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- **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
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- **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 Msambili[1], Mustafa Ngwila[1], Aska Hasegawa[2], and Ayuko Tanaka[2]

[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 Canters, 32 Dispensaries)
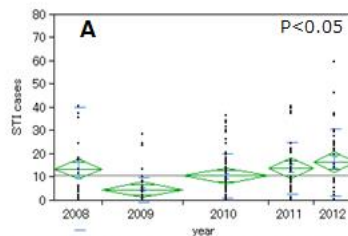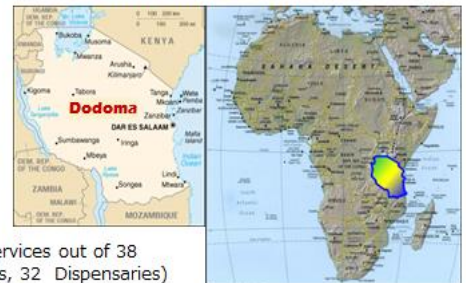
fig2. Trend of STI cases of the HFs located within 15 km from highways
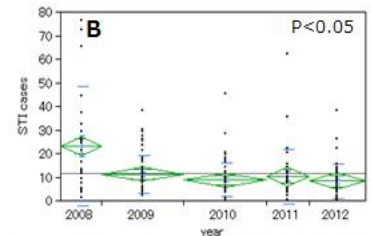
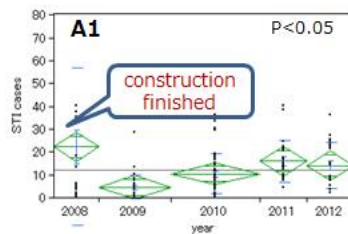fig3. Trend of STI cases of the HFs located more than 15 km far from highways

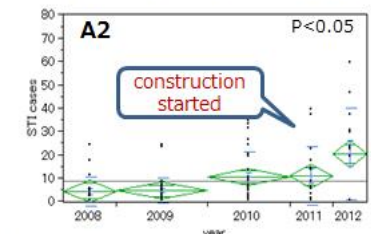fig4. Trend of STI cases of the HFs located within 15 km from Singida highway

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

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[1]Health Department, Mkuranga District, Pwani, Tanzania   [2]Japan 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.

The United Republic of Tanzania

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

Mkuranga DC
a. 2,432 Km²
pop. 222,921

Purpose

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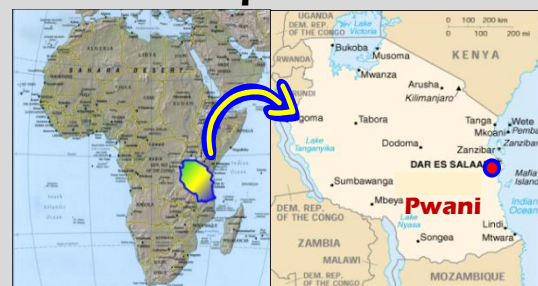
Description

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
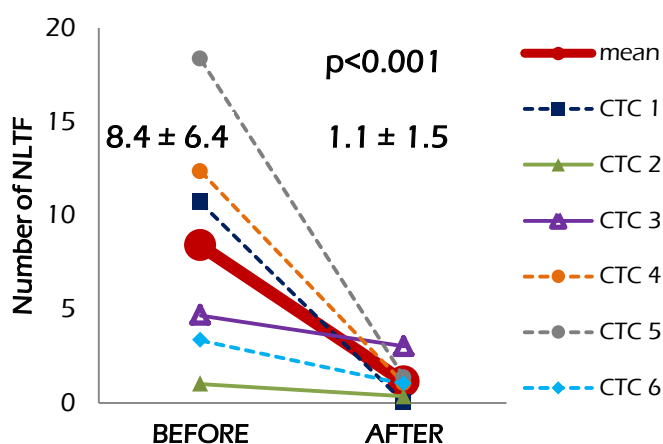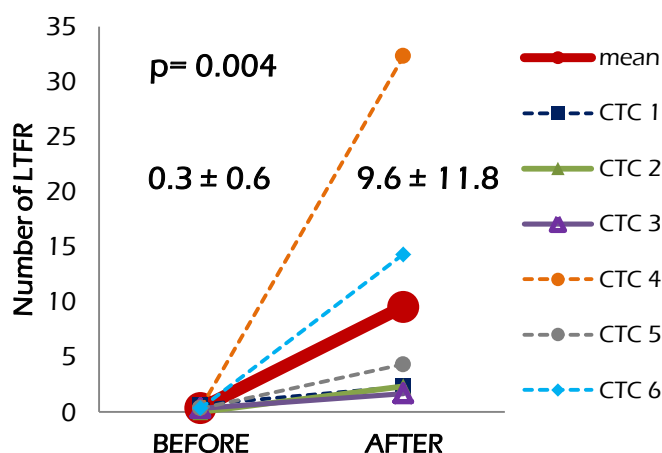
Figure2. LTFR before and after the conduction of DF

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

Did you see Mr.A this month ?

No. Neither, last month.

How about Mr.B ?

No…

How many clients actually stopped coming to hospital ?

Let's see…

Oh, we did not know we had so many PLTF this month !!

The situation in Village A is …．

Wow, we did not know that !

Recognize problems in routine works → **Analyze & Visualize routinely collected data** → **Make Feedback Material** → **Conduct Data Feedback**
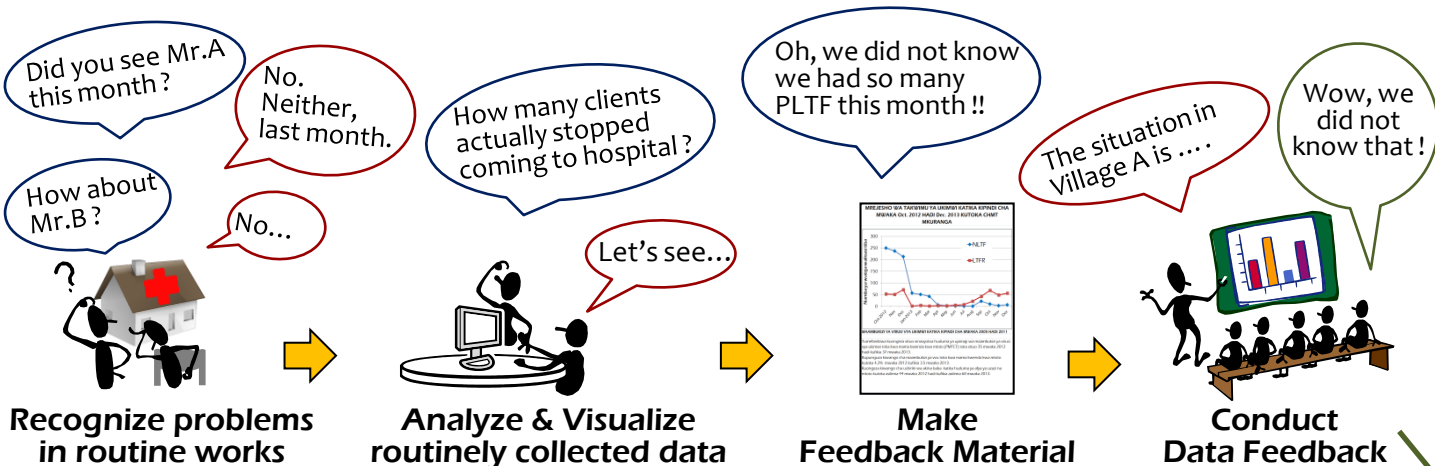
Data Feedback to local stakeholders on reduction of PLTF

Traditional Healers

HIV-infected Peer Educators

Volunteer Home Based Care Providers

The number of patients' lost to follow up decreased.

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

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What should be the priority as local government ?

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

Festo Mapunda[1], Nahum Nassari[1], Fidea Obimbo[1], Ruth Azaliwa[1], Mwanaidi Sengondo[1], Neema Sanga[1], Valeria Mtimba[1], Herieth Kidayi[1], Aska Hasegawa[2], and Ayuko Tanaka[2]

[1]Health Department, Dodoma Municipality, Dodoma, Tanzania   [2]Japan 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
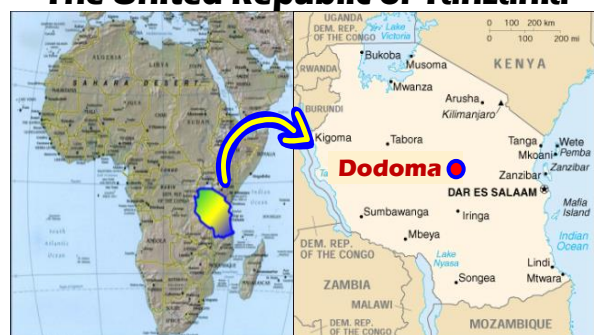
Tanzania
a. 945,000 Km²
pop. 44,928,923

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.*

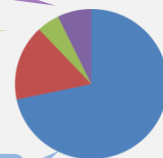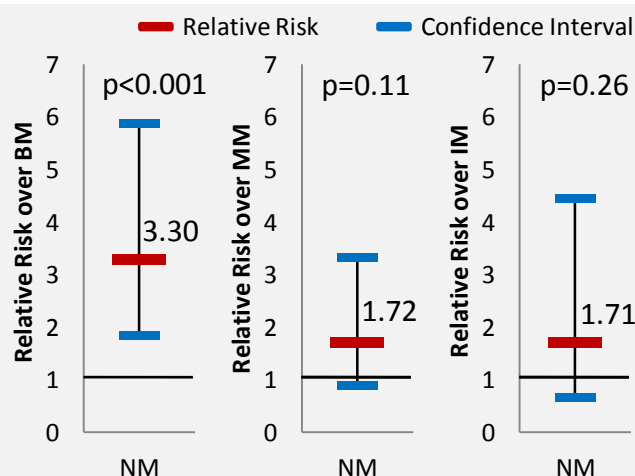*" **Data Utilization** " is a process of finding and implementing data-driven activities to solve community specific problems through two-way feedback among health departments, health facilities and local stakeholders.*

M&E, HIV/AIDS project, NACP·JICA

Case study of Dodoma Municipality

We have to start Option B+...

We seldom see partners at ANC...

I don't know our infection rate...

Let's see the situation of our community !

Wow, ARV uptake is so low !

Let's get some comments from other units, and health service providers...

The situation in the facility A is …

Recognize problems in routine works

Analyze & Visualize routinely collected data

Share findings & Conduct Data Feedback

Meeting with WEOs & Councillors

WEO: Ward Executive Officer

How can we support couples?

How can we involve men at ANC ?

How can we make facilities more friendly to community ?

Problem Analysis

Share proposals & Make consensus

Find data-driven activities

Discuss way forward

Implement data-driven activities

Adapt sustainable activities into routine work

Health check-up invitation for partners at ANC

Men's Health Day

Verify effect of activities

Roll out over the municipality

Raise awareness of own health, then realize importance of PMTCT issue for his family

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

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AIDS 2014
20th International AIDS Conference
Melbourne, Australia
July 20-25, 2014
WWW.AIDS2014.ORG

Primary and steady wins the race

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

Nahum Nassari[1], Fidea Obimbo[1], Ruth Azaliwa1, Mwanaidi Sengondo[1], Balankena Aleck[1], Valeria Mtimba[1], Nice Moshi[1], Festo Mapunda[1], Aska Hasegawa[2], and Ayuko Tanaka[2]

[1]Health Department, Dodoma Municipality, Dodoma, Tanzania   [2]Japan 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.
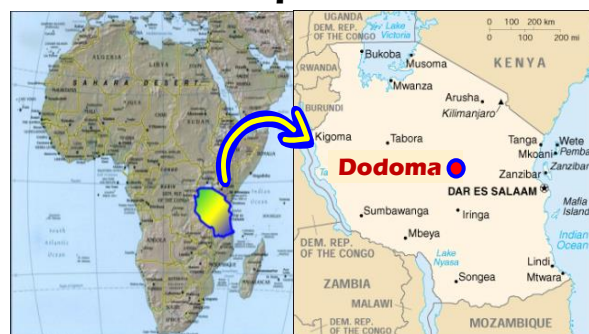
Lesson learned

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.

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
Siku ya Afya ya Mwanaume	121	-

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.

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AIDS 2014 20th International AIDS Conference Melbourne, Australia July 20-25, 2014

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

Problem Analysis

Recognize problems in routine works → Analyze & Visualize routinely collected data → Share findings with other units → Conduct Data Feedback to health facilities

Implement data-driven activities ← Find data-driven activities ← Discuss way forward with Data Feedback receivers
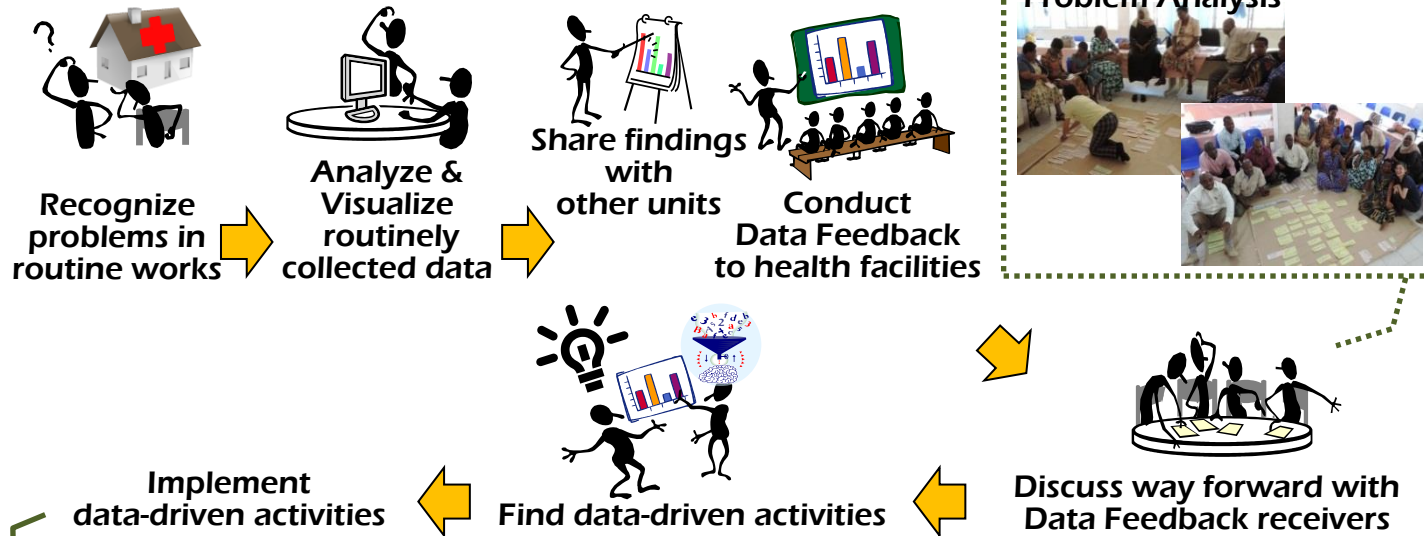
Siku ya Afya ya Mwanaume (Men's Health Day)

Registration

Blood Pressure

Waist Circumference

Body Mass Index

HCT *option

Weight

Height

Health Education

Physical Exercise

Health check up can attract more people to VCT service.

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

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THE SECOND MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
SCIENTIFIC CONFERENCE
MAY 14-16TH, 2014
DAR ES SALAAM, TANZANIA

jiCA

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

Didas Malale[1], Salma Gwassa[1], Aska Hasegawa[2], and Ayuko Tanaka[2]

[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.

Kongwa District, Dodoma Region

Kongwa District, Dodoma Region
Area : 4,041 Km^2
Population : 313,485 (2012 Census)

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

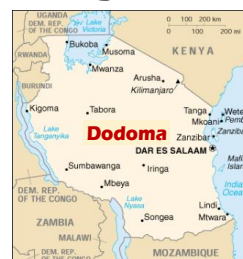The availability of the values was as follows:
• Weight for 187 (89.9%)
• Height for 96 (46.2%)
• BMI for 0 (0%)
• MUAC for 206 (99.0%)
The subjects measured all for weight, height, and MUAC were 92 (44.2%). Of those 92 subjects, 29 (31.5%) were not evaluated as malnutrition by BMI. Of 38 subjects who were evaluated as severe malnutrition by BMI, 26 (68.4%) were evaluated as moderate malnutrition by MUAC.

Nutritional assessment by MUAC & RUTF

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.

Evaluation of malnutritional status by MUAC compared with BMI

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

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Data Clarification Can be an Eye Opener for Better Services

Malnourished PLHIV received RUTF?

Report shows RUTF not given properly to PLHIV.

Staff said all provided properly…

Recognize problems in routine works

Let's check what caused discrepancy in reports.

BMI not recorded though ht &wt checked.

Analyze & Visualize routinely collected data

The discrepancy was caused by …

Nutritional assessment was done by…

Share findings & Conduct Data Feedback

How can we support RUTF program for PLHIV?

How about improving services in waiting bay?

How can we make our waiting bay more friendly to PLHIV?

Discuss way forward

Find data-driven activities

Renewal Waiting Bay in CTC, Kongwa District Hospital

Provision of equipment for self check- up

Weight scale, Height scale, BMI chart, BP machine

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

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Latent Life Related Diseases in Dodoma Municipality, Dodoma

Sauda Mutabazi[1], Nice Moshi[1], Fidea Obimbo[1], Ruth Azaliwa[1], Sita Muhunzi[1], Festo Mapunda[1], Nahum Nassari[1], Aska Hasegawa[2], and Ayuko Tanaka[2]

[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.

Dodoma Municipality
a. 2,769 Km²
pop. 410,956
Source Census 2012

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.

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

	Body mass index (BMI)			
	less than 25 n= 159 (75.5%)	25 and above n= 52 (25.5%)	chi value	p value
Systolic Blood pressure				
$\geqq$ 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				
$\geqq$ 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			
	less than 94 cm n= 180 (85.4%)	94 cm and above n= 31 (14.6%)	chi value	p value
Systolic Blood pressure				
$\geqq$ 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				
$\geqq$ 85 mmHg (n=42)	30 (71.4%)	12 (28.6%)	8.06	0.0045 **
< 85 mmHg (n=169)	150 (88.8%)	19 (11.2%)		

* $p < 0.05$ ** $p < 0.01$

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The Power of Data

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Japan International Cooperation Agency, Tokyo, Japan

Data applied to health services?

Is there any data return to health facilities?

Are Data really correct?

Recognize problems ➡ **Situation Analysis** ➡ **PCM Workshop & Set the Activities**

- **Create Data Feedback system**
- **Facilitate Data Utilization**

7 out of 13 CHMTs gave Data Feedback to health facilities more than twice a year for two years.

5 out of 13 CHMTs launched their data driven activities

9 studies were accepted by National and International conferences.

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.

Let's find it out !!!

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		
	concordant n= 77 (41.2%)	discordant n= 110 (58.8%)	p value
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				
	improve n= 43 (24.2%)	no change n= 98 (55.1%)	worsen n= 37 (20.1%)	chi value	p value
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.

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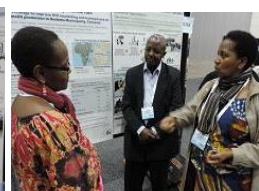- M&E Review Meeting, Morogoro, Feb. 2014

*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

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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.

DATA FEEDBACK REPORT

15K01N1964TX19K1OS1974A DATA UTILIZATION

EKIGAKU M&E

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