



THE UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

*Data and Digital Priorities: Coordinated
Monitoring and Evaluation for Health
Systems Strengthening*



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Data and Digital Priorities:
*Coordinated Monitoring and
Evaluation for Health Systems
Strengthening*



HEALTH DATA
COLLABORATIVE



CONTENT

Welcome	02
<hr/>		
Background	04
<hr/>		
Guiding Documents	05
<hr/>		
Key Documents	06 - 11
<hr/>		





BACKGROUND

The Government of Tanzania is committed to improve quality of health data for evidence-based decision making and to strengthen capacity to track progress towards the health-related Sustainable Development Goals. Although the country has made significant progress towards improving availability, access, analysis and use of health data, it recognizes the need for more coordinated and collaborative efforts of all stakeholders to unleash the full potential of its health information system. This aims to reduce fragmentation and duplication of efforts, improve the efficiency of investments and build confidence in the national health data system.

The Government launched the Tanzania Health Data Collaborative in Dar es Salaam on the 11th September 2017 as a global initiative to harmonize health resources for effective and efficient use of healthcare data. This is a collaboration of Government of Tanzania, represented by Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and the President's Office Regional Administration and Local Government (PORALG); Health Sector Stakeholders; and Global Partners.

This document outlines government identified priorities in data and digital efforts, to build on existing contribution towards improved health information systems in the Republic of Tanzania.



GUIDING DOCUMENTS

Tanzania
MOH M&E
framework
2020-2025

Tanzania
Digital Health
Strategy
2019-2024

Tanzania
Digital Health
Investment
Roadmap
2017-2023

Tanzania
Health Sector
Strategic Plan
2015-2020

Tanzania
Development
Vision
2025

Tanzania
HDC Launch
Communique

Tanzania HDC
Implementation
Report 2020

KEY DOCUMENTS

M&E Priority 1

OBJECTIVE: COSTED IMPLEMENTATION PLAN OF THE COUNTRY MONITORING AND EVALUATION FRAMEWORK TO IMPROVE THE TIMELY MONITORING OF HEALTH SECTOR STRATEGIC PLAN AND SUSTAINABLE DEVELOPMENT GOALS.

DESCRIPTION: EXISTENCE OF PARALLEL M&E UNITS IN HEALTH PROGRAMS AND PARALLEL IMPLEMENTATION PLANS LEADS TO POOR COORDINATION OF M&E ACROSS THE HEALTH SECTOR.

OUTCOME: IMPROVED STEWARDSHIP OF THE RESULT-BASED MONITORING FUNCTION IN THE HEALTH SECTOR.

Proposed Activities	Key Deliverables	Estimated Cost (USD)
Costing and implementation of National M&E Strategic Framework	Cost M&E Strategic Framework (M&E SF 2020-2025)	Prioritized activities will cost 16,198 USD
	Develop national M&E implementation action plan which accommodates all interventions, funding and implementation partners	Identified support from country partners is 10,000 USD. Funds to be mobilized is 6,198 USD
Strengthened M&E unit in implementing coordination and supportive supervision functions	Conduct annual evaluation meetings with central, regional and council's health data staff	Prioritized activities will cost 182,905 USD
	Strengthen M&E Technical working Group (M&E TWG) to enable, monthly, quarterly, semiannual and annual meetings	Identified support from country partners is 10,000 USD Funds to be mobilized is 172,905 USD
Strengthened M&E unit in implementing coordination and supportive supervision functions	Procure HMIS data collection tools for health facilities which do not have eMR	Prioritized activities will cost 40,217 USD
		Identified support from country partners is 15,000 USD Funds to be mobilized is 25,217 USD

M&E Priority 2

OBJECTIVE: REDUCE FRAGMENTATION OF MONITORING AND EVALUATION SYSTEMS IN THE HEALTH SECTOR.

DESCRIPTION: EXISTENCE OF PARALLEL VERTICAL PROGRAMS' MONITORING SYSTEMS AND EVALUATION MECHANISMS, WITH UNCOORDINATED IMPLEMENTATION AND FUNDING PLANS HAS RESULTED INTO DUPLICATION OF EFFORTS, INEFFICIENT UTILIZATION OF RESOURCES (HUMAN AND FINANCIAL) AND INCONSISTENCY OF INFORMATION ACROSS THE SECTOR.

OUTCOME: IMPROVED STEWARDSHIP OF THE RESULT-BASED MONITORING FUNCTION IN THE HEALTH SECTOR.

Proposed Activities	Key Deliverables	Estimated Cost (USD)
Develop integrated Monitoring and Evaluation system across the Health Sector	<p>Monitor sector strategic documents, budget allocation, availability of human resource, medical supplies, equipment and infrastructure</p> <p>Monitor training, accountability, service delivery, procurement, disbursement of funds, and Implementation timeframe across the Health Sector</p> <p>Monitor key accomplishments, satisfaction, quality, accessibility, availability, affordability, readiness and coverage of service delivery including HIV, TB and Malaria</p> <p>Evaluation of the health sector interventions, strategic documents, guidelines, plans, projects and project indicators including HIV, TB and Malaria</p> <p>Conduct midterm review, end of term review and impact studies in different program Interventions eg. HSSP IV, Mid Term Review of Health Basket Fund, Global Fund and other Programs</p>	tbc

KEY DOCUMENTS

M&E Priority 3

OBJECTIVE: IMPROVE COORDINATED AND ALIGNMENT OF PERFORMANCE ASSESSMENTS, REVIEWS, RESEARCH, SURVEYS AND SURVEILLANCE AND USE OF FINDINGS WITHIN THE HEALTH SECTOR.

DESCRIPTION: EXISTENCE OF PARALLEL FUNDING AND LACK OF COORDINATION AMONG IMPLEMENTERS LEADS TO DUPLICATION OF EFFORTS AND WEAKENED OPERATIONAL RESEARCH FUNCTION OF M&E UNITS.

OUTCOME: STRENGTHENED OPERATIONAL RESEARCH FUNCTION OF THE MONITORING AND EVALUATION UNIT TO GENERATE LESSONS LEARNED FOR THE HEALTH SECTOR.

Proposed Activities	Key Deliverables	Estimated Cost (USD)
Develop integrated national implementation plan on operational/implementation research, service delivery surveys, and impact studies across the health sector	Develop National Integrated Health Research, Surveys, Assessment and Surveillance Implementation Plans	
	Conduct Demographic and health surveys, eg. THMIS, TDHS, Household survey	
	Conduct health facility based surveys, eg. SARA, TSPA, Customer Satisfaction Surveys	
	Conduct and coordinate Surveillance eg. HIV in sentinel sites, Integrated Disease Surveillance, Immunization surveillance, TB and Malaria Surveillance	Prioritized activities will cost 48,044 USD
	Build capacity for RHMT, CHMTs and Hospital management teams on conducting and use of operational research across the country	Identified support from country partners is 18,000 USD
	Conduct training for Health Sector management teams on demand and use of research findings, data analysis and use and transformation of data into knowledge for action	Funds to be mobilized is 40,000 USD
	Examine routine data to reveal the impact of COVID-19 in health service provision (HIV care and treatment adherence, OPD, IPD, IVD, RMNCAH etc, Morbidity and mortality partner across the country (urban-rural)	Technical Assistance International/Country level 16,783 USD

M&E Priority 4

OBJECTIVE: PROVIDE GOVERNMENT AND STAKEHOLDERS WITH KEY HEALTH INDICATORS AND PERFORMANCE REPORTS FOR EVIDENCE-BASED DECISION MAKING.

DESCRIPTION: THERE IS A NEED FOR THE GOVERNMENT AND STAKEHOLDERS TO PRODUCE UNIFORM INDICATORS THAT MEASURE AND REPORT ON PERFORMANCE OF THE HEALTH SECTOR.

OUTCOME: ENHANCED DATA SHARING TO IMPROVE THE USE OF EVIDENCE FOR DECISION MAKING AND RESEARCH AMONG HEALTH SECTOR STAKEHOLDERS.

Proposed Activities	Key Deliverables	Estimated Cost (USD)
<p>Functional Tanzanian Health Portal displaying the health profile per region and districts to enhance the use of evidence for decision making among health sector stakeholders.</p> <p>Production of health profiles, regional, council and health facilities and annual health sector performance report.</p>	<p>Prepare Quarterly, Semiannual and Annual Health Sector performance reports</p> <p>Prepare implementation reports for SDGs, Global Fund, WHO, PEPFAR etc</p> <p>Prepare Health Sector performance reports for Africa region (ECSA and SADC)</p> <p>Prepare Health Sector Annual Economic Survey report</p> <p>Prepare Annual Regional Health Profiles, District Health Profiles and Facility Health profiles</p> <p>Prepare Health Sector Performance statistics and abstract eg. Health Statistical Tables and Figures, Annual Health Sector Performance profile, Health Bulletin etc</p>	<p>Prioritized activities will cost 36,000 USD</p> <p>Identified support from country partners is 10,000 USD.</p> <p>Funds to be mobilized is 26,000 USD</p>

KEY DOCUMENTS

M&E Priority 5

OBJECTIVE: STRENGTHEN CIVIL REGISTRATION AND VITAL STATISTICS (CRVS) IN THE HEALTH SECTOR.

DESCRIPTION: EXISTENCE OF WEAK AND UNINTEGRATED CRVS FUNCTIONING SYSTEM LEADS TO INADEQUATE AVAILABILITY OF QUALITY MORTALITY STATISTICS FROM THE COMMUNITY AND HEALTH FACILITIES..

OUTCOME: HARMONIZED CRVS DATA REPORTING MECHANISMS AT ALL LEVELS OF THE HEALTH SECTOR.

Proposed Activities	Key Deliverables	Estimated Cost (USD)
Improved Registration of births and deaths by introduction of ICD-11 to improve the quality and credibility of data used for decision making.	<p>Training of clinicians on short mortality list ICD11/Medical Certification of Causes of Death (MCCOD)</p> <p>Conduct Annual data analysis of ICD11 and Verbal Autopsy</p> <p>Rollout of Civil Registration and Vital Statistics (CRVS)- Verbal Autopsy (VA)</p> <p>Strengthen Civil Registration and Vital Statistics ICT Infrastructure</p>	<p>Prioritized activities will cost USD 122,780</p> <p>Identified support from country partners is USD 20,000</p> <p>Funds to be mobilized is USD 102,780</p> <p>Technical Assistance international/country level USD 18,696</p>

M&E Priority 6

OBJECTIVE: ALIGNMENT OF INDICATORS AND DATA COLLECTION PROCESSES

DESCRIPTION: EXISTENCE OF MULTIPLE EFFORTS IN DATA COLLECTION AND REPORTING OF HEALTH INDICATORS ACROSS THE HEALTH SECTOR NEEDS TO BE ADDRESSED TO REDUCE OVERBURDENING OF DATA COLLECTION ON HEALTHCARE WORKERS.

OUTCOME: HARMONIZED INDICATOR DEFINITIONS, SOURCE OF DATA, NUMERATOR AND DENOMINATOR AND REPORTING INTERVALS.

Proposed Activities	Key Deliverables	Estimated Cost (USD)
Aligning program data elements and indicators to reduce multiple collection and reporting systems	<p>Conduct annual review of health indicators and data elements across programs</p> <p>Link DHIS2 to the existing Digital System which are in use in the Health Sector</p> <p>Conduct Training on data analysis, Interpretation, Dissemination and Use to lower level staff</p> <p>Conduct Training of DHIS2 crosscutting Dashboard, Scorecards, and WEB portal to lower-level staff</p> <p>Develop and rollout of electronic DQA to national and subnational levels</p> <p>Engage UDSM to provide roles on upgrading of DHIS2, pivot tables, standard reports, Dashboards, WEB portal, mobile application, scorecards and troubleshooting of system queries across National users</p> <p>Conduct HMIS/DHIS on the job training, Data Quality Assessment (DQA) and Supervision to subnational levels</p> <p>Conduct annual review of HMIS/DHIS with key stakeholders in the country</p> <p>Conduct quarterly, semiannual and annual M&E Forum for data sharing, best practices and networking among central M&E and stakeholders</p> <p>Strengthen the performance of Health Sector through the implementation of Bottle Neck Analysis (BNA) and action tracking</p>	



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