



Sustainability Planning for MEASURE Evaluation–Tanzania

November 2018



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U.S. President's Malaria Initiative


MEASURE
Evaluation TZ

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ABBREVIATIONS

CoP	Community of Practice
DHIS 2	District Health Information Software 2
HIS	health information system(s)
MUHAS	Muhimbili University of Health and Allied Sciences
MVC	most vulnerable children
OVC	orphans and vulnerable children
PEPFAR	United States President’s Emergency Plan for AIDS Relief
PMMEH	Project Management, Monitoring and Evaluation in Health
TZ AA	MEASURE Evaluation–Tanzania Associate Award
USAID	United States Agency for International Development

SUSTAINABILITY FOR MEASURE EVALUATION–TANZANIA: WHAT AND WHY

MEASURE Evaluation Phase IV was conceptualized during an increased focus on sustainable outcomes, with both the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) prioritizing sustainability in their guiding strategies. USAID’s Global Health Bureau developed a Framework for Sustained Development in 2014,¹ and PEPFAR 3.0 developed a Sustainability Index in 2015. Thus, it was important for MEASURE Evaluation Phase IV to include a crosscutting focus on sustainability, recognizing the need for national- and regional-level country-led partnerships that optimize the following attributes:

- Engagement and cooperation
- Commitment and responsibility
- Capabilities
- Mutual accountabilities

The MEASURE Evaluation–Tanzania Associate Award (TZ AA) brought these dimensions into context within health information system (HIS) strengthening. From its beginning in 2015, the TZ AA project committed to strengthening local ownership and the sustainability of its HIS interventions, dedicating an entire activity (TZA-03) to promoting sustainable approaches and increasing self-reliance (Appendix 1). For instance, strengthening local partners’ commitment and capacity through country-led partnerships is emphasized in key project documents and has facilitated a culture of self-reliance throughout the project, as captured in Figure 1.

Figure 1. TZ AA approach



¹ More recently, USAID released its Transformational Update on Self-Reliance. Available at: <https://www.usaid.gov/selfreliance/>

SUSTAINABILITY PLANNING: THE PROCESS

Facilitating a culture of sustainability and self-reliance began with a two-day workshop in March 2015, held in Dar es Salaam, Tanzania, facilitated by the TZA-03 team. This workshop focused on developing (1) a shared understanding of sustainability across project partners, and (2) methods to measure and report on progress. The project team developed a vision using the following question: “What would you want an evaluator assigned to do a post-project evaluation of the state of the Health Information System in Tanzania in 2020 to find?” The training covered concepts from systems theory, complex adaptive systems, social networking theory. A stakeholder mapping exercise culminated in a project-wide definition of sustainability and a Sustainability Framework.

Defining Sustainability for TZ AA

Sustainability is the process of using available resources to ensure that services are persistent, self-reliant, and durable.

The TZ AA Vision for the Year 2020

Increase the availability and use of high-quality data to inform community health and social service policy, planning, and decision making.

TZ AA had 15 activities² under four intermediate result areas—a scope encompassing both Tanzania and Zanzibar and several levels of the health system, different types of HIS simultaneously operating, and multiple partners and stakeholders, all of which needed to come together to strengthen the HIS at a national level. Acknowledging the complexity of the project’s scope and stakeholders, the Sustainability Framework identified and proposed five domains of sustainability outcomes for the project: (1) high-quality HIS data, (2) health information resources and structures, (3) efficient and adaptable processes for data production, (4) demand for and use of HIS data, and (5) enabling environment (Appendix 2). Specific performance indicators of different activities, including the TZA-03 (Local Learning and Evaluation for Ownership and Sustainability) activity, were mapped to relevant domains to systematically capture progress toward sustainability outcomes.

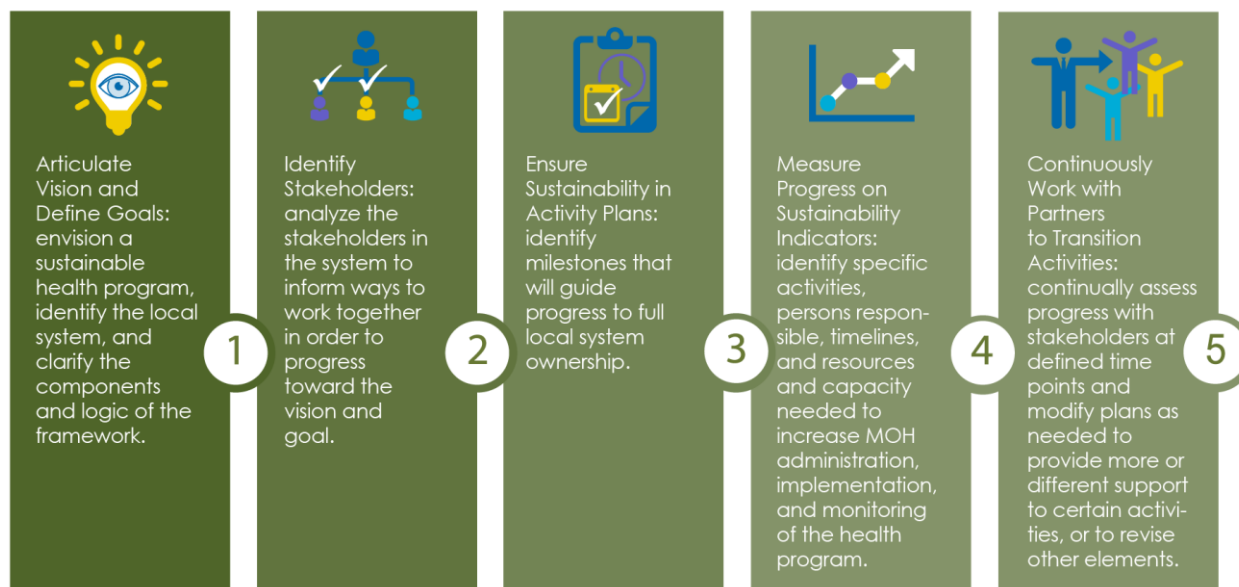
The project periodically reported on progress toward sustainability outcomes. For annual reports, the activity team consulted with project staff to review and triangulate data for sustainability indicators and used experiences as a means of informing progress toward self-reliance. These reports informed the monitoring, learning, evaluation, and adaptation processes of TZ AA activities.

During the final year of TZ AA, the TZA-03 team began planning for activity transitions with other activity teams. The TZA-03 team convened project activity leads and senior management in a workshop in May and through a webinar in June 2018. Project staff reviewed activities and sub-activities to identify the essential elements to transfer to country ownership. Some activities were already country-led and did not require a transition plan. A stakeholder mapping activity identified the key partners to involve, and transition plans were developed for all relevant activities (Appendix 3).

The TZ AA management team and staff met with USAID and the health ministries in Tanzania and Zanzibar in September 2018 to begin the formal transition. At this time, project staff shared many accomplishments and described activities that would transition to being fully country-owned and managed. The TZA-03 team also engaged with other activity leads to document achievements toward sustainability outcomes, key successes, and challenges, which have become part of the overall learning from the TZ AA. Figure 2 depicts the overall process to plan for sustainability in TZ AA.

² Activities were added and dropped throughout the life of the project. At project onset, 15 activities were included in the workplan.

Figure 2. Sustainability planning for the Tanzania associate award



SUSTAINABILITY ACHIEVEMENTS AND LESSONS LEARNED

The common understanding of sustainability and the vision for a self-reliant HIS in Tanzania supported activity planning and implementation. The commitment of project staff and local counterparts to a sustainable HIS was reflected in how local partners led planning and implementation for activities where possible, which reduced the need for elaborate or prolonged transition plans upon project end. The following achievements and success stories illustrate the progress made toward sustaining TZ AA activities and their outcomes.

Key Achievements

Key project achievements are the following:

- Established proper health management information systems guidelines and policies at central offices and the Ministry of Health in mainland Tanzania and in Zanzibar, as well as trained staff with a strong commitment to sustain progress. (Sustainability outcome domains 2 and 5)
- Identified and built the capacity of 40 data use champions to lead data use activities at the subnational level. (Sustainability outcome domains 4 and 5)
- Developed a DHIS 2 Functions and Data Use for Health Information System Strengthening Training Manual for use as a national training resource, endorsed by the Ministry of Health, Community Development, Gender, Elderly and Children. (Sustainability outcome domains 1, 2 and 3)
- Institutionalized a postgraduate-level course in Project Management, Monitoring and Evaluation in Health (MSc PMMEH) at Muhimbili University of Health and Allied Sciences (MUHAS). (Sustainability outcome domain 5)

Tanzania AA Success Stories

Supporting Malaria Surveillance and Operations Research

TZ AA supported the National Malaria Control Program to implement the National Malaria Strategic Plan (2015-2020), strengthen malaria surveillance, and conduct operational research. From the beginning, the activity was country-led, with TZ AA providing only technical support and fostering linkages between local partners. As a result of these efforts, passive and active malaria reporting rates increased, and local capacity has been built to independently manage and support the malaria case notification system. Local partners continue to have access to relevant databases and skills, and the need to transition is therefore limited.

Strengthening Information Systems for Most Vulnerable Children (MVC) and Orphans and Vulnerable Children (OVC)

TZ AA strategically integrated several activities around MVC and OVC to streamline resources and sustain outcomes. These included the following: strengthening the national monitoring and evaluation and subnational referral monitoring systems for MVC and home-based care programs; developing a national MVC data management system; building organizational capacity on governance, leadership, and management for the Department of Social Welfare; and collecting OVC M&E and reporting baseline data for USAID Kizazi Kipya. At project end, several key achievements are likely to help sustain outcomes. For example, through strengthened organizational capacity, the Department of Social Welfare has a strategic plan in place for the first time in its history and was able to meet 70 percent of leadership targets. Integrating the MVC data management system into the existing DHIS 2 platform will also continue to support reporting MVC data within existing structures.

Building Local Research Capacity

Through a small grants program, TZ AA gave \$8,000–\$15,000 to nongovernmental organizations and educational institutions to conduct research on community-based HIV services and disseminate findings. This activity had three goals: (1) address gaps in the evidence base for community-based HIV services, (2) increase the research capacity of local researchers, and (3) create opportunities to disseminate findings. These activities successfully built research capacity in different ways. For example, one of the local grantees received tailored mentoring and successfully competed for another grant from a different funder. TZ AA also supported grantees to capitalize on its monitoring and evaluation community of practice, so grantees continue to learn and benefit from increased linkages with other researchers and funders. Through this activity, TZ AA found that providing small grants was an effective means to build and sustain local capacities in research and evidence-based practices.

Institutionalizing a Postgraduate MSc PMMEH Course at MUHAS

Supported by TZ AA and the Global Evaluation and Monitoring Network for Health, a global community of centers of excellence across universities, MUHAS developed a program that has been incorporated into its university offerings due to the course high enrollment that has generated income for the university. The program is already able to sustain itself, and MUHAS is looking for opportunities to formally join the Global Evaluation and Monitoring Network for Health and establish an internship program with the government to place students needing practical research and public health experience in the Ministry of Health while filling human resource gaps in regions of need.

Learning from the Journey

The complexity of TZ AA has meant that this approach has had challenges, but the successes include learning for future implementation and opportunities for sustainability. Some of the lessons learned are as follows:

- **Establish adequate and committed staffing to act as champions for sustainability.** There were plans to establish an M&E professional peer exchange Community of Practice (CoP), with a goal of providing capacity-building opportunities and training materials. Despite more than 400 members and shared resources on the web portal, inadequate staffing at the coordination and management level ultimately led to lacklustre performance of the CoP and decreased likelihood of sustainment. Given the investment into the CoP through the web portal, a local institution may be willing to absorb the CoP into its current functioning.
- **Plan for funding shifts or other shocks to the implementation environment that can impact sustainability.** Changing donor and stakeholder priorities left several activities without a plan to transition invested resources, staff, and plans. Working closely with activity leads and stakeholders on a biannual basis could support realignment of activities to ensure that workplans remain in line with emerging realities faced by stakeholders and donors.
- **Promote country-led activities and the involvement of local stakeholders, which are critical for sustainability.** Transitioning operational research and surveillance activities to local management was not difficult because from the beginning the key stakeholders to whom these would be transitioned participated in the design and implementation of the system. However, funding is key to sustainability. Discussing long-term funding solutions from the start would have been helpful. In this case, a key partner, the National Malaria Control Programme, is part of the Global Fund Country Coordinating Mechanism and can present the case for continued funding.

Conclusions

Through the process of planning for sustainability and transition to local partners and institutions, the TZ AA project team encouraged all stakeholders to take a broad and long-term view at what a viable and integrated HIS in Tanzania could look like. This affected implementation throughout the past five years by emphasizing collaboration with and capacity building for local institutions and strengthening systems to carry activities forward. Some examples of where achievements can be sustained and used as a catalysis included:

- Local nongovernmental organizations and universities have great interest in undertaking research, which could be further optimized with investments in building skills and direct funding for research.

- Continue to use data use champions to promote high-quality data collection
- Build on investments in the DHIS 2 to incorporate innovations and improvements on most vulnerable children modules and others that benefited from TZ AA
- Continue to fill research gaps in local HIV/AIDS programmes through small grants that provide hands-on research experience and build grant-writing capabilities
- Continue investments in the MUHAS MSc PMMEH programme to build practical learning opportunities for students and fill gaps in the health system.

Carrying activities forward will require adequate resources, and where these do not exist locally, outside sources must be sought. Future implementation should continue to strengthen local capacity in order to reduce dependence on outside funding and promote self-reliance.

APPENDIX 1. RESULTS FRAMEWORK FOR THE MEASURE EVALUATION–TANZANIA ASSOCIATE AWARD

Activity Objective: Increase the availability and use of high-quality data to inform community health and social service policy, planning, and decision making		
IR1: Policymakers use quality data to develop policies and guidelines, and advocate community health and social service programmes	IR2: Quality data routinely used by local governments, community providers, and facilities to improve programme planning budgeting and programme implementation	IR3: Increased evidence base for community health and social service programmes
1.1 Improved environment for routine data demand and use at the national level	2.1 M&E procedures, policies, and support mechanisms institutionalized within local governments, facilities, and community service providers	3.1 Community health research activities supported
1.2 M&E system improved and procedures, policies, and support mechanisms are institutionalized at the national level	2.2 Health information routinely collected and integrated into District Health Information Software 2 (DHIS 2).	3.2 Increased professional development opportunities in programme monitoring, evaluation, and research for Tanzanian programme managers and researchers
Crosscutting Approaches		
4.1 Increased coordination and collaboration in M&E activities	4.2 Increased gender considerations	4.3 Sustainability

APPENDIX 2. SUSTAINABILITY FRAMEWORK FOR HEALTH INFORMATION SYSTEM STRENGTHENING IN TANZANIA AND ZANZIBAR

Note: Crosscutting sustainability indicators are labeled "Sx" and are in bold.

Sustainability Framework for Health Information System Strengthening, Tanzania and Zanzibar	
Vision: In 2020, the health information system in Tanzania and Zanzibar will provide reliable and timely information which is routinely used by decision makers.	
Domain 1: Quality HIS data	
Desired outcome	Indicator available in PMP
Nationally harmonized Data Quality Assessment (DQA) Standard Operating Procedures (SOP), tools, and processes are in place at national and subnational levels.	MP2. Number of key M&E/HIS reference documents, tools, and curricula that have been harmonized or improved with assistance from MEASURE Evaluation/TZ
National DQA SOP and tools are routinely used at subnational levels and by U.S. Government-supported implementing partners (IPs).	A1: Number of beneficiary institutions and IPs implementing data quality assurance plans
Users of health information have confidence in the quality of the data they are using.	B7. Number of documented instances when Council Health Management Teams use DHIS data to inform health planning or budgeting B2. % of targeted beneficiaries that routinely and independently conduct joint data reviews and DQAs
Harmonized DQA process is routine.	A5. Number of beneficiary institutions and service programmes with harmonized M&E plans being implemented B4. % of districts with improved data quality in quarterly reports

Domain 2: Health Information System Resources and Structures

Desired outcome	Indicator available in PMP
Harmonized referral tool is being used.	B3: Proportion of targeted districts with improved referral monitoring systems in place
Capacity building and system strengthening is evident based on DQA findings or other sources.	B4: # (or %) of districts with improved data quality in quarterly performance reports B6: % of districts in focus regions with improvements in timeliness or data quality in HMIS or DHIS
Skills of M&E staff have been strengthened at all levels.	CC4: # of Community of Practice (COP) events held CC3: # of members of COP who commented in or contributed to the COP
M&E trainings are available through local institutions (e.g., university curricula).	S3: # of instances where country institutions, organizations, or programmes take on increased levels of responsibility for trainings conducted through initial support of M/Eval TZ (i.e., if 75% of sessions are facilitated by local facilitators) C2: # of local research institutions with research capacity-building plans developed or implemented
Database in place that captures most vulnerable children (MVC) information, and reports are available.	MP1: # of finalized key M&E reference documents, tools, and curricula newly developed with assistance from M/Eval TZ A4: # of beneficiary institutions that generate reports and analyze data using the national databases (<i>which include MVC information</i>) and special studies
Active network of M&E professionals is in place.	CC2: # of members in M/Eval TZ-moderated COP CC3: # of members who made a comment in or contributions to the COP CC4: # of COP events held Sx: # of COP meetings or events initiated by local stakeholder without M/Eval TZ support

Domain 3: Efficient and adaptable processes for data production

Desired outcome	Indicator available in PMP
Gender-sensitive M&E health information in use.	G3: Number of ministries, departments, or agencies and civil society organizations analyzing sex-disaggregated data and making the findings available

Capacity to collect quality data—MVC M&E and DHIS 2 developed.	<p>B5: % of health facilities submitting timely reports</p> <p>B6: % of districts with improvements in timeliness and data quality</p> <p>C5: # of districts implementing improved procedures for routine health and service monitoring at the district, facility, and community levels</p>
Increased integration of health information system evident.	<p>MP2: # of key documents and tools harmonized or improved with M/Eval support</p> <p>Sx: # of project activities that have documented efforts to promote integration of HIS</p>

Domain 4: Demand for and use of HIS data

Desired outcome	Indicator available in PMP
Reliable health data (MVC, DHIS, malaria, small grants, and gender) are in demand, available, and used on a routine basis.	<p>B2: Proportion of targeted beneficiaries that routinely and independently conduct joint data reviews and data quality assessments</p> <p>B4: Proportion of districts with improved data quality in quarterly performance reports</p> <p>B7: Number of documented instances in which Council Health Management Teams use DHIS data to inform health planning and or budgeting</p> <p>A4. Number of beneficiary institutions that generate reports and analyze data using the national databases and special studies</p>
Government plans and policies (national and subnational) are developed based on national and regional evidence.	A3. Number of policies, plans, advocacy materials, programme strategies, and national guidelines developed that are informed by data

Domain 5: Enabling environment

Desired outcome	Indicator available in PMP
Ministry of Health coordinates all M&E efforts with appropriate policies, funding, and systems.	<p>4.2, S3: Number of instances where country organizations or programmes request or secure non-USAID funding for M&E or HIS staff or activities as a result of MEASURE Evaluation activities</p> <p>4.3, S3: Number of instances where country institutions, organizations, or programmes take on increased levels of responsibility for trainings conducted through initial support by MEASURE Evaluation (i.e., If 75% of sessions are facilitated by local facilitators)</p> <p>S1: # of activities initiated by project taken over by local programmes, institutions, and staff</p>

<p>Champions are in place to continue improving M&E and HIS capacities at all levels.</p>	<p>Sx: # or % of data demand and use champions who remain active by the end of the project</p>
<p>Subnational systems effectively communicate national HIV and MVC policies and guidelines to promote integrated systems.</p>	<p>C5: # of districts implementing improved procedures for routine health and service monitoring at district, facility, and community levels MP2: # of key M&E/HIS reference documents, tools, or curricula that have been harmonized or improved with assistance from ME/TZ</p>

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