

DRAFT TERMS OF REFERENCE FOR M&E TWG

Background:

Over the years, since independence in 1961 and soon after independence, the government of Tanganyika and thereafter the United Republic of Tanzania main focus for the health sector has been to eliminate diseases, eradicate poverty and illiteracy with objective of achieving a universal “health to all Tanzania.

Through the deliberate restructuring of the health sector to make all health services more effective, accessible and affordable with attention to most underprivileged groups of population especially women, children under five year age group and those in difficulties. The Government of Tanzania is committed to providing quality, affordable, effective and efficient health services to all its citizens. However to track these benefits we need a strong Health Information System in a forefront. Health Information System includes Routine data systems (HMIS, IDS), Sentinel Sites Information (DSS, NACP) and Surveys and Research Information.

The Monitoring and Evaluation Working Group was created in early 2006 and strengthened after the health sector evaluation in 2007. The primary objective of the M&E Technical Working Group is to support collection and dissemination of information to facilitate evidence based decision making and accountability across the health sector.

Currently the TWG is expected to monitor the progress of HSSP III which is reflected in a series of indicators of which they are supposed to be measured quarterly, annually and some are after every four years through routine information system, surveillance and research activities. The HSSP III identified a number of challenges that need to be addressed by the M&E TWG.

In the collection of data in routine systems (HMIS), there are weaknesses: data from health facilities are not always complete or not reliable. Often data collection is delayed. Feedback to collecting facilities, particularly from the district level is practically nonexistent. FBOs in general comply with national information systems, but private-for-profit facilities do not provide any information at all.

Disease surveillance is improving steadily, but still meeting reporting delays. The registration of vital events (births, deaths) does not have a good coverage, while this information is required for planning health services.

More problematic is that data are not analysed, organised or presented in a user-friendly way. Interpretation is difficult and therefore there is limited use of data for local planning, starting from the collecting facilities to the CHMTs As a result, resources are not always allocated to where they would be needed most.

MOHSW programmes have de-linked from the HMIS and set up their own information system. These systems operate in parallel and do not share information and expertise. There is an over-reliance on programme-driven surveys and surveillance systems, and information from those surveys is not sufficiently shared. Existing administrative data on finances or human resources are not used within MOHSW, while separate databases are being created.

Objective(s): The overall achievement expected

Coordinated Set of Routine Data Collection Systems, Disease Surveillance, and community and facility based research providing evidence required for health sector decision making, planning and accountability.

MOHSW, MDAs and Development Partners are working together in a coordinated way to produce and disseminate performance indicators and reports for the health sector.

Scope of work:

- To make recommendations to health sector planning, and prioritization processes:
 - a. Discuss the annual work plans during the MTEF preparation process.
 - b. Keep abreast with the progress of the planned M&E interventions.
 - c. Assess the need for corrective measures to achieve targets set in annual plans.
 - d. Monitor the collection of information on health services basing on routine and non-routine systems.
 - e. Make recommendations to the SWAP on prioritization of indicators which provide useful measures of performance.
- To develop a comprehensive M&E and Research Strategy for the health and social welfare sector
 - a. Formulation of a Health Sector Monitoring Framework, satisfying the information needs of all stakeholders, with a harmonised set of indicators, data elements and data sources (routine and non-routine).
 - b. Expand disease and demographic surveillance and encourage more collaboration between programmes and provide input to the creation of a national health research agenda.
 - c. Provide guidance and oversight to all M&E related activities to streamline the number of registers and reporting tools while maximizing the relevance and effectiveness of the indicators and measures they produce.
- For cross cutting issues the TWG need to monitor the progress of Local Government systems which feeds information to PMO-RALG and other sectoral ministries in relation to technical issues and finance.
- Develop a system of organising data on morbidity and mortality to link up with available data on resources (financial, human, material and others) to ensure use of such data as a comprehensive package for decision making and planning.
- Strengthen integrated routine HMIS
 - a. Review and strengthen HMIS to improve the data flow and analysis, and to integrate related systems.
 - b. Oversee HMIS project and provide technical input and review of major deliverables include quarterly reports and annual work plans.
- Introduce data aggregation and sharing systems based on ICT
 - a. Support the development of a Health Information Guideline covering information management, sharing and protection.
 - b. Replace fragmented separate databases with a flexible national data warehouse which makes health sector information available to stakeholders.
- Provide input and guidance to surveys and operational research and strengthen the HIR unit to include capabilities in epidemiological analyses;

TWG Members: Organizations/sections/units represented in the TWG:

- a. MOHSW
 - i. DPP – Head of M&E - Chair
 - ii. DPP – Head HMIS - Vice Chair
 - iii. DPP - Research
 - iv. DPP – National Sentinel and Surveillance
 - v. TB&L – M&E Representative
 - vi. NACP – M&E Representative
 - vii. NMCP – M&E Representative
 - viii. EPI
 - ix. RCH
 - x. Epidemiology and Disease Control
 - xi. DHR Representative
 - xii. Health Services Inspectorate Unit
 - xiii. Nursing Services Unit
 - xiv. Health Emergency Preparedness and Response Unit
 - xv. Human Resource Management Division
 - xvi. Human Resource Development Division
 - xvii. Procurement Management Unit
 - xviii. Preventative Health Services Division
 - xix. Social Welfare Division
 - xx. NIMR
- b. National Bureau of Statistics
- c. RITA Representative
- d. PMORALG
- e. POPSM
- f. TFDA
- g. TFNC
- h. TACAIDS
- i. Civil Society Representatives
 - i. CSSC
- j. Development Partners
 - i. Netherlands
 - ii. Norway
 - iii. CIDA
 - iv. CDC
 - v. USAID
 - vi. JICA
 - vii. IMA
 - viii. UNICEF
 - ix. WHO
 - x. UNFPA
 - xi. CHAI
 - xii. IFAKARA Health Institute
 - xiii. UNAIDS

Regularity of Meetings: The M&E TWG will meet once per month on the first Wednesday every month. The Chair will forward agenda and call meetings at least two days in advance.