



MONITORING AND EVALUATION TECHNICAL WORKING GROUP (M&E TWG)



Introduction



- **Monitoring and Evaluation is an essential for evidence based decision – making and for accountability**
- **The M&E Technical Working Group (M&E - TWG) was established following the formulation of the M&E as one of the 9 HSPIII Strategic areas**
- **The M&E address the three health sector elements those are**
 - **The MKUKUTA monitoring,**
 - **The Health Service routine and non – routine monitoring systems**
 - **The Local Government monitoring system**



M&E TWG Participating Partners

Government	UN Agencies	Development Partners	Implementing Partners	NGOs	TA
MOHSW	WHO	Netherlands	CHAI	AMREF	CDC
MOFEA	UNICEF	Norway	IHI		UDSM
PMO-RALG	UNFPA	CDC	CSSC		IHI
TACAIDS	WB	Switzerland			Oslo University
RITA	UNAIDS	JICA			
		GTZ			
		USAID			



HSSP III M &E Strategic Objectives

- Develop comprehensive M&E and research strategy for the health and social welfare
- Strengthen Integrated Routine HMIS
- Strengthen Integrated Disease Surveillance (IDSR)
- Aggregation and Sharing systems based on ICT
- Surveillance and Operation Research



HSSP III M&E Implementation Status:

- Strategy: 5 Year M&E Strengthening Strategy Approved by Funding Partners and MOHSW (MESI)
- HMIS: Tool Revision Complete, Pilot of new tools underway in Pwani Region. Plan to scale in 2012. Establishing m-health reporting of core indicators.
- IDSR: Completed Evaluation of IDSR m-Health Pilot in Urambo District and Initiating Plan to Achieve National Scale
- ICT: Strengthening Initiative includes Improvements in use of ICT including: infrastructure and maintenance, DHIS for data management, and enterprise architecture to integrate systems.
- Research: Strategic Plan includes plan to strengthen operation research



Challenges

- Human Resources:
 - M&E positions created in regions and councils but not yet filled in most places,
 - Central M&E section work plan exceeds available human resources
- Complete Overhaul of Routine HMIS:
 - HMIS tools have not been updated in 14 years, complete overhaul with many new tools and indicators.
- Data Use and Dissemination
 - Limited dissemination, feedback and data use of available data at all levels.



Way Forward

- Human Resources:
 - Existing M&E Positions need to be filled at all levels
 - Strengthen the implementation of the MESI by leveraging implementing partners at all levels
 - Capacity Building of existing personnel
- Complete Overhaul of Routine HMIS:
 - New tools requires thorough testing and evaluation
 - Extensive training for all health care workers on use of new tools and indicators
- Data Use and Dissemination
 - Implementation of data warehouse for improved access to collected data.
 - Implement feedback processes for all data collection processes
 - Capacity Building for RHMTs, CHMTs and hospital managers on data use and operational research