratory cum factory will serve the country in testing and production of various herbal medicines. In addition, there has been improvement in terms of laboratory infrastructure including the construction of the Tabora Medical Laboratory, Mwanza Intervention Trial Unit and Mwanza Neglected Diseases Clinical Centre. Later, this year, NIMR will launch a Mobile Laboratory that will enhance the national capacity in detection of highly pathogenic infection in Tanzania.

Development of Institutional Strategic Plan started with five-year development planning at the end of 1990s. Since then, three plans have been implemented. The first medium range strategic plan (1999-2002) was followed by the second strategic plan of 2003-2008. The third Strategic Plan covered the period of 2008-2013. The current strategic plan has been prepared to cover the period of 2014-2019. The 2014-2019 Strategic Plan was developed taking stock of the gaps realised during the 2008-2013 and new developments over the period of time. The Strategic Plan IV involved the review of the previous Strategic Plan; SWOC analysis and alignment with the Macro- and Micro-policies. The 4 National Health Research Priorities formed the basis for the Strategic Objective 4 (health research and development carried out).

Over the period, the Institution has faced a number of challenges in executing its mandates. There has been inadequate government direct funding for health research, resulting in a high reliance on donors; inadequate human resource for specialized areas due to employment restrictions and inadequate stable training funds; limited specialized research facilities including high-tech-laboratories and office spaces; and poor research uptake resulting from a sparse knowledge management system. It is my sincere hope that during the next Strategic Plan period, all these will be effectively addressed to improve our undertaking and increase our research outputs and impact. The National Institute for Medical Research is committed to achieving its new vision and your cooperation and collaboration is critical in carrying out the mission activities towards the intended destiny.

Prof. Samuel Maselle, PhD
Chairman, NIMR Council

ACKNOWLEDGEMENTS

The development of this Strategic Plan IV started in 2011 when the National Institute for Medical Research carried out a Mid-Term Review of the its Strategic Plan III (2008-2013). This plan received critical review from the Management Committee, the Institute's members of staff, and stakeholders. All in all it took a lot of heads and hands to turn our ideas into the plan it is today. It is to everyone who took part in every inch of the process that we want to say thank you.

In this regard, The National Institute for Medical Research wishes to thank the many individuals, institutions, and partners who contributed time and expertise to developing this plan. We received a lot of invaluable feedback during our analyses, which enabled us to strengthen some areas and redefine ourselves in others. All this was done to ensure that NIMR continues to be a strong national institution in the area of health research. Special thanks to our facilitators, Prof. John Kessy, Dr. Kenneth Lema, Solomon Kibona and Anselm Mmassy for their enthusiasm, technical assistance throughout the process and for the job well done. We would also like to thank MSH for financial support in the process and development of the actual document.

We are grateful to our partners and stakeholders, including Ministry of Finance and Planning, Tanzania Commission for Science and Technology, Sokoine University of Agriculture and the US Centers for Disease Control and Prevention for their various contributions in the developmental process of this Strategic Plan.

I would also like to thank the NIMR Management for the many hours of deliberation that yielded this document, it was not an easy task but it was a task well done. In the words of Vince Lombardi "the outcomes of an organization are the result of the combined efforts of each individual". To each member of the NIMR team I say thank you. All this would not have been possible without the NIMR Council through the able leadership of our Council Chairman Prof Samuel Maselle; we are deeply indebted to them for this support.

Last but not least I would like to thank our parent Ministry, the Ministry of Health and Social Welfare, which has been instrumental in making NIMR what it is and continues to support it unequivocally.

Mwelecele N. Malecela
Director General

EXECUTIVE SUMMARY

The Tanzania National Institute for Medical Research (NIMR) was established by the Act of Parliament No. 23 of 1979 and became operational in 1980. The development of a five-year institutional strategic plan is meant to serve the purpose of shaping organizational direction and scope on long term basis by making broad decisions on development, deployment and configuration of the resources within the changing environment and to fulfil stakeholders' expectations and achieve institutional objectives. This strategic plan aims to answer some key institutional questions related to the institutional mandates and is expected to enable NIMR to improve its national obligations. This strategic plan envisages to establishing institutional priorities for efficient and effective resource allocation. This is the fourth Strategic Plan. The first one was developed in 1999 and followed by other plans of 2003-2008 and 2008-2013. The preparation of this plan was through a consultative and iterative process which involved most of the key stakeholders. The participatory process involved a number of methodological activities which included literature review of the status, challenges and lessons of experience of the previous strategic plan, national health research priorities and institutional performance covering (2008 – 2013) period.

This has culminated into the revision of the Institutional vision, mission, and core values. The NIMR vision is to be an institution of excellence for advancement of health research and development in Tanzania and beyond. Its mission is to conduct, coordinate, regulate and promote scientifically and ethically sound, high quality health research and deliver evidence-based information that is responsive to the needs of human wellbeing with core values that include Integrity, Accountability, Unity, Innovation and Quality. The motto is *Quality Research for Better Health*

This strategic plan is made up of 6 major strategic objectives translated into the total of 22 strategies and 160 planned activities. The strategic objectives, strategies and activities were developed to address the key institutional challenges and priorities. In addition, the strategic plan contains a detailed Communication Strategy and Monitoring and Evaluation Framework. The Communication Strategy is made up of three strategic objectives.

PART 1: THE STRATEGIC PLAN

1.1. INTRODUCTION

1.1.1 Background information

The Tanzania National Institute for Medical Research (NIMR) is a Parastatal Service Organization under the Ministry of Health and Social Welfare. It was established by the Act of Parliament No. 23 of December 8, 1979 and became operational in 1980. The organizational mandates of NIMR focus on scientific evidence generation, documentation, translation and dissemination; capacity building for conducting health research; coordinating, regulating, and monitoring of health research in Tanzania; and facilitating the application of generated evidence in alleviating the disease burden among Tanzanians.

The Institute Headquarters are in Dar es Salaam. The Headquarters has a central role in coordination, monitoring and promotion of health research and provides a linkage between health researchers and the users of their findings. In addition, a number of research programmes are run from the Headquarters. These include Disease Surveillance and Geographical Information Systems, Health Systems and Policy, Environment and Sanitation, EcoHealth and One Health and Traditional Medicine. As well as the headquarters, the Institute comprises of eight Research Centres namely Amani, Mbeya, Muhimbili, Mwanza, Ngongongare, Tabora, Tanga and Tukuyu. It also runs six Research Stations at Amani Hill, Haydom, Handeni, Kilosa, Korogwe and Gonja.

This is the fourth Institutional Strategic Plan. Strategic planning for NIMR was meant to serve the purpose of shaping organizational direction and scope on long term basis by making broad decisions on development, deployment and configuration of the resources of the institution within the changing environment and to fulfil stakeholders' expectations and achieve institutional objectives. Additionally, this strategic plan is expected to enable NIMR to improve service delivery, facilitate creation of more relevant institutional structures, increase levels of institutional, programmes, and individual accountability, improve transparency and communication between management, employees, clients and other stakeholders. This strategic plan envisages to establishing institutional priorities for efficient and effective resource allocation. The plan is expected to create a challenging, change-oriented and creative environment for the organization.

1.1.2 Methodology used

The preparation of this document was developed through a consultative and iterative process which involved most of the key stakeholders. The participatory process involved a number of methodological activities which are described in detail in the forthcoming sub sections.

Relevant literature was reviewed with the aim of assessing the implementation of the previous plan and developing insights on issues of priority in this strategic plan. The review made assessment of the status, challenges and lessons of experience which ultimately contributed to the development of the new strategic plan. Among the key literature reviewed included:

- NIMR (2008 – 2013) Strategic Plan
- Strategic Plan Mid-term review report and action plan
- Annual Plans and Performance Reports (including Annual Reports),
- Progress and activity reports
- Research Reports and Publications
- 3rd and 4th National Health Research Priorities
- NIMR Organogram
- Council on Health Research for Development (COHRED) Tanzania: An assessment of the health research system. A country report of the AHA series, 2009, pp 92.

The 4th National Health Research Priorities provided the needed guidance in the drafting of the new strategic plan and hence served as one of the key literature source.

The consultative process involved NIMR staff and stakeholders. A special checklist was developed and used to guide the consultative process. Among the key stakeholders and partners who were consulted included senior officials of the Ministry of Health and Social Welfare; Ministry of Communication, Science and Technology; Tanzania Commission for Science and Technology; Ministry of Water; Ministry of Education and Vocational Training; United Nation's Children Fund and Water AID.

The consultations were followed up by a four-day strategic planning workshop held in Tanga in July 2013. Workshop participants were NIMR staff and a few technical collaborators from Tanzania Commission for Science and Technology, Ministry of Finance and Planning, and Sokoine University of Agriculture. The aim of the workshop was to discuss the final evaluation of the recently concluded strategic plan, conduct strength, weakness, opportunities and challenges (SWOC) analysis (Appendix I) and draft the initial contents of this strategic plan. Among other things, participants developed organizational Vision, Mission, and Core Values which were discussed and agreed. Then, a 2-day technical workshop was conducted at Kunduchi Beach Hotel in August 2013 to review the zero draft report.

During the strategic planning process it was important to ensure that the strategic plan for NIMR is adequately aligned with both macro and micro economic strategies and policies in Tanzania. Tanzania's long-term development goals are set out in Vision 2025, with shorter term national goals being articulated in the National Strategy for Growth and Reduction of Poverty, popularly known as MKUKUTA. Health-specific objectives are specified in the National Health Policy, the Third Health Sector Strategic Plan, and the Primary Health Service Development Strategy.

1.2. VISSION, MISSION AND VALUES

1.2.1 Conceptualization

While developing this strategic plan, it was important to develop a common understanding among key players on the issues of vision and mission statements as well as organizational values. The developed understanding is presented in this section plus the vision, mission statements and core values that will guide NIMR in the coming five years of implementing this strategic plan.

A vision statement is about what the organization wants to become. All members of the organization should be able to identify with it and it should help them feel proud, excited, and be part of something much bigger than them. A vision should stretch the organization's capabilities and image of itself. It gives shape and direction to the organization's future. Effective vision statements are clear, concise, catchy and memorable.

When properly constructed, a mission statement should provide a clear and concise description of an organization's overall purpose. A mission statement should answer three questions: What do we do?, How do we do it?, For whom do we do it? This can enable large groups of individuals to work in a unified direction toward a common cause. A good mission statement is compelling, passionate, and energizing. It should be risky and challenging but also achievable.

Organizational values define what the organization stands for as core rules in running business in the organization which should not be compromised. They provide the bounds or limits of how the employees will conduct their activities while carrying out the vision and mission. They are statements about how the organization will value customers, stakeholders and the internal community. Once defined, the values that are important to the organization should be reflected in everything that is done by the organization.

The Vision and Mission statements for NIMR together with the core values are summarized herein.

1.2.2 Vision

To be an institution of excellence for advancement of health research and development in Tanzania and beyond

1.2.3 Mission

To conduct, coordinate, regulate and promote scientifically and ethically sound, high quality health research and deliver evidence-based information that is responsive to the needs of human wellbeing

1.2.4 Core Values

- Integrity
- Accountability
- Unity
- Innovation
- Quality

1.2.5 Motto

Quality Research for Better Health

1.3 THE PLAN

1.3.1 Background to the strategic objectives

This strategic plan is made up of 6 major strategic objectives translated into the total of 22 strategies and 160 planned activities. The following challenges and organizational priorities were considered in developing the NIMR (2014-2019) strategic plan. The governance structure and system for effective performance of NIMR are not adequately developed. A number of organizational system documents are either not existing or partly developed while others need to be reviewed. Some policy documents need to either be developed or reviewed and made operational. The organizational structure though recently reviewed still needs attention in terms of operationalization. In this strategic plan, interventions have been designed to address the identified gap.

Availability of resources for implementation of organizational activities was identified as one of the major challenges. Over dependence on donor funding coupled with ever decreasing funding from the government has made it necessary for the organization to “*think outside the box*”. NIMR therefore intends to take measures that will ensure that more resources are mobilized through various fund-raising options. In this plan, innovative strategies and activities for resource mobilization have been identified and prioritized.

It was observed during the final review of the previous plan and the SWOC Analysis that the capacity of NIMR in terms of pursuing her health research regulatory roles was challenged. Registration of health researchers and projects was problematic. The analysis also found that the ethical clearance process has been plagued with operational inefficiencies, while monitoring and evaluation of health research after clearance was far from optimal. The capacity for bio-safety clearance was also identified as a challenge. Strategies and actions to address the identified challenges have been included in this strategic plan.

The 4th National Health Research Priorities, 2013-2018 require that research be conducted in three main categories namely biomedical, health system/policy and social determinant of health. NIMR being one of the main health research institutions in the country has the mandate to provide leadership and demonstrate organizational commitment in the implementation of the National Health Research Priorities. In this strategic plan, strategies and activities aimed to effectively conduct research in accordance to the National Health Research Priorities have been itemized.

NIMR recognizes the need for improved translation of research findings and ensuring that research findings are utilized to improve health condition of Tanzania citizens and international community. For this to happen, the organization needs to strategize in order to ensure that utilization of research findings is promoted through translation and use of various communication mechanisms. In this strategic plan the strategies and activities to that effect are itemized.

From this background the strategic plan has a total of six strategic objectives, these include:-

1. Governance structure and systems for effective performance of the Institute are in operation
2. Resources for effective implementation of the NIMR strategic plan are made available
3. Health research regulatory capacity strengthened
4. Health research carried out
5. Utilization of research findings promoted.
6. Training programs in health and allied sciences established and executed.

Under each strategic objective a set of strategies and activities are itemized as summarized in the following section

1.3.2 *Conceptual Framework for the Strategic Plan*

The conceptual framework presents a summary of the major lines of thinking that will guide the implementation of activities by NIMR for the 5- year period. Essentially there is a horizontal logic in terms of organizational needs/requirements, strategic objectives and activities contained in the strategic plan and anticipated impact that NIMR intends to realize at the national and international levels.

The conceptual framework summarizes organizational requirements for NIMR into three major categories. These include:

- Creating a conducive and supportive working environment,
- Efficient handling of NIMR core business and
- Performance control including information sharing.

According to the conceptual framework strategies in the strategic plan which aim to improve governance are geared to improve the supportive working environment and are of cross cutting in nature. Equally the developed M&E system and communication strategy are cross-cutting documents aimed to facilitate performance control and information sharing.

In terms of handling the core business the conceptual framework categorizes NIMR mandates into two categories namely internal roles and national mandates. Strategies and activities contained in the strategic plan to address internal roles do focus on issues of conducting research in various thematic areas, mobilization of resources for research, commercialization of research products, training in health and allied sciences as well as developing linkages with similar- minded institutions. As for the NIMR's national mandates, the strategic plan has strategies and activities aimed to facilitate regulation and coordination of health research in the country as well as enforcement of NIMR Act.

Finally all the strategies and activities in the strategic plan are geared to ensure that NIMR makes an impact to the society in terms of advancing health research and enhancing lives as per organizational vision and mission statements.

1.3.3 Contents of the strategic plan

Strategic Objective 1: Governance structures and systems for effective performance of the institute are in operation

Strategy 1: Departments/Units established and strengthened

Activities:

- Planning department established
- Procurement Management Unit established
- Legal unit established
- Grants management unit established
- Public relations and protocol unit strengthened
- Consultancy and Intellectual Property Rights(IPR) unit established
- Directorate of Health Innovations and Interventions operational
- Incubation Centres and Science Parks established
- Monitoring and Evaluation Department strengthened
- Environmental Health and Biosafety units established

Strategy 2: Organization systems documents developed/reviewed

Activities:

- Communication strategy developed and operationalised
- Monitoring and Evaluation strategy developed and operationalised
- Resource mobilization strategy developed

Strategy 3: Policies, regulations and guidelines developed, reviewed and operationalised

Activities

- Human resources policies and regulations developed, operationalised and reviewed Institutional Information Communication Technology (ICT) policy and guidelines developed and operationalised
- Health research, publication and IPR policies developed and operationalised
- Consultancy policy developed and operationalised
- Communication guidelines developed and operationalised

Strategy 4: Governance structures strengthened

Activities:

- Organization structure reviewed and operationalised
- NIMR Management and Council meetings convened
- Workers Council meetings convened
- All other institutional meetings convened
- NIMR Act of 1979 reviewed

Strategic Objective 2: Resources for effective implementation of NIMR strategic plan are made available

Strategy 1: Resource mobilization enhanced

Activities:

- Annual budget and work plan developed
- Business plan developed and executed
- Integrated Financial Management Information System customized to capture all revenue sources
- Diagnostic centres identified and established for revenue generation
- Land needs and use plan developed
- Solicitation for potential investors for the available prime land
- Dialogue with the government and other potential stakeholders for increased subvention
- A forum for engagement with the donor community established
- Engagement with the industry enhanced
- Registration of spin-off company or commercial firm
- Strategies for sustaining the Health Research Users' Trust Fund identified and implemented
- Other new sources of revenue identified and implemented



Strategy 2: Institutional infrastructure acquired and maintained

Activities:

- Equipment and other Infrastructure requirement plan developed and implemented
- Preventive maintenance plan developed and implemented
- Land development interventions executed undertaken
- Required ICT and Geographical Information System (GIS) infrastructure in place and operational
- Inter - and intra-connectivity between and within centres with functional mechanisms for sharing internet developed and maintained
- Capacity building for application and use of ICT and GIS among staff and stakeholders strengthened
- Health Research Repository developed and functional
- Health research database maintained and strengthened
- Information acquired and disseminated through digital libraries and e-systems
- Enterprise Resource Planning implemented and maintained

Strategy 3: Human Resource Management Function Strengthened

Activities:

- Human resource analysis and planning carried out
- Human resource training programme developed, reviewed and implemented
- Human resource compensation and incentive schemes reviewed
- Human resource health, safety and service and security framework reviewed.
- Job analysis and description reviewed
- Staff recruitment and placement carried out
- Staff succession plan developed and operationalised
- Training opportunities solicited
- Support and facilities staff training for short and long courses
- Performance management strengthened



Strategy 4: Research Products Commercialized
Activities:

- Potential products for commercialization identified.
- Marketing strategy developed and implemented
- Needs assessment for resources for research products commercialization conducted
- System of filing/registration and safe custody of patents developed
- Herbal products manufacturing plant completed and functional
- Product development (including diagnostic and biotech products) undertaken
- Development and registration of commercial products to relevant regulatory authorities undertaken
- Incubation centres and Science Parks established

Strategy 5: Capacity to deliver quality consultancy services enhanced
Activities:

- Consultancy strategy developed
- Inventory of internal capacity established
- Key areas for delivering consultancy services identified
- Consultancy services delivered and promoted

Strategic Objective 3: Health research regulatory capacity strengthened

Strategy 1: Registration of health research institutions, researchers and research projects strengthened

Activities:

- Guidelines and database for registering health research institutions, researchers and research projects developed
- System for registration of health research strengthened
- The repository mechanism of the registered health research institutions, researchers and research projects developed
- Partnerships with other institutions in order to develop a user friendly system for registration of research projects developed

Strategy 2: Capacity for ethical clearance enhanced

Activities:

- Training on health research ethics carried out
- Guidelines and mechanisms to fast-tracking ethical clearance reviewed
- Public engagement on issues regarding ethical requirements for health research carried out
- Zonal Ethical Review Committees established and strengthened
- Electronic Ethical Review System developed and operationalised
- Client service Charter developed and operationalised

Strategy 3: Capacity for monitoring and evaluation of health research in Tanzania strengthened

Activities:

- Capacity in monitoring and evaluation enhanced
- Health research inspectors recruited
- Guidelines for monitoring and evaluation developed and operationalised
- Monitoring of health research conducted
- Passive monitoring of approved research projects conducted
- Supportive capacity of District and Regional Medical Officers for passive monitoring of approved research projects enhanced

Strategy 4: The capacity for biosafety clearance strengthened

Activities:

- Biosafety guidelines for registration and quality assurance of health research facilities developed
- Health research facilities accredited for bio-safety compliance

Strategy 5: Capacity for ethical clearance of animal use, their handling and care for health research is enhanced

Activities:

- Guidelines for use of animals in health research developed and operationalised
- National and institutional animal research ethical clearance committees established
- Monitoring of animal use, handling and care for health research conducted.



Strategic Objective 4: Health Research and Development Carried Out

Strategy 1: Basic and applied Biomedical research conducted

Activities:

- Research on communicable diseases conducted
- Research on non-communicable diseases conducted
- Reproductive, maternal, newborn and child health research conducted
- Research on traditional and alternative medicine carried out
- Research on climate change conducted
- Research on ecohealth and one health conducted
- Research on environmental health and sanitation conducted
- Research on application of ICT, GIS, Bioinformatics, Genomics and Nanotechnology conducted

Strategy 2: Health systems and policy research carried out

Activities

- Research on human resource for health and financing conducted
- Research on health services delivery and infrastructures conducted
- Research on reproductive and child health service delivery conducted
- Research on health information systems conducted
- Research on health policy conducted
- Research on risk analysis, preparedness and response capacity conducted
- Research on intersectoral collaboration conducted
- Research on governance for health conducted



Strategy 3: Research on social determinants of health carried out

Activities

- Research on gender roles and inequalities carried out
- Research on custom, traditions and beliefs carried out
- Research on key population/most at risk carried out
- Research on health equities and inequalities carried out
- Research on socio-economic status and social inclusion carried out
- Research on health promotion carried out
- Research on behaviour change and communication carried out

Strategy 4: Capacity for health research strengthened

Activities

- Capacity in scientific writing and publications strengthened
- Capacity in writing grants winning proposals strengthened
- Capacity in Research Management and Monitoring and Evaluation strengthened
- Fellowship programme developed and operationalised.
- Mentorship and coaching program developed and operationalised
- Staff rewarding system for research excellence established
- Budget to facilitate proposal development allocated
- Research opportunity tracking desk established
- Internal and external research and training collaborations strengthened



Strategy 5: Research on traditional and alternative medicine conducted

Activities:

- Inventory of traditional medicine established and updated
- Research on phyto-pharmacology of traditional medicine carried out
- Proof of claim clinical observation studies conducted
- Proof of concept clinical trials of traditional medicine conducted
- Production of safe and efficacious traditional medicine using Good Manufacturing Practice carried out
- Application of nano-technology in health research enhanced
- Promotion of cultivation of medicinal plants carried out
- Promotion of various propagation methods in development of medicinal plants
- Formulation and development of validated herbal medicines enhanced

Strategy 6: Evaluation research conducted/carried out

Activities

- Evaluation indicators and tools developed
- Impact surveys conducted to determine the extent to which the interventions have achieved their major objectives and sustainability.
- Impact, relevance and efficiency of health interventions established

Strategic Objective 5: Utilization of research findings promoted

Strategy 1: Research findings disseminated, translated and communicated and used

Activities

- Scientific articles published
- Research summaries and policy briefs developed and shared with stakeholders
- Research findings shared through multi-media approaches
- Policy dialogues established and held
- Advocacy for utilization of health research findings and products strengthened

Strategy 2: Translation of research findings and knowledge management strengthened

Activities:

- Research findings translated for target audience
- Capacity of journalists in reporting health research findings strengthened
- Capacity of researchers on translation and packaging of research findings strengthened
- Policy/decision makers advocating health research findings established, sensitized and engaged
- Forum for sharing research findings with policy and decision makers established
- Knowledge management strategy developed

Strategic objective 6: Training programs in health and allied sciences established and executed.

Strategy 1: Collaboration with higher learning and R&D Institutions strengthened

Activities:

- Co-supervision of postgraduate students enrolled in higher learning institutions (HLI) strengthened
- Postgraduate programmes in health sciences established in collaboration with

HLI

- Collaborative short term training programmes established and implemented
- NIMR scientist's engagement in teaching of postgraduates in HLI promoted
- Reciprocal arrangements for acquisition of research and academic positions between NIMR and HLI staff established
- Collaborative Public Health Schools supported/established
- Joint research projects with capacity building options promoted.
- Research visits and delivery of scientific colloquiums promoted



1.3.4 Result based log-frame for the strategic plan

A result based log-frame for the strategic plan is provided as Appendix II. It is result based in the sense that all the strategic objectives, strategies and activities have been presented as anticipated results from the implementation process. This is in line with result based monitoring and evaluation whereby anticipated organizational outcomes and impacts are to be realised through the attainment of the strategic objectives. Likewise, lower level results (outputs) are to be realized from the attainment of planned strategies and activities. In the log-frame, indicators for measuring results are also presented for monitoring and evaluation purposes.

PART 2: THE MONITORING AND EVALUATION FRAMEWORK

2.1. *Background to the Monitoring and Evaluation Framework*

Monitoring and Evaluation (M&E) feature as important components of any reflective organization. A reflective organization is one, which learns from its previous performance, reflects on its strength and challenges with the aim of capitalizing on organizational strengths while taking corrective measures to address challenges. During the implementation of the 2014 – 2019 strategic plan, NIMR intends to operate as a responsive organization by continuously reflecting on its performance and taking measures to optimize research and service delivery. To maintain good performance NIMR needs to develop a common understanding among staff and partners in terms of what is expected from the organization as it pursues organizational mandates. This M & E framework provides the needed guidance to that effect.

It is only when an organization can gauge organizational performance against its plans and objectives that it can reflect back, improve and grow. As such, the M & E framework provides the needed *mirror* through which NIMR can regularly examine organizational performance. NIMR staff should strive to understand and implement their respective data collection, analysis and reporting roles in order to contribute to the whole process of measuring organizational performance. This document provides both the framework and the needed tools for data acquisition, aggregation, disaggregation, analysis and reporting. It is expected that if responsible staff and departments for data collection and reporting abide to the documented schedules and plans within this document, the organization in its totality will realize effective monitoring of organizational performance which, when combined with periodic evaluation, will help demonstrate whether NIMR is making a difference by attaining anticipated results while implementing the strategic plan.

2.1.2 *Applied concepts in Monitoring and Evaluation*

Monitoring has been defined as the *routine* tracking of the key elements of organizational performance, usually inputs and outputs, through record-keeping, regular reporting and surveillance systems. The anticipated organizational performance is normally documented in the strategic plan. Monitoring therefore helps strategic plan implementers to determine which areas require greater effort and identify areas that might contribute to an improved response. In a well-designed monitoring and evaluation system, monitoring contributes greatly towards evaluation.

Evaluation is the *episodic* assessment of the change in targeted results that can be attributed to the organizational interventions. In other words, evaluation attempts to *link* a particular output or outcome directly to an intervention after a period of time has passed. Evaluation involves the application of rigorous methods to assess the extent to

which the strategic plan has achieved its strategic objectives. It is a process which attempts to determine systematically and objectively the relevance, effectiveness, efficiency and impact (both intentional and unintentional) of organizational interventions documented in the strategic plan.

2.1.3 Indicators for M & E

Both monitoring and evaluation make use of indicators. An indicator is an observable change or event, which provides evidence that something, has happened. This might be an output delivered, an immediate effect is realized or a long-term change that has occurred. Indicators provide a reliable sign that something actually happened and a group of indicators can make a strong case for an association between NIMR's activities and health or social change impact. Indicators can be quantitative or qualitative. Quantitative indicators are statistical measures including for example: (i) Number; (ii) Percent; (iii) Rate; and (iv) Ratio. Qualitative indicators imply qualitative assessments which may include: (i) Compliance with; (ii) Quality of; (iii) Extent of; and (iv) Level of.

Indicators should tell the implementer of a strategic plan how the organization is performing. They are the detailed expressions of the results for which the organization is responsible. In general good indicators need to be:

- relevant to the institutional goals
- relevant to national standards
- feasible to collect
- easy to interpret
- should enable tracking of change over time.

Various organizations use different criteria to select relevant indicators. Many organizations use **SMART** which stands for: Specific (measures exactly the result); Measurable (so that the result can be tracked); Attainable (realistic); Relevant (to the intended result) and Time-bound (indicates a specific time period). Others use a closely related set of criteria to the **SMART** criteria but referred to as the **DOPA** (Direct, Objective, Practical, and Adequate) criteria. In this case standards used to assess the indicators include:

- **Direct:** closely measures the intended change.
- **Objective:** unambiguous about what is being measured and which data to be collected and clear operational definition that is independent of the person conducting the measurement.
- **Practical:** reasonable in terms of data collection cost, frequency, and timeliness for decision-making purposes.

- **Adequate:** the **minimum** number of indicators necessary to ensure that progress towards the output is sufficiently captured.

Both the *SMART* and *DOPA* criteria were considered while developing the list of NIMR indicators from the existing strategic plan.

2.2. THE MONITORING AND EVALUATION FRAMEWORK FOR NATIONAL INSTITUTE FOR MEDICAL

Research

NIMR's strategic plan contains a number of strategic objectives and strategies together with planned activities to achieve these high level results. The presented log-frame in this document serves as a results framework for M & E purpose. The log-frame essentially translates the strategic objectives and planned activities in into expected results and indicators.

From the log-frame a “*critical mass*” of indicators for monitoring purposes was identified. It is practically impossible to adequately track the performance of each indicator in the strategic plan. It is therefore important to select a few most relevant and informative indicators, which should be systematically tracked by the M & E system. In total six impact measuring indicators and 13 output measuring indicators will be used to track the implementation of the strategic plan. These are presented herein.

2.2.1 Impact measuring indicators:

- Percentage increase in the proportion of organizational targets attained annually
- Time of decision making and feedback mechanism improved by 2015
- % Increase in the proportion of planned activities that are implemented by 2018
- % Increase in the proportion of proposals registered and reviewed within eight weeks by 2015
- % increase in the proportion of registered proposals monitored annually
- Percentage increase in new research products discovered, developed and commercialized

2.2.2 Output measuring indicators:

- Number of new departments and units established and operational by 2015
- Number of organizational system and regulatory documents in place and operational by 2015
- Number of new income sources developed by NIMR by 2015
- Number of institutional infrastructure procured by 2018
- Number of NIMR research products commercialized annually

- Number of scientists recruited, trained and retained annually
- Number of research institutions, researchers and projects registered annually
- Zonal ethical review boards in place and operational in all the zones by 2015
- Number of ethically cleared research projects that are monitored in the field annually
- Number of research studies conducted annually
- Number of short trainings modules developed and executed by 2018
- Number of scientific publications produced by NIMR staff annually
- Number of research summaries, policy briefs, fact sheet produced annually

2.2.3 Monitoring Plans for the indicators

Each indicator has its own monitoring plan. Specifically the monitoring plan contains information which includes the name of the indicator, means of verification, frequency of data collection and reporting, data sources and responsibility for data collection. Most of the indicators in this monitoring system require information which is aggregated at Directorate/Centre levels. Reporting is expected to follow regular Institutional reporting system which is done both quarterly and annually. To ease the monitoring process and make it more participatory, the monitoring plans in this document indicate responsible directorates for data collection. This will make it easier for each department to follow up important information that should be generated by the department for progress reporting. The entire list of monitoring plans is presented in Appendix III.

The NIMR M & E system shall require an electronic database for data storage, analysis, retrieval and report production. To make the database operational baseline data for each indicator will be needed. For monitoring purposes baseline information shows the situation at the beginning of the monitoring period and has to be established for each indicator that needs to be measured. For NIMR each Directorate/Centre/department shall review previous performance as summarized in various activity and periodic reports and collected existing information using the data collection formats presented in this framework document. The collected data shall cover a reasonable period to provide realistic baseline situation. The collected data shall be stored in the database as baseline data. Incremental changes will periodically be added to the database for monitoring and evaluation purposes.

PART 3: COMMUNICATION STRATEGY

3.1. *Purpose, needs and objectives*

3.1.1 *Purpose*

This communication strategy has been developed for the purpose of creating and maintaining adequately informed relation among NIMR staff and between NIMR and her stakeholders including the general public. NIMR is mandated to establish and operate system of documentation and dissemination of information of health research carried out by or on behalf of the institute as a way to promote medical research in the country. Informed by the 1979 Act, NIMR strategic plan (2014-2019) highlights plans for implementation of the mandate to carry and regulate health research in the country. As such, this communication strategy is designed to provide standard and practical approach to communication and information sharing as applicable to NIMR both internally and externally.

3.1.2 *Internal and external communication needs*

The collaborative nature of NIMR activities makes it essential that effective communication takes place between the institution, its partners and the general public. Internal communication refers to the information flow within the structures of NIMR (between staff, between staff and management and between staff and the Council) and between NIMR and its and boundary and strategic partners. Of equal importance is the development of high public profile for influencing health policy, planning, and informing debate on how to best effect positive change in public health in Tanzania. Additionally, a high public profile is crucial for NIMR to motivate a broad range of individuals, communities and organizations to engage in either the development of the research agenda, undertaking the research itself or putting into practice the result of research. On the other hand, external communication, including use of the media, is a vital element in NIMR efforts to promote the principles of research including health research regulation in the country.

3.1.3 *Strategic Communication Objectives*

This communication strategy is constructed around three major objectives.

Strategically NIMR intends to ensure that;

- Awareness on NIMR governance structure and systems is increased internally and externally.
- The public is informed and able to utilize NIMR research products and services and is aware of health research regulatory mechanisms in the country.
- Publicity and visibility and positive image of NIMR by its stakeholders and the general public are enhanced.

3.2. *The Communication Strategy*

This communication strategy consists of communication objectives, key message, audience, relevant channels, possible stakeholders and responsible departments. The strategy is based on three major objectives. Under each major objective a number of specific communication objectives have been developed. For each specific objective key message, audience, relevant channels, stakeholders and responsible departments have been itemized. This communication strategic plan is made up of 3 strategic objectives and specific objectives. Key communication messages and respective audiences are summarized in Appendix IV.

Strategic Objective 1: Awareness on NIMR governance structure and systems increased internally and externally

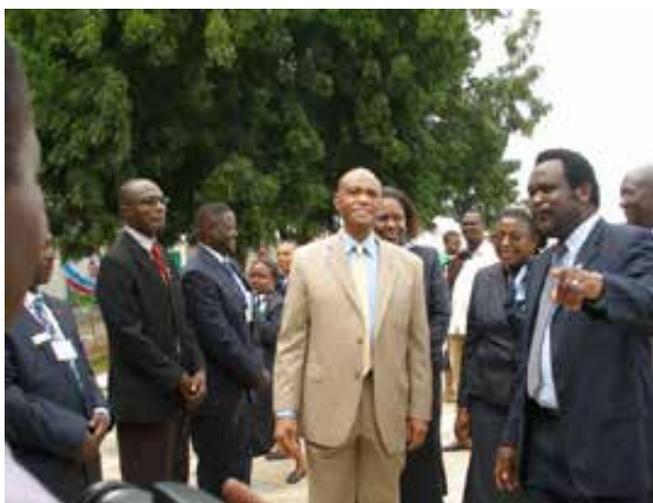
Specific objectives:

1. Develop policies to guide dissemination and awareness creation
2. Acquire and operationalised integrated communication facilities and other means for effective communication within NIMR
3. Improve and promote compliance to rules, regulations and operations

Strategic objective 2: The public is aware of health research regulatory procedures in the country

Specific objectives:

1. To conduct monitoring and evaluation of all approved health research projects in Tanzania



Strategic objective 3: Publicity, visibility and positive image of NIMR enhanced.

Specific objectives:

1. NIMR publicity increased
2. NIMR Visibility increased
3. Intra-communication strengthened
4. Communication guidelines developed and operationalised
5. Communication with stakeholders strengthened
6. Communication skills strengthened

APPENDIX I:

STRENGTHS, WEAKNESSES, OPORTUNITIES AND CHALLENGES ANALYSIS MATRIX

Area	Strengths	Weakness	Opportunities	Challenges
Guidelines/ policies	<p>Being a legal entity; Established by Act of Parliament</p> <p>Existence of some polices and guidelines;</p> <ul style="list-style-type: none"> - Financial regulation - Staff regulation - National health research priorities - National guidelines for health research ethics in Tanzania - Material Transfer Agreement - Data Transfer Agreement 	<ul style="list-style-type: none"> • Some guidelines and policies are missing/in a draft form - No institutional health research policy - No IPR - No Research collaboration policy - No consultancy policy - No training policy - No institutional ICT policy - No adequate Guidelines to implement our core functions - Guidelines and policies not known to staff and key stakeholders • Constrained partnership due to lack of some policies 	<ul style="list-style-type: none"> - Existence of partners and stakeholders who are willing to work with NIMR - Available drafts for development 	<ul style="list-style-type: none"> - Existence of multiple salary structures - Contradictory government circulars - Inadequate funds to develop or review guidelines

Area	Strengths	Weakness	Opportunities	Challenges
Resources	Human: <ul style="list-style-type: none"> - Critical mass staffing - Diversified human resources in terms of expertise - Gender focus organization 	<ul style="list-style-type: none"> - Lack of personnel in some disciplines - Lack of a formal staff development plan - Lack of clear succession plan - Lack of staff retention/brain circulation policy - Lack of effective Project/internal staff absorption mechanisms - Lack of clear mentorship system on grant development 	<ul style="list-style-type: none"> - Availability of many expertise in the market - Willingness of collaborative partners for staff development - Willingness of higher learning institutions to engage NIMR staff 	<ul style="list-style-type: none"> - Declining recruitment permits - Inadequate funds for recruitment - Competition for capturing the expertise in the market
	Infrastructure: Existence of research facilities; <ul style="list-style-type: none"> - Modern labs and equipment - Insectaries - Health facilities - ICT - Herbal medicine factory Rest houses Available office buildings and staff houses There is a mechanism to share research facilities within and outside NIMR Existence of prime land for future development	<ul style="list-style-type: none"> - Inadequate office space, ICT and transport facilities - Lack of Institutional mechanism for preventive maintenance of buildings and equipment - Existence of unutilized prime land 	<ul style="list-style-type: none"> - Existence of prime land for investment and future development - Existence of research facilities in other research institutions which can be shared with NIMR - Development in ICT (e.g. e-governance) 	<ul style="list-style-type: none"> - Declining government funding (Inadequate funds) - Changing donor priorities

Area	Strengths	Weakness	Opportunities	Challenges
	<p>Financial:</p> <ul style="list-style-type: none"> - NIMR has established network for resource mobilization - Certified institute for grant management - Existence of a sound financial management system - A strong institution net- worth over TZS 16 billion. 	<ul style="list-style-type: none"> - Lack of a wide spectrum of financial resources - Lack of coordinated mechanisms/ system on grant development/ application - Lack of operationalization of donor grant management unit 	<ul style="list-style-type: none"> - Willingness of the government to support research - Existence of partners in health research - Availability of markets for research products 	<ul style="list-style-type: none"> - Changing priorities of donor funding in health research - Lack of streamlined research funding system - Limited spectrum of internal research funding - Unreliable and inadequate flow of government funding - Competition for research funding - Decline and delay of employment permit <ul style="list-style-type: none"> - Changing in donors' priorities - Global economic and financial crisis

Area	Strengths	Weakness	Opportunities	Challenges
Organizational systems and structures	<ul style="list-style-type: none"> - Being a public institution with a defined organizational structure (Organogram) - Existence of research centres with defined research mandates - Strong local and international collaborations and networks - Over 33 years of experience in health researches - Being a public institution with a defined organizational structure (Organogram) - Existence of research centres with defined research mandates - Strong local and international collaborations and networks - Over 33 years of experience in health researches 	<ul style="list-style-type: none"> - Some departments and units not operationalised - Weak M&E - Weak communication strategy - Parliamentary Act establishing NIMR does not address some issues - Some departments and units not operationalised - Weak M&E - Weak communication strategy - Parliamentary Act establishing NIMR does not address some issues 	<ul style="list-style-type: none"> - Being a legal entity increase trust in attracting internal and external collaborations - Centres distributed country wide - Being a legal entity increase trust in attracting internal and external collaborations - Centres distributed country wide 	<ul style="list-style-type: none"> - Difficulties in amendment some of the institutional mandates (Legal procedures) - Inadequate funds amendment some of the institutional mandates (Legal procedures) - Inadequate funds - Difficulties in
Institutional Mandates				
Conducting research:	<ul style="list-style-type: none"> - We are strong in infectious disease and health systems research - Development in ICT - Human resource and infrastructure - Available research database 	<ul style="list-style-type: none"> - Weak in non-communicable diseases and policy research - Product development - Inadequate incentives/ motivations - Low per-capita publication 	<ul style="list-style-type: none"> - Changing landscape in burden of diseases - Nation/political commitment for research (e.g. 1% GDP for research) - Existence of researchable health issues - Demands for services from stakeholders (e.g. pharmaceutical and chemical companies) 	Existence of other health research institutions (competition for funding)

Area	Strengths	Weakness	Opportunities	Challenges
Regulating research	<ul style="list-style-type: none"> - Registration of health researches in Tanzania - Presence of M&E department - Existence of MRCC 	<ul style="list-style-type: none"> - Lack of registration system of researchers - Weak registration process and clearance of research projects - Weak monitoring and evaluation - Slow pace of establishment of Zonal Ethical clearance boards - Lack of accreditation of zonal ethics review boards - Lack of aligning in implemented national health research priorities - Limited translation of research findings 	<ul style="list-style-type: none"> - Government support - Existence of potential research organizations with interest and looking for Ethical Clearance 	<ul style="list-style-type: none"> - Inadequate resources - Conflicting mandates between NIMR and other regulatory institutions - Slow process in ethical clearance deters potential researchers - Illegal conduct of research
Application of research findings	<ul style="list-style-type: none"> - High quality peer reviewed scientific publications - Have our own journal - NIMR AJSC - Feedback to community - Directorate which facilitate research dissemination - Some staff trained on IPR 	<ul style="list-style-type: none"> - Weak repackaging of research findings - Weak knowledge translation into practice - Weak advocacy - Lack of a formal forum for sharing health research information with policy and decision makers - Weak communication strategy - Lack of institutional strategy to link NIMR with industry - Lack of IPR unit, policy and guidelines 	<ul style="list-style-type: none"> - Availability of stakeholders who can make use of research findings/ products - Existence of required technologies - Demand for traditional medicine - Potential for patenting/ franchising of research products 	<ul style="list-style-type: none"> - Lack of legal mechanism to re-enforce the use of health research findings/ information - Low interest in what NIMR is doing/ producing - Low utilization of research findings by policy makers - Research products can be patented and be used without knowledge and benefit to NIMR

Area	Strengths	Weakness	Opportunities	Challenges
Cross-cutting issues				
Governance	<ul style="list-style-type: none"> - Transparency (Meetings at various levels) - Accountability - Participatory (Involvement, scientific meetings, journal clubs) - Governance structure exists - Effective allocation of resources 	<ul style="list-style-type: none"> - Non-adherence to almanac - Lack of coordination and commitment - Weak performance management system 	<ul style="list-style-type: none"> - Existence of workers council - Existing labour laws and trade unions - 	<ul style="list-style-type: none"> - Inadequate resources - Low commitment - Multiple institutional accountability to different levels
Income generation	<ul style="list-style-type: none"> - Cost recovery - Resource mobilization - Cost sharing (some projects) - Rest house/ dispensary - Consultancy/ Institutional overhead - Government subvention 	<ul style="list-style-type: none"> - Weak mechanisms/ system to implement/ collect revenue from other internal sources - Weak procurement process and inadequate PMU staff - Lack of business plan - Lack of resource mobilization unit 	<ul style="list-style-type: none"> - Alternative use of available land, lab facilities - Demands for services from pharmaceutical and chemical companies - Potential investors - Demand for herbal products 	<ul style="list-style-type: none"> - Complicated registration process of health research products - Financial constrain for effective production of research products - Competition from pharmaceutical companies

APPENDIX II:

RESULT BASED LOGFRAME

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
Goal : Health research advancement and enhancement of lives			
Strategic Objective 1: Governance structures and systems for effective performance of the institute are in operation			
Strategy 1: Departments/Units established and strengthened			
1.1.1 Planning department established	Department in place and functional	Reports available	Recruitment permit
1.1.2 Procurement Management Unit established	Unit in place and functional	Reports available	Recruitment permit
1.1.3 Legal unit established	Unit in place and functional	Reports available	Recruitment permit
1.1.4 Public Relations and Protocol Unit strengthened	Staff recruited and units functional	Reports available	Availability of information and Recruitment permit
1.1.5 Grants management unit established	Unit in place and functional	Reports available	Recruitment permit
1.1.6 Consultancy and Intellectual Property Rights (IPR) unit established	Unit in place and functional	Reports available	Availability of resources
1.1.7 Directorate of Health Innovations and Interventions operational Incubator Centres at Ngongongare and Amani Hill established	Parks in place and functional	Reports available	Availability of resources
1.1.8 Monitoring and Evaluation unit strengthened	Staff recruited and department functioning	Reports available	Recruitment permit

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
Strategy 2: Organization systems documents developed/reviewed			
1.2.1 Communication strategy developed and operationalised	Communication strategy in place	Documents and reports in place	Availability of resources, cooperation from stakeholder
1.2.2 Monitoring and evaluation strategy developed and operationalised	M & E strategy in place	Documents and reports in place	Resource availability
1.2.3 Resource mobilization strategy developed	Strategic plan in place	Strategic plan document in place	Resource availability
Strategy 3: Policies, regulations and guidelines developed and operationalised			
1.3.1 Human resources policies and regulations developed/reviewed	Policies and Regulations developed/reviewed	Number and type of policies /regulations in place	Availability of resources/needs for review
1.3.2 Institutional ICT policy and guidelines developed and operationalised	Policies and Regulations developed/reviewed	Number and type of policies/ regulations in place	Availability of resources/needs for review
1.3.3 Health research and IPR policies developed	Policy and guidelines developed	Policy document in place and utilized	Resource availability
1.3.4 Consultancy policy developed	Policies developed	Policy document in place and utilized	Resource availability
1.3.5 Communication guidelines developed	Guidelines in place	Guidelines document	Resource availability

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
Strategy 4: Governance structures strengthened			
1.4.1 Organization structure reviewed	Revised structure approved by relevant authorities	Minutes in place	Availability of resources/needs for review
1.4.2 NIMR management and Council meetings convened	Number of meetings conducted	Minutes in place	Resource availability
1.4.3 Workers Council meeting convened	Number of meetings conducted	Minutes in place	Resource availability
1.4.4 All other institutional meetings convened	Number of meetings conducted	Minutes in place	Resource availability
1.4.5. Debate on the need to implement and review NIMR Act including developing regulations initiated	Number of meetings/ debates/ workshops conducted	Minutes in place	Resource availability
Strategic Objective 2: Resources for effective implementation of NIMR strategic plan are made available			
Strategy 1: Resource mobilization enhanced			
2.1.1 Annual budget and work plan developed	Approved budget in place	Flow of funds	Availability of ceiling
2.1.2 Business plan finalized and executed	Approved business plan in place	Document in place and utilized	Resource availability
2.1.3. Integrated Financial Management Information System customized to capture all revenue sources	Level of revenue collected	Reports	Availability of funds for customizing manufacturing module
2.1.4 Diagnostic centres identified and established for revenue generation	Number of centres established	Revenues collected	Availability of resources

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
2.1.5 Land use plan developed and solicit for potential investors for the available prime land	Document available and potential investors identified	Reports	Availability of resources and investor willingness
2.1.6 Dialogue with the government and other potential stakeholders for increase subvention	Number of meetings held and Level of funds secured	Funds inflow	Government willingness
2.1.7 A forum for engagement with the donor community established	Number of meetings conducted and potential donors identified	Reports and Minutes in place	Resource availability and donors' willingness
2.1.8 Engagement with the industry enhanced	Number of meetings and workshops held	Reports and Minutes in place	Industry stakeholders' willingness
2.1.9 Registration of spin-off company or commercial firm (e.g. Mabibo)	Company in place	Registration Certificate available	Availability of resources/Market
2.1.10 Modalities for expanding and sustaining the Health Research Trust Fund Identified and implemented	Modalities in place		Resource availability
2.1.11 Other sources of revenue identified and implemented	Level of revenue collected	Reports	Resource availability

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
Strategy 2: Institutional infrastructure acquired and maintained			
2.2.1 Equipment and other Infrastructure requirement plan developed and implemented	Type and number of equipment acquired	Report	Availability of research grants
2.2.2 Preventive maintenance plan developed and implemented	Document available	Reports	Availability of resources
2.2.3 Land development interventions undertaken	Document available	Reports	Availability of resources
2.2.4 Required Information Communication Technology (ICT) and Geographical Information System (GIS) infrastructure in place and operational	ICT & GIS infrastructure in place	Number of equipment, software in place	Availability of funds
2.2.5 ICT and GIS capacity building programmes conducted for strengthening the infrastructure	Training Programs in place	Training reports, number of training sessions	Availability of funds
2.2.6 Inter and intra connectivity between and within centres with functional mechanisms for sharing internet developed and maintained	Internet connectivity in place	Number of equipment, software in place	Availability of funds
2.2.7 ICT and GIS capacity building programs for staff and stakeholders carried out	ICT & GIS infrastructure in place	Number of equipment, software in place	Availability of funds
2.2.8 National Health Research Data Repository developed and functional	Storehouse Software in place	Reports	Funds and Expertise available

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
2.2.9 Health research database maintained and strengthen	Database software in place	Reports	Funds and Expertise available
2.2.10 Information acquired and disseminated through libraries and e-systems	Document available	Reports	Availability of resources
2.2.11 Enterprise Resource Planning (ERP) implemented and maintained	ERP in place	ERP	Funds and Expertise available
Strategy 4: Research Products Commercialized			
2.4.1 Potential products for commercialization identified	Products in place	Reports	Available of funds
2.4.2 Marketing and distribution strategy developed	Strategy in place	Reports	Available of funds
2.4.3 Marketing and selling of research findings/ products conducted	Clients in place	Reports	Availability of resources and market
2.4.4 Needs assessment for human resources, equipment and infrastructure for research products commercialization conducted	Products in place	Reports	Available of funds

OBJECTIVES	INDICATORS		ASSUMPTIONS
2.4.5 System of filling/ registration and safe custody of patents developed	System in place		Available of resources
2.4.6 Herbal products manufacturing plant for Mabibo procured and installed	Plant in place		Funds and Expertise available
2.4.7 Expand the focus of Mabibo unit to include production of diagnostic and biotech products	Unit in place		Funds and Expertise available
2.4.8 Development and registration of commercial products to relevant regulatory authorities undertaken	Products in place		Availability of resources/ Market
2.4.9 Incubation centres and Science Parks established	Centres and parks in place		Funds and Expertise available
Strategy 5: Capacity to deliver quality consultancy services enhanced			
2.5.1 Inventory of internal capacity established	Training programs		Availability of funds
2.5.2 Key areas for delivering consultancy services identified	Specific areas in place		Availability of funds expertise and resources
2.5.3. Consultancy services delivered and promoted	Projects in place		Funds and Expertise available

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
Strategic Objective 3: Health research regulatory capacity strengthened			
Strategy 1: Registration of health research institutions, researchers and research projects strengthened			
3.1.1 Guidelines and database for registering health research institutions, researchers and research projects developed	Guidelines and database in place	Reports, Registration Certificates available	Availability of funds& expertise
3.1.2 A system for registration of health research established and enforced	System in place	Reports, Registration Certificates	Availability of resources
3.1.3 The repository mechanism of the registered health research institutions, researchers and research projects developed	Mechanism in place	Registration Certificates available	Availability of funds& expertise
3.1.4 Partnerships with other institutions in order to develop a user friendly system for registration of research projects developed	Guidelines and database in place	Reports available	Availability of funds& partners' willingness
Strategy 2: Capacity for ethical clearance enhanced			
3.2.1 Training in ethical review carried out	Training programs in place	Training documents and Reports available	Availability of funds& expertise
3.2.2 Guidelines and mechanisms to fast track ethical clearance reviewed	Guidelines and Mechanisms in place	Guidelines and Reports available	Availability of resources

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
3.2.3 Public engagement on issues regarding ethical requirements for health research carried out	Effective health researches in place	Reports available	Availability of resources
3.2.4 Zonal Ethical Review Committees established and strengthened	Committees in place and functional	Reports	Recruitment permit and Resources available
3.2.5 Electronic Ethical Review System operationalised	System in place and functional	Electronic links and Report	Resources available
3.2.6 Client service Charter developed and operationalised	Charter in place and functional	Report	Resources available
3.2.7 An online ethics review programme developed and made operational	Programme in place and functional	NIMR Online access and Reports	Resources available
Strategy 3: Capacity for monitoring and evaluation of health research in Tanzania strengthened			
3.3.1 Staff/experts in monitoring and evaluation trained	30 staff/experts trained (from NIMR, regions and registered institutions)	Training reports, list of trainees, feedback report of trainees, employers reports	Cooperation of staff/experts, institutions and availability of funds
3.3.2 Health research inspectors recruited	Inspectors in place	Reports	Recruitment permit
3.3.3 Guidelines for monitoring and evaluation developed	Guidelines and tools for M&E developed and operational	Documents for guideline and tools, ethics committee/ M&E department reports	Availability of funds
3.3.4 Site visits for monitoring health research conducted	Visiting programs in place	Maps and Reports	Resources available

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
3.3.5 Passive monitoring of approved research projects conducted	Monitoring programs in place	Reports	Resources available
3.3.6 Supportive capacity of DMOs and RMOs for research monitoring enhanced	Supporting Programs in place and functional	Reports	Resources available
Strategy 4: The capacity for biosafety clearance strengthened			
3.4.1 Biosafety guidelines for registration and quality assurance of health research facilities developed	Guidelines in place	Reports, Guidelines and Registration certificates	Resources available
3.4.2 Health research facilities accredited for bio-safety compliance	Programme in place and functional	Facilities, Reports and Accreditation certificates	Resources available
Strategy 5: Capacity for ethical clearance of animal use, their handling and care for health research is enhanced			
3.5.1 Guidelines for use of animals in health research developed and operationalised	Guidelines in place and functional	Guidelines and Reports available	Resources available
3.5.2 National and institutional animal research ethical clearance committees established	Structures and committees in place	Minutes and Reports	Recruitment permit and Resources available

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
3.5.3 Monitoring of animal use, handling and care for health research conducted	Monitoring programs in place and functional	Reports	Resources available
Strategic Objective 4: Health Research Carried Out			
Strategy 1: Basic and applied Biomedical research conducted			
4.1.1: Communicable diseases research conducted	Number of studies conducted	Reports /publications	Protocols approval and availability of resources
4.1.2: Research on non-communicable diseases conducted	Number of studies conducted	Reports /publications	Protocols approval and availability of resources
4.1.3: Reproductive, maternal, newborn and child health research conducted	Number of studies conducted	Reports /publications	Protocols approval and availability of resources
4.1.4: Research on traditional and alternative medicine carried out	Number of studies conducted	Reports /publications	Protocols approval and availability of resources
4.1.5: Research on climate change conducted			
4.1.5: Research eco-health and one health conducted			
4.1.5: Research on climate environmental health and sanitation conducted	Number of studies conducted	Reports /publications	Protocols approval and availability of resources

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
4.1.6: Research on application of ICT, GIS, Bioinformatics, Genomics and Nanotechnology conducted	Number of studies conducted	Reports /publications	Protocols approval and availability of resources
4.1.7: Health interventions developed and evaluated	Number and types of interventions developed and evaluated	Intervention and evaluation reports	Protocols approval and availability of resources
Strategy 2: Health systems and policy research carried out			
4.2.1: Research on human resource for health and financing conducted	Number studies conducted	Reports /publications	Protocols approval and availability of resources
4.2.2: Research on health services delivery and infrastructures conducted	Number studies conducted	Reports /publications	Protocols approval and availability of resources
4.2.3: Research on reproductive and child health service delivery conducted	Number studies conducted	Reports /publications	Protocols approval and availability of resources
4.2.4: Research on health information management and HDSS conducted	Number studies conducted	Reports /publications	Protocols approval and availability of resources
4.2.5: Research on health policy conducted	Number studies conducted	Reports /publications	Protocols approval and availability of resources

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
4.2.6: Risk analysis, preparedness and response capacity developed	Risk analysis Plan document	Reports to emergency /disasters, people trained	Availability of resources, occurrence of disasters
4.2.7: Research on inter-sectoral collaboration conducted	Number studies conducted	Reports /publications	Protocols approval and availability of resources
4.2.8: Research on governance for health conducted	Number of studies conducted by type	Reports /publications	Protocols approval and availability of resources
Strategy 3: Research on social determinants of health carried out			
4.3.1: Research on gender roles and inequalities conducted	Number studies conducted	Reports /publications	Protocols approval and availability of resources
4.3.2: Research on custom, traditions and beliefs conducted	Number studies conducted	Reports /publications	Protocols approval and availability of resources
4.3.3: Research on key population/most at risk conducted	Number studies conducted	Reports /publications	Protocols approval and availability of resources

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
4.3.4: Research on inequalities carried out	Number studies conducted	Reports /publications	Protocols approval and availability of resources
4.3.5: Research on socio-economic status and social inclusion conducted	Number studies conducted	Reports /publications	Protocols approval and availability of resources
4.3.6: Research on health promotion carried out	Number studies conducted	Reports /publications	Protocols approval and availability of resources
4.3.6: Research on behaviour change and communication conducted	Number of studies conducted	Reports /publications	Protocols approval and availability of resources
Strategy 4: Capacity for health research strengthened			
4.4.1: Capacity in Scientific Writing and publications Strengthened	-Number of training modules developed and used -people trained by types	Training modules developed and Training reports	Availability of resources and demands for training
4.4.2: Capacity in writing grant winning proposals strengthened	Number of training modules developed and used for training , people trained by sex; and training conducted	Training modules developed and Training reports	Availability of resources and demands for training
4.4.3: NIMR fellowship programs developed	Number of fellows recruited and completed the programs	Training and student reports	Availability of resources and students
4.4.4: Mentorship program developed	Mentorship guideline and program developed and staff mentored	Staff mentored and mentoring reports	Willing to mentor and to be mentored
4.4.5: Short courses programs within NIMR conducted	-Number of training modules developed and used -Number of People trained	Training modules developed and people trained	Availability of resources
4.4.6: Staff Rewarding system for research excellence established	Rewarding guidelines developed and number of staff rewarded	Guideline developed and reports on staff rewarded	Availability of resources

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
4.4.7: Funds to facilitate proposal development allocated	Amount of fund allocated and number of proposals developed	Financial reports and proposals developed	Availability of resources
4.4.8: Research opportunity tracking desk established	Tracking desk and focal person identified	Funding opportunities tracked	Desk officer is competent and committed
4.4.9: Internal and external research and training collaborations strengthened	Number of MoUs in place	Meeting reports	Willingness to collaborate
Strategy 5: Research on traditional and alternative medicine conducted			
4.5.1: Inventory of traditional medicine conducted	Number studies conducted	Reports	Availability of resources
4.5.2: Research on phyto-pharmacology of traditional medicine carried out	Number studies conducted	Reports/publications	Protocols approval and availability of resources
4.5.3: Proof of claim clinical observation conducted	Number studies/surveys conducted	Reports	Availability of resources
4.5.4: Proof of concept clinical trials of traditional medicine conducted	Number studies/surveys conducted	Reports	Availability of resources
4.5.5: Production of safe and efficacious traditional medicine using Good Manufacturing Practice (GMP) carried out	Products	Medicine Certification and Reports	Availability of resources

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
4.5.6: Use of Nano-technology enhanced	Laboratories and equipment	Reports	Availability of resources and expertise
4.5.7: Promotion of cultivation of medicinal plants carried out	Number plots, studies and extension officers conducted	Reports	Recruitment permit and availability of resources
4.5.8: Promotion of various propagation methods in development of medicinal plants	Seminar and workshops in place	Minutes and Reports	Resource availability
4.5.9: Formulation and development of validated herbal medicines enhanced	Validation system in place and functional	Equipment and reports	Resource availability
Strategy 6: Impact evaluation research conducted/carried out			
4.6.1: Impact indicators and tools established	Indicators and Tools in place	Reports	Resource availability
4.6.2: Impact surveys conducted to determine the extent to which the interventions have achieved their major objectives and sustainability.	Number of studies and surveys in place	Reports /publications	Protocols approval and availability of resources
4.6.3: The impact, relevance and efficiency of health interventions established	Number of studies conducted	Reports /publications	Protocols approval and availability of resources
4.6.4: Appropriateness of interventions in terms of the output, activities, outcomes and impacts determined	Number of studies conducted	Reports /publications	Protocols approval and availability of resources
Strategic Objective 5: Utilization of research findings promoted			
Strategy 1: Research findings disseminated, translated and communicated			
5.1.1: Scientific articles published	Number publications	Reports	Availability of enforcement mechanism

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
5.1.2: Research summaries and policy briefs developed and shared with stakeholders	Number of research summaries and policy briefs in place	Reports	Availability of resources
5.1.3: Linkage with industry established	Number of MoUs/agreement in place	MoUs/agreement established	Willingness and availability of products
5.1.4: Research finding shared through multi-media approaches	Number of workshops	Dissemination reports	Availability of resources
5.1.5: Policy dialogues established and held	Number research summary and policy briefs and text messages shared via phones	Reports	Availability of resources
Strategy 2: Translation of research findings and knowledge management strengthened			
5.2.1: Research findings translated for target audience	Number of publications in place	Reports	Availability of resources
5.2.2: A critical mass of health research journalists established and mentored	Number of health research journalists and Mentoring programs in place	Reports	Availability of resources and recruitment permit
5.2.3: Researchers trained on translation and packaging of research findings	Number of trained research translators in place	Translated findings and Reports	Availability of resources and recruitment permit
5.2.4: A cohort of policy/decision makers advocating health research findings established, sensitized and engaged	Awareness on health research findings in place	Reports	Availability of resources and willingness to participate
5.2.5: Forum for sharing research findings with policy and decision makers established	Workshops, seminars in place	Reports	Availability of resources

OBJECTIVES	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
5.2.6: Knowledge management strategy developed	Strategy in place	Reports	Availability of resources
Strategic Objective 6: Training programs in health and allied sciences established and executed.			
Strategy 1: Collaboration with higher learning and R&D Institutions strengthened			
6.1.1: Co-supervision of postgraduate students enrolled in HLI strengthened	Number of students and publications in place	Reports	Availability of resources
6.1.2: Postgraduate programs in health sciences established in collaboration with HLI.	Number of postgraduate programs in health sciences in place	MoUs/agreement established and reports	Willingness and availability of products
6.1.3: Short term training programs established and delivered.	Number of workshops and seminars in place	Training reports	Availability of resources
6.1.4: NIMR scientists' engagement in teaching of postgraduates in HLI promoted.	Number of scientists involved	MoUs/agreement and reports	Willingness and availability of expertise
6.1.5: Reciprocal arrangements for acquisition of research and academic positions between NIMR and HLI staff established	Number of MoUs/agreements in place	MoUs/agreement protocols and reports	Cooperation Willingness to participate and availability of resources
6.1.6: Public health schools supported/ established.	Number of Agreements and schools in place	MoUs/agreement and Reports	Availability of resources
6.1.7: Joint research projects with capacity building options promoted.	Number of projects place	MoUs/agreement established	Availability of resources and institutions' willingness & Cooperation
6.1.8: Research visits and delivery of scientific colloquiums promoted.	Number of visits, workshops, seminars in place	Minutes and Reports	Availability of resources and expertise

APPENDIX III:

MONITORING PLAN

INDICATOR	MEANS OF VERIFICATION				FREQUENCY AND RESPONSIBILITIES IN REPORTING		
	Source of information	Method for data collection	Data collection frequency	Data collector	Reporting frequency	Responsible	Circulation of Report
IMPACT MEASURING INDICATORS							
Percentage increase in the proportion of organizational targets attained annually	Activity reports, performance reports, survey reports	Review of reports and survey	Annually	DFHRP	Annually	DFHRP	NIMR & Partners
Time of decision making and feedback mechanism improved by 2015	Activity reports, performance reports, survey reports	Review of reports and survey	Annually	DFHRP	Annually	DFHRP	NIMR & Partners
% Increase in the proportion of planned activities that are implemented by 2018	Activity reports, performance reports, survey reports	Review of reports and survey	Annually	DFHRP	Annually	DFHRP	NIMR & Partners
% Increase in the proportion of proposals registered and reviewed within eight weeks by 2015	Activity reports, performance reports, survey reports	Review of reports and survey	Annually	DFHRP	Annually	DFHRP	NIMR & Partners

INDICATOR	MEANS OF VERIFICATION				FREQUENCY AND RESPONSIBILITIES IN REPORTING		
	Source of information	Method for data collection	Data collection frequency	Data collector	Reporting frequency	Responsible	Circulation of Report
Percentage increase in new research products discovered, developed and commercialized	Activity reports, performance reports, survey reports	Review of reports and survey	Annually	DRCP	Annually	DFHRP	NIMR & Partners
Number of new departments and units established and operational by 2015	Activity reports, performance reports,	Review of reports and M & E database	Quarterly	DFHRP	Quarterly	DFHRP	NIMR & Partners
Number of organizational system and regulatory documents in place and operational by 2015	Activity reports, performance reports,	Review of reports and M & E database	Quarterly	DFHRP	Quarterly	DFHRP	NIMR & Partners
Number of new income sources developed by NIMR by 2015	Activity reports, performance reports,	Review of reports and M & E database	Quarterly	DFHRP	Quarterly	DFHRP	NIMR & Partners
Number of institutional infrastructure procured by 2018	Activity reports, performance reports,	Review of reports and M & E database	Quarterly	DFHRP	Quarterly	DFHRP	NIMR & Partners

INDICATOR	MEANS OF VERIFICATION				FREQUENCY AND RESPONSIBILITIES IN REPORTING		
	Source of information	Method for data collection	Data collection frequency	Data collector	Reporting frequency	Responsible	Circulation of Report
Number of scientists recruited, trained and retained annually	Activity reports, performance reports,	Review of reports and M & E database	Quarterly	DFHRP	Quarterly	DFHRP	NIMR & Partners
Number of research institutions, researchers and projects registered annually	Activity reports, performance reports,	Review of reports and M & E database	Quarterly	DRCP	Quarterly	DRCP	NIMR & Partners
Zonal ethical review boards in place and operational in all the zones by 2015	Activity reports, performance reports,	Review of reports and M & E database	Quarterly	DRCP	Quarterly	DRCP	NIMR & Partners
Number of ethically cleared research projects that are monitored in the field annually	Activity reports, performance reports,	Review of reports and M & E database	Quarterly	DRCP	Quarterly	DRCP DRCP	NIMR & Partners
Number of research studies conducted annually	Activity reports, performance reports,	Review of reports and M & E database	Quarterly	DRCP	Quarterly	DRCP	NIMR & Partners

INDICATOR	MEANS OF VERIFICATION				FREQUENCY AND RESPONSIBILITIES IN REPORTING		
	Source of information	Method for data collection	Data collection frequency	Data collector	Reporting frequency	Responsible	Circulation of Report
Number of scientific publications produced by NIMR staff annually	Activity reports, performance reports,	Review of reports and M & E database	Quarterly	DITC	Quarterly	DITC	NIMR & Partners
Number of research summaries, policy briefs, fact sheet produced annually	Activity reports, performance reports,	Review of reports and M & E database	Quarterly	DITC	Quarterly	DITC	NIMR & Partners

APPENDIX IV:

COMMUNICATION STRATEGY MATRIX

Issue	Communication Objective	Key Messages	Audience	Relevant Channels	Possible Stakeholders	Responsible Dir/ Centre/ Unit
Awareness on NIMR governance structure and systems is increased internally and externally.						
Policy and guidelines	<ul style="list-style-type: none"> Develop communication policy and guidelines Educate and disseminate 	<ul style="list-style-type: none"> Performance improvement Promote compliance Rights and obligation Promote publicity at all levels 	<ul style="list-style-type: none"> Staff Customers Potential Investors Donors/ collaborators Media Regulators Community 	<ul style="list-style-type: none"> Meeting Workshop Seminar Conferences Website Newsletter Leaflets Brochures Education programs Documentaries 	<ul style="list-style-type: none"> Research community Policy & decision makers 	DG, DRCP, DITC, DFHRP, CDs, PRO
Infrastructure	<ul style="list-style-type: none"> Integrated communication facilities and other means in place 	<ul style="list-style-type: none"> To bridge the information barrier existing between HQ and Centres and vice versa 	<ul style="list-style-type: none"> Staff Directors Head of Stations Head of departments/ Units Project coordinators 	<ul style="list-style-type: none"> Social Media Group mailing lists Teleconference/video conferencing Telephones 	<ul style="list-style-type: none"> ICT vendors ISPs Science and Technology Institutions E-Government Agency COSTECH 	DG DITC DFHRP DRCP Centres Stations
Feedback mechanism	<ul style="list-style-type: none"> Improve and promote compliance to rules, regulations and operations 	<ul style="list-style-type: none"> Effective and efficiency 	<ul style="list-style-type: none"> Staff 	<ul style="list-style-type: none"> Reports 	<ul style="list-style-type: none"> Staff 	ALL

Issue	Communication Objective	Key Messages	Audience	Relevant Channels	Possible Stakeholders	Responsible Dir/Centre/ Unit
Awareness on NIMR governance structure and systems is increased internally and externally.						
The public is informed and able to utilize NIMR research products and services and is aware of health research regulatory mechanisms in the country.						

Issue	Communication Objective	Key Messages	Audience	Relevant Channels	Possible Stakeholders	Responsible Directorates/ Centres
The public is informed and able to utilize NIMR research products and services and is aware of health research regulatory mechanisms in the country.						

Issue	Communication Objective	Key Messages	Audience	Relevant Channels	Possible Stakeholders	Responsible Directorates/ Centres
Publicity and visibility and positive image of NIMR by NIMR stakeholders and the general public are enhanced.						
Low publicity	Publicity increased	Health research products	Scientific community and General public	Mass media, conference, journals, community meetings, advocacy materials, research summary, fact sheets, websites	Scientific community and General public	DITC/Centre directors
Low visibility	Visibility increased	NIMR image and roles	Scientific community and General public	Mass media, conference, journals, community meetings, advocacy materials, research summary, fact sheets, websites	Scientific community and General public	DITC/Centre directors

Issue	Communicative Object	Audience	Relevant channels	Possible stakeholders	Responsible Directorates/Centres
Poor intra-communication	Intra-communication strengthened	Protocol, guidelines and regulations	Websites, staff meetings, printouts,	NIMR staff	DFHRP/DITC/ Centre directors
Lack of communication guidelines	Communication guidelines developed and operationalised	Communication guidelines	Websites, staff meetings, printouts,	NIMR staff	DFHRP/DITC/ Centre directors
Weak communication with stakeholders	Communication with stakeholders strengthened	Health research process and products, priorities	Mass media, conference, journals, community meetings, advocacy materials, research summary, fact sheets, websites, report and policy dialogues, policy briefs.	Policy and decision makers, donors, media, general public, students, special groups	DFHRP/DITC/ Centre directors
Weak communication skills	Communication skills strengthened	What and how to communicate	Websites, staff meetings, printouts, workshop and training	NIMR staff and journalists	DITC/Centre directors



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