

Adaptation of the DHIS 2 to Manage Program Data on Most Vulnerable Children in Tanzania

Background

Most vulnerable children (MVC) are defined in Tanzania as children under the age of 18 years living under extreme conditions, characterized by severe deprivation that endangers health, well-being, and long-term development.¹ The exact number of MVC in Tanzania is unknown, but it has been estimated that up to 71 percent of children in Tanzania suffer two or more instances of severe deprivations of their basic needs. Children's vulnerability is intertwined with social, cultural, and economic factors, plus the effects of the HIV epidemic. Developing appropriate responses to assist MVC requires information on their numbers as well as reach, coverage, and effectiveness of existing services.

The vision of the United Republic of Tanzania is to ensure that MVC receive the care, protection, and support required to reach their full potential. In line with this vision, the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), through the Department of Social Welfare (DSW), developed the National Costed Plan of Action for Most Vulnerable Children 2013–2017 (NCPA II).² NCPA II outlined activities to enhance the well-being of MVC by protecting their rights and preventing and reducing the incidence or effects of economic hardship and health risks.

Emerging Data Management System

To monitor implementation of the NCPA II, the United States Agency for International Development (USAID)-funded MEASURE Evaluation–Tanzania (MEval-TZ) project supported the development of a national monitoring and evaluation (M&E) plan that describes core indicators for reporting by all stakeholders who work on behalf of MVC and their households. MEval-TZ used a tool developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS)—the 12 Components M&E System Assessment tool—to evaluate the existing MVC

M&E system and to develop a multisectoral workplan for coordinating and strengthening the system.

A national M&E plan is essential for effective coordination and strengthening of many of the 12 components of a functional M&E system. While a national M&E system existed in Tanzania, the assessment conducted by MEval-TZ indicated it should be reviewed and aligned with the new NCPA II. The assessment also found that coordination existed for MVC interventions and M&E activities but could be improved at both national and subnational levels through the creation of technical working groups. Further, the assessment found that a data management system existed but was largely run by individual projects, with little control or involvement from the government. The resulting MVC M&E plans were finalized and launched in 2015 in both Mainland Tanzania (Mainland) and Zanzibar. The M&E plans spell out the following: (1) performance indicators; (2) data sources; (3) data collection methods; (4) data flow; (5) data analysis, use, and reporting; (6) feedback mechanisms; and (7) roles and responsibilities of different stakeholders.



Photo: Ümmühan Özkan, IHH Humanitarian Relief Foundation, Courtesy of Flickr Creative Commons.

¹ Ministry of Health and Social Welfare (MOHSW), 2012

² The equivalent in Zanzibar is Zanzibar Costed Plan of Action (ZCPA) for Most Vulnerable Children (ZCPA 2010-2015).

Advanced Development

In 2016, DHIS 2 was selected as the platform for managing MVC data to address the shortcomings of the previous data management system (insufficient data quality, system inflexibility, and system sustainability). The adoption of DHIS 2 was also expected to enable the DSW in Mainland and the Department of Elders and Social Welfare (DESW) in Zanzibar to build upon the strong infrastructure and technical expertise already developed, thereby ensuring system sustainability. The use of DHIS 2 also promised greater integration of MVC services and data with HIV and other related health data, including referrals to services. Customization of the DHIS 2 data management module was conducted in collaboration with the University of Dar es Salaam (UDSM) and the State University of Zanzibar.

In Mainland, the DSW was located within the MOHCDCGEC and the ministry's permanent secretary provided written approval to create and maintain the data management module. In Zanzibar, where the DESW was housed in a different ministry—the Ministry of Labor, Empowerment, Elderly and Children (MLEEC)—the health ministry developed a memorandum of understanding for the development and maintenance of the data management module at MLEEC.

Pretesting

With support from MEval-TZ, the national MVC M&E plan was pretested from 2016–2017 in Kinondoni Municipal Council, Wanging'ombe District Council, and Kyela District Council in Mainland and in the Mjini Magharibi and Chake-Chake districts in Zanzibar. The goal was to test how easily community volunteers could use the data collection tools and the effectiveness of the data flow structure from community volunteers, to village and ward executive officers, MVC committees, and ultimately to DSW officers. The test showed that the primary data collection tools—MVC registration, MVC monthly service tracking, and referral forms—could be used effectively by community volunteers. However, summary reporting forms, which required manual aggregation from individual records, challenged the community volunteers. The feedback from the pilot was used to update the data collection tools, data flow structure, and the DHIS 2 data management platform.



Practical training of trainers on the MVC DHIS 2 data management system, Dar es Salaam, 2018.

Optimizing Performance

MEval-TZ developed a collaboration framework to support the rollout of the MVC M&E system with two other USAID-funded projects—the MVC service delivery project, Kizazi Kipya, implemented by Pact Inc., and Community Health and Social Welfare System Strengthening Program (CHSSP), implemented by John Snow Inc. (JSI). Pact's Kizazi Kipya project is using the core MVC data collection tools in more than 80 program districts and supported district councils to enter data into the national database. As part of its social welfare strengthening work, the JSI/CHSSP program is supporting printing and distribution of data collection tools and training of community caseworkers and other stakeholders to use them.

With the MVC M&E plan in place, all stakeholders should be able to improve the collection of quality data and improve the government's ability to monitor MVC program implementation. The use of standardized data collection and reporting tools and the development of a special DHIS 2 module for data management has enhanced the availability and use of data, reduced fragmented efforts, and ensured efficiency and consistency in MVC program M&E.