USAID

Tulonge Afya

# SBC Data Reporting Through DHIS2

DPG Health Meeting, July 14,2021

PEPFAR

U.S. President's Emergency Plan for AIDS Relief

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THE SCIENCE OF IMPROVING LIVES

# **USAID Tulonge Afya:** Mandate

Catalyze opportunities for Tanzanians to improve their health status by transforming socio cultural norms & supporting the adoption of healthier behaviours

**Result 1**
Improved ability of individuals to practice healthy behaviors

**Result 2**
Strengthened community support for health behaviors

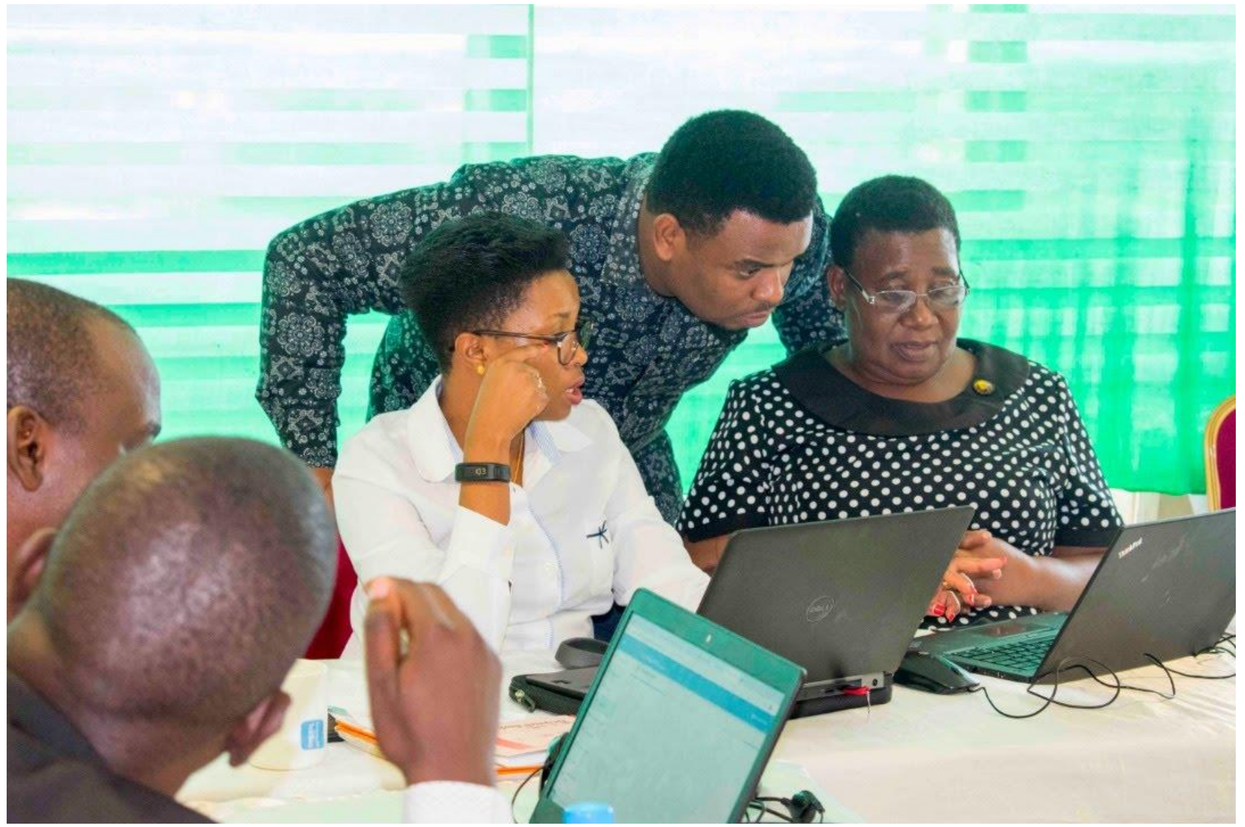
**Result 3**
Improved systems for coordination and implementation of SBCC interventions

HIV FP/RH TB Malaria MNCH

# Objective

Support Health Promotion Section to streamline data collection and visualization for better decision making at all levels

- Very few countries have SBC data reported on DHIS2
  - Ghana was our inspiration



Pre COVID-19 photo

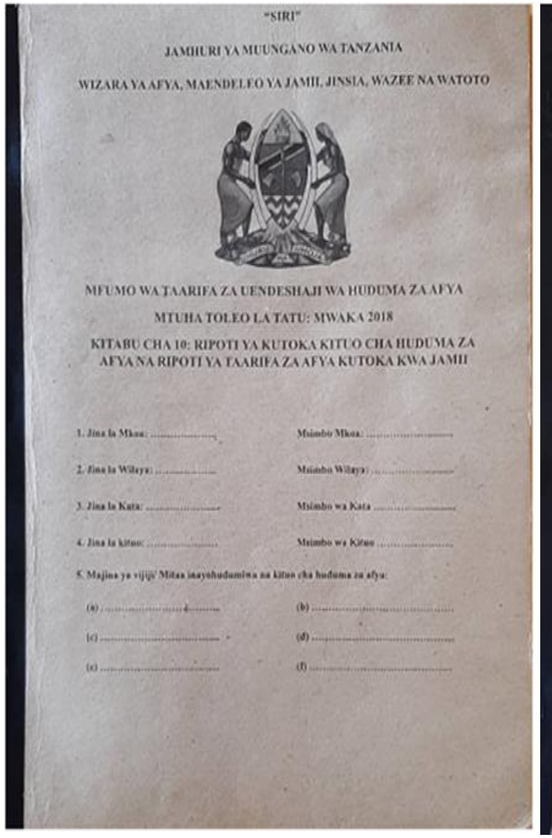
# Rationale

- Standardized data collection and reporting is a requirement in the new HPS strategy
- SBC/community data is scattered, every partner has their own platforms
  - Issues with data quality and GoT ownership
  - Hard to use for decision making
- DHIS2 data reporting process increases credibility on the data
- Need to make the case for SBC contribution on service uptake

# The process

## In order to standardize SBC data Reporting

1. Review SBC data collection tools
2. Review indicators
3. Develop (and update) data entry forms in DHIS2
   - To be compatible with revised book10 tables
   - To reflect new indicators
4. Develop dashboard to visualize SBC data
5. Begin initial rollout of HMIS reporting tools
   - HMIS book 3 and 10
   - Prioritized project regions


"SIRI"

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO

MFUMO WA TAARIFA ZA UENDESHAJI WA HUDUMA ZA AFYA

MTUHA TOLEO LA TATU: MWAKA 2018

KITABU CHA 10: RIPOTI YA KUTOKA KITUO CHA HUDUMA ZA AFYA NA RIPOTI YA TAARIFA ZA AFYA KUTOKA KWA JAMII

1. Jina la Mkoa: ..... Msimbo Mkoa: .....

2. Jina la Wilaya: ..... Msimbo Wilaya: .....

3. Jina la Kata: ..... Msimbo wa Kata .....

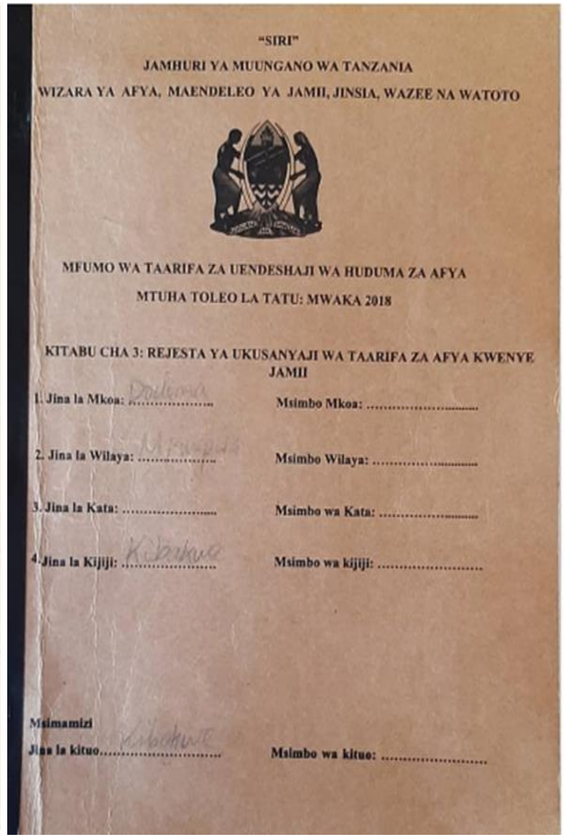
4. Jina la kituo: ..... Msimbo wa Kituo .....

5. Majina ya vijiji/ Mitaa inayohudumiwa na kituo cha huduma za afya:

(a) ..... (b) .....

(c) ..... (d) .....

(e) ..... (f) .....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MFUMO WA TAARIFA ZA UENDESHAJI WA HUDUMA ZA AFYA

MTUHA TOLEO LA TATU: MWAKA 2018

KITABU CHA 3: REJESTA YA UKUSANYAJI WA TAARIFA ZA AFYA KWENYE JAMII

1. Jina la Mkoa: ..... Msimbo Mkoa: .....

2. Jina la Wilaya: ..... Msimbo Wilaya: .....

3. Jina la Kata: ..... Msimbo wa Kata: .....

4. Jina la Kijiji: ..... Msimbo wa kijiji: .....

Msimamizi

Jina la kituo..... Msimbo wa kituo: .....

# The process

## 1. Review SBC data collection tools

To ensure;

- Unified source of data across implementing partners
- Usage of standardized tools
- SBC /community  data is reported through national platform ( DHIS2)

Data collection tools Approved early 2019

# The Process

## 2. Review Indicators

- Taskforce formed to review the indicators: HPS, HMIS, Program units, PORALG, UNICEF, BMF, Tulonge, PSI, UDSM

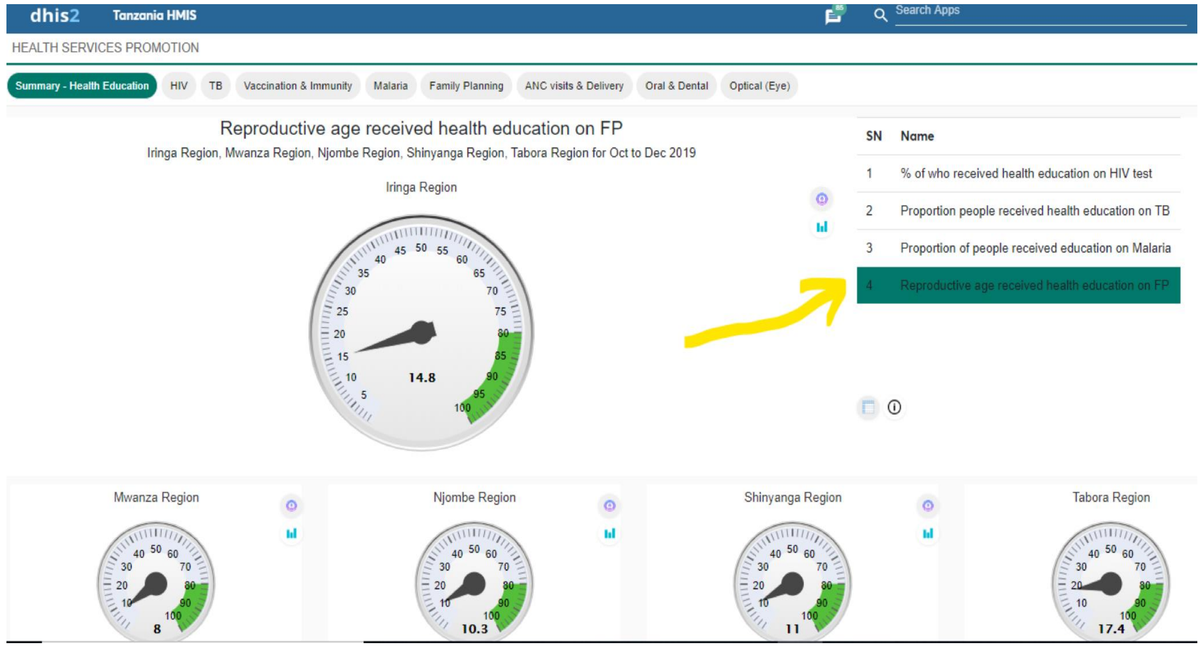
- Collected indicators from all GoT units

- All indicators with source data from book 3 were taken on board

  - Out of ~132, 81 had source data

  - Four indicators were selected to present overall summary

    1. Proportion of individual who received HE on HIV testing
    2. Proportion of people who received HE on TB
    3. Proportion of people who received HE on malaria
    4. Proportion of people of reproductive age who received HE on FP



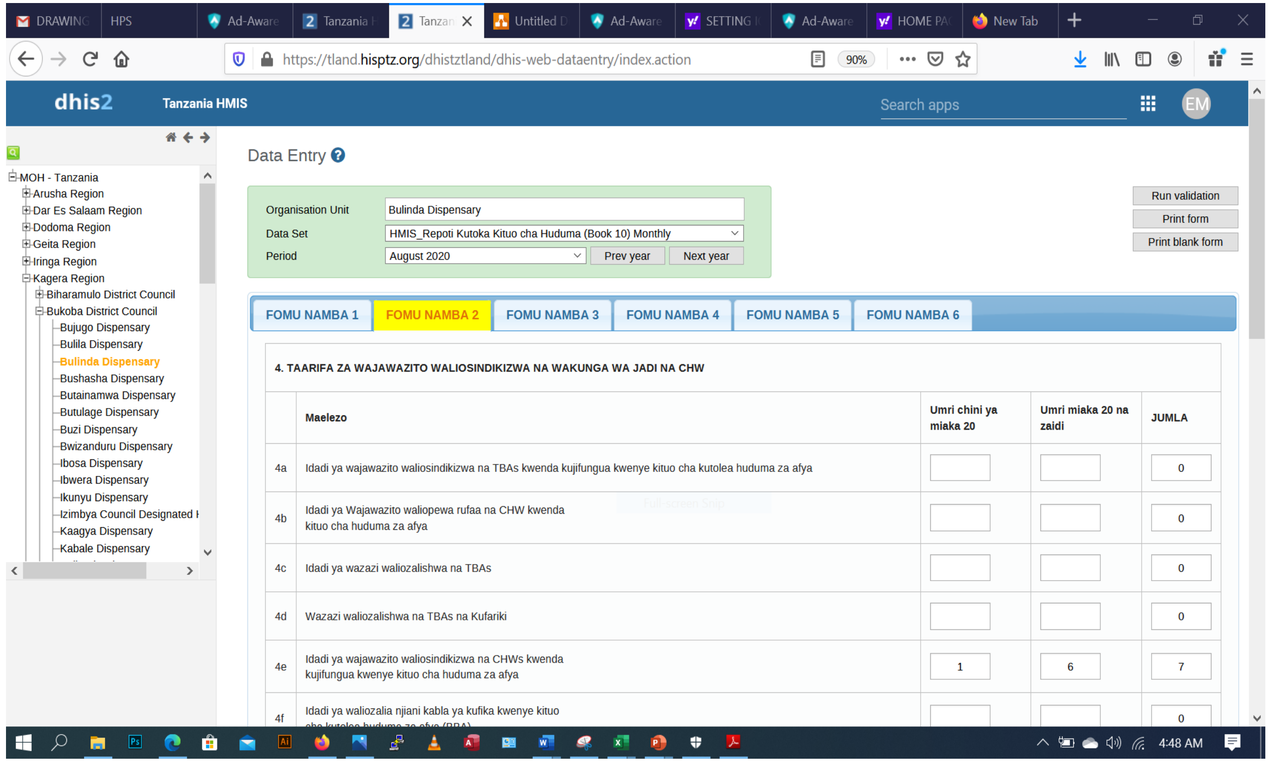
# The Process

## 3. Develop (and update) data entry forms in DHIS2

- HMIS book 3 is a primary data collection, by design can not go direct to DHIS2
- GoT with TA from Tulonge Afya adapted HMIS book 10 to report data from HMIS book 3
- Reporting procedure

CHW fills book 3 monthly => send to HF=> HF aggregate data using book 10 => send to council HMIS focal person => Data entered in the system

  - Some facilities enters data directly to DHIS2



# The Process

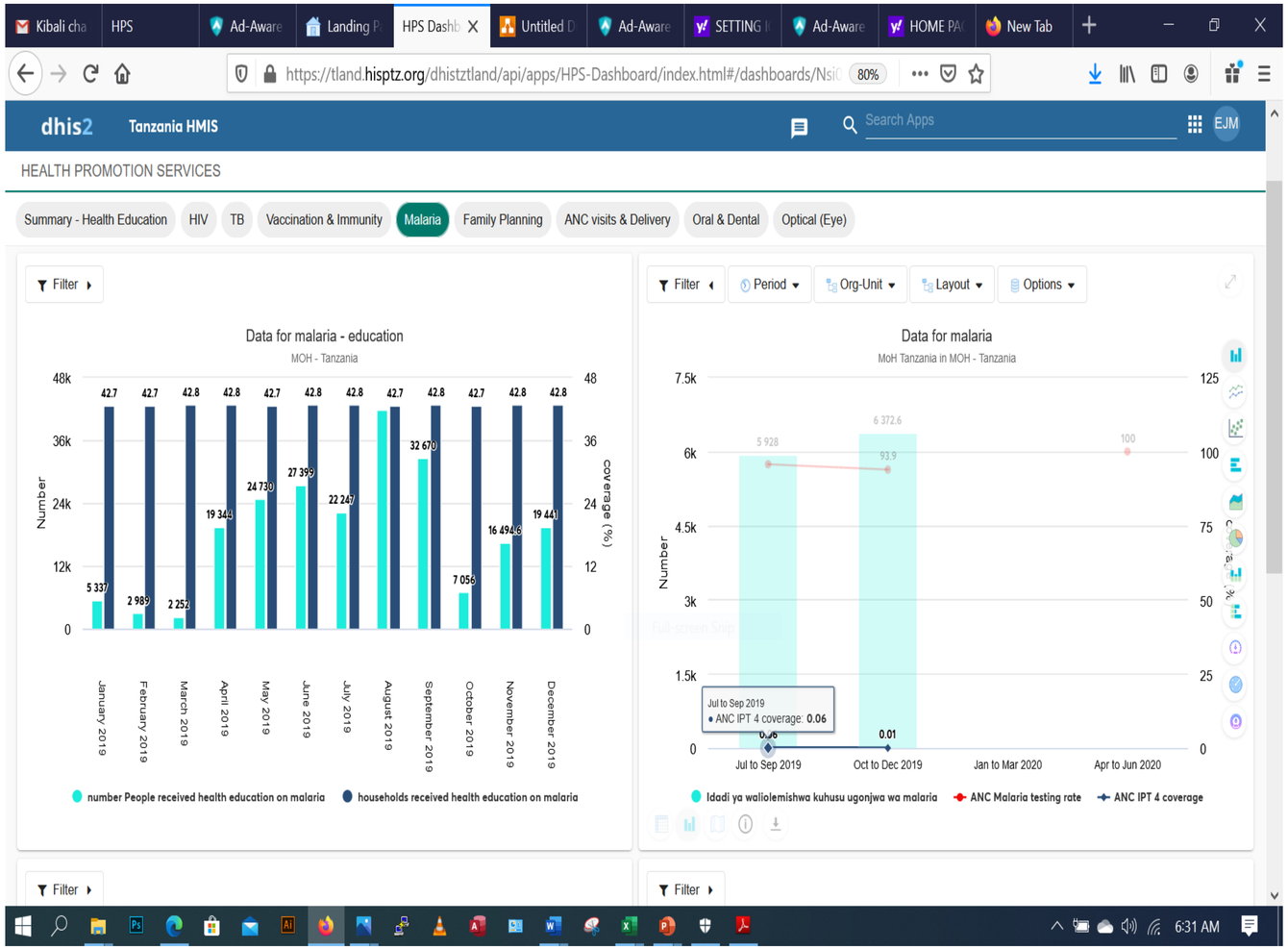
## 4. Develop dashboard to visualize SBC data

- To ease navigation through the dashboard there is:
  - Overall summary visual

  ( Shows four selected indicators)

  - Tabs option to filter by each health area & location

- Create linkage between SBC & service update
  - Selected indicators in each health area to show immediate outcome.
    - Eg. Health education on FP vs FP uptake



# The Process

## 5. Begin Initial rollout of the reporting system

- Putting together training package
- Training of National ToT
- Tulonge supported rollout in 3 regions, 6 councils; from Kagera, Kigoma, Mwanza
- Data reporting and dashboard are in DHIS2 live platform/server
- DHIS2 dashboard has data from 6 councils since Oct 2020
- We expect to review data visualization once 50% of regions start reporting

# Whats Next

**In order to scale up SBC Reporting through DHIS2**

# Our Ask to Donor Partners

- Ask your implementing partners to prioritize this activity and begin to use it
- Support to fund orientation to relevant district personnel
- Point us to your partners who support SBC/community mobilization activities

# USAID Tulonge Afya  Commitment

- Mapping of potential partners (with community mobilization activities) for national scale up
- Support master trainers for national level TOT
- Develop and share standardized training slides
- Explore virtual training ideas
- Request GoT to issue circular that inform and require all partners to use the new repotting system

# Common Q&A

1. Does this only go with the new CHWs model?

   ⇒Not really, it works with any kind of volunteer known by CHMTs

   ⇒Module 2 is compulsory module focused on reporting through DHIS2

2. Who can view the dashboard ? => Anyone with DHIS2 access

3. Who is being trained? =>

   1. Region = HMIS focal, 3 HP officials (HP, school health & CBHP)
   2. Council = HMIS focal, 3 HP officials (HP, school health & CBHP)
   3. Facility = 2 dispensary, 3 health center
   4. Community: Available volunteer

# Common Q&A

4. On average how many people are being trained per council?

    => 90-100 for about 4 days

5. How much does it cost to scale up in a district?

    => ~$30K +/-

6. Does Tulonge Afya have funding for scale up

    => Nope, but we can fund national master trainers to support interested partners

## LOCATION

Ali bin Said Street,
Off Haile Selassie Road
Plot No. 8/10, Oyster Baby
Dar es Salaam, Tanzania

## PHONE NUMBER

+255 22 2601395

## EMAIL

WNyoni@fhi360.com

## WEBSITE

www.fhi30.org

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