TOOLS FOR ENHANCING ROUTINE DATA COLLECTION AT THE COMMUNITY LEVEL THE CASE OF TANZANIA NATIONAL COMMUNITY BASED HEALTH PROGRAM

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Introduction

This write describes how Monitoring and Evaluation (M&E) tools created in joint collaboration between the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDEC) and Clinton Health Access Initiative (CHAI) will be used within Tanzania's national Community Based Health Program (CBHP) to monitor program implementation and enhance routine data collection at the community level.

Background

Since 2015, CHAI has been partnering with the (MoHCDEC) in implementing a national Community Based Health Program (CBHP), with the vision to improve health service delivery and access at the community level by deploying two formalized Community Health Workers (CHW) in every village. Even though different types of CHWs and Community Health Volunteers (CHVs) have a long history of providing community-level health services and collecting data in Tanzania, they have mostly been engaged through vertical programs, often on a volunteer basis and receiving limited training. With the national CBHP, a new cadre of CHWs is undergoing a standardized recruitment process, followed by 9-months training covering a wide spectrum of prioritized promotive, curative and preventive health interventions. The first batch of circa 3,900 CHWs have graduated and the next batch are in currently in training.

As part of the CBHP, CHAI together with other implementing partners has supported the MoHCDEC in the development of multiple Monitoring and Evaluation (M&E) tools and products, with the goal to facilitate monitoring of program implementation and enhance data collection at the community level.

Methodology

During the period of 2015-2017, CHAI supported and provided technical assistance to the development of several M&E tools and products identified by the MoHCDEC as being critical for the successful implementation of the CHBP. The work was completed in close collaboration government officials from the Health Promotion Section (HPS) within the MoHCDEC, responsible for the implementation of the CBHP, and the other donors and implementing partners who supported the program during this period, AMREF, JHPIEGO, JSI, MKAPA, MUHAS, Irish Aid, UNFPA, UNICEF and USAID.

Results

Firstly**,** the CBHP M&E framework was developed to be used as a starting point and guideline when developing M&E tools and products in later stages of the program implementation. The framework describes 40 performance indicators (with guideline on how to calculate, means of verification and assumptions) for each of the program objectives, divided into five *Specific Program Objectives* and four *Health Objectives*.

Secondly, a web-based program monitoring data collection tool and dashboard has been developed to support monitoring of the CBHP program implementation. The data collection tool is intended to be used by CBHP district coordinators to provide the routine data required to monitor achievement of the Specific Program Objectives as specified in the CBHP M&E-framework during the implementation phase of the program. The data will be collected quarterly and the results per district, region and nationwide will be visualized in dashboards accessible online.

Finally, CHAI is working with MoHCDEC and AMREF to update Mtuha Book 3, a data register used for routine healthcare data collection at the community level. Major updates include linking Mtuha Book 3 to the formal Health Management Information System (HMIS) and including a more comprehensive list of indicators. The purpose is to utilize the new cadre of CHWs to bridge critical gaps in the current community-based health data collection system.

Table 1 - Overview of M&E tools and products developed within the CBHP described above.

M&E tool / product	Function	Target group	E.g. of usage or type of data collected.	Current status
M&E Framework.	To assist and act as guide for the development of M&E tools and product within CBHP	Primarily national-level CBHP government officials and stakeholders.	Used for the development of registers, data collection tools and dashboards (see below).	*Will be published as part of the CBHP program design.*
Program monitoring data collection tool and dashboard.	To collect and visualize data relevant for program implementation data monitoring.	For data collection: district CBHP coordinators. For dashboard: government officials working with CBHP implementation at district, regional and national level.	E.g. of indicators: Percentage CHW deployed by LGA; CBHP budget; Percent of CHWs to receive supportive supervision for CBHP visit last quarter, etc.	*Handed over to the Ministry for implementation.*
Updated version of Mtuha Book 3.	Data register used for collection of healthcare data at the community level.	For data collection: CHWs. For data use: government officials and other stakeholders, e.g. PO-RALG, MoHCDEC, districts and regions.	E.g. of health data: number of deaths, number of malaria cases diagnosed, number of HIV patients receiving treatments etc.	*First version developed and will be piloted.*

Conclusions

The CHW's skillset and knowledge cover multiple key areas and they will be working as a key link between the health facility and the community. As such, the CHWs are in many ways uniquely positioned to improve routine data collection at the community level. Moreover, if the data collected by the CHW can be integrated in the HMIS, it could lead to significant improvements in evidence-based decision-making across all levels in the health system.

At the same time, the successful development and implementation of M&E-tools and products face several challenges and risks. The deployment of CHW has been delayed due to lack of funding and a public sector hiring freeze. Due to the decentralized set-up and the ambitious scaleup targets of the CBHP, training and supervision of CHWs and CBHP coordinator in data collection can turn out to be resource-intensive and complicated. Since the CHW will collect data across multiple key areas, it is critical to achieve strong consensus and approval across sections and units of the MoHCDEC and other stakeholders.