

TECHNICAL HIGHLIGHT

OCTOBER 2019

INTRODUCING DISTRICT HEALTH DATA PROFILES IN TANZANIA

SUMMARY

The Technical Support Services Project (TSSP), implemented by Management Sciences for Health (MSH), works with the Tanzania Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC) and the Presidents Office Regional Administration and Local Government (PORALG) to improve the country's health information system. MSH is supporting the government to update the country's district health profile data tool. The goal is to significantly improve the efficiency and quality of data analysis and presentation, supporting planning and decision making for HIV/AIDS and other health program management at the district and regional levels.

BACKGROUND

MSH supports the Government of Tanzania and other public health institutions in improving the health system to achieve and sustain HIV epidemic control. The TSSP technical strategy is grounded in the US President's Emergency Plan for AIDS Relief (PEPFAR) vision for an AIDS-free generation.

The project is funded by the US Centers for Disease Control and Prevention. PEPFAR supports the Government of Tanzania in developing and implementing national HIV policies and a health-sector strategic plan to meet the UNAIDS 95-95-95 goals:

- 95% of people living with HIV knowing their status
- 95% of people who know their status are on treatment
- 95% of people on treatment have suppressed viral loads

It is important for districts to have accurate, easily available data to make informed decisions on improving services for HIV/AIDS and other health areas.

PROBLEM STATEMENT

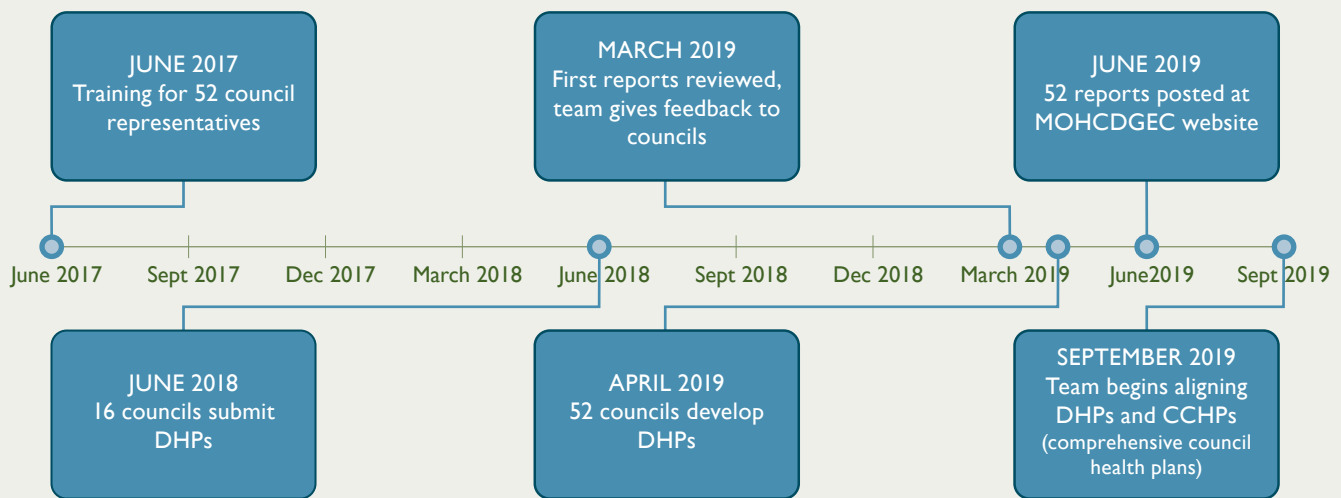
In 2013, the MOHCDGEC began preparing district health profile (DHP) reports to gain insights into population health status, service delivery and health system performance, and human and financial resources. However, their usefulness depends upon the quality of data collected and on its presentation and accessibility. Users had discovered weaknesses in the reports' accuracy, completeness, and data compilation and analysis. Several years after the rollout, none of the 52 target user districts had completed reports that met baseline quality standards.

STRATEGIC APPROACH

The DHPs are an important tool that allows for more effective decision making and health care resource planning at the local level. Tracking progress toward health outcomes illuminates gaps and advancement toward goals. Achieving the 95-95-95 targets and the necessary planning requires that each district have timely, accurate, easily accessible data. To overcome barriers to implementation, TSSP worked with the Government of

Tanzania, the World Health Organization (WHO), and other partners to refine the DHP tool. This included ensuring that it aligns with the Tanzania National AIDS Control Program (NACP) and PEPFAR priorities and supporting effective data synthesis, presentation, analysis, and use. Finally, the program supported integrating use of the DHPs into the council health management teams' annual review processes.

IMPLEMENTATION



INTERVIEWS

First, TSSP gathered feedback from report writers and end users to determine strengths and weaknesses in the program. The original tool had 75 indicators, and the district health managers found the report too extensive to complete on time and of limited practical use because of sub-optimal quality and poor alignment with current program priorities.

DATA REFINEMENT

TSSP worked with the MOHCDEC and health care officials focusing on priority health areas to

develop 37 essential indicators, including for HIV/AIDS and related targets.

DATA ACCESS

In collaboration with the University of Dar es Salaam, MSH supported development of a DHP dashboard that is linked to DHIS 2. This is an electronic tool that aggregates and presents the data in visually friendly ways (e.g., tables, graphs, charts, maps) to make analysis easy and facilitate understanding of relationships between variables and, ultimately, the use of information for planning and program management purposes.

TRAINING

The team invited one health information manager, representing each target district, to a system training session. M&E staff from the MOHCDGEC and the PORALG were engaged to ensure strong understanding on how to collect, present, interpret, analyze, and leverage use of the data to achieve programmatic goals. The team developed a review process publication to give clear guidance and set up a WhatsApp group to provide a forum to exchange experiences and solve challenges related to implementation.

REVIEW

MSH supported a team of 12 M&E staff to review the initial reports and address data quality, presentation, and use. The project also developed a DHP review guide to standardize the process and emphasize the value of evidence-based planning.

Funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) through US Centers for Disease Control and Prevention (CDC), TSSP provides support to the Ministry of Health, Community Development, Gender, the Elderly, and Children (MOHCDGEC) and public health institutions in monitoring and evaluation; health information systems, information, and communications technology; quality assurance and quality improvement; and human resources for health to increase coverage of essential HIV services.

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TANZANIANS AND AMERICANS
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PRELIMINARY RESULTS

- The project briefed and trained all 52 district representatives on how to use the dashboard, and all have submitted their reports and published them to the MOHCDGEC web site. From reports of more than 80 pages, current data reports are only 25 pages. They focus on program priorities and provide recommendations on addressing identified issues.
- The MOHCDGEC, in collaboration with MSH and partners, mobilized resources to roll out the DHP to the remaining 134 district health councils. The councils have completed data entry, and the new profiles are under review.
- MSH is supporting the government to integrate DHPs into Comprehensive Council Health Planning (CCHP) guidelines to ensure their sustainability. All DHP indicators align with CCHP indicators and have been integrated into the same review process.

NEXT STEPS

The DHPs will be integrated into district health planning, CCHPs, and PlanRep (planning, reporting, and budgeting) databases. The program will be scaled up beyond the 52 pilot districts to include all 185 district councils. MSH will support these efforts among other activities:

- Ensuring that the DHIS 2 data warehouse, as well as the DHPs, captures rapidly evolving program priorities. This includes integrating PEPFAR [country operational plan 2019](#) priorities and HIV Emergency Operations Center indicators, such as multi-month scripting, intermittent preventive treatment, and the antiretroviral fixed-dose regimen TLD, at greater data granularity at the district level to foster progress along the HIV care cascade.
- Gathering user feedback to implement a fully user-centered design approach.
- Enabling further automation of DHIS 2 reports to further streamline the data input process.
- Documenting best practices in the use of DHPs to monitor their effectiveness in HIV planning and management and to scale up the best approaches.
- Building the capacity of health care workers at all levels who are responsible for preparing DHPs who have limited skills in report writing and data interpretation, analysis, and use; this activity should continue in the near term and in the coming years.