Theme 7: Monitoring & evaluation, and use of data (links with HMIS)

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The Malaria Surveillance System in Tanzania

- Integrates public and private sector data
- Passive data collection through Health Management Information System (HMIS) and eIDRS (mobile reporting)
- Data housed/analyzed through DHIS2 (open source software)
NMCP and PSI Partnership in Tanzania:

- With support from UNITAID, collaboratively identified opportunities to improve case management in the private sector through consistent use of data for decision making under DHIS2 platform, namely:
  - Improved aggregation of surveillance data to report on global standard indicators, specifically treatments given
  - Quality of Care (QoC) indicators measured through routine supervision visits
  - Supervision planning targeted to the needs of providers
  - Routine use of data through DHIS2 dashboards
Results: Tally sheets enable routine monitoring of treatment given in private sector

Treatments given for clients tested with mRDT in private sector (50 outlets, Morogoro, Mbeya, Tanga)

% of Total with Positive RDT Result given QAACTs
% of Total with Negative RDT Results given QAACTs
Results: Integrating QoC data into DHIS2 (monitor and plan modules) improves private sector provider capacity.

Quality of Care scores for 50 private sector outlets (Morogoro, Mbeya, Tanga)

QoC Score: assessment of danger signs, RDT procedure, classification of patients’ illness, provision of treatment as per guideline, and counseling of patient.
Results: Dashboards enable evidence based decision making in the private sector
Lessons Learned

- Treatment indicators, quality of care, and other standard global indicators for fever case management can be integrated into DHIS2 and utilized for decision making.

- Mobile reporting tools can be used for real-time reporting of caseload data.

- Public/private collaboration required for long-term quality assurance of the private sector.

- DHIS2 dashboards are helpful, but need to be simplified for actionable decision-making at multiple levels (provider, supervisor, district management teams, etc.).

- Misalignment of private sector, public sector, and donor reporting needs can create parallel reporting systems.
Next steps

- In collaboration with the NMCP and other key partners, support seamless integration of private sector fever case management data (inclusive of treatment and quality) into DHIS2

- Improve DHIS2 dashboards for actionable decision-making

- Include lessons learned on surveillance/monitoring within public/private partnership roadmap (under leadership of WHO)