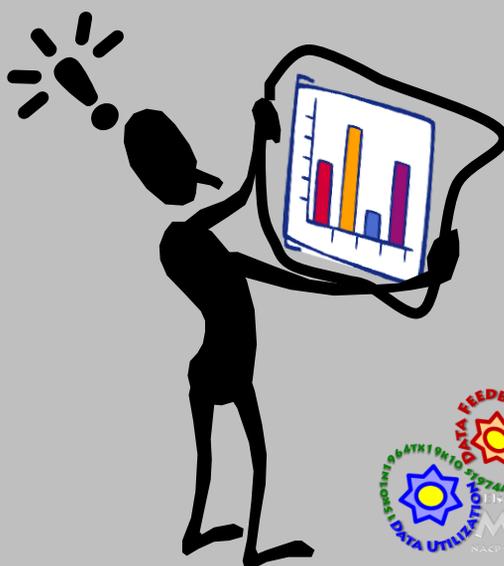


SUMMARY BOOK

M&E



HEALTH SYSTEMS STRENGTHENING FOR HIV AND AIDS SERVICES PROJECT



CONTENTS

□ FORWARD	P. 1
□ CONCEPT AND PROCESS	P. 2-7
DATA FEEDBACK	P. 3-4
DATA UTILIZATION	P. 5-6
THE M&E SYSTEM	P. 7
□ PRACTICES & STUDIES IN THE M&E SYSTEM	P. 8-23
PRACTICES	P. 9-12
STUDIES	P. 13-23
□ ACHIEVEMENTS	P. 24
THE POWER OF DATA	
□ TIME LINE	P. 25-26

FORWARD

The Ministry of Health and Social Welfare (MOHSW) through the National AIDS Control Programme (NACP) implemented a four-year project entitled “Health Systems Strengthening for HIV and AIDS Services Project” from 26 October 2010 to 25 October 2014 with support from the Japan International Cooperation Agency (JICA).

Monitoring and Evaluation (M&E) was one of the components of the project, under which creation of Data Feedback system and facilitation of Data Utilization for health services was attempted to thirteen Council Health Management Teams (CHMTs) and two Regional Health Management Teams (RHMTs) in the model regions, Dodoma and Pwani.

We applied epidemiologic approach in every step of Data Feedback and Data Utilization. Through a series of attempts, several good practices were produced and the concepts of the M&E system became concrete. Moreover, the critical thinking was strengthened throughout the project.

This book is designed to provide readers with the concept of the M&E system including Data Feedback and Data Utilization, the good practices and studies delivered in the model regions.

It is my hope that the readers will see the power and excitement of data in this book.

May the epidemiologic approach be utilized for better health services in your communities!

TANAKA, Ayuko Dr.PH, MPH, MSc
M&E Advisor
October 2014

CONCEPT & PROCESS

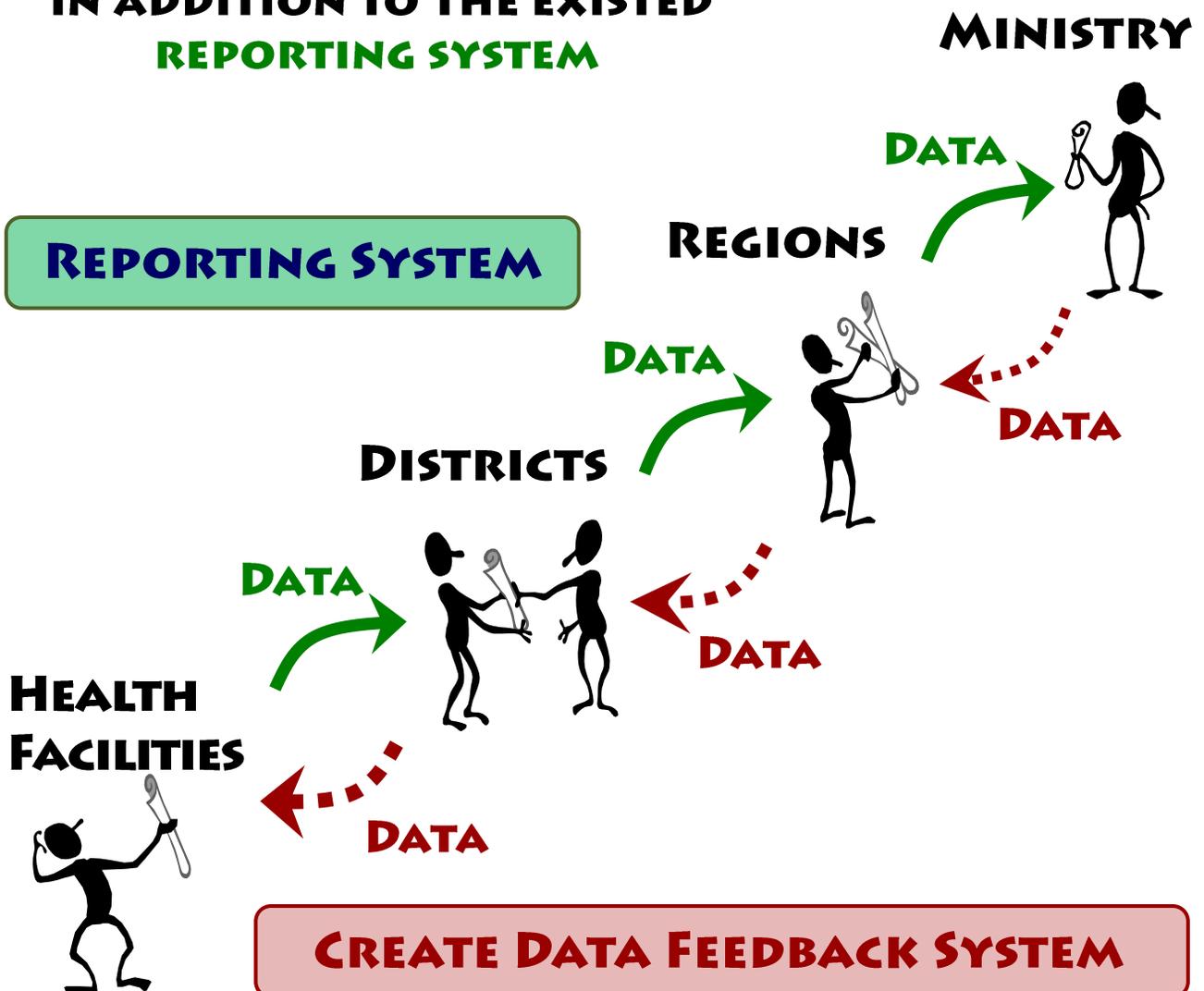
DATA FEEDBACK

DEFINITION

“Data Feedback” is a cycle in which the routinely collected data are analyzed, explained by table and/or figure with interpretation, and returned to the field as necessary information for their health services. It is the key step towards Data Utilization.

M&E, HIV/AIDS PROJECT, NACP-JICA

DATA FEEDBACK SYSTEM IN ADDITION TO THE EXISTED REPORTING SYSTEM



PROCESS OF DATA FEEDBACK

STEP 1.
RECOGNIZE HEALTH PROBLEMS OF CLIENTS OR COMMUNITY THROUGH ROUTINE WORK



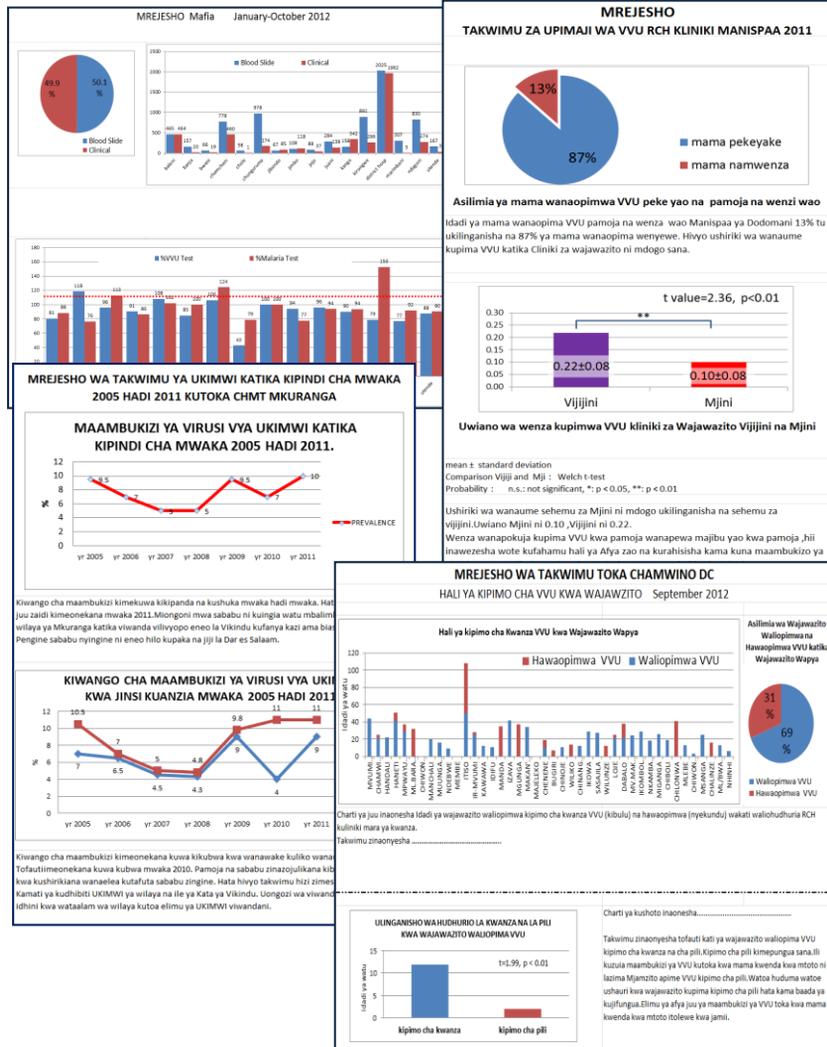
STEP 2.
ANALYZE AND VISUALIZE ROUTINELY COLLECTED DATA TO GET EVIDENCE OF THE PROBLEMS



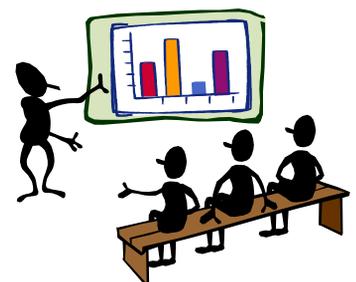
STEP 3.
SHARE AND INTERPRET THE FINDINGS



STEP 4.
PREPARE DATA FEEDBACK MATERIAL



STEP 5.
CONDUCT DATA FEEDBACK



THE KEY STEP TOWARDS DATA UTILIZATION!

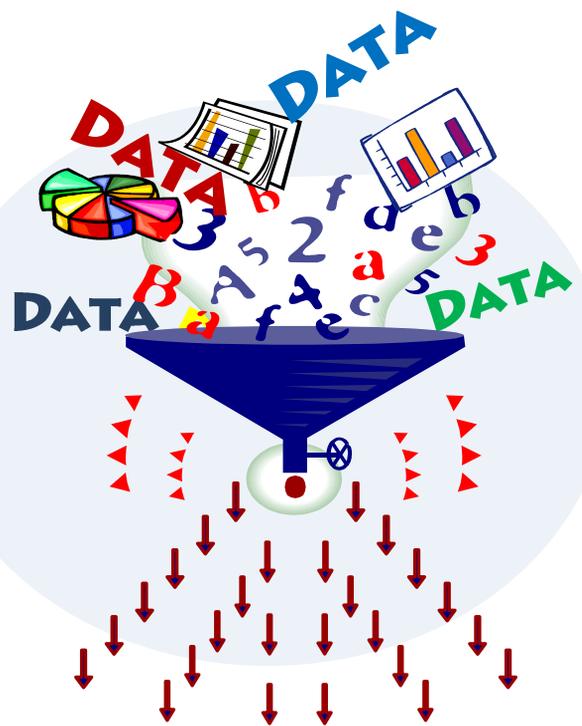
DATA UTILIZATION

DEFINITION

“Data Utilization” is a process of finding and implementing data-driven activities to solve community specific problems through two-way feedback among health departments, health facilities and local stakeholders.

M&E, HIV/AIDS PROJECT, NACP-JICA

Come up with data-driven activities to solve community specific problems.



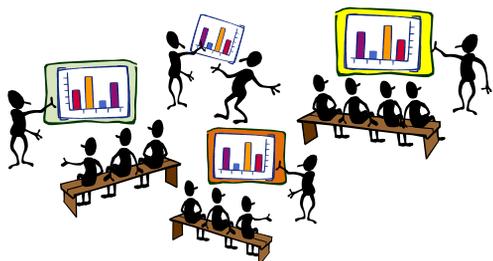
SERVICES

Collaborate with local stakeholders who received Data Feedback to implement the data-driven activities.

**Clients
Community**

PROCESS OF DATA UTILIZATION

STEP 1.
CONDUCT DATA FEEDBACK TO
HEALTH FACILITIES AND LOCAL
STAKEHOLDERS



STEP 2.
GET THE INFORMATION FROM
DATA FEEDBACK RECEIVERS



STEP 3.
DISCUSS WAY FORWARD WITH
DATA FEEDBACK RECEIVERS



STEP 4.
FIND AND IMPLEMENT
DATA-DRIVEN ACTIVITIES



STEP 5.
VERIFY EFFECT OF THE ACTIVITIES →

Raise awareness
of health problems.

Discuss reality of the problems
in the community

Increase collaboration against
the problems in the community

Analyze causal factors of the problems

Come up with appropriate and
effective strategies

STEP 6.
ROLL OUT OVER THE COUNCIL,
REGION, AND.....



LOCAL ENGAGEMENT

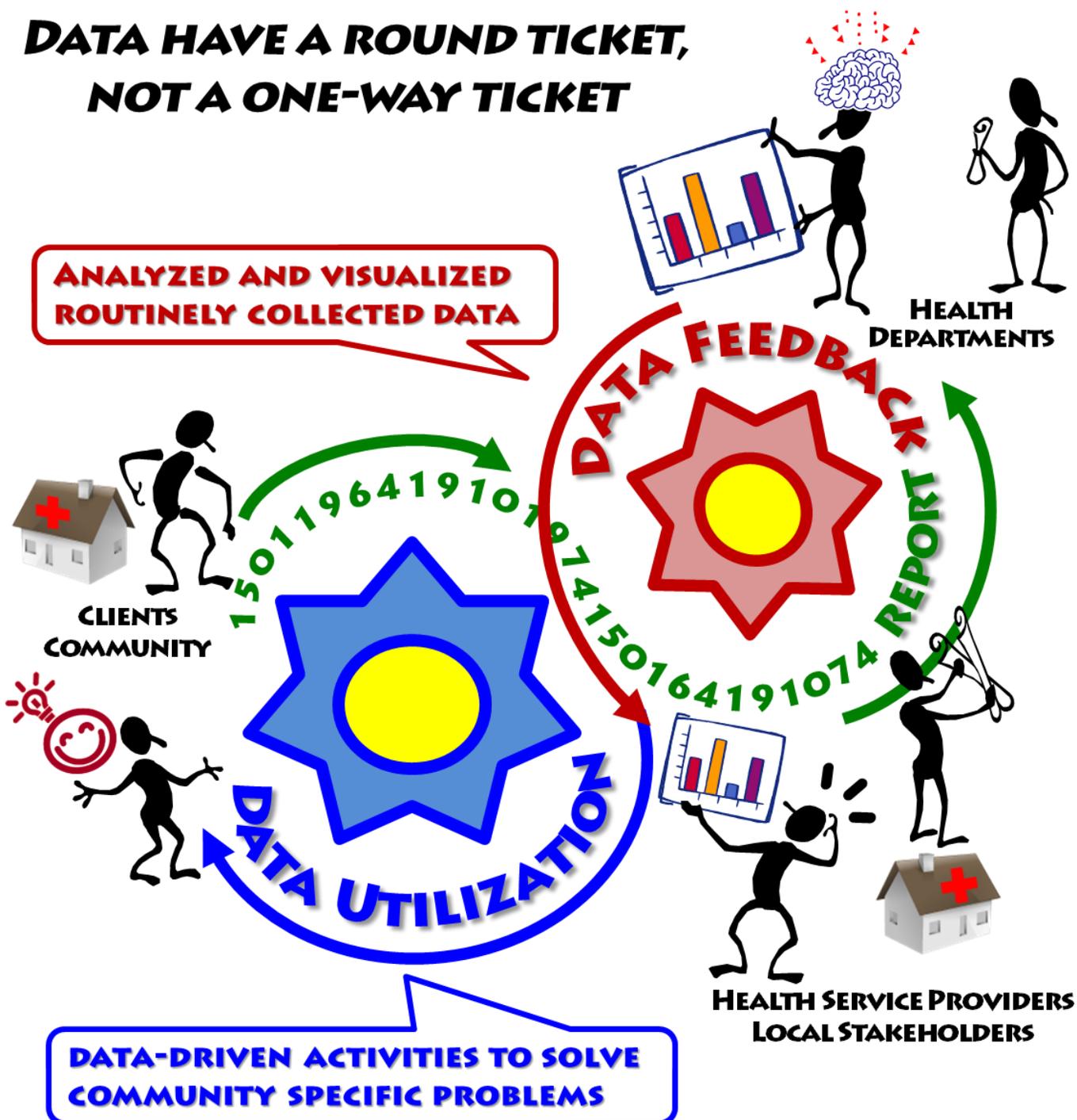
THE M&E SYSTEM

DEFINITION

“The M&E System ” is the flow of data in which the data of individual clients are returned to the people of the community as health services to solve the issue presented through Data Feedback and Data Utilization.

M&E, HIV/AIDS PROJECT, NACP-JICA

**DATA HAVE A ROUND TICKET,
NOT A ONE-WAY TICKET**



PRACTICES & STUDIES

IN

THE M&E SYSTEM

1. SIKU YA AFYA YA MWANAUME

MAKOLE HEALTH CENTRE, DODOMA MUNICIPALITY

16TH NOV. 2013

Siku ya Afya ya Mwanaume: Men's Health Day



Registration



Body Mass Index



Blood Pressure



Height



Weight



Waist Circumference



VCT *option

VCT: Voluntary Counseling and Testing



Health Education



Physical Exercise



TO ATTRACT MORE PEOPLE TO VCT SERVICE

**Relevant Study p.17-20*

2. SIKU YA AFYA YA MWANAUME (PHASE 2)

NYERERE SQUARE, DODOMA MUNICIPALITY

6TH SEP. 2014



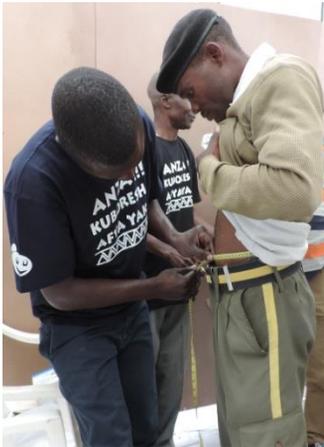
Opening



Registration



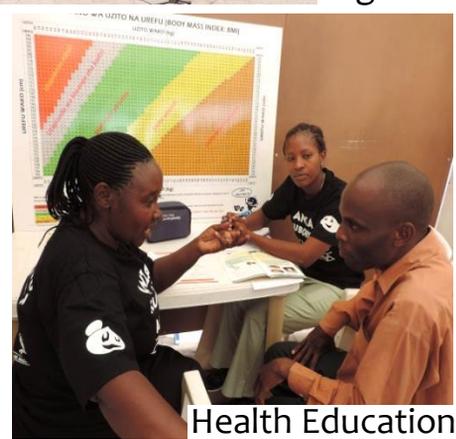
Ngoma



Waist Circumference



Blood Pressure



Health Education



Body Mass Index



VCT *option



Weight



Height



Physical Exercise



TO RAISE AWARENESS OF OWN HEALTH

**Relevant Study p.17-20*

3. HEALTH CHECK-UP INVITATION FOR PARTNERS AT ANTENATAL CLINIC (ANC)



Karibu kwenye Uchunguzi wa Afya ya Mwanaume

- HUDUMA ZITAKAZOTOLEWA BILA MALIPO
Kupima Uzito, Urefu, Uwiano wa Uzito na Urefu (BMI), Mzunguko wa kiume, Shikizo la Damu (BP) na mengineyo.
- TAREHE _____ SAA _____
- HUDUMA ZITAKOLEWA
Kituo cha Afya Makole Manispaa ya Dodoma
* Karibu na Maktaba ya Mkoa

Dodoma MC

Ndugu _____

Unakaribishwa Kwenye Huduma
na _____ Tarehe _____

*Jina la Mama _____

*Namba ya Mama _____

Dodoma MC

MAKOLE HEALTH CENTRE, DODOMA MUNICIPALITY



Karibu kwenye uchunguzi wa Afya ya Mwanaume

- HUDUMA ZITAKAZOTOLEWA BILA MALIPO
* Kupima uzito, urefu, Uwiano wa uzito na Urefu (BMI), Mzunguko wa kiume, Shikizo la Damu (BP) na mengineyo
- HUDUMA ZITAKOLEWA
Kituo cha Afya Makole Manispaa ya Dodoma

Kondoa DC

Ndugu.....

Unakaribishwa kwenye huduma
na.....

Tarehe.....

Jina la Mama.....

Namba ya Mama.....

Kondoa DC



DISTRICT HOSPITAL KONDOA, DODOMA



TO IMPROVE MALE INVOLVEMENT

*Relevant Study p.17-18

4. DATA FEEDBACK TO LOCAL STAKEHOLDERS ON PATIENTS' LOST TO FOLLOW UP (PLTF)



**UTORO KWENYE VITUO VYA HUDUMA ZA UKIMWI
SASA BASI "KWA USHIRIKIANO WA WAELIMISHAJI RIKA"**



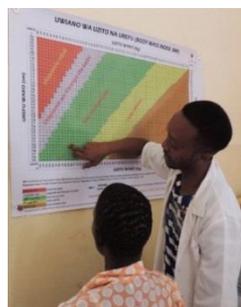
MKURANGA, PWANI



TO DECREASE THE NUMBER OF PLTF

*Relevant Study p.15-16

5. RENEWAL WAITING BAY IN CARE AND TREATMENT CENTRE (CTC)



DISTRICT HOSPITAL, KONGWA, DODOMA



MORE ACCESSIBLE AND FRIENDLY TO PLHIV

HSP BECOME MORE ALERT TO THEIR ROUTINE WORK

PLHIV: People Living with HIV
HSP: Health Service Provider

**Relevant Study p.21-22*

6. STI EDUCATION INTO SCHOOL HEALTH

KONGWA, DODOMA

STI: Sexual Transmitted Infection



**TO RAISE AWARENESS OF OWN HEALTH
AMONG SCHOOL CHILDREN**

7. HEALTH FORUM FOR THE YOUTH

BAHI, DODOMA



**TO PREVENT ADOLESCENTS FROM
SEXUAL TRANSMITTED INFECTION**

**Relevant Study p.14*

LIST OF PRESENTED ABSTRACTS

- **Reducing patients' lost to follow-up through Data Feedback –Mkuranga Practice in Tanzania–**
The 20th International AIDS Conference, Melbourne, Australia, Jul. 2014
Mganga J, Zenda P, Zephania G, Msanja J, Hasegawa A, and Tanaka A *see p. 15-16
- **What should be the priority as local government? –Prevention of mother to child transmission of HIV in Dodoma Municipality, Dodoma, Tanzania–**
The 20th International AIDS Conference, Melbourne, Australia, Jul. 2014
Mapunda F, Nassari N, Obimbo F, Azaliwa R, Sengondo M, Sanga N, Mtimba V, Kidayi H, Hasegawa A, and Tanaka A *see p. 17-18
- **Primary and steady wins the race –Mind set change to improve HIV counseling and testing based on health promotion in Dodoma Municipality, Dodoma, Tanzania–**
The 20th International AIDS Conference, Melbourne, Australia, Jul. 2014
Nassari N, Obimbo F, Azaliwa R, Sengondo M, Aleck B, Mtimba V, Moshi N, Mapunda F, Hasegawa A, and Tanaka A *see p. 19-20
- **Do you know the situation of nutritional assessment in people living with HIV?**
The 2nd Muhimbili University of Health and Allied Sciences Scientific Conference, Dar es Salaam, Tanzania, May. 2014
Malale D, Gwassa S, Hasegawa A, and Tanaka A *see p. 21-22
- **Latent life related diseases in Dodoma Municipality, Dodoma**
The 2nd Muhimbili University of Health and Allied Sciences Scientific Conference, Dar es Salaam, Tanzania, May. 2014
Mutabazi S, Moshi N, Obimbo F, Azaliwa R, Muhunzi S, Mapunda F, Nassari N, Hasegawa A, and Tanaka A *see p. 23
- **Experience of data analysis to plan evidence based activities against sexual transmitted infection in Bahi District, Dodoma, Tanzania**
The 17th International Conference on AIDS and STIs in Africa, Cape Town, South Africa, Dec. 2013
Msambili E, Ngwila M, Hasegawa A, and Tanaka A *see p. 14
- **Path towards evidence based action plans to improve Prevention of Mother to Child Transmission of HIV in Dodoma Municipality**
The 3rd National Quality Improvement Forum on Health Care, Dar es Salaam, Tanzania, Nov. 2013
Mapunda F, Nassari N, Obimbo F, Azaliwa R, Sengondo M, Sanga N, Mgeni L, Mtimba V, Kidayi H, Hasegawa A, and Tanaka A
- **Present situation and strategies for Sexual Transmitted Infection in Bahi District, Dodoma**
The 3rd National Quality Improvement Forum on Health Care, Dar es Salaam, Tanzania, Oct. 2013
Msambili E, Ngwila M, Hasegawa A, and Tanaka A
- **Mkuranga Practice in HIV/AIDS services –To reduce patients lost to follow-up through “Data Feedback” to local stakeholders–**
The 3rd National Quality Improvement Forum on Health Care, Dar es Salaam, Tanzania, Oct. 2013
Mganga J, Zenda P, Zephania G, Msanja J, Katanga A, Hasegawa A, and Tanaka A



Experience of data analysis to plan evidence based activities against sexual transmitted infection in Bahi district, Dodoma, Tanzania

Eppaphroditus Msambili¹, Mustafa Ngwila¹, Aska Hasegawa², and Ayuko Tanaka²

¹ Health Department, Bahi district, Dodoma, Tanzania ² Japan International Cooperation Agency, Tokyo, Japan

Issues

Bahi district was reported as the district with the biggest number of STI cases in the region for the year 2012 (805 out of 2684 reported cases, 30.0%). CHMT Bahi was not aware of the situation as they used data for report submission but seldom analysed it to capture a community situation. We aimed to clarify the trend of STI cases to find strategies against STI for the community.

Description

- We reviewed the routinely collected data in *Facility Monthly STI Report Summary Forms* submitted by 23 health facilities (HF/HFs) with the provision of STI clinic in the district from January 2008 to August 2012. We analyzed the data of 14 HFs with the report submission rate of more than 25% during the observation period. The average report submission rate of all HFs was 40.2%.
- We classified the 14 HFs into two groups according to the distance from highways; Group A was HFs located within 15 km from highways, and Group B was HFs located more than 15 km far from highways (fig.1). The Group A was further classified into two groups according to the time of construction of highways; Group A1 was HFs close to Singida highway whose construction finished in 2008, and Group A2 was HFs close to Kondoa or Iringa highways whose construction started in 2011.
- The annual average numbers of STI cases per HF per classified group were compared using Kruskal-Wallis rank sum test with a level of significance of $p < 0.05$. The statistical analysis was performed using JMP 7.0 (SAS Institute, Inc., Cary, NC, USA).

Lesson learned & Next Steps

Group A (fig.2) showed the number of STI cases had gradually increased since 2009 ($p < 0.05$), while Group B (fig.3) showed it had gradually decreased since 2008 ($p < 0.05$). Fig.4 and fig.5 further explained the trend of STI cases and the time of the construction of highways. However, due to the unsatisfactory submission rates of reports from HFs, we could not conclude the relationship between constructions of highways and STI cases. But this experience taught us the importance of analysing the routinely collected data to find specific strategies targeting the community.



fig1. Location of HFs due to the distance from highways

- HFs located within 15 km from highways (A)
- HFs located more than 15 km far from highways (B)
- ← SINGIDA highway *construction finished in 2008
- ← KONDOA highway *construction started in 2011
- ← IRINGA highway *construction started in 2011

United Republic of Tanzania

Tanzania

Area : 945,000 Km²
Population : 216,042

Bahi District, Dodoma region

Area : 5,948 Km²
Population : 216,042

23 HFs providing STI care and services out of 38 Health Facilities (6 Health Centers, 32 Dispensaries)

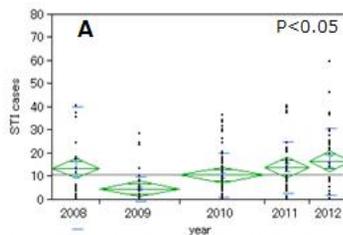


fig2. Trend of STI cases of the HFs located within 15 km from highways

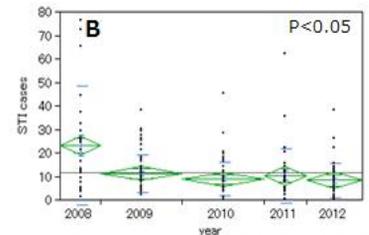


fig3. Trend of STI cases of the HFs located more than 15 km far from highways

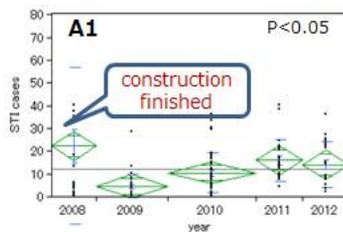


fig4. Trend of STI cases of the HFs located within 15 km from Singida highway

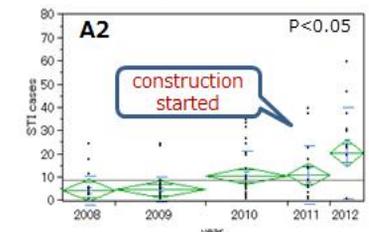


fig5. Trend of STI cases of the HFs located within 15 km from Kondoa or Iringa highway





Reducing patients' lost to follow-up through Data Feedback Mkuranga Practice in Tanzania

Joseph Mganga¹, Patricia Zenda¹, Grace Zephania¹, John Msanja¹, Aska Hasegawa², and Ayuko Tanaka²
¹Health Department, Mkuranga District, Pwani, Tanzania ²Japan International Cooperation Agency, Tokyo, Japan

Background

The cumulative number of patients' lost to follow up (PLTF) in Mkuranga District Council in Pwani region is 1,185 (19%). Local stakeholders such as HIV-infected peer educators, volunteer home based care providers, traditional healers, and local NGOs play a role to reduce PLTF, but they are not provided with enough information. We applied "Data Feedback (DF)" * see MOPE389(b) to solve the situation.

Purpose

To verify the effect of DF to local stakeholders on the reduction of PLTF.

Description

We provided DF on the situation of PLTF for local stakeholders from April to August 2013. The number of new patients' lost to follow up (NLTF) and that of patients' traced and returned to clinic (LTFR) were calculated using the routinely collected data from 6 Care and Treatment Centres (CTC) for 3 months before and after the conduction of DF. The means NLTF and LTFR per month per centre were compared using t-test. Microsoft Office Excel 2010 was used for data analysis.

Lessons learned

The total number of NLTF decreased from 151 before, to 20 after DF. The total number of LTFR increased from 6 before, to 172 after DF. The differences were statistically significant in both results.

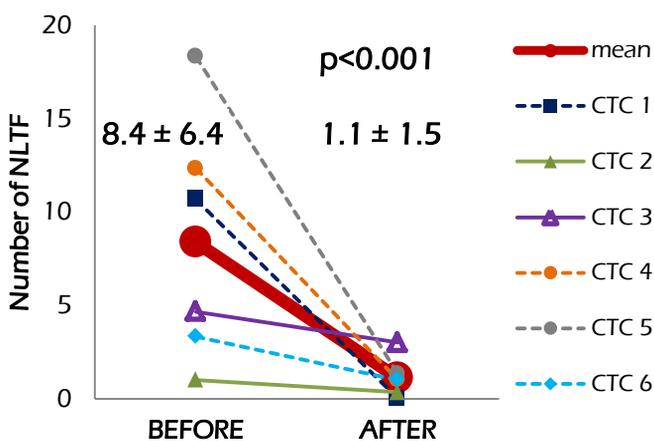
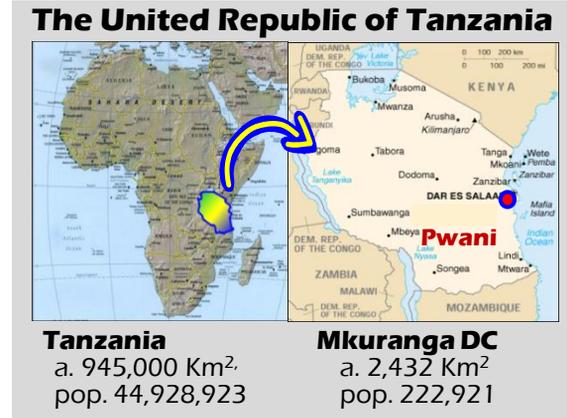


Figure1. NLTF before and after the conduction of DF

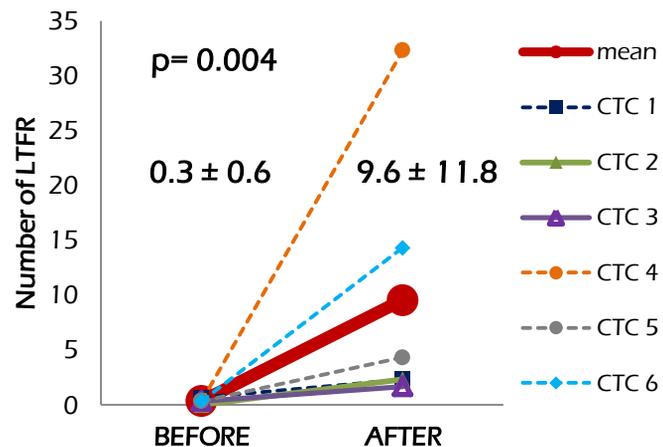


Figure2. LTFR before and after the conduction of DF

Conclusions

DF to local stakeholders was effective to reduce PLTF. The visualized issues and outcome of their activities motivate them for the better performance at community level. More importantly, the potential of local stakeholders is so significant that it should be recognized as workforce within the health system.



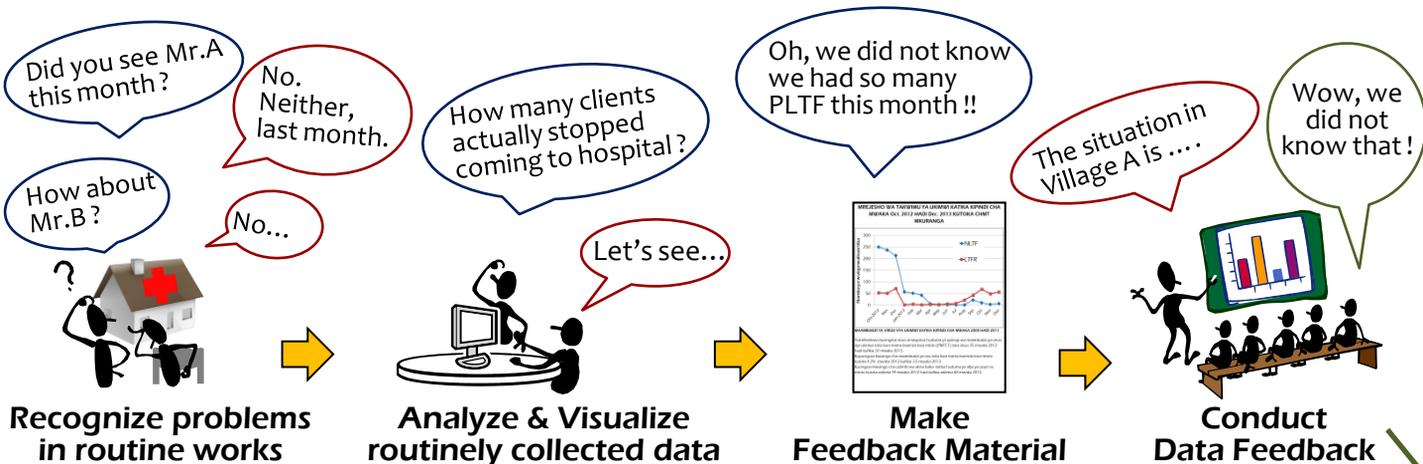
Data Feedback Can Strengthen Local Engagement

Definition of "Data Feedback"

"Data Feedback" is a cycle in which the routinely collected data are analyzed, explained by table and/or figure with interpretation, and returned to the field as necessary information for their health services. It is the key step towards Data Utilization.

M&E, HIV/AIDS project, NACP-JICA

How to reach the Outcome



Data Feedback to local stakeholders on reduction of PLTF



The number of patients' lost to follow up decreased.

M&E @ Health Systems Strengthening for HIV and AIDS Services Project, TANZANIA

Contact: nacpjica2.me@gmail.com



What should be the priority as local government ?

Prevention of mother to child transmission of HIV in Dodoma Municipality, Tanzania

Festo Mapunda¹, Nahum Nassari¹, Fidea Obimbo¹, Ruth Azaliwa¹, Mwanaidi Sengondo¹, Neema Sanga¹, Valeria Mtimba¹, Herieth Kidayi¹, Aska Hasegawa², and Ayuko Tanaka²

¹Health Department, Dodoma Municipality, Dodoma, Tanzania ²Japan International Cooperation Agency, Tokyo, Japan

Background

The council health department follow new interventions whenever PMTCT guidelines are updated at national level, but the actual situation among our patients is unclear.

Purpose

We applied "Data Feedback " and "Data Utilization " * see THPE310(b) to clarify ARV uptake and its effect, and prioritize PMTCT services in Dodoma Municipality.

Description

Data: Routinely collected clinical data of 925 mother and infant pairs who completed follow-up to the first DNA PCR in PMTCT registers from September 2009 to December 2012.

Statistical Analysis:

- The percentage of each pattern of ARV uptake was calculated.
- The relationships between the patterns of ARV uptake and vertical transmissions were assessed by chi-square test with relative risk (RR) and attributable risk percent (ARP).
- Microsoft Office Excel 2010 was used.

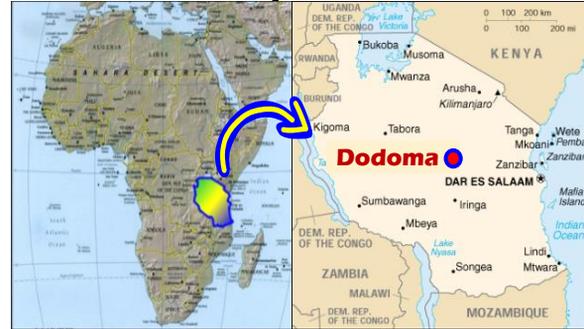
Lesson learned

About 30% of pairs, either mother or infants, or both of them, did not receive ARV medications (Fig. 1). The transmission rate at the first DNA PCR was 8%. NM increased the risk of vertical transmission in comparison with BM ($p < 0.001$). The differences between MM and NM, IM and NM were not statistically significant (Fig. 2). APR was 69.7% for NM.

Conclusion

In the community with low ARV uptake such as Dodoma Municipality, the universal initiation and adherence of ARV uptake for both HIV infected mothers and their infants takes priority over the consideration of kind, combination, and timing of ARV uptake.

The United Republic of Tanzania



Tanzania
a. 945,000 Km²
pop. 44,928,923

Dodoma Municipality
a. 2,769 Km²
pop. 410,956
Source Census2012

NM: 7.2%
neither mothers nor infants received ARV

IM: 4.8%
only infants received ARV

MM: 16.3%
only mothers received ARV

BM: 71.7%
both mothers and infants received ARV

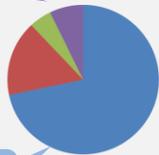


Fig. 1 Situation of uptake of ARV medications

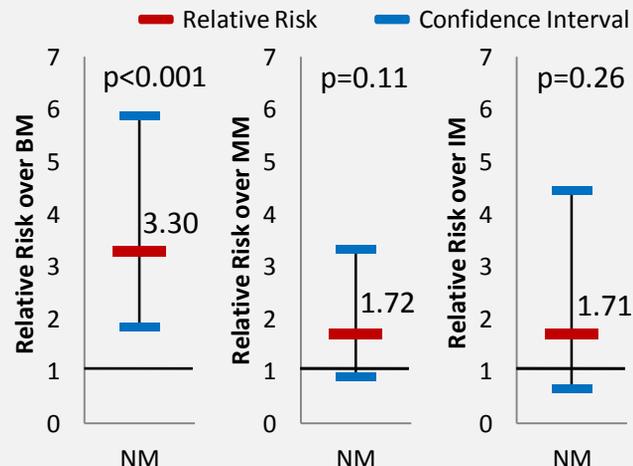


Fig. 2 Relative Risk of NM for vertical transmission compared with other patterns



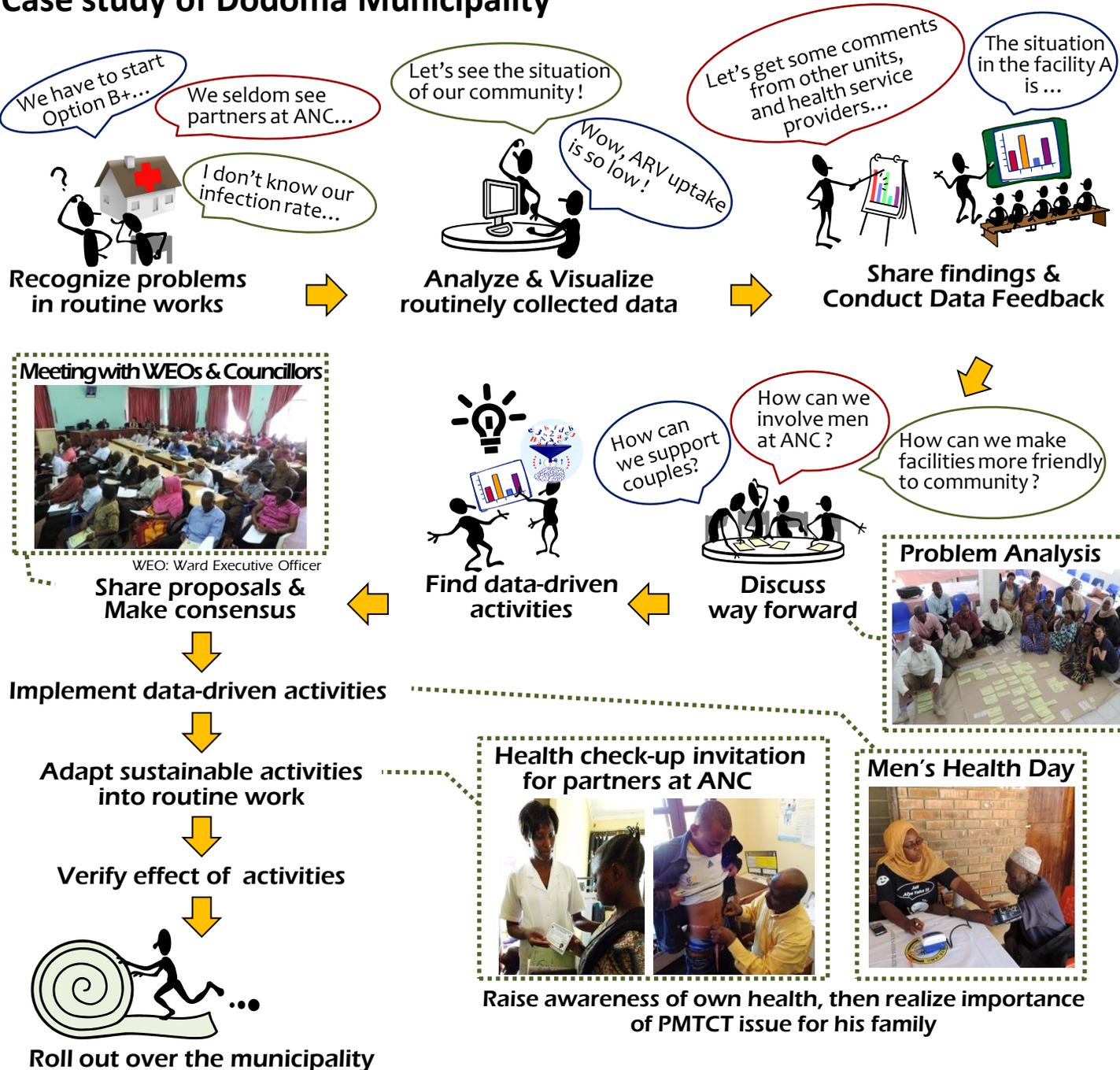
Data Can Support Local Government to Make Decisions

“Data Feedback” is a cycle in which the routinely collected data are analyzed, explained by table and/or figure with interpretation, and returned to the field as necessary information for their health services. It is the key step towards Data Utilization.

“Data Utilization” is a process of finding and implementing data-driven activities to solve community specific problems through two-way feedback among health departments, health facilities and local stakeholders.

M&E, HIV/AIDS project, NACP-JICA

Case study of Dodoma Municipality



M&E @ Health Systems Strengthening for HIV and AIDS Services Project, TANZANIA

Contact: nacpjica2.me@gmail.com



Primary and steady wins the race

Mind set change to improve HIV counseling and testing based on health promotion in Dodoma Municipality, Tanzania

Nahum Nassari¹, Fidea Obimbo¹, Ruth Azaliwa¹, Mwanaidi Sengondo¹, Balankena Aleck¹, Valeria Mtimba¹, Nice Moshi¹, Festo Mapunda¹, Aska Hasegawa², and Ayuko Tanaka²

¹Health Department, Dodoma Municipality, Dodoma, Tanzania ²Japan International Cooperation Agency, Tokyo, Japan

Background

HIV counseling and testing (HCT) remains low in Tanzania. To increase coverage, provider-initiated counseling and testing was adopted in addition to voluntary counseling and testing (VCT). Especially for men who seldom come to health facilities, we need another way to capture them as awareness of wellness is generally low among men.

Purpose

To verify if health promotion could help men to become aware of wellness and go forward to VCT.

Description

We piloted health check-up for men called “Siku ya Afya ya Mwanaume ” see TUPE369 (b) at Makole Urban Health Centre on 16 November 2013. HIV test was offered as an option only. We compared the number of VCT attendance on that day with those of other VCT campaigns held in Dodoma Municipality, 2013.

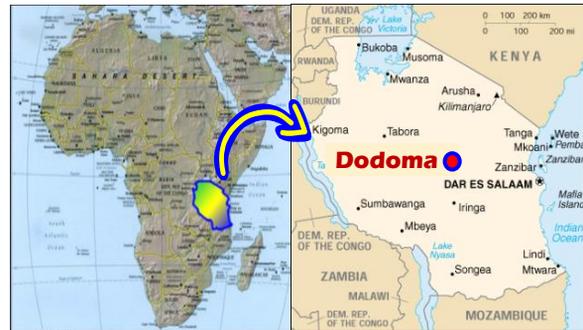
Lesson learned

122 men voluntarily took HCT out of 227 men (mean age 35.3 ± 14.2) who participated in the check up. The day targeted only men, but the total number of VCT attendance in the check up was much larger than those of male and female VCT attendance in the other campaigns. The majority was particularly interested in weight control, diet, and physical exercises. The men’s participation and attitude was very positive.

Conclusions

- Men had potential for wellness, but subconsciously.
- Health check-up raised awareness of wellness, consequently led to high VCT attendance.
- Instead of HIV-specific strategies, provision of general health check-up could be a new intervention to improve not only HCT service also other services.
- Accessibility for men to health facilities need to be improved as men are left out of health attention.
- The introduction of health promotion is needed for even countries where primary health care is still a priority.

The United Republic of Tanzania



Tanzania
a. 945,000 Km²
pop. 44,928,923

Dodoma Municipality
a. 2,769 Km²
pop. 410,956
Source Census2012

Table 1.

Numbers of VCT attendance of Siku ya Afya ya Mwanaume and other VCT campaigns

HIV Campaign	number of attendance	
	male	female
Hombolo LGTI	47	36
UDOM	33	28
ST JOHNS	10	5
CBE	5	9
Word AIDS Day	26	63
Sikuya Afyaya Mwanaume	121	-



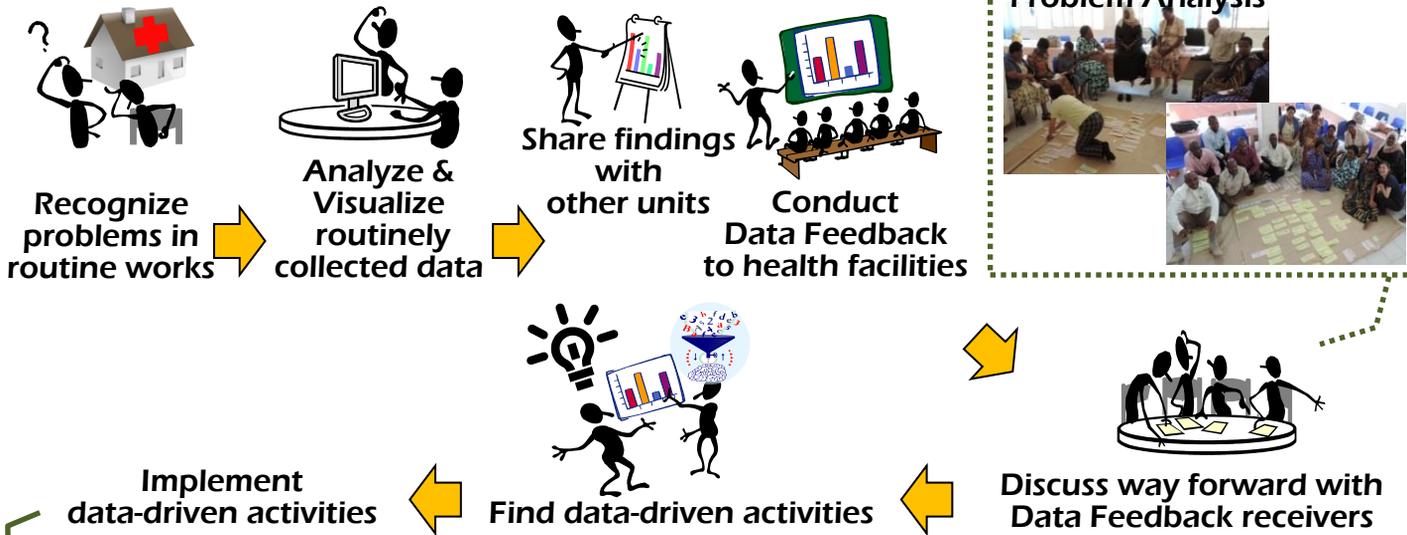
Data Utilization Can Produce Local Solution

Definition of "Data Utilization"

"Data Utilization" is a process of finding and implementing data-driven activities to solve community specific problems through two-way feedback among health departments, health facilities and local stakeholders.

M&E, HIV/AIDS project, NACP-JICA

How to carry out local solution



Siku ya Afya ya Mwanaume (Men's Health Day)

<p>Registration</p>	<p>Blood Pressure</p>	<p>Waist Circumference</p>	<p>Body Mass Index</p>	<p>HCT *option</p>
<p>Health Education</p>	<p>Physical Exercise</p>	<p>Weight</p>	<p>Height</p>	



Health check up can attract more people to VCT service.

M&E @ Health Systems Strengthening for HIV and AIDS Services Project, TANZANIA

Contact: nacpjica2.me@gmail.com



Do you know the situation of nutritional assessment in people living with HIV?

Didas Malale¹, Salma Gwassa¹, Aska Hasegawa², and Ayuko Tanaka²

¹ Health Department, Kongwa district, Dodoma, Tanzania ² Japan International Cooperation Agency, Tokyo, Japan

Background

The Ready to Use Therapeutic Food (RUTF) Programme commenced in Kongwa District Hospital through Tanzania Food and Nutrition Centre with the support of Global Fund in August 2011. It targets malnourished people living with HIV (PLHIV) and under 5 year's children severely malnourished.

Aim

To clarify practical methods applied in the hospital to assess nutritional status in PLHIV, especially adults of 18 and above.

Methods

We collected 208 data of the subjects from 252 of all ages that were routinely collected in RUTF register from August 2011 to April 2014, and reviewed their anthropometric values, including weight, height, body mass index (BMI) and mid upper arm circumference (MUAC). We calculated BMI for those who were missing the values, and compared the results of nutritional status using BMI and MUAC.

Results

The availability of the values was as follows:

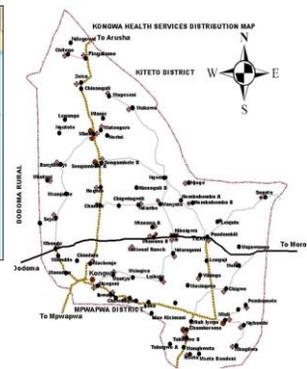
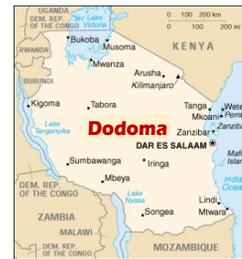
- Weight for 187 (89.9%)
- Height for 96 (46.2%)
- BMI for 0 (0%)
- MUAC for 206 (99.0%)

The subjects measured all for weight, height, and MUAC were 92 (44.2%). Of those 92 subjects, 29 (31.5%) were not evaluated as malnutrition by BMI. Of 38 subjects who were evaluated as severe malnutrition by BMI, 26 (68.4%) were evaluated as moderate malnutrition by MUAC.

Conclusions

BMI is recommended to assess nutritional status in adults including PLHIV. This study also supports the recommendation. A risk is high to miss out severe malnutrition by MUAC due to the low sensitivity, compared with BMI. We suggest replacing MUAC with BMI to assess nutritional status in adults of PLHIV through the familiarization of BMI chart to the staff as the first step. Furthermore, in reality where we depend only on anthropometric values to assess nutritional status in Kongwa District Hospital, it is essential to conduct assessments completely and accurately every time for all the clients.

Kongwa District, Dodoma Region



Kongwa District, Dodoma Region

Area : 4,041 Km²

Population : 313,485 (2012 Census)



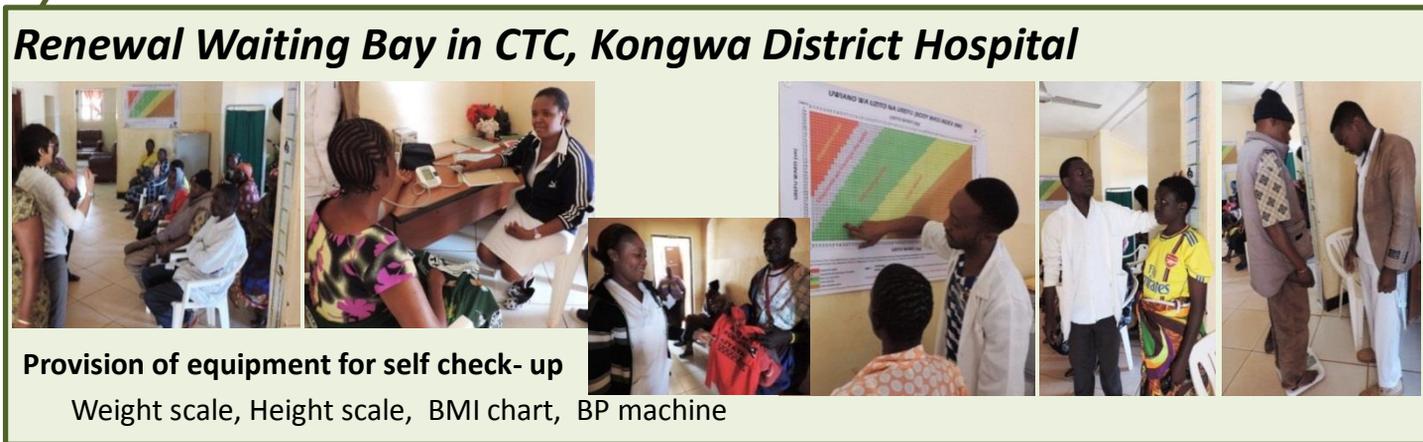
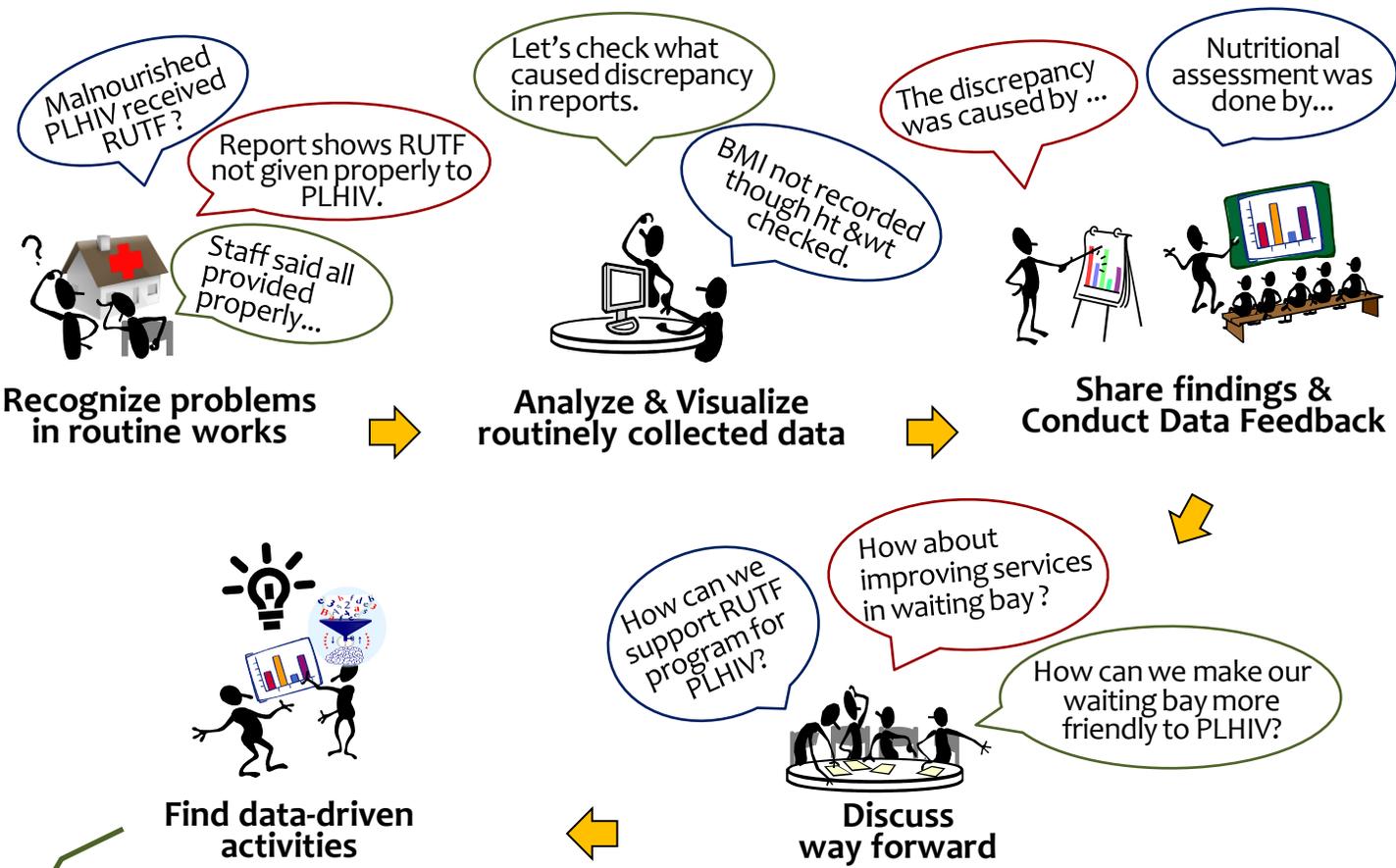
Nutritional assessment by MUAC & RUTF

Evaluation of malnutritional status by MUAC compared with BMI

MUAC	BMI		total
	severe	moderate	
severe	12	3	15
moderate	26	22	48
total	38	25	63

Contact: nacpjica2.me@gmail.com

Data Clarification Can be an Eye Opener for Better Services



**More accessible and friendly to PLHIV
HSP become more alert to their routine work**

M&E @ Health Systems Strengthening for HIV and AIDS Services Project, TANZANIA

Contact: nacpjica2.me@gmail.com

Latent Life Related Diseases in Dodoma Municipality, Dodoma

Sauda Mutabazi¹, Nice Moshi¹, Fidea Obimbo¹, Ruth Azaliwa¹, Sita Muhunzi¹, Festo Mapunda¹, Nahum Nassari¹, Aska Hasegawa², and Ayuko Tanaka²

¹ Health department, Dodoma Municipality, Dodoma, Tanzania ² Japan International Cooperation Agency, Tokyo, Japan

Background

Lifestyle related diseases (LRD) are emerging in Dodoma Municipality. Although LRD can be prevented, there is no necessary information to rely on in order to make strategies. We aimed to assess the existence of risk of LRD in the council.

Methods

Subjects:

213 men aged 20-60 years (mean age 33.3 ± 10.9) who participated in “Men’s Health Day” conducted at Makole Urban Health Centre on 16 November 2013.

The campaign was conducted as health promotion activity targeting men who generally have little access to health facilities. The participants were checked on height, weight, body mass index (BMI), waist circumference (WC), and blood pressure (BP).

Statistical Analysis:

- To classify the subjects as two groups; normal and above normal according to the WHO guideline (1999)
- To analyze the association between BMI and BP, and between WC and BP by chi-square test.
- Microsoft Office Excel 2010 was used.

Result

The association between BMI and BP, and between WC and BP were shown in table 1 and 2.

Conclusions

- The risk of LRD is present in Dodoma Municipality.
- Those whose BMI and WC are above normal are more likely to suffer from hypertension.
- Strategies against LRD such as weight control should be implemented as an imminent priority.
- The introduction of health promotion is highly needed for even countries where primary health care is still a priority.
- Our own standards for Tanzanians are also needed for appropriate strategies to protect our people against LRD.



Dodoma Municipality

a. 2,769 Km²
pop. 410,956

Source Census 2012

Tab.1 Chi square value for the association between body mass index and blood pressure

	Body mass index (BMI)		chi value	p value
	less than 25 n= 159 (75.5%)	25 and above n= 52 (25.5%)		
Systolic Blood pressure				
≥ 130 mmHg (n=83)	55 (66.3%)	28 (33.7%)	6.088	0.0136 *
< 130 mmHg (n=128)	104 (81.3%)	24 (18.8%)		
Diastolic Blood pressure				
≥ 85 mmHg (n=42)	25 (59.5%)	17 (40.5%)	7.077	0.0078 **
< 85 mmHg (n=169)	134 (79.3%)	35 (20.7%)		

* p < 0.05 ** p < 0.01

Tab.2 Chi square value for the association between waist circumference and blood pressure

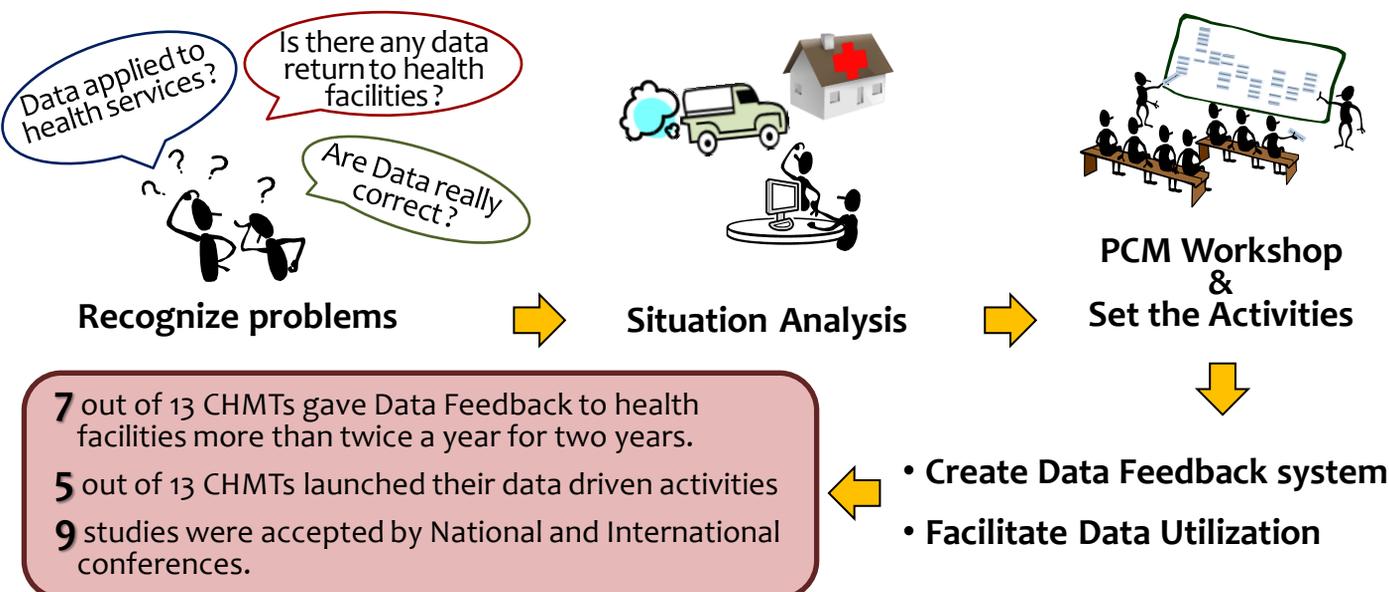
	Waist circumference		chi value	p value
	less than 94 cm n= 180 (85.4%)	94 cm and above n= 31 (14.6%)		
Systolic Blood pressure				
≥ 130 mmHg (n=83)	65 (78.3%)	18 (21.7%)	5.341	0.0208 *
< 130 mmHg (n=128)	115 (89.8%)	13 (10.2%)		
Diastolic Blood pressure				
≥ 85 mmHg (n=42)	30 (71.4%)	12 (28.6%)	8.06	0.0045 **
< 85 mmHg (n=169)	150 (88.8%)	19 (11.2%)		

* p < 0.05 ** p < 0.01

Contact: nacpjica2.me@gmail.com

The Power of Data

Ayuko Tanaka and Aska Hasegawa
Japan International Cooperation Agency, Tokyo, Japan



Can the activities make an impact on Data Quality ?

Hypothesis: The Data Feedback can improve data quality through recognition of the importance of data among health service providers.



Method

We collected the data of the total number of ANC clients tested for HIV recorded in registers and monthly summary reports at baseline (April to June, 2011) and endline (January to March, 2014) of the project from the 83 health facilities selected by random sampling in the model regions. The data which were available both in registers and reports were used for analysis.

The 13 CHMTs in the model regions were categorized into two groups: Group A who conducted DF more than twice a year and Group B who conducted DF less than twice a year. The association between concordance at endline only and Groups, and the association between changes in concordance (baseline to endline) and Groups were assessed by Fisher's exact test and chi square test respectively. The level of significance was set at 5 %.

Results

The data of the health facilities under Group A were significantly concordant ($p=0.0182$), Table1. The significant improvement of the concordance was observed in the health facilities under Group A ($p=0.0026$), Table 2.

Table 1. The association between concordance and Groups

	Concordance		p value
	concordant n= 77 (41.2%)	discordant n= 110 (58.8%)	
HFs under Group A (n=91)	45 (24.1%)	46(24.6%)	0.0182 *
HFs under Group B (n=96)	32 (17.1%)	64 (34.2%)	

* $p < 0.05$: significant level

HFs: Health Facilities

Group A: CHMTs who conducted Data Feedback more than twice a year.

Group B: CHMTs who conducted Data Feedback less than twice a year.

Table 2. The association between changes in concordance and Groups

	Changes in concordance			chi value	p value
	improve n= 43 (24.2%)	no change n= 98 (55.1%)	worsen n= 37 (20.1%)		
HFs under Group A (n=85)	29 (16.3%)	45 (25.3%)	11 (6.2%)	11.9	0.0026 *
HFs under Group B (n=93)	14 (7.9%)	53 (29.8%)	26 (14.6%)		

* $p < 0.05$: significant level

HFs: Health Facilities

Group A: CHMTs who conducted Data Feedback more than twice a year.

Group B: CHMTs who conducted Data Feedback less than twice a year.

Conclusion

The Data Feedback can make an impact on data quality.



TIME LINE

PLANNING

(AUG. 2011 – DEC. 2011)

- Situation analysis on M&E activities, Aug. – Oct. 2011

* All RHMTs, CHMTs and 83 Health Facilities in the model regions



- PCM workshop to identify M&E activities, Nov. 2011
- M&E outputs were agreed, Dec. 2011



PREPARATION

(JAN. 2012 – SEP. 2012)

- Assessment on data analysis skills & IT situation, Feb. – May. 2012
- Installation of IT equipment, Apr. – Aug. 2012



- Training on data analysis, visualization and interpretation



Sep. 2012

IMPLEMENTATION

(OCT. 2012 – OCT. 2014)

- Data feedback to lower levels, Oct. 2012 - Oct. 2014
- Facilitation of data utilization, May. 2013 - Oct. 2014
- OJT on data analysis, visualization and interpretation, Oct. 2012 – Oct. 2014
- Web based learning: E-Quiz “Med STAT (Medical Statistics) Bomba !”

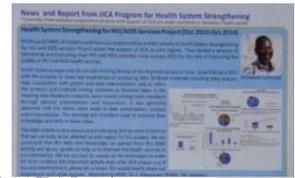
Feb. 2014 – Oct. 2014



SHARING EXPERIENCES

(FEB.2013 – OCT. 2014)

- M&E OJT Review Meeting in Dodoma, Feb. 2013
- M&E OJT Review Meeting in Pwani, Mar. 2013
- RHM2 project news letter, Apr. 2013



- The 3rd National Quality Improvement Forum on Health Care, Dar es Salaam, Nov. 2013



- National PMTCT web site, Dec. 2013
- The 17th International Conference on AIDS and STIs in Africa, Cape Town, South Africa, Dec. 2013

- M&E Review Meeting, Morogoro, Feb. 2014



*see p.14



- The 2nd Muhimbili University of Health & Allied Sciences Scientific Conference Dar es Salaam, May. 2014 *see p.21-23



- The 20th International AIDS Conference, Melbourne, Australia, Jul. 2014 *see p.15-20



- M&E Review Meeting in Dodoma, Sep. 2014



- RHM2 Final Dissemination Seminar, Oct. 2014
- Monthly DPG AIDS Meeting, Oct. 2014



Contacts:

National AIDS Control Programme

P.O. Box 11857, Luthuli Street

Dar es Salaam, Tanzania

Tel: +255 22 2131213

Fax: +255 22 2127175

[Hppt://www.nacp.go.tz](http://www.nacp.go.tz)

EXPLANATION OF THE M&E LOGO IN THE COVER PAGE

THE DESIGN SHOWS YOU THE M&E SYSTEM WITH EPIDEMIOLOGIC APPROACH (“EKIGAKU” : EPIDEMIOLOGY IN JAPANESE) IN WHICH THE DATA WITH A ONE-WAY TICKET OF THE REPORTING SYSTEM GET A ROUND TICKET TO GO BACK TO THE COMMUNITY THROUGH DATA FEEDBACK AND DATA UTILIZATION.

IT IS THE PATHWAY OF THE PROJECT ITSELF. NOW THAT DATA CAN GO AROUND, THE DESTINATION WILL BE UP TO YOU ALL WHO DEAL WITH DATA.

