Supporting the Development of a National Health Cross-Cutting Dashboard in Tanzania

The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) is implementing a digital information strategy to improve health system planning and decision making in Tanzania. One strategic objective in its fourth Health Sector Strategic Plan (2015–2020) is the use of information and communication technologies to transform the health care system as part of the country’s ongoing health sector reforms.

The MoHCDGEC, in collaboration with the World Health Organization (WHO) and the Technical Support Services Project (TSSP), identified the need for a national health cross-cutting dashboard in January 2020. This central dashboard would collate data from frequently accessed programs to provide easy access to data and more efficient reporting into DHIS2, the national health information data repository. This approach will enable one point of data access from all programs during reporting, such as preparation of district health and regional health profiles and of Comprehensive Council Health Plans.

MSH TSSP, in collaboration with WHO, has supported the development of a cross-cutting dashboard by supporting technical meetings and workshops and working with the University of Dar es Salaam to operationalize the dashboard within DHIS2.

Following the presentation and demonstration of the initial design and development of the dashboard to the MoHCDGEC in March 2020, Management Sciences for Health (MSH), WHO, and other stakeholders made and implemented a number of key recommendations for improving the cross-cutting dashboard prior to the next phase of implementation.

Cross-cutting EYE, NCD, NTDCP, DENTAL Dashboard
STREAMLINING DASHBOARDS AND DATA

TSSP supported a technical working session in June 2020 to support the review, implementation, and finalization of the cross-cutting dashboard functionalities, features, and recommendations made by stakeholders during the last presentation. The five-day working session in Dodoma included participants from the MoHCDGEC, MSH and the University of Dar es Salaam.

The team made the following changes:
1. Converting the “completeness/timeliness” dashboard to “comprehensive data quality”
   To streamline the dashboards for users, data quality (completeness and timeliness dashboard) was combined with the mortality and morbidity dashboard into a single dashboard, data quality.
2. Creating a “disease burden and utilization” dashboard
   This dashboard includes:
   - Mortality levels
   - Morbidity for inpatient and outpatient data
   - Utilization data: Outpatient department attendance per capita and inpatient admission/discharge rate
3. MSH recommended that indicators in the cross-cutting dashboards be renamed to make them more uniform:

<table>
<thead>
<tr>
<th>Previous</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of neonatal mortality</td>
<td>Deaths in health facilities – neonatal</td>
</tr>
<tr>
<td>Number of infant mortality</td>
<td>Deaths in health facilities – 0–11 months</td>
</tr>
<tr>
<td>Number of under-five mortality</td>
<td>Deaths in health facilities – 0–4 years</td>
</tr>
<tr>
<td>Number of maternal mortality</td>
<td>Deaths in health facilities – maternal</td>
</tr>
<tr>
<td>Number of deaths in health facilities – last four quarters</td>
<td>Number of institutional deaths – last four quarters</td>
</tr>
</tbody>
</table>
4. A new indicator was added, “deaths in health facilities.”
5. The eye, non-communicable diseases (NCD), neglected tropical diseases (NTD), and dental dashboards were updated.
   The team renamed the dashboard “NCD, eye, and dental,” and moved NTDs out to be grouped with other communicable diseases. Other changes for this dashboard:
   - Renaming the chart “Clients with oral health problems by facilities” as “Clients with oral health problems by region”
   - Using “client” instead of “patient” for more uniform terminology
   - Moving the NCD table to an easier-to-see location at the top of dashboard
6. Updating the RMNCAH/PMTCT dashboard
   The team renamed chart titles and updated the level of the data visualization unit from “by facilities” to read “by regions”. Because of the very large number of “HIV/AIDS total tests from ANC” and small numbers for the other two indicators (total number of HIV positive and total on ART) in this chart, it was decided to best show “ANC-total HIV tested, total HIV positive, and total on ART” in a separate chart of the table.
7. Updating the HIV, tuberculosis, leprosy, and malaria dashboards
   The module needed a redesign, as it looked cluttered. It was also suggested to separate antenatal care (ANC)-related malaria interventions from malaria interventions to assess the effectiveness of the intervention during ANC, especially on malaria in pregnant women. The team also updated the “Proportion of pregnant women receiving IPTp during ANC (antenatal care)” to include at least three doses per current protocol.
Next Steps

- The MoHCDGEC approved the dashboard work plan and will hold a stakeholder meeting in August or September 2020 to share it and collaborate on related activities.
- The team will also develop materials and conduct user training for MoHCDGEC staff, the Council Health Management Team, and health facility managers and development partners.
- Setting monitoring and evaluation performance measures (e.g., data flow, quality of data, timely availability of data, user satisfaction of the dashboard) for the national cross-cutting dashboard.
- Taking the national cross-cutting dashboard to production and readying it for data entry and reporting.