A REVIEW OF THE NATIONAL DATA QUALITY ASSESSMENT (DQA) STRATEGY IN TANZANIA

BACKGROUND

The Government of Tanzania, through its Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and President's Office Regional Administration and Local Government, understands the value of using data and strategic information to achieve effective health service delivery planning and decision making.

Despite this, there is limited data use within the health system. This stems from a lack of capacity to analyze data from routine health services, poor appreciation of the value of using data for policy and practices, and unclear guidance on data analysis and dissemination channels.

Photo credit: Megan Montgomery/MSH

In response, the government launched the Tanzania Health Data Collaborative initiative,[1] which pinpointed specific data gaps that include duplication of collection efforts, weak analysis and use, and inefficient investments in health information systems. The Collaborative identified a key priority area to address these challenges: strengthening national data quality assessment (DQA). This priority aligns with PEPFAR's global focus on HIV monitoring and reporting efforts, whereby all funded countries are expected to have an evidence-based data quality strategy.[2]

APPROACH

To support the DQA strengthening initiative, MSH, via the TSSP project, helped the MoHCDGEC review and strengthen the existing DQA guidelines and strategy. MSH initiated this process by selecting a team from the M&E/HMIS Section of the MoHCDGEC for a working session and sending technical advisors to facilitate it. The team reviewed and discussed DQA guidelines, documentation practices, and gaps and challenges that the MoHCDGEC faces when conducting a DQA. The review was a stopgap response to urgent needs for improvement. MSH will be working with the government on a comprehensive DQA review in the next year.

INTERVENTION

The working group came up with three solutions to address the national reporting system's weaknesses and help to compare data quality across DQA sites:

1. A standard DQA reporting template that provides for detailed and thorough documentation of DQA results, which can be compared among hospitals, regional health centers, and dispensaries
2. Updated program indicators revised per PEPFAR guidelines, such as the 90-90-90 targets by 2020 and 95-95-95 targets by 2030

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[1] The Health Data Collaborative is a joint effort by multiple global health partners to improve the availability, quality, and use of data for local decision making and tracking progress toward health-related goals between 2015 and 2030.

[2] PEPFAR Monitoring, Evaluation and Reporting Indicator Reference Guide, 2018

3. A revised and updated DQA System Assessment and Data Verification Scores tracking tool to be linked with DHIS2, the national health information data repository. The tool will now include DQA data for verification and system assessment.

The team also discussed data quality issues related to Civil Registration and Vital Statistics. For the MoHCDGEC, a major challenge is the inability to respond to the high demand for timely information on causes of death, which undermines the opportunity for timely evidence at all levels. Other data gathering challenges include a fragmented registration process, inadequate legal and regulatory frameworks and governance structures, an incomplete vital statistics process, and an inadequate stakeholder participation and coordination process.

To strengthen data quality and completeness across health facilities, the MoHCDGEC M&E Section introduced a registry for documenting deaths. This is a digital demographic surveillance system that provides estimates of mortality based on age, gender, residence, and zone in sentinel districts. Health facilities report deaths using ICD-10 codes that will be incorporated into the system. However, the system is currently not functioning due to budgetary constraints. The MoHCDGEC and partners are requesting support from partners to continue to integrate this data. They also seek to enable the data to be linked with Tanzania's upcoming national health client registry, so managers have access to a complete digital health client profile and comprehensive picture of health outcomes for better planning and decision-making and improved case management.[3]

GOING FORWARD

The MoHCDGEC identified the need for ongoing support in reviewing the national DQA guidelines to align them with evolving country strategies and health status developments. This support will cover major activities done in collaboration with development partners, such as incorporating supportive supervision guidelines with DQA, revising DQA training materials, developing a DQA mobile-based data collection tool linked with DHIS2, and orienting stakeholders on changes to the DQA strategy.

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[3] A health client registry is a digital service, available throughout the health system, which gives each client—meaning each patient—a unique identifier. Client identification will include a health sector ID; other identification, such as a national ID number; and other identifying information, such as name, date of birth, address, mobile phone number, or biometrics.