

Strengthening Data Quality for Better Health Policies, Programs, and Services in Tanzania

Introduction

Since 2008, MEASURE Evaluation–Tanzania (MEval-TZ) has conducted annual data quality assessments (DQAs) and provided monitoring and evaluation (M&E) capacity building through customized trainings and mentoring among more than 40 implementing partners (IPs). These groups worked in HIV prevention, care, and treatment; most vulnerable children; home-based care; and HIV testing and counseling programs. Through DQAs, the project assessed strengths and weaknesses in data collection, compilation, and reporting from health facilities to the district, regional, and national levels; strengthened M&E systems and the quality of data reported; and built M&E sustainability by strengthening the capacity of IP M&E staff, members of regional and council health management teams, and health facility staff to conduct routine DQAs without reliance on external support.



Members of an RDQA team review source documents in a health facility. Photo: MEval-TZ.

Description

IPs chosen for a DQA were selected in consultation with the Ministry of Health and Community Development, Gender, Elderly and Children (MOHCDGEC); the President's Office—Regional Administration and Local Government; and the United States Agency for International Development (USAID), which funded MEval-TZ. In undertaking the DQAs, MEval-TZ used tools such as a one for routine M&E strengthening used to assess the M&E system; the routine data quality assessment (RDQA) tool for assessing the accuracy of data already reported; and the Community Trace and Verify tool to verify services provided to clients of community-based programs, such as programs for orphans and vulnerable children. Health facility data were verified by reviewing reported data against original source documents from health facilities, such as client registers and reporting tally sheets.

MEval-TZ worked with two local subcontractors (KEPLER Associates and JL Consultancy) to conduct the DQAs to build sustainable local capacity. These subcontractors conducted data collection and analysis and wrote drafts of findings. Increasingly, MEval-TZ involved them in post-DQA capacity building activities.

After each DQA, MEval-TZ developed a capacity building plan to address gaps identified. Plans included organized M&E trainings and on-site mentoring to help staff learn basic M&E skills, how to develop M&E plans, how to manage data, and the principles of data demand and use. Follow-up training tracked changes from previous DQAs and the effects of the capacity building provided.

Results

Following several rounds of DQAs and subsequent capacity building sessions, all IPs had developed M&E plans to track and assess results of their interventions. Most IPs also conducted internal DQAs on their own to address data quality gaps.

The M&E director of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF/Tanzania), Dr. Bonita Kilama, said the DQAs had helped her organization: “DQA under MEASURE Evaluation has provided an opportunity for us to improve our M&E systems.”

In addition, based on the experiences gained, MEval-TZ helped to develop the MOHCDGEC’s national health DQA guidelines and the guidelines for malaria service and data quality improvement.

One of the directors at Kepler Associates, Stephen Marero, said of the DQA work: “Our collaboration with MEASURE Evaluation–Tanzania has increased our technical knowledge and skills on the importance of collecting and reporting quality data for informed decision making, which, in turn, has assisted us to improve and provide quality services to our clients within and outside Tanzania. In 2017, for instance, we were hired to support DQA work within USAID-funded programs in Zambia alongside MEASURE Evaluation’s technical staff.”



Stephen Marero, director,
Kepler Associates.

Conclusion

High-quality data is a prerequisite for better health policies, programs, and services. However, attaining data quality requires commitment and continuous collaboration among all stakeholders—the Ministry of Health at national and subnational levels, the donor community, the private sector, and community members.

Challenges

Despite the successes over the past 10 years, there were challenges in implementing DQAs. Two notable challenges were inadequate financial and human resources to assess many sites and the phasing out of some programs before a full capacity building plan could be implemented following the DQAs.

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