

MONITORING: Opportunities & Challenges

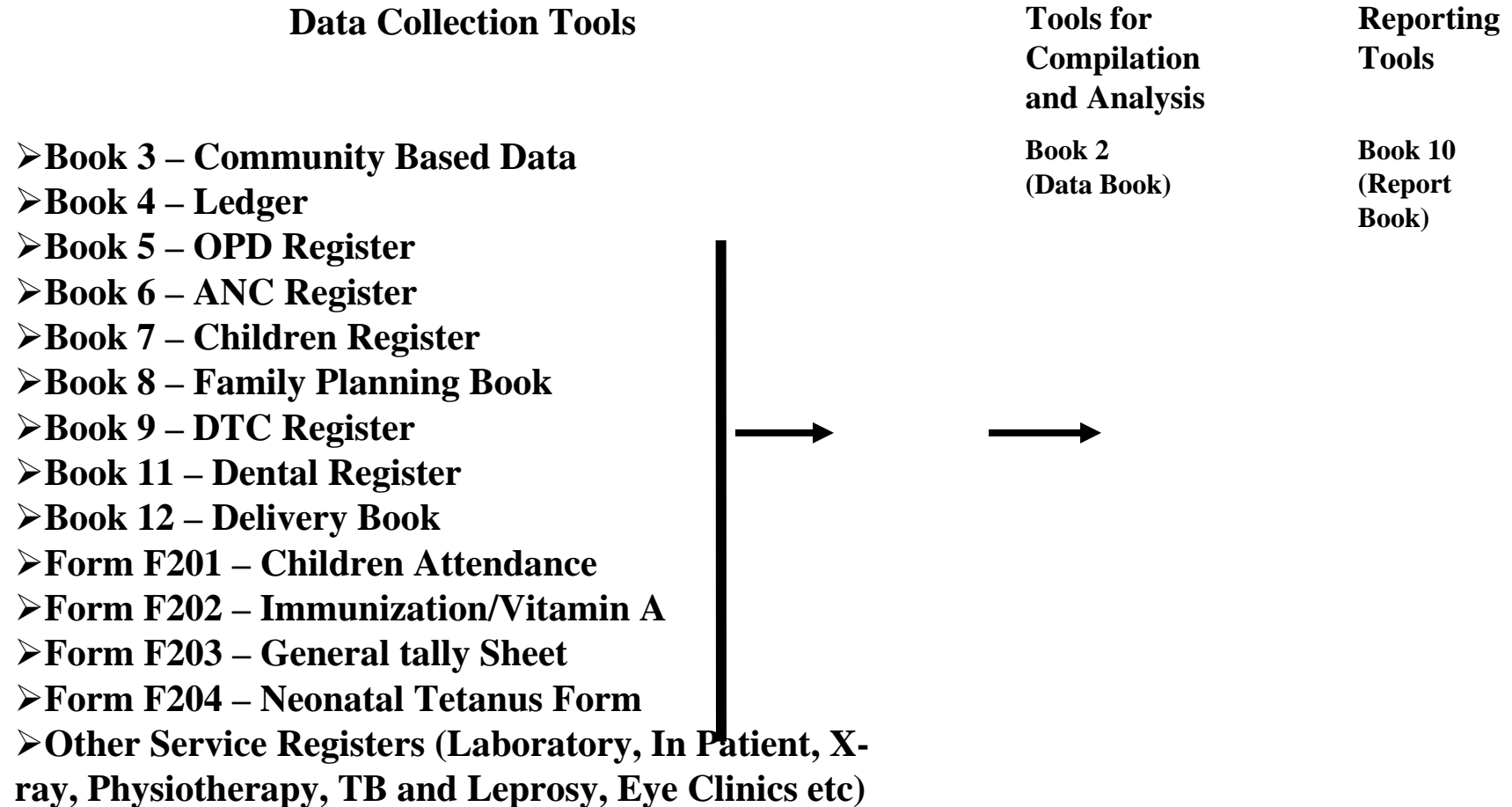
Tanzania Experience

OPPORTUNITIES

There is a system in place to Monitor progress through; -

- **Census & Surveys:**
 - Census done - 1988, 2002
 - Surveys - DHS 1991/2, 1996, 1999 (RCHS), 2004/05; THIS (HIV)2003, 2007 (been planned)
- **Sentinel Surveillance:**
 - STI & HIV, Malaria, Demographic surveillance System
- **Routine data collection:**
 - morbidity, mortality data and management data

Summary of HMIS (routine) Tools at Health Facility Level;



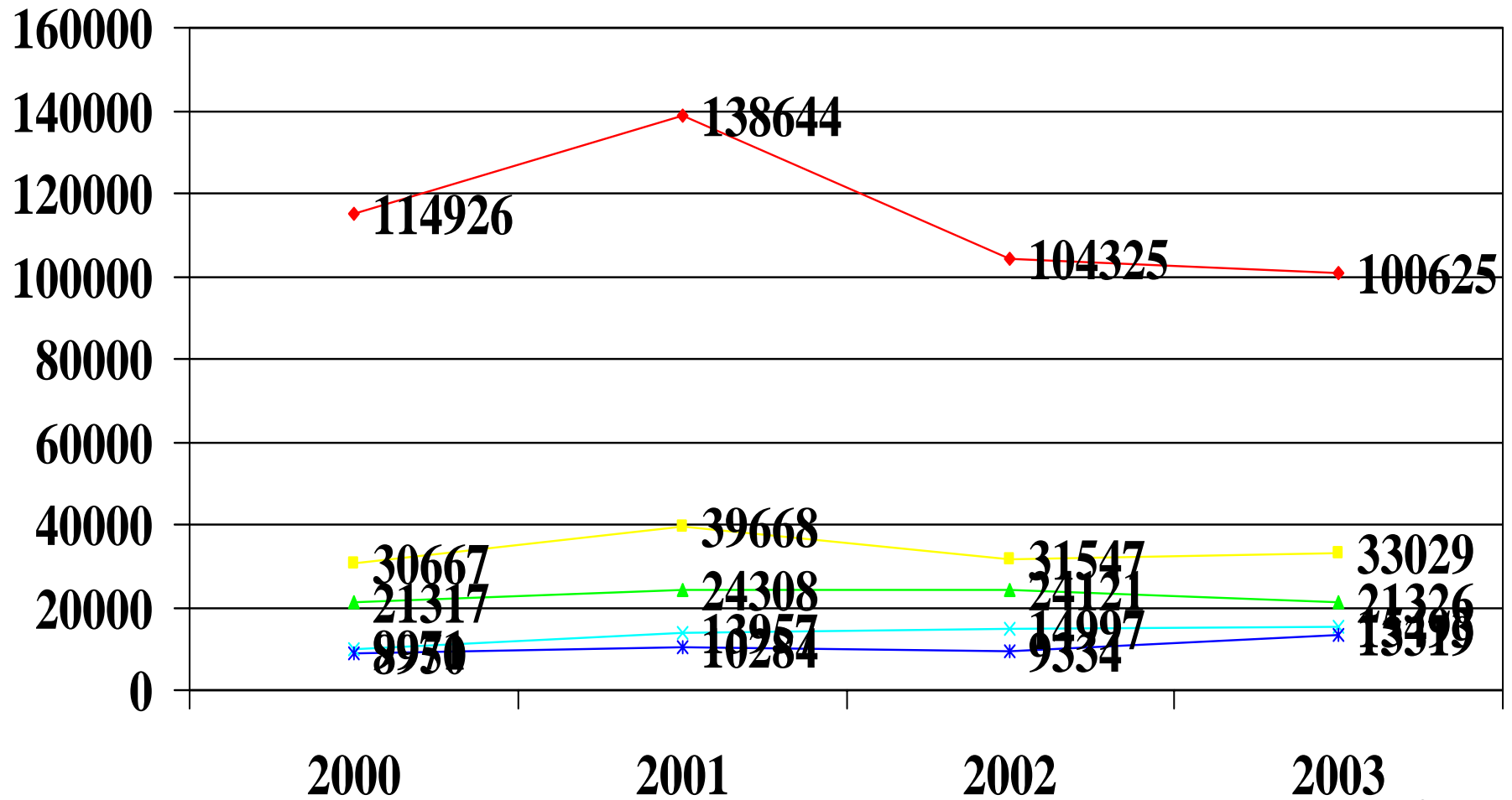
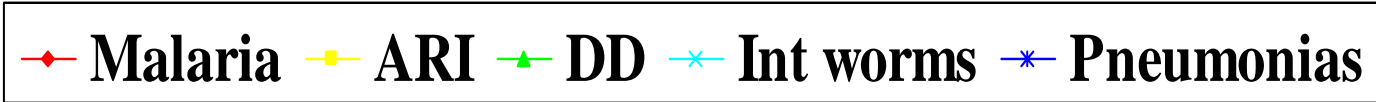
District disease pattern:
THE TOP 10 DISEASES AT Out Patient Department FOR UNDER
YEARS CHILDREN 2003

S/N	DIAGNOSIS	TOTAL	PERCENTAGE (%)
1	Malaria	32,062	34.7
2	ARI	13,180	14.3
3	Pneumonia	9,276	10
4	Diarrhoea Diseases	5,035	5.5
5	Anaemia	4,405	4.8
6	Intestinal worms	4,289	4.6
7	Eye Infection	3,554	3.8
8	Skin Infection	2,930	3.2
9	Minor surgical conditions	2,297	2.5
10	Urinary tract infection	2,083	2.3

TOP TEN (IN PATIENT Data) FOR UNDER 5 YEARS CHILDREN FOR YEAR 2003 (District data)

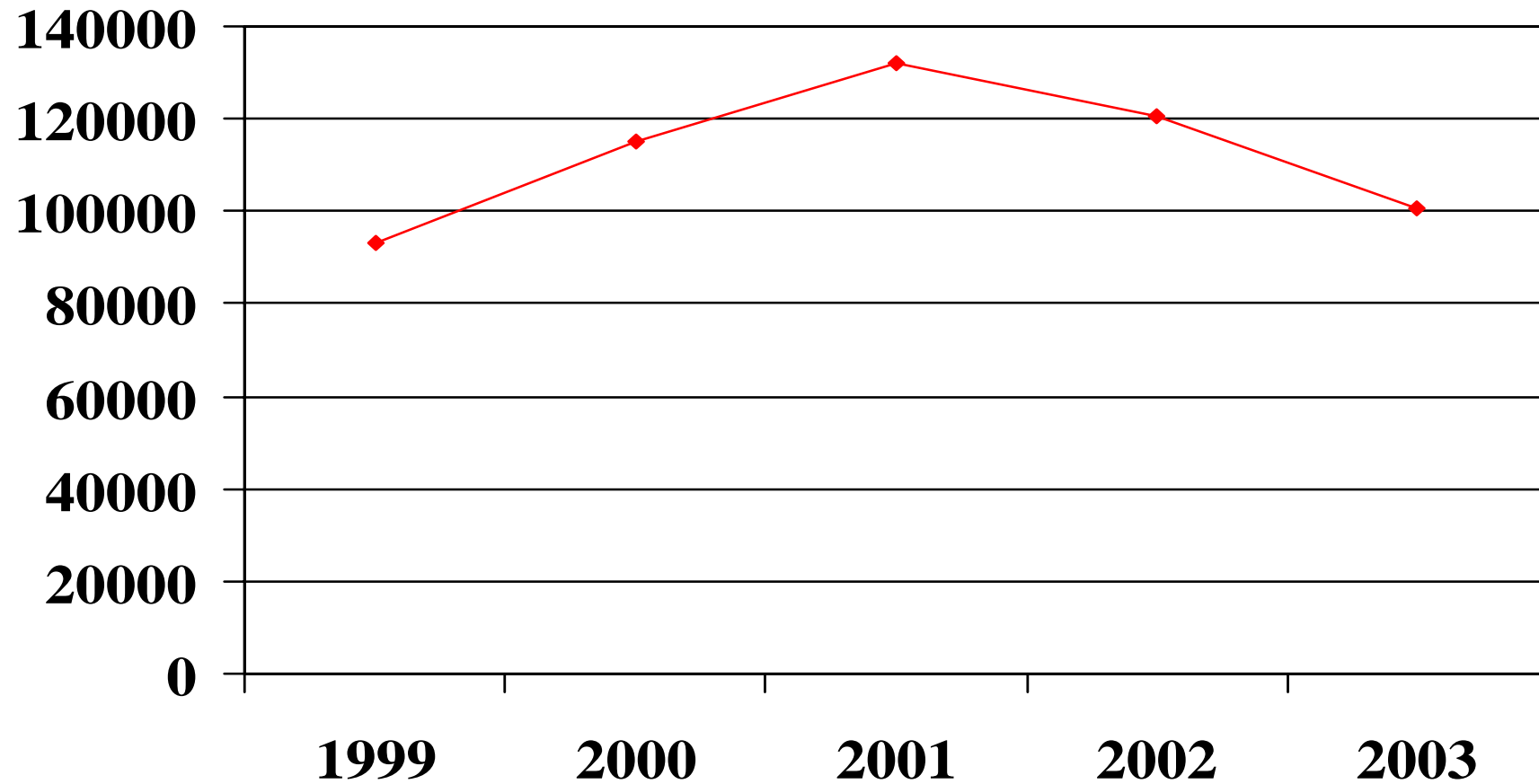
S/N	DISEASES	NUMBER OF PATIENTS
1	Malaria	1,112
2	Pneumonia	322
3	Anaemia	214
4	TB	70
5	Diarrhoea	53
6	ARI	21
7	PEM	15
8	AIDS	11
9	UTI	8
10	Fracture	8

Diseases pattern in the District 2000-2003



Malaria Pattern over Five Years (District data)

—◆— Cases



CONT...OPPORTUNITIES

- The local government reform (decentralization and devolution of power and resources) present an opportunity for HMIS to move from recording and compiling data to analyzing and use those data for planning, management and evidence based decision making.
- Linking district performance and funding may facilitate better data collection and use

CHALLENGES

- **Census & Surveys:**
 - Done after every 5 + years,
 - depends on availability of resources
 - limited information collected
- **Sentinel Surveillance:**
 - Few sites
 - limited information collected
 - Donor dependent

Cont....Challenges

- **Routine data collection:**

- age specific data is missing (only two categories exist <5yr and > 5yrs)
- Not all information is collected (Quantitative & Qualitative) eg. Postnatal, Percentage of Public Health facilities without any stock out of 4 tracer drugs and one vaccine
- limited data from the community
- vertical programme systems exist to collect information, resulting into a myriad of forms directed to the same health facility worker
- Delay in report submission including poor data quality and accuracy.
- Low utilization of data for decision making especially at the collection point
- Inadequate analytical skill among Health Workers at all levels
- Tedious work of manual processing of data at district level

WAY FORWARD

- Support and invested on strengthening and improving existing monitoring mechanisms at country level (discourage any parallel systems)
- There is a need to ensure that the right type of indicators are selected that will strengthen the performance based programme. Indicators on coverage rates and the quality of service have to be included.
- Human resource crises has to be addressed simultaneously when monitoring systems is been strengthened i.e. increase the production and effective deployment of competent and motivated health human resources (mixed skills)

Staff levels in District X (2006)

S/No	FACILITY	POPULATION SERVED	PERSONEL PRESENT	TOTAL STAFF
1.	Dispensary 1	3,370	1 Clinical Officer, 1 Medical attendant (Nurse), 1MCHA	3 (out of 5 required)
2.	Dispensary 2	3,514	1 Clinical Officer, 1 Medical attendant (Nurse), 1MCHA	3 (out of 5 required)
3.	Dispensary 3	2,387	1 Clinical Officer, 1 Medical attendant (Nurse)	2 (out of 5 required)
4.	Dispensary 4	2,839	1 Public Health Nurse "B", 1 Medical attendant (Nurse)	2 (out of 5 required)
5.	Dispensary 5	2,387	1 Medical attendant (Nurse)	1 (out of 5 required)
6.	Dispensary 6	4,683	1 Clinical Officer, 1 Public Health Nurse "B", 1MCHA	3(out of 5 required)
7.	Dispensary 7	2,387	1 Clinical Officer, 1 Medical attendant (Nurse)	2 (out of 5 required)
8.	Dispensary 8	2,839	1 Public Health Nurse "B", 1 Medical attendant (Nurse)	2 (out of 5 required)
9.	Dispensary 9	4,132	1 MCHA , 1 Medical attendant (Nurse)	2 (out of 5 required)*
10.	Dispensary 10	7,891	1 Clinical Officer, 2 Medical attendant (Nurse)	3 (out of 5 required)*
11.	Dispensary 11	8,251	1 Clinical Officer, 1 Medical attendant (Nurse) 1 MCHA	3 (out of 5 required)*

THANK YOU FOR LISTENING !!!

