

Activity Report

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The 3rd M&E Review Meeting

Date and Time:

24th March 2014, 08:30-17:30

Venue:

Oasis Hotel, Morogoro

Participants:

Total 26 participants

1 participants from National Aids Control Programme, 2 participants from Regional Health Management Team (RHMT) , 19 participants from Council Health Management Team (CHMT) , 3 JICA experts and 1 assistant officer

Purpose:

- Share progress of M&E activities
- Share SCIs at national level
- Share experience of data feedback, ICASA and JICA training, and data driven activities

Summary:

The M&E Review meeting went well. The Epidemiology unit of NACP and JICA organized this meeting to share the progress of the Activities 2-4 "Build the skills and knowledge of data analysis and interpretation" and 2-6 "Facilitate data utilization for health services by RHMTs and CHMTs" in Project Design Matrix (PDM).

The meeting was opened by the representative of Epidemiology unit of NACP who emphasized the importance of data feedback to lower levels, and data utilization at council level. (See the attached minutes from NACP)

The participants from the teams who conducted data feedback, attended to ICASA, attended to JICA training, and started data driven activities in this period presented and shared their experiences. We hope that this meeting will help those who are behind to get into action. After all it must have been a good opportunity for all to see what you can achieve from your own data.

The Way Forward was explained as mentioned in the last Review Meeting 2013; 1) IT report, 2) SCIs, 3) Data feedback material, and 4) Data utilization. M&E JICA advisor emphasized the following points this time.

- The data feedback material is the entry point. Not a graph or table only, but with explanation, interpretation, finding, and own strategies for facilities.
- No short cut to reach data driven activities without data feedback in this project.
- R/CHMTs need to use data to improve health services for own communities.

We, the project, hope to witness more teams who conduct regular data feedback for their health facilities based on the community specific issue, and reach data driven activities before the end of the project.

Attachment:

1. Timetable
2. Registration
3. Presentation

Purpose (Epi. NACP), Progress (Epi. NACP), SCIs (Epi. NACP), Data feedback (Kibaha DC, Kisarawe DC, Kongwa DC), ICASA(Bahi DC), JICA training(Dodoma MC), Data driven activities(Mkuranga DC, Dodoma MC), Way forward(M&E JICA)

4. Scene of the meeting
5. Minutes from NACP

The 3rd Review Meeting on M&E activities

Date & Venue : March 24, 2014, Oasis Hotel, Morogoro

Purpose:

- Share progress of M&E activities
- Share SCIs at national level
- Share experience of data feedback, ICASA and JICA training, and data driven activities

Time	Agenda	Responsible
08:30 - 09:00	Arrival & Registration	All
09:00 - 09:15	Welcome note Introduction & Purpose	Epidemiology Unit, NACP
09:15 - 09:30	participation manner / logistics/ self-introduction	Moderator
09:30 - 09:45	Progress of M&E activities	Epidemiology Unit, NACP
09:40 - 10:15	Share SCIs at national level	Epidemiology Unit, NACP
10:15 - 10:45	Tea break	All
10:45 - 12:15	Share experience of data feedback	
10:45 - 11:10	Kibaha DC + QA	Kibaha DC
11:10 - 11:35	Kisarawe DC + QA	Kisarawe DC
11:35 - 12:00	Kongwa DC + QA	Kongwa DC
12:00 - 13:00	Share experience of ICASA & JICA Training	
12:00 - 12:30	BAHI DC + QA	BAHI DC
12:30 - 13:00	JICA Training + QA	Dodoma MC
13:00 - 14:00	Lunch	All
14:00 - 16:00	Share experience of data driven activities	
14:00 - 14:30	Mkuranga DC + QA	Mkuranga DC
14:30 - 15:00	Dodoma MC 1	Dodoma MC
15:00 - 15:30	Dodoma MC 2	Dodoma MC
15:30 - 16:00	Dodoma MC 3 } + QA	Dodoma MC
16:00 - 16:15	Way forward	M&E Advisor, JICA
16:15 - 16:30	Review meeting summary & closure	Epidemiology Unit, NACP

List of Participants

S/N	Name	Designation	Organization
1	Iyullu Mohammed	RACC	RAS Dodoma
2	Jehovaness John	M&E officer	RAS Pwani
3	Festo Mapunda	MMOH	DED Dodoma Municipality
4	Nahum Nassari	DACC	DED Dodoma Municipality
5	Aleck Balankena	DHO	DED Dodoma Municipality
6	Nice Moshi	DRCHCo Assistant	DED Dodoma Municipality
7	Eppaphroditus Msambili	DACC	DED Bahi
8	Mustafa Ngwila	ADO	DED Bahi
9	Lister Maligana	DACC	DED Chamwino
10	Didas Malale	DACC	DED Kongwa
11	Asha Njambi	DACC	DED Kondoa
12	Jacob Mwanamtwa	Ag DACC	DED Mpwapwa
13	Josephine Darly	DACC	DED Chemba
14	Mariam Ngaja	DACC	DED Kibaha TC
15	Japhal Mwamafupa	DHMIS FP	DED Kibaha DC
16	Shedrack Maxmillian	DHMIS FP	DED Bagamoyo
17	Leila Kuchilingulo	DHMIS FP	DED Kisarawe
18	Joseph Mganga	DACC	DED Mkuranga
19	Patricia Zenda	DRCHCo	DED Mkuranga
20	Christine M. Majebella	DACC	DED Rufiji
21	Bahari M. Shomari	Data Manager	DED Mafia
22	Denis Mzaga	M&E officer	MOHSW/NACP
23	Nobuhiro Kadoi	Chief Advisor	JICA NACP
24	Ayuko Tanaka	M&E Avisor	JICA NACP
25	Aska Hasegawa	Project Coordinator	JICA NACP
26	John Mattle	Assistant Project Officer	JICA NACP

M&E Review Meeting



24th March 2014
Oasis, Morogoro

M&E@Health Systems Strengthening for HIV and AIDS Services Project, NACP/JICA

PURPOSE of the Meeting

To Share matters as follows,

- I. Progress of M&E activities after the Previous Review Meeting in March 2013
- II. Score Card Indicators at national level
- III. Experiences of data feedback
- IV. Experiences of ICASA and JICA training
- V. Experiences of data driven activities

M&E@Health Systems Strengthening for HIV and AIDS Services Project, NACP/JICA

I

**Progress of M&E activities
after
Previous Review Meeting
(March 2013 – March 2014)**

M&E@Health Systems Strengthening for HIV and AIDS Services Project, NACP/JICA

WAY FORWARD

at the Previous Review Meeting
in March 2013

MR. PII Health Systems Strengthening for HIV and AIDS Services Project NACP/JICA

1

Data feedback :

Production and sharing with the project quarterly
Implementation Rate **23.3%** *denominator: 60

Distribution of material to HFs quarterly
Implementation Rate **26.7%** *denominator: 60

Data Utilization :

Activities based on Data feedback materials

4 teams

MR. PII Health Systems Strengthening for HIV and AIDS Services Project NACP/JICA

2

- Use IT equipment appropriately
(Submit report quarterly)
- Submit SCIs quarterly
- Conduct data feedback regularly
- Expand data utilization for health services

MR. PII Health Systems Strengthening for HIV and AIDS Services Project NACP/JICA

2

Sharing good practices on M&E

Publications

- RHM2 project news letter
M&E OJT Review Meeting in Dodoma
- National PMTCT web site
Activity of Dodoma MC on ARV uptake

Conferences

- The 3rd OI Forum @DSM, Tanzania
Mkuranga DC, Bahi DC, Dodoma MC
- The 17th ICASA @ South Africa
Bahi DC

MR. PII Health Systems Strengthening for HIV and AIDS Services Project NACP/JICA

3

Report of IT equipment :

Monitoring installed IT equipment quarterly
Submission Rate **43.0 %**
*denominator: 15 teams × 4 times = 60

Score Card Indicators:

Collection and submission to the project quarterly
Submission Rate **35.0 %** *denominator: 60

MR. PII Health Systems Strengthening for HIV and AIDS Services Project NACP/JICA

3

II

SCIs at national level

MR & R@ Health Systems Strengthening for HIV and AIDS Services Project, NACP/JICA

Region	Population	HIV epidemic			Prevention status												Treatment and support									Service outlets		
		Prevalence (%)	Incidence (per 100,000)	New infections (per 100,000)	Condoms distributed						New STI episodes (Jan-Dec 2010)			HBC services			ART			Facilities								
					Male	Female	Target	Achieve ment	% Achiev	Target	Achieve ment	% Achiev	Target	Achieve ment	% Achiev	Number	Number	%	Number	Number	%	Number	Number	%				
Arusha	1,694,310	3.2	54,218	3741	60.7	552	10.1	0	33,186	24,270	73	16,538	17,652	107	3,648	HOW09	21,687	1,126	1,538	137	16,268	75	47	151	253	1,154		
Dar es salaam	4,384,541	6.9	301,153	20780	343.3	549	2.7	0	415,886	150,938	36	207,257	21,718	11	18,131	HOW09	120,461	14,112	5,453	39	72,513	60	70	127	161	4,300		
Dodoma	2,063,568	2.9	60,424	4169	30.6	85	32.9	0	91,560	43,416	47	45,644	33,265	71	9,407	HOW09	24,170	3,108	1,095	35	13,120	54	37	234	81	1,633		
Ingua	941,238	9.1	65,653	5910	254.5	334	53.6	33,357	339,883	50,215	15	189,381	14,775	8	30,194	HOW09	34,281	11,533	3,842	33	44,595	130	47	322	149	1,822		
Kagera	2,458,023	4.8	117,885	8141	36.7	221	8.1	6,252	119,297	16,802	14	59,452	2,911	5	1,140	HOW09	47,184	4,048	1,056	26	13,880	29	57	148	154	2,070		
Kigoma	2,127,930	3.4	72,350	4992	18.8	115	19.1	0	29,232	19,938	68	14,568	0	193	HOW09	28,840	992	397	39	5,433	19	29	114	46	2,495			
Kimwara	1,640,087	3.8	62,320	4300	68.7	792	1.8	0	40,857	3,178	8	20,261	33,359	164	15,296	HOW09	24,939	1,386	1,858	134	15,559	62	45	213	261	1,385		
Lindi	864,652	2.9	25,075	1730	67.5	170	36.5	0	47,260	30,363	64	23,617	14,574	62	3,824	HOW09	10,530	1,608	473	26	15,221	152	71	185	238	323		
Mwanza	1,425,131	1.5	21,377	1475	17.7	207	4.8	0	31,960	37,142	116	15,944	3,444	22	3,325	HOW09	8,551	1,086	401	37	4,862	57	30	136	129	713		
Mara	1,743,830	4.5	78,472	5415	27.0	86	23.3	0	120,124	132,575	110	59,864	0	2,897	HOW09	31,389	4,076	593	15	13,001	41	50	157	133	1,598			
Mtenga	2,707,410	6	243,067	16813	101.0	1035	9.1	23,305	208,979	90,101	43	134,040	12,117	9	12,591	HOW09	97,467	9,127	2,267	23	36,137	37	54	337	301	4,512		
Morogoro	2,216,492	3.6	84,303	5817	46.7	72	38.9	0	123,242	46,469	38	61,418	13,066	21	3,791	HOW09	33,721	4,182	1,255	30	16,327	48	51	248	223	1,653		
Mtwara	1,270,854	4.1	52,105	3565	51.8	188	17.6	0	53,075	15,087	28	26,450	7,308	28	1,217	HOW09	20,842	1,801	854	36	9,668	46	85	124	292	613		
Mwanza	2,772,569	4.2	116,445	8035	152.1	973	24.3	0	255,508	17,791	7	127,333	4,538	4	16,077	HOW09	46,578	6,670	1,642	19	25,286	54	73	323	228	1,595		
Pwani	1,068,668	5.9	64,921	4473	94.3	274	7.3	0	77,512	21,978	28	38,628	9,016	23	12,890	HOW09	25,929	2,630	835	32	9,985	39	50	150	214	1,298		
Rukwa	1,004,539	6.2	62,281	4297	32.6	86	41.9	1,716	91,686	30,973	34	45,693	6,069	13	1,990	HOW09	24,913	3,111	569	16	7,803	31	30	226	97	2,076		
Ruvuma	1,376,891	7	96,382	6650	73.1	100	26.0	0	99,096	20,742	21	49,788	10,667	21	2,252	HOW09	38,553	3,390	856	25	13,337	35	57	231	166	1,691		
Shinyanga	1,534,808	7.4	113,576	7837	42.3	683	16.8	18,084	372,864	1,533	0	185,817	20,293	11	3,243	HOW09	45,430	12,652	1,508	12	21,944	48	39	260	152	2,912		
Singida	1,370,637	3.3	45,231	3121	50.5	156	12.7	0	48,328	41,128	85	23,086	6,959	30	942	HOW09	18,092	1,572	421	27	5,788	32	30	201	161	1,548		
Tabora	2,291,623	5.1	116,873	8064	49.6	924	14.1	1,004	187,009	7,593	4	93,196	10,159	11	1,370	HOW09	46,749	6,346	1,288	26	15,842	34	80	167	221	1,491		
Tanga	2,045,205	2.4	48,085	3387	65.5	128	43.0	0	86,493	7,263	8	49,084	1,834	4	3,340	HOW09	19,634	3,342	1,656	50	17,128	87	42	291	307	1,169		
Njombe	702,097	14.8	103,910	7170											HOW09	41,564						38				2,734		
Katwe	954,064	5.9	33,312	2299											HOW09	13,325						11				3,028		
Semba	1,584,157	3.6	57,030	3935											HOW09	22,812						20				69	1,901	
Gaika	1,739,530	4.7	81,758	5641											HOW09	32,703						27				111	3,028	
Tanzania	43,825,354	5.1	2,199,899	151,787	71.9	7432	15.8	83,720	110,892,688	10,387,170	3,267,000	808,802	1,828,114	242,008	15	147,831	HOW09	879,924	110,858	29,457	27,983,397	45	1,180	4,342	4,328	1,884		

III

Data feedback

M&E@Health Systems Strengthening for HIV and AIDS Services Project, NACP/JICA

HALMASHAURI YA WILAYA YA KIBAHA. MPANGO WA UFUATILIAJI NA TATHMINI (M&E)

UZOEFU WA WILAYA KATIKA UKUSANYAJI,
UCHAMBUZI, MATUMIZI NA UTOAJI
MREJESHO WA TAKWIMU KWA MAAMUZI
NGAZI YA KITUO NA WILAYA

OASIS- MOROGORO

24.3.2014

Imeandaliwa na:

J. E. Mwamfupa

Mratibu HMIS/M&E

Kibaha DC

Maelezo ya Mpango

Katika Halmashauri ya Wilaya ya Kibaha mpango huu umeanza kutekelezwa mwaka 2011 na unajihusisha na kazi zifuatazo:-

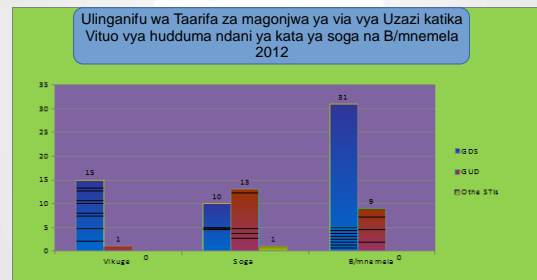
- Usimamizi wa ukusanyaji wa takwimu toka vituoni
- Uchambuzi wa Takwimu toka vituoni
- Uandaaji wa taarifa na mrejesho kwa Kamati ya Usimamizi wa Huduma za Afya ya Halmashauri.
- Utoaji wa mrejesho wa takwimu kwa vituo vya huduma ndani ya Halmashauri kwa kusaaidia utoaji wa maamuzi katika vituo husika kwa kuzingatia vipaumbele na ukubwa wa matatizo yaliyopo.
- Ubadilishanaji uzoefu na maeneo mengine yanayotekeleza mpango huu juu ya majukumu ya mpango na uandaaji vielelezo

Mtiririko wa mada

- _ Utangulizi
- _ Maelezo ya Mpango
- _ Kazi zilizofanyika na zinazoendelea
- _ Matokeo
- _ Changamoto
- _ Mwelekeo

Kazi zilizowahi kutekelezwa na zinazoendelea kutekelezwa

1. Uandaaji wa Mrejesho wa takwimu za magonjwa ya Via vya uzazi kwa vituo vya huduma za Afya

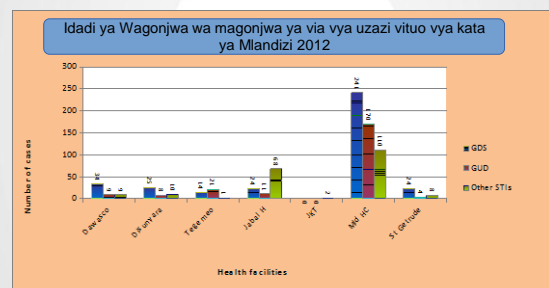


Utangulizi

- Halmashauri ya wilaya ya Kibaha ni miongoni mwa Halmashauri 7 za Mkoa wa Pwani.
- Kiutawala halmashauri hii imegawanyika katika Tarafa 3, Kata 11 na viji 35.
- Halmashauri ina jumla ya wakazi 70,209 (Me=34,515, KE=35,694) kwa mujibu wa sensa ya 2012
- Mfumo wa utoaji huduma za afya una vituo 24 vya kutolea huduma. Kituo cha afya kiko 1 na vituo vingine 23 ni zahanati.
- Halmashauri hii ni miongoni mwa halmashauri zinazotekeleza mpango wa Ufuatiliaji na Tathmini katika mkoa wa Pwani.

Kazi zilizowahi kutekelezwa na zinazoendelea kutekelezwa....

- Uandaaji wa Mrejesho wa takwimu za magonjwa ya Via vya uzazi kwa vituo vya huduma za Afya.....



Matokeo

Yafuatayo ni baadhi ya matokeo ya kazi ya uandaaji na utoaji wa mrejesho wa takwimu vituoni

- .Kumekuwepo na uandaaji wa mipango ngazi ya vituo kwa kuzingatia mrejesho wa takwimu zinazochambuliwa na kutolewa kama mrejesho kwa vituo. Mfano ununuzi wa dawa kwa kuzingatia magonjwa yanayojitokeza kwa wingi katika eneo husika.
- .Kamati ya Uendeshaji wa Huduma katika H/W hutumia mrejesho kutambua vipaumbele na mahitaji halisi ya vituo
- .Vituo hutumia mrejesho kama agenda muhimu za kuboresha huduma katika vituo husika
- .Vituo husikia kuthaminiwa kwa kupewa fursa ya kutumia takwimu walizokusanya kwa kupanga mipango ya maendeleo ya kituo.
- .Mrejesho hutumika kama nyenzo wakati wa ziara za usimamizi vituoni kujadili mafanikio na kupima utendaji wa vituo

ASANTENI

Changamoto

- Baadhi ya takwimu zinazopatikana kutoka vituoni zinakosa ubora kwa kutokuwa sahihi
- Baadhi ya taarifa toka vituoni huchelewa au kutojazwa kabisa na kuathiri ukamilifu wake
- Ugumu wa kubadilika na kutumia takwimu sahihi kwa baadhi ya watendaji husababisha taarifa kukosa sifa ya usahihi na ukamilifu

Mwelekeo

- Kuimarisha ukusanyaji wa taarifa sahihi kwa wakati
- Kutoa mrejesho mara kwa mara vituoni na ngazi nyingine za maamuzi kwa lengo la kujenga tabia ya kutumia data zilizokusanywa
- Kuhamasisha vituo juu ya umiliki wa taarifa na matumizi kwa mipango ya vituo



**MREJESHO WA TAKWIMU
WILAYA YA KISARAWA
Oasis Hotel MOROGORO
24. 03. 2014**

LENGO LA UCHAMBUZI

Lengo la uchambuzi wa data kujua hali halisi ya utoaji huduma za Afya kwa kila kituo, mafanikio, changamoto zilizopo kwa watoa huduma na wapewa huduma, ili kupata utatuzi, kukabiliana nayo kuwepo na ufanisi wa kiutendaji kwa watoa huduma za afya, jamii ipate huduma bora.

UTANGULIZI

- Wilaya ya Kisarawe ni moja wapo ya Halmashauri 7 zilizopo katika Mkoa wa Pwani.
- Wilaya hii kijografia ipo kati ya latitudi **6.3** na longitudi **38.15** na urefu wa mita 100 kutoka usawa wa bahari Wilaya ina jumla ya **3535** Sq km za mraba.
- Kwa mujibu wa sensa ya mwaka 2002 mwaka **2013** inakadiriwa kuwa na idadi ya watu **120,774** watoto wenye umri chini ya miaka mmoja **3801** watoto wenye umri chini ya miaka mitano **17,172** mama wenye wa kuzaa **57563**.

UTAWALA

Kisarawe ina Tarafa **4**, Kata **15**, Vijiji **79**.

UZOEFU WA UCHAMBUZI WA DATA

- Uchambuzi wa data na utoaji mrejesho kwa vituo vya huduma za afya ulianza mwaka 2012 kwa washiriki 2 kupata mafunzo ya uchambuzi wa data za HIV, AIDS kutafasiri na kutoa mrejesho kwa ngazi vituo, wilaya, mkoa, taifa na kwa wadau mbalimbali
- Baada ya mafunzo wilaya ilipata msaada wa computer, printer ya rangi kutoka JICA
- Wilaya iliweza kutengeneza SCI za mwaka 2012 na kutoa mrejesho kwa vituo vya huduma za afya
- Njia inayotumika katika uchambuzi wa takwimu kwa kutumia microsoft office Excel 2010

HUDUMA YA AFYA

Idara inatoa huduma zake za Afya kupitia vituo vyake vifuatavyo:-

- Hospitali: **1** inayomilikiwa na halmashauri ya wilaya
- Vituo vya Afya: **3** inayomilikiwa na halmashauri ya wilaya.
- Zahanati za Serikali **16**
- Zahanati **3** inayomilikiwa na Taasisi
- Zahanati **1** inayomilikiwa na Taasisi ya dini

Hii inafanya Wilaya kuwa na vituo vya kutolea huduma za Afya **24**. na vituo vinavyofanya huduma ya afya ya uzazi wa mama, baba na mtoto **21** idadi inavyotoa huduma za ctc ni **5**.

UZOEFU WA UCHAMBUZI WA DATA

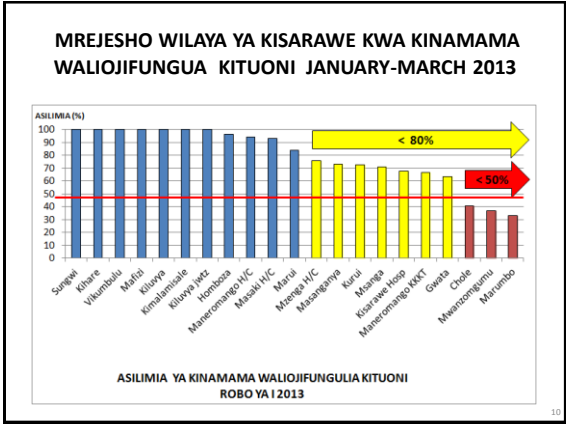
- Katika uchambuzi uliofanyika kipindi cha January hadi March 2013 ilibaini % **23** ya kina mama wajawazito hawakujifungulia kituo cha kutolea huduma za afya sawa na **23%**
- Uchambuzi na utoaji mrejesho wa data ulilenga katika katika vituo **21** vinavyotoa huduma ya Afya ya uzazi ya mama, baba, na mtoto ,

Indicator iliyotumika

- Kinamama wajawazito waliojifungulia kituoni.

Chanzo cha data

- Kitabu cha taarifa cha mwezi cha L&D.



AINA YA HUDUMA	Kiashiria (Indicator)	Numerator/Denominator	Data Source
*Kina mama wajawazito waliojifungulia kituo cha huduma ya Afya	*% Kina mama wajawazito waliojifungulia kituo cha huduma ya Afya	*N.Kina mama wajawazito waliojifungulia kituo cha huduma ya Afya *D.kina mama wote walijifungua katika eneo linalohudumiwa na kituo cha huduma	*Fomu ya mwezi ya kutolea taarifa ya kinamama walijifungua (L&D)

- ### TAFASILI YA GRAPH
- Kati ya vituo 21 vituo 10 havikufikia asilimia 80 hivyo Marumbo Disp, Mwanzongumu Disp, Chole, Gwata, Maneromango KKKT Disp, Kisarawe Hospital, Msanga Disp, Kurui Disp, Masanganya Disp, Mzenga H/C.
 - Hasa vituo 3 havikufikia asilimia 50 vituo hivyo Marumbo Disp, Mwanzongumu Disp, Chole Disp.

NJIA YA UCHAMBUZI WA TAKWIMU

- VITUO VYA HUDUMA YA AFYA (HFS)**
 - Data zinakusanywa na taarifa ya fomu inawasilishwa wilayani katika kitengo cha MTUHA
- KITENGO CHA UTOAJI TAARIFA HUDUMA ZA AFYA (MTUHA)**
 - Kitengo cha MTUHA kinapokea taarifa kutoka vituo vya huduma na kuziangalia na kuziunganisha na kufanya uchambuzi
- TIMU YA USIMAMIZI YA WILAYA (CHMT)**
 - Timu ya usimamizi ya wilaya inapokea taarifa ya data zilozofanyiwa uchambuzi na kuangalia matatizo yaliyojitokeza na kuweka mikakati ya namna ya kuyatatua

- ### CHANGAMOTO ZILIZOJITokeza
- Ukosefu wa nyumba za watumishi katika zahanati ya Chole,Mwanzongumu.
 - Upungufu wa watoa huduma wenye ujuzi hasa katika zahanati ya Mwanzongumu,Kurui,Gwata,Maneromango kkkT,Marumbo,Chole,kituo cha afya Mzenga,
 - Jamii inaishi mbali na kituo cha huduma katika zahanati ya gwata jamii inatembea km 30 ili wapate huduma za afya,Mwanzo mgumu km 10,marumbo km 8,kurui km 7,msanga km 6,Mzenga km 20,kisarawe Haspitali km 20
 - Kutokuwa na usafiri wa kudumu katika vijiji usafiri unaotumika ni wa pikipiki

CHANGAMOTO ZILIZOJITOKEZA

- Miundo mbimu ya barabara katika zahanati ya gwata,msanga, wakati wa mvua barabara haipitiki.
- Ukosefu wa gari ya wagonjwa (ambulance) kwa ajili ya kituo cha Afya Mzenga na zahanati ya Chole

13

MAFANIKIO YALIOPATIKANA BAADA YA UCHAMBUZI TAKWIMU

Kwa kushirikiana na wadau mafanikio yaliopatikana./yatakayopatikana.

- Kukamilika kwa Ujenzi wa zahanati mpya za,kisanga,bembeza,sofu,zegelo,vihingo,na zahanati ya ving'andi.
- Zahanati ya kazimzumbwi iko katika hatua ya umalizaji

16

YATAKAYO JIYOKEZA

- Kuwepo kwa ongezeko la kinamama kupata maambukizi ya HIV/AIDS
- Kuongezeka vifo vya uzazi
- Ongezeko la vifo vya watoto wachanga
- Watoto wachanga waliozaliwa na mama wenye virusi kuwa na maambukizi kwa kutopata neverapine.

14

MAFANIKIO YALIOPATIKANA

- Kukamilika kwa nyumba ya watumishi katika zahanati ya chole,pia ujenzi wa nyumba ya watumishi katika zahanati ya mwanzomgumu iko katika hatua ya umalizaji
- Katika kukabiliana na mfumo wa rufaa kwa wagonjwa shirika la plan tanzania limeahidi kutoa gari la wagonjwa.
- Watoa huduma wenye ujuzi wamepatikana, zahanati ya gwata watumishi wa 2, mzenga watumishi 4, kurui mtumishi 1, msanga watumishi 2, marumbo watumishi 2.

17

MKAKATI ULIOFANYWA NA WILAYA

- Kusogeza huduma karibu na wananchi
- Ujenzi wa nyumba ya watumishi
- Kuajiri watoa huduma wa Afya wenye ujuzi katika vituo vilivyo na upungufu
- Kuimarisha mfumo wa rufaa kwa kinamama wajawazito
- vituo vimepewa majukumu ya kutengeneza mpango kazi wa kunyanyua kiwango cha kinamama kuzalia kituoni

15

AKSANTENI KWA KUNISIKIUIZA

MREJESHO HUU UMEANDALIWA NA
LEILA M.P KUCHILINGULO KWA KUSHIRIKIANA NA CHMT KISARAWE

18

M&E REVIEW MEETING OASIS HOTEL- MOROGORO

KONGWA DC PRESENTATION

24/03/2014

Kiashiria (Indicator)

- ▶ 1.8 Idadi ya WAVIU wenye utapiamlo waliogundulika katika kipindi cha robo mwaka, na
- ▶ 1.9 Idadi ya WAVIU wenye utapiamlo waliopewa RUTF katika kipindi cha robo mwaka.

UTANGULIZI

- ▶ Wilaya ya Kongwa ni moja kati ya wilaya 7 za mkoa wa Dodoma. Ina jumla ya vituo vya huduma 53, Hospitali 1, vituo vya afya 4, na zahanati 48. Kati ya hivyo vituo 5 vinatoa huduma za Tiba na Matunzo (C&T)
- ▶ Vilevile chakula dawa (RUTF) hutolewa kwa WAVIU ambao wana utapiamlo katika hizo CTC. Huduma hii ilianza kutolewa Aug 2011

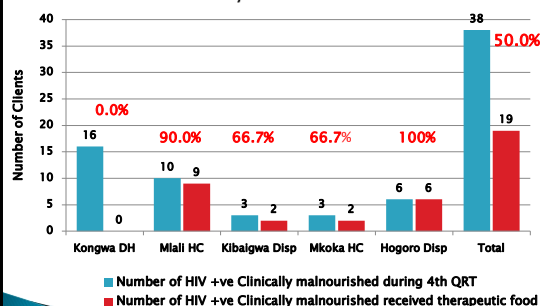
Chanzo cha takwimu (source)

- ▶ CTC 2 cards
- ▶ Quarterly Facility-based HIV care/ART
- ▶ RUTF register

MREJESHO WA TAKWIMU(DFM)

- ▶ Katika taarifa ya robo ya 4 ya C&T 2013 tuliyoopokea haikuwa na uwiano mzuri katika viashiria namba 1.8 na 1.9.
- ▶ Kwa hiyo tuliangalia hali ya huduma za RUTF kwa WAVIU.

Number of HIV +ve Clinically Malnourished vs Number of HIV +ve Clinically Malnourished received RUTF



Interpretation

- ▶ Inaonyesha 50% ya WAVIU wenye utapiamlo hawakupata RUTF, hii inawezekana kuwa kuna wagonjwa wanapewa RUTF lakini data haziingizwi kwenye CTC 2 Cards & Data base au hawapewi kabisa.
- ▶ Ili kuangalia hali ya huduma hii CHMT na M&E team toka NACP/JICA tulitembelea kituo 1 kilichofanya vibaya zaidi ambacho ni KDH.

7

Way forward

- ▶ Tutaangalia vizuri jinsi ya kuchunguza utapiamlo kwa watoto na watu wazima kwa kutumia MUAC na BMI chati.
- ▶ Tunatarajia kuboresha huduma katika CTC zetu, km vile kuweka weighing scale katika waiting bay.
- ▶ Kuelimisha staff umuhimu/faida za DFM
- ▶ Kufuatilia mrejesho wa utekelezaji wa action plan baada ya kusambaza DFM vituoni.

10

Matokeo

- ▶ Tulibaini maeneo yenye mapungufu na kuweka mikakati ya kuboresha...
 - Uingizaji wa data
 - data verification & cross check kati ya CTC2 cards, rejesta ya RUTF na Data base
 - ART nurse alikuwa haingizi data katika CTC 2 cards column 21 code 14 wakati anatoa RUTF
 - Pia clinician alikuwa anatomia MUAC tape tu kubainisha utapiamlo kwa watoto na watu wazima

8

Mwisho

- ▶ Kwa namna ya pekee tunapenda kuwashukuru NACP/JICA M&E team kwa kutuwezesha kupata mafunzo ya Data Analysis mwaka 2012, Arusha. Mafunzo kazini (OJT), vile vile wametupatia computer set & Colour printer, Flash disc na wino kwa ajili ya printer
- ▶ Hii imetusaidia kutunza data, kuandaa taarifa mbali mbali na kufanya analysis n.k.

11

Chagamoto

- ▶ Inahitaji uzoefu wa kutosha kupitia indicators kisha kuchagua na kuandaa DFM
- ▶ Wakati wa usambazaji wa DFM, baadhi ya staff wamekuwa wakiona kama vile inawaumbua katika utendaji wao kwani inaonyesha wazi maeneo yenye mapungufu.
- ▶ Kuchelewa kwa mrejesho wa utekelezaji wa action plan baada kusambaza DFM vituoni.

9

Asanteni kwa kunisikiliza

12

IV

ICASA and JICA training

M&E@Health Systems Strengthening for HIV and AIDS Services Project, NACP/JICA



HALMASHAURI YA WILAYA YA BAHI

KIKAO CHA KUBADILISHANA UZOEFU WA UFUATILIAJI NA TATHMINI(M & E)

TAREHE 24 MARCHI 2014, OASIS HOTEL, MOROGORO

Imeandaliwa na:
CHMT
BAHI

UTAMBUZI WA MATATIZO KWA KUTUMIA TAKWIMU NA UTATUZI

- Ufuatiliaji na Tathmini(M & E), awali takwimu zilikuwa zinakusanywa na kuwasilishwa, lakini kazi ya uchambuzi na kubaini tatizo kwa kutumia takwimu ilikuwa haifanyiki.
- Katika Mradi wa Uimarishaji wa Mfumo wa huduma za VVU/UKIMWI, JICA ilianzisha Ufuatiliaji na Tathmini, kwa kusisitiza matumizi ya takwimu.

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-
UFUATILIAJI NA TATHMINI

UTANGULIZI

Halmashauri ya Wilaya ya Bahi ni miongoni mwa Wilaya saba (7) zilizopo katika Mkoa wa Dodoma, ina ukubwa wa kilomita za mraba zipatazo 5,948. Aidha, Wilaya ina Tarafa nne (4), Kata ishirini na moja (21), Vijiji hamsini na sita (56) na vitongoji 514 na kaya 63,322. Wilaya inawakazi wapatao 225,156 (NBS, 2012)

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-
UFUATILIAJI NA TATHMINI

UTAMBUZI WA MATATIZO KWA KUTUMIA TAKWIMU NA UTATUZI.....

- Mwaka 2012 takwimu zilizokusanywa zilionyesha Bahi ilikuwa na kiwango kikubwa(wagonjwa 375 kati ya 905 sawa na asilimia 41.1) cha wagonjwa wa Magonjwa ya Ngono katika mkoa wa Dodoma.
- Matokeo ya takwimu hizi yalipelekea kamati ya uendeshaji wa shughuli za Afya kupanga mkakati wa ufuatiliaji wa takwimu za magonjwa ya ngono kuanzia mwaka 2008 mpaka 2012 ili kubaini sababu.

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-
UFUATILIAJI NA TATHMINI

Utangulizi.....

Pia wilaya ina vituo vya kutolea huduma za Afya thelathini na tisa (39), kati ya hivyo sita (6) ni Vituo vya Afya na thelathini na tatu (33) ni Zahanati. Zahanati 31 zinamilikiwa na Serikali na 2 zinamilikiwa na Mashirika ya dini.

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-
UFUATILIAJI NA TATHMINI

UTAMBUZI WA MATATIZO KWA KUTUMIA TAKWIMU NA UTATUZI.....

- Ufuatiliaji wa takwimu kwenye database ulifanyika kwa vituo na zahanati 23 zilizowasilisha takwimu kuanzia mwaka 2008 mpaka 2012.
- Wastani wa Uwiano wa matukio mapya(new cases) ya wateja wa magonjwa ya ngono kwa mwaka kwa kituo, ulifanywa kwa kutumia utaratibu unaoitwa "Kruskal-Wallis rank sum test".

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-
UFUATILIAJI NA TATHMINI

UTAMBUZI WA MATATIZO KWA KUTUMIA TAKWIMU NA UTATUZI.....

- Uhusiano wa matukio mapya ya wateja wa magonjwa ya ngono na maeneo wanayotoka ulipimwa kwa kuainisha maeneo husika katika ramani.
- Uchambuzi wa takwimu (statistical data analysis) za matukio yote kuanzia mwaka 2008 mpaka mwaka 2012 ulifanyika kwa kutumia njia inayoitwa "Microsoft Excel 2010 and JMP 7.0".

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

MATOKEO.....

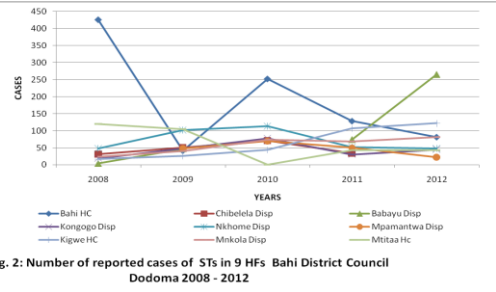


Fig. 2: Number of reported cases of STIs in 9 HFs Bahi District Council Dodoma 2008 - 2012

Mchoro unaonyesha namba ya matukio ya magonjwa ya ngono yaliyotolewa taarifa Katika kipindi cha miaka mitano(2008-2012) kutoka vituo tisa kati ya vituo 18.

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

MATOKEO

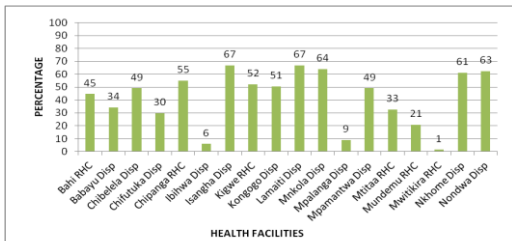


Figure 1: Report Rate Summary for STI 2008-2012 Bahi DC

Mchoro wa "bar graph" unaonyesha matokeo ya uwasilishaji wa takwimu kwa vituo 18 kuanzia mwaka 2008 mpaka mwaka 2012 mfululizo.

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

MATOKEO.....

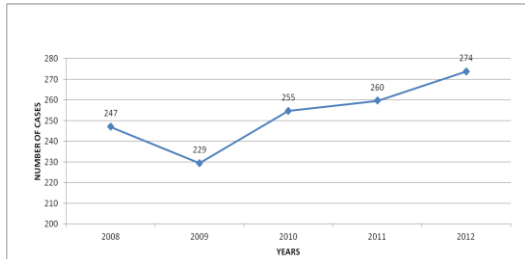
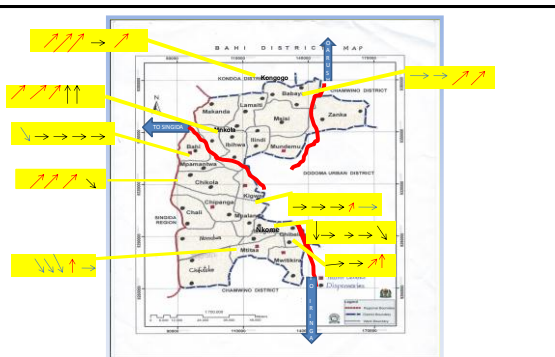


Figure 2: Average Number of STIs in 9 HFs 2008 - 2012 Bahi DC

Mchoro unaonyesha wastani wa matukio ya magonjwa ya ngono kutoka 229 mwaka 2009 hadi matukio 274 mwaka 2012, takwimu kutoka vituo 9.

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI



The above figure shows a significant difference of STIs Episode in 9HFs with $p < 0.05$

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

MATOKEO.....

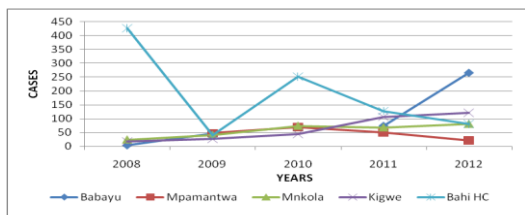


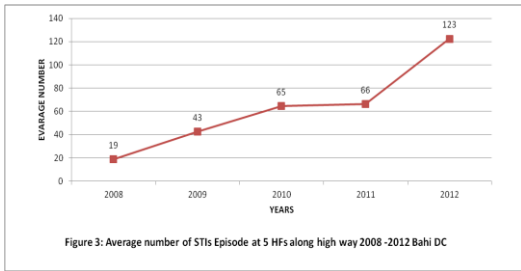
Fig.3: Number of STIs Episode at 5 HFs along highly ways in Bahi District, Dodoma 2008 - 2012

Mchoro unaonyesha wastani wa matukio ya magonjwa ya ngono katika vituo vilivyopo Pembezoni mwa barabara kuu ya Dodoma-Singida katika kipindi cha mwaka 2008-2012

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

MATOKEO.....



Mchoro unaonyesha wastani wa matukio ya magonjwa ya ngono kutoka 19 mwaka 2008 hadi matukio 123 mwaka 2012, takwimu kutoka vituo 5 vilivyo pembezoni mwa barabara ya Dodoma-Singida.

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

MATOKEO.....

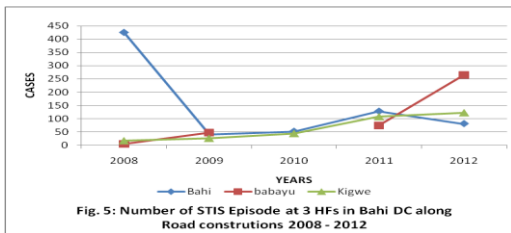
Baada ya kazi kubwa ya uchambuzi wa takwimu hizo matokeo yakawa hivi:

- Inawezekana ongezeko kubwa la matukio ya magonjwa ya ngono linatokana na au inasababishwa na madawa wa magari/ malori ya masafa marefu; hii haikuwa sahihi!
- Matokeo yanaonyesha kuwa matukio ya magonjwa ya ngono yanatokana na mwingiliano wa maisha kati ya jamii iliyopo katika vijiji vilivyo pembezoni mwa barabara inayojengwa, pia inasababishwa na wafanyakazi wanaoshughulika na ujenzi wa barabara hiyo.

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

MATOKEO.....



Mchoro unaonyesha matukio yaliyotolewa taarifa kutoka vituo vitatu kwa kipindi cha mwaka 2008-2012.

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

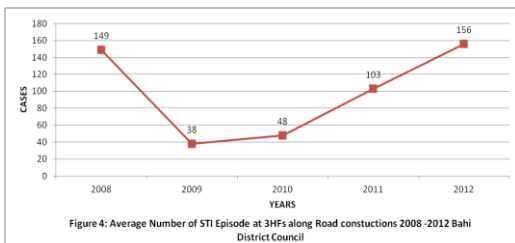
KUBADILISHANA UZOEFU(Experience sharing)

Baada ya kazi ya kuandaa na kufanya uchambuzi wa takwimu na hatimaye kupata matokeo hayo; iliandaliwa bango la wasilisho(Poster presentation) ambayo iliwasilishwa katika Kongamano la tatu la Taifa la Wadau wa uimarishaji wa ubora wa huduma(National Quality Improvement Forum- 3rd NQIF) kilichofanyika kuanzia tarehe 26 – 28 Novemba, 2013 Mlimani City, Dar es Salaam

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

MATOKEO.....



Mchoro unaonyesha wastani wa matukio ya magonjwa ya ngono kutoka 149 mwaka 2008 hadi matukio 156 mwaka 2012, takwimu kutoka vituo 5 vilivyo pembezoni mwa barabara ya Dodoma-Singida.

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha wakati wa uwasilishaji wa poster katika kongamano la 3rd NQIF

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha wakati wa uwasilishaji wa poster katika kongamano la 3rd NQIF

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....

Baada ya kongamano la 3rd NQIF, uchambuzi wa takwimu uliendelea ambapo sasa ulifanyika:

- Kwa kuangalia vituo 14 ambavyo viliwasilisha taarifa kiwango cha asilimia 25(kiwango cha uwasilishaji wa taarifa ilikuwa asilimia 40.2 kwa vituo vyote 23) kwa kipindi husika.

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

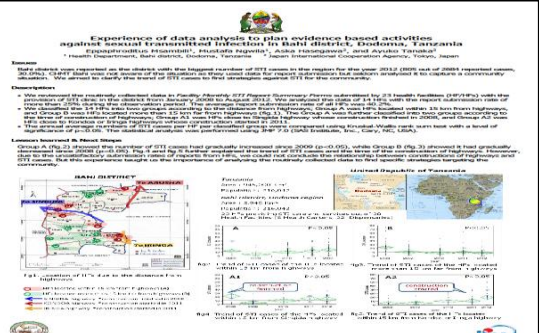
KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha wakati wa uwasilishaji wa mada mbali mbali kwenye kongamano la 3rd NQIF ndani ya ukumbi wa Milimani City, Dar es Salaam.

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI



Picha inaonyesha bango iliyotengenezwa kwa ajili ya kuonyesha kwenye mkutano wa ICASA-South Africa.

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha baadhi ya wajumbe wa 3rd NQIF katika picha ya pamoja nje ya Ukumbi

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....

- Ili kuangalia Wastani wa uwiano wa matukio ya magonjwa ya ngono kwa mwaka kwa kituo kwa kikundi/ makundi yaliyoainishwa kwa kutumia kanuni ya "Kruskal-Wallis rank sum test " (matokeo; with a level of significance of $p < 0.05$)
- Kwa kutumia kanuni ya JMP 7.0(SAS Institute, Inc, Cary, NC, USA)

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....

Uchambuzi wa takwimu wa vituo 14 uligawanywa katika makundi makuu mawili **A** na **B** kwa kuzingatia umbali uliopo kwenye barabara husika:

- Kundi **A**:-vituo vyote vilivyoko umbali ndani ya kilomita 15 kutoka barabara husika. Kundi hili liligawanywa mara mbili **A1** na **A2** kama hivi;

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-
UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....

Jitihada za kubadilishana uzoefu ziliendelea, tulipata mwaliko wa kuhudhuria Kongamano la UKIMWI na Magonjwa ya ngono Afrika ya Kusini(**ICASA**-International Conference on AIDS and STI in South Africa) lililofanyika kuanzia tarehe 7/12/2013 mpaka tarehe 11/12/2013 katika ukumbi wa **CTICC**-Cape Town International Conventional Centre, mjini Cape Town

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-
UFUATILAJI NA TATHMINI

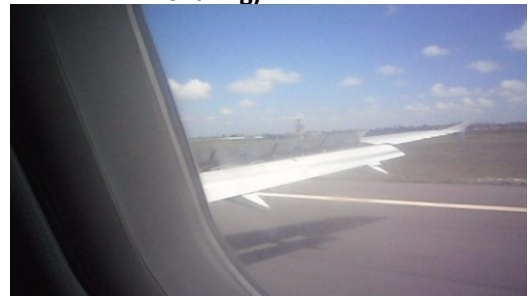
KUBADILISHANA UZOEFU(Experience sharing).....

- A1 – vituo vyote katika barabara ya Dodoma-Singida ambapo ujenzi ulikamilika mwaka 2008
- A2 – vituo vyote katika barabara ya Dodoma-Iringa na Dodoma-Arusha ambapo ujenzi ulianza mwaka 2011 na sasa unaendelea

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-
UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha safari ya kwenda A.Kusini ilipoanzia DSM tar. 7/12/2013 saa 12.45 asubuhi

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-
UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....

- Kundi B:- vituo vyote vilivyoko umbali wa zaidi ya kilomita 15 kutoka katika barabara hizo kuu Baada ya kufanya uchambuzi huu ilikuwa hivi:
 - Katika Kundi A matukio ya magonjwa ya ngono yalianza kuongezeka kuanzia mwaka 2009($p < 0.05$)
 - Kundi B matukio ya magonjwa ya ngono yalionekana kupungua kuanzia mwaka 2008($p < 0.05$)

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-
UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha nembo(logo) iliyotumika katika kongamano la 17 la ICASA

3/27/2014

HALMASHAURI YA WILAYA YA BAHU-
UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha nje ya ukumbi wa CTICC palipofanyika kongamano la 17 la ICASA

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha washiriki wakifurahia kupiga picha baada ya kuachana muda mrefu Na hatimaye kukutana katika kongamano la 17 la ICASA

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha mmoja wa washiriki akitoa mada siku ya pili ya kongamano

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha zinaonyesha uwasilishaji wa mada kwa njia ya bango na kutoa maelezo kwa washiriki katika kongamano la 17 la ICASA inaendelea.

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha mmoja wa washiriki wakisikiliza wakati wa hotuba ya ufunguzi wa kongamano

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha washiriki wakikabidhiwa vyeti vya ushiriki wa kongamano la 17 la ICASA

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha ya pamoja ya washiriki wakifurahia na kuonyesha umoja wakati wa kushiriki kongamano la 17 la ICASA

3/27/2014 HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha washiriki wakibadilishana mawazo wakati kupata viburudisho Baada ya kutoka kusikiliza mada

3/27/2014 HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

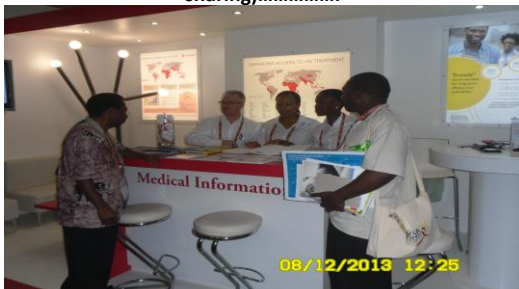
KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha washiriki wa Tanzania wakiwa picha ya pamoja kutoka kushoto Joseph Nondi, E. Msambili, Veye Sambu, Mustafa Ngwila na Ayuko Tanaka katika Kongamano la 17 la ICASA

3/27/2014 HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha washiriki walipotembelea mabanda mbali mbali yaliyoandalwa Kuonyesha bidhaa mbali mbali za kutolea huduma za Afya

3/27/2014 HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha eneo ambalo mawasilisho ya mada mbali mbali kwa kutumia mabango ilifanyika

3/27/2014 HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha washiriki wakishangilia wakati wa kongamano

3/27/2014 HALMASHAURI YA WILAYA YA BAHU-UFUATILAJI NA TATHMINI

KUBADILISHANA UZOEFU(Experience sharing).....



Picha inaonyesha kamati ya bunge la Tanzania ya mapambano dhidi ya UKIMWI ikiongozwa na Dr F Ndungulle wakiwa katika picha ya pamoja kwenye kongamano la 17 la ICASA

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-
UFUATILIAJI NA TATHMINI

MIKAKATI

- Kutoa mrejesho(feedback) katika kikao cha pamoja kwa wafanyakazi 210 wa vituo vyote 39.
- Kufanya ziara za elimu ya uhamasishaji katika vijiji vyote vinavyopitiwa na ujenzi wa barabara.
- Kutoa elimu na uhamasishaji kwa wafanyakazi wa ujenzi wa barabara kwenye kambi zote barabara inapojengwa ndani ya wilaya.

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-
UFUATILIAJI NA TATHMINI

CAPE TOWN



3/27/2014

HALMASHAURI YA WILAYA YA BAHI-
UFUATILIAJI NA TATHMINI

MIKAKATI

- Kutoa mrejesho kwenye kikao cha kamati ya Afya ya msingi ya Wilaya(PHC) kutokana na hali halisi ya takwimu na maeneo husika.
- Kutoa mrejesho katika kikao cha kamati ya UKIMWI ya Wilaya(CMAC)

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-
UFUATILIAJI NA TATHMINI

CHANGAMOTO

- Uwasilishaji wa takwimu kutoka vituoni kwa mtiririko usiofaa.
- Ujazaji wa takwimu usio sahihi kwenye fomu za kutolea taarifa.
- Kazi ngumu ya uingizaji wa taarifa za miaka mitano iliyopita kwenye mfumo wa takwimu(data base).

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-
UFUATILIAJI NA TATHMINI

NINI KILICHOFANYIKA

- Umetolewa mrejesho katika kikao cha kamati ya Afya ya msingi(PHC) tarehe 21/01/2014.
- Mrejesho umetolewa kwenye kikao cha pamoja cha mwaka cha wafanyakazi wote kilichofanyika tarehe 14/01/2014.

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-
UFUATILIAJI NA TATHMINI

NINI KILICHOFANYIKA.....



Picha inaonyesha wajumbe wa kamati ya Aya ya msingi(PHC) wakisikiliza kwa makini Mada ya takwimu za STI ikiwasilishwa kikao kilichofanyika tarehe 20/01/2014.

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

HITIMISHO

Uzoefu unaonyesha uchambuzi wa mara kwa mara wa takwimu zinazokusanywa unaweza kubaini matatizo yaliyopo kwenye jamii na kusaidia kuweka mikakati inayolenga jamii moja kwa moja katika utatuzi wa matatizo.

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

NINI KILICHOFANYIKA.....



Picha inaonyesha wajumbe wa PHC katika picha ya pamoja baada ya kikao tarehe 20/01/2014

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI



AHSANTENI KWA KUSIKILIZA "NGOSI KAKULU"



3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI

TULICHOJIFUNZA

Matokeo yanaonyesha kuwa matukio ya magonjwa ya ngono yanatokana na mwingiliano wa maisha kati ya jamii iliyopo katika vijiji vilivyo pembezoni mwa barabara inayojengwa, pia inasababishwa na wafanyakazi wanaoshughulika na ujenzi wa barabara hiyo. Aidha, matokeo haya hayaonyeshi uhusiano wa moja kwa moja, hii ni kutokana na Uwasilishaji wa takwimu kwa mtiririko usiofaa kutoka vituoni, hivyo bado tunaendelea kufanya uchambuzi wa takwimu.

3/27/2014

HALMASHAURI YA WILAYA YA BAHI-UFUATILAJI NA TATHMINI



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.

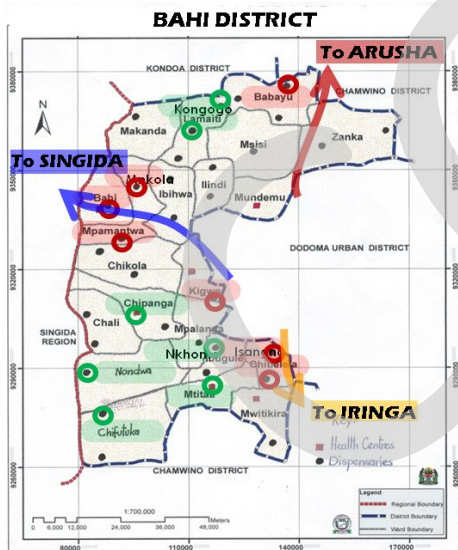


fig1. Location of HFs due to the distance from highways

- 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)

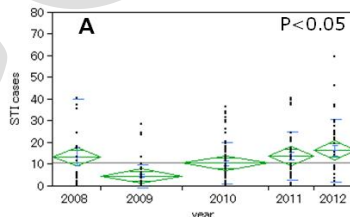


fig2. Trend of STI cases of the HFs located within 15 km from highways

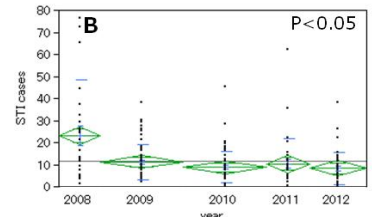


fig3. Trend of STI cases of the HFs located more than 15 km far from highways

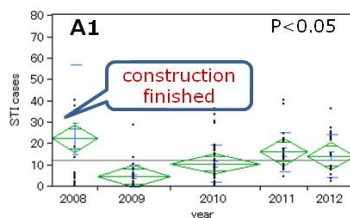


fig4. Trend of STI cases of the HFs located within 15 km from Singida highway

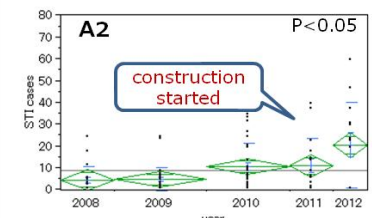


fig5. Trend of STI cases of the HFs located within 15 km from Kondoa or Iringa highway



JICA TRAINING EXPERIENCE

PRESENTED DURING THE 3RD REVIEW MEETING ON M&E ACTIVITIES AT OASIS HOTEL MOROGORO

Presented by:
Nahum Nassari
DACC Dodoma Municipal Council
24 March, 2014

7 COUNTRY PARTICIPANTS

ZIM KEN ANG GANA
TAN HAT ETH

Objective

- ▶ Strengthening of Community Health Systems for Infectious Diseases Control

Methodology

- ▶ Training
- ▶ Field Visit
- ▶ Focused Group discussion
- ▶ Plenary discussion
- ▶ Individual assignment and Presentation

OPENING CEREMONY JANUARY 20TH

Welcome Speech By OBATA, Director OIC

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)

OIC

STRENGTHENING OF COMMUNITY HEALTH SYSTEMS FOR INFECTIOUS DISEASES CONTROL ©

VISIT TO THE MAYOR OF OKINAWA PREFECTURE

Received by the vice mayor, Nago San who welcomed the Participants. Presented Participants with Japanese traditional gowns

**VISIT TO DIRECTOR OF PUBLIC HEALTH AND WELFARE
21/01/2014**



- Welcome address from Sakiyama Hachiro
- Tour of the building
- DVD shown on the Okinawa Public Health Evolution post war up to date

7

**Role & Activities of OKINAWA Infant Health Society
SHIMOJI YOSHIKO, 31/01/2014**

Visit to child health society

- Initiative of infant health services- Check up system
- Measles zero project
- Coordinates a multidisciplinary approach in child health.
- Encourage private and public participation in child health.



10

**NURSING ADMINISTRATION AND HUMAN RESOURCE DEVELOPMENT
TERUYA AKEMI 29/01/2014**

- Quality improvement and support of nursing staff
- Enhancing the existing Policy and guidelines
 - Community health education
 - Expanding of health work force.
 - Staff retention.
 - Continuing education and upgrading.



8

**Transition of OKINAWA TUBERCULOSIS Control
NAKASONE TADASHI, 31/01/2014**

Strengthening case finding strategy and surveillance system

- Improving community knowledge & awareness
- Reduce patient and health service delay. Contact tracing, mass screening and DOTS strategy helps to reduce TB incidence.



11

**TRANSITION OF PUBLIC HEALTH MEASURES IN OKINAWA
HIGA SEISHO, 29/01/2014**

- Decentralization of health service delivery
- Bottom up approach in decision making and implementation;
- Support for the aging society through health insurance system.
 - To improve quality of health services



9

**INFANT HEALTH EXAMINATION
KATO NOZOMI, 01/02/2014**

- Committed community members (participation)
- Highly motivated health workers.
- Male involvement is critical to MCH.
- Multidisciplinary exercise.



12

PUBLIC HEALTH NURSING ACTIVITIES ACTUAL SITUATIONS TB HOME VISITS SHINZATO ATSUKO, 03/02/2014

Establishing specific public health laws

- Community health law-splitting curative & preventive health services.
- Decentralization of public health services.
- Facilitation of follow ups & home visits, in reducing TB defaulter rate and drug adherence.



13

ROLES OF RELATED ORGANIZATIONS; OBSERVATIONS OF BCG VACCINATIONS KINJO KOUZEN, 05/02/2014

- Observation of BCG administration.
- Anti aging strategies.
- Medical examinations



- Modern technology of BCG administration
- Check up of elderly and physical exercise helps improve life.

11

Onset of Initial TB Surveillance & Measures Reflect NAKASONE SACHIKO-3/2/14

- TB surveillance committee
 - Community mobile TB screening.
- TB case management & follow up.
- Well organized surveillance system and its implementation by PHNs.



14

Okinawa Prefectural Institute of health & environment 10/02/2014

Three departments;

- Biological sciences.
- Environmental sciences
- Health planning and management.

Responsibilities;

- Food & drugs group research and control.
- Health epidemiological survey.
- Training & guidance.
 - Technologically advanced facility-Door opening by retinal identification
 - Good coordination between departments
 - Well coordinated M&E system.
 - Good data collection and information dissemination system.



17

MUNICIPAL IMMUNIZATION PROGRAM SHIBODA TAKASHI, 05/02/2014

Vaccinations

- Antigens & schedules
- Comprehensive community health records.

Dissemination of information

- System helps to improve immunization coverage.
- Strong linkage between public health centers and community.



15

ROLE OF REMOTE REGION CLINICS RYU YOSHINORI, 12/02/2014

- Well equipped medical clinic in a remote area.
- Presence of qualified health personnel (Doctor & Nurse) in a remote clinic.
- Although in a remote Island staff are committed to their work.
- Clean & well organized environment.
- Modern means of communication with other colleagues out of the Island.(medical consultations).
- Efficient referral systems- (Helicopter, speed boats)
- Transfer of expectant mothers at 36 weeks of gestation.
- Linkage between schools for routine check ups.



16

Taketomi Town Health Administration
13/02/ 2014



Focus in Maternal and child health

- Maternal and child handbook
- Visiting pregnant woman
- Parents Class
- Financial aid for prenatal care
- Subsidy for transportation for prenatal care

LESSON LEARNT
Public health nurses at Taketomi collaborate with local civil societies to conduct parent classes on child rearing, proper replacement foods and prevention of lifestyle-related diseases

19

ENHANCEMENT OF COMMUNITY HEALTH SYSTEM AND REPRODUCTIVE HEALTH AND JOICEPHS ACTIVITIES
24/02/2014

Main objective is to improve maternal, neonatal and child health

LESSON LEARN
The role of JOICEF projects in the world to improve importance of male involvement in reproductive health and child health



22

Yaeyama Public Health and Welfare Center
Ms. MIYAGAWA, 14/02/2014



Prefectural roles against infectious disease control

- Disease surveillance
- Research
- planning and coordination
- development of support system to the municipality level
- Proactive in responding to pential needs-

-LESSON LEARNT
surveillance and coordination of infectious diseases has got a long bearing in infection control

20

National Institute of Infectious Diseases and National Centre for Global Health and Medicine
25/02/2014

to improve maternal child health

-LESSONS LEARNT

- Risk assessment is necessary for deterring risk of infectious disease outbreak
- Therapeutic interventions like mass treatments can change the malaria situation worldwide but we should be aware of drug resistance

NCGHM
Na NGO working in collaboration with the Government in control of infectious diseases

LESSONS LEARNT

- A good example of Public Private Partnership
- Use of outreach services to provide ART (Antiretroviral Therapy) to the hard to reach communities
- Use of ART for primary prevention of HIV infection.

23

Public Hospital Infection Disease Control (1)
17/02/2014



Kinds of waste and its disposal

- General waste
- Non infectious medical waste
- Infectious medical waste

-Hand washing as a standard for disease control

- Personal Protective Equipment

LESSON LEARNT
Small acts like handwashing and waste management can contribute to infectious disease control immensely.

21

TB SURVEILLANCE IN JAPAN
AKIHIRO OHKADO, 27/02/2014

- ▶ Well organized and computerized TB surveillance system.
- ▶ TB: A condition mostly of the elderly in Japan.
- ▶ Frequent feedback stakeholders case meetings.



24

**Adolescent Sexual Health & Reproductive Health Promotion
KONAGAE, 28/02/2014**

- ▶ Reduced sexual activity among the young people
- ▶ Reduced criminal abortion and unwanted pregnancy.
- ▶ Comparison from various contexts.



25

ACKNOWLEDGEMENT

- ▶ Okinawa Nurses Association (Japan)
- ▶ Okinawa International Center (Japan)
- ▶ Japan International Cooperation Agency (JICA)
- ▶ Health System Strengthening for HIV Services Project (JICA/ NACP)
- ▶ Tanzania Ministry of Health and Social Welfare
- ▶ Dodoma Municipal Council and Dodoma CHMT

28

**HIV AND AIDS
05/03/2014**



-LESSON LEARN
 -We can mitigate HIV stigma by avoiding discrimination
 -The opposite of love is ignorance hence there is need for education and awareness among the people

26



29

LESSON LEARNED

We can Improve Health of our community by controlling infectious and life style related diseases using available resources through good policy, motivated health workers and collaboration with civil societies.

27

***ARIGATO GOZAIMASU
THANK YOU FOR LISTENING***



30

V

Data driven activities

M&E@Health Systems Strengthening for HIV and AIDS Services Project, NACP/JICA

MKURANGA PRACTICE IN HIV/AIDS SERVICES

Reducing patients' lost to follow-up
through "Data Feedback"
to local stakeholders

Objective

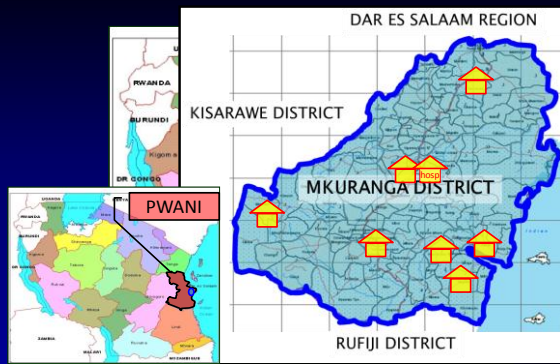
- To evaluate the impact of "Data Feedback" to local stakeholders on the reduction of PLTF

Definition of Data feedback in this study:

Data feedback is a cycle in which data collected in the field are analyzed, explained by table and figure with interpretation and returned to the field as necessary information for their health services.

HIV/AIDS project supported by JICA

Introduction



Methodology

- Provide Data Feedback for local stake holders (leaders/directors of civil societies, NGOs, HBC providers and PEs) through meetings conducted from April to August 2013.
- The number s of PLTF and those traced and found were compared before (January, February and March) and after (June, July and August) the initiation of data feedback.
- Data was analyzed using Microsoft Office Excel 2010.

Introduction

- While 5,755 patients have been enrolled to date, 979 of them have been lost.
- Local stakeholders who work in the field play an important role to reduce PLTF
 - They are not provided with enough information to capture an actual situation of PLTF.

Results

The number of PLTF

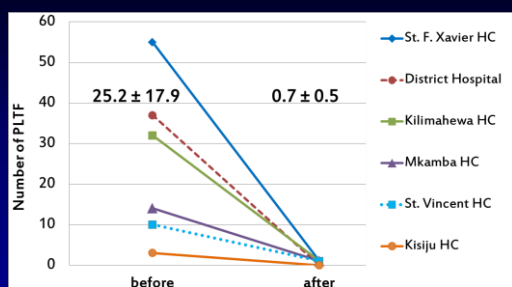


Figure 1 Number of patients' lost to follow-up per facility before and after the initiation of "Data Feedback"

The number of PLTF traced and found

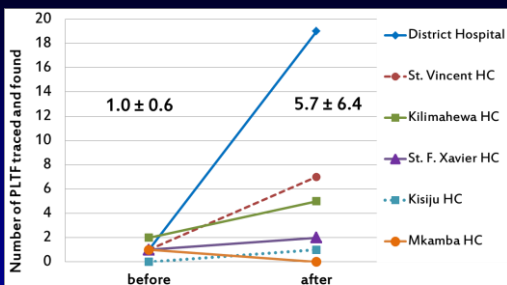


Figure 2 Number of patients' lost to follow-up traced and found per facility before and after the initiation of "Data Feedback"

Experience during distribution of material and provision of feedback

- Fee-back drew attention of every stakeholder in Mkuranga district
- Home based care supervisors asked for the list of HLTf to be distributed to them so that they could work together with the community to find the patients

Conclusions

- ❖ Data Feedback to local stakeholders was effective to reduce patients' lost to follow-up.
- ❖ Considering the workload and cost effectiveness, we achieved the big outcome over the small input.
- ❖ DF can objectively visualize issues per area and outcome of their activities over the district, and therefore motivate local stakeholders who are key counterparts at the community level for the better performance.

WAY FORWARD

- Involvement of other local stakeholders like traditional healers, peer educators and community HBC providers.
- To monitor and evaluate the process of reducing PLTF and finding lost patients.

Challenges

- Improper link of CTC and HBC data in the CTC data base making identification of clients returned to ART difficult.
- Non functioning DHIS2 data base, hence, STI, HTC and HBC data entry, analysis and feed-back impossible.

The 3rd National Quality Forum 26-28 November 2013, Dar es Salaam



Mrejesho wa Takwimu kuenye Tiba Asili
20 Nov. 2013



**THANK YOU
FOR YOUR ATTENTION**

Study Team

Joseph Mganga¹, Patricia Zenda¹, Grace Zephania¹, John Masanja¹,
Andrew Katanga¹, Aska Hasegawa², and Ayuko Tanaka²

¹ Health Department, Mkuranga, Pwani

² Japan International Cooperation Agency, Tokyo, Japan

Mrejesho wa Takwimu kuenye Waelimishaji Rika
10 Jan. 2014



Calendar for promotion of Peer Educator' Activities was made and distributed

Jan. 2014



Projector for Data Feedback Activities was provided
Feb. 2014

Data Feedback Meeting to Home Based Care Providers
will be conducted

Mar. 2014

Mkuranga Practice in HIV/AIDS services

– Reducing patients' lost to follow-up through “Data Feedback” to local stakeholders –

Joseph Mganga¹, Patricia Zenda¹, Grace Zephania¹, John Masanja¹, Andrew Katanga¹, Aska Hasegawa², and Ayuko Tanaka²

¹ Health Department, Mkuranga, Pwani ² Japan International Cooperation Agency, Tokyo, Japan

Background

The Care and Treatment services started with one clinic at Mkuranga district hospital in March 2006, and expanded to six clinics in the district. While 5,755 patients have been enrolled to date, 979 of them have been lost. Patients' lost to follow-up (PLTF) became a big problem. It is known that local stakeholders who work in the field play an important role to reduce PLTF, but they are not provided with enough information to capture an actual situation of PLTF. Only the list of PLTF is provided for Home Based Care (HBC) providers and peer educators (PEs) quarterly as an aid to trace PLTF in their area in charge.

Objective

To evaluate the impact of “Data Feedback” to local stakeholders on the reduction of PLTF.

Methodology

We provided Data Feedback for local stakeholders such as leaders/directors of civil societies, local NGOs, HBC providers and PEs through meetings conducted from April to August 2013. In this study we used the definition of Data Feedback described by the HIV/AIDS project supported by JICA: Data Feedback is a cycle in which data collected in the field are analysed, explained by table and figure with interpretation, and returned to the field as necessary information for their health services. The numbers of PLTF and those traced and found were compared before (January, February, and March) and after (June, July and August) the initiation of Data Feedback. The data was analysed using Microsoft Office Excel 2010 (Microsoft, Seattle, WA, USA).

Results

The number of PLTF during the observational period decreased from 151 before to 4 after the initiation of Data Feedback. The mean of PLTF per facility was 25.2 ± 17.9 before, compared with 0.7 ± 0.5 after. The number of PLTF traced and found before was 6, and increased to 34 after the initiation of Data Feedback. The figure 1 shows the number of PLTF traced and found per facility.

Discussion, Conclusion and Recommendation

Data Feedback was one of the effective methodologies to reduce PLTF. We conclude that Data Feedback can motivate local stakeholders who are key counterparts in community health services.

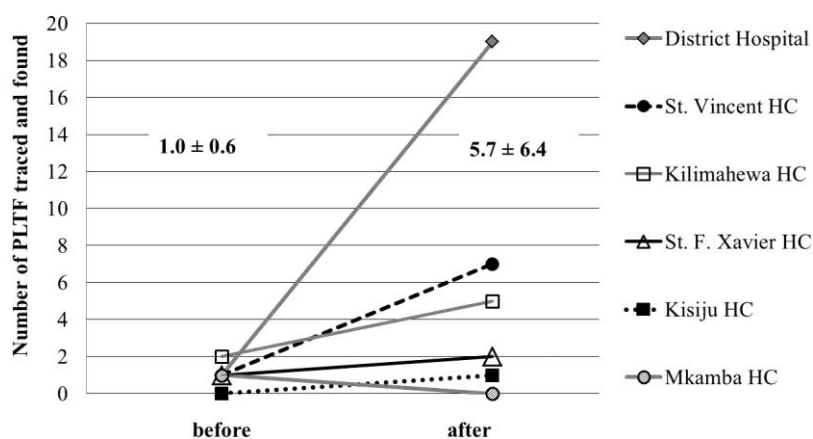


Figure 1. Number of patients' lost to follow-up traced and found per facility before and after the initiation of “Data Feedback”

Path towards evidence based action plans to improve prevention of mother to child transmission of HIV in Dodoma Municipality

Methodology

Data

Clinical data of 925 mother and infant pairs in *PMTCT Mother-Child Follow up Registers* from September 2009 to December 2012.

The patterns of ARV uptake

- BM: both mothers and infants received ARV
- MM: only mothers received ARV
- IM: only infants received ARV
- NM: neither mothers nor infants received

Ethical Consideration

Data were collected anonymously from the register meeting the pair definition.

Introduction

- Mother To Child Transmission (MTCT) of HIV can be reduced by appropriate antiretroviral (ARV) medications.
- Dodoma municipality have provided according to national guidelines. However, actual uptake of the medications and its effect were unclear.

Statistical Analysis

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

Objective

- To clarify the situation of uptake of ARV medications.
- To assess the relationship between uptake of the medications and MTCT.
- To consider strategies to improve the prevention of MTCT (PMTCT) in the municipality.

Results

Situation of uptake of ARV medications

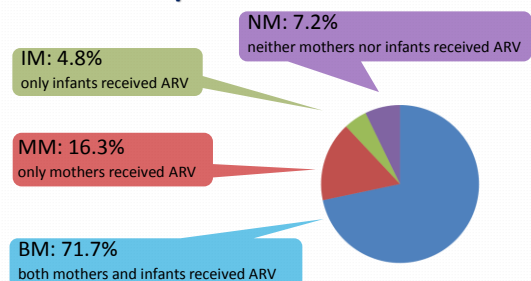


Fig.1 The percentage of uptake of ARV medications

Transmission rate and Relationship between uptake of ARV medications and MTCT

- Transmission rate at the first DNA PCR was 8.0%
- BM and NM ($p < 0.001$)
- NM and MM ($p = 0.11$)
- NM and IM ($p = 0.26$)
- ARV prophylaxis and ARV therapy ($p = 0.47$)

WAY FORWARD

Problem analysis workshop
10 Oct 2013



Siku ya Afya ya Mwanaume
16 Nov. 2013



Meeting with Councillors & WEOs
13 Nov. 2013



Relative risk of NM; neither mothers nor infants received ARV

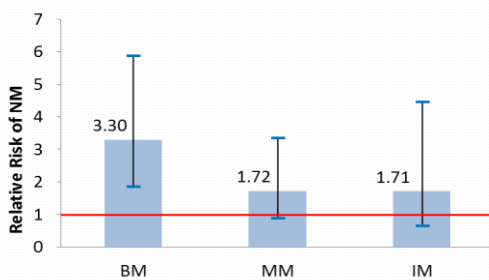


Fig2. Relative risk of NM compared with other patterns of ARV uptake

The 3rd National Quality Improvement Forum 26-28 November 2013, Dar es Salaam



National PMTCT Web site <http://pmtct.or.tz/resource>

Discussion

- ARV medications provided only for mothers, or only for infants, are not effective.
- ARV provision for both mothers and infants is critical in PMTCT
- General access to health facilities for pregnant women is required as principal action
- The results should be presented to ward executive officers and health care providers to tackle the issue as a community matter.

**THANK YOU
FOR
YOUR ATTENTION**

Path towards evidence based action plans to improve Prevention of Mother to Child Transmission of HIV in Dodoma Municipality

Festo Mapunda¹, Nahum Nassari¹, Fidea Obingo¹, Ruth Azaliwa¹, Mwanaidi Sengondo¹, Neema Sanga¹, Leonard Mgeni¹, Valeria Mtimba¹, Herieth Kidayi¹, Aska Hasegawa², and Ayuko Tanaka²

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

Background

Mother to child transmission (MTCT) of HIV can be reduced by appropriate antiretroviral (ARV) medications. Thus, maternal and infant ARV medications have been provided in Dodoma municipality according to national guidelines. However, actual uptake of the medications and its effect were unclear.

Objective

We aimed to clarify the situation of uptake of ARV medications, assess the relationship between uptake of the medications and MTCT, and identify strategies to improve the prevention of MTCT (PMTCT) in the municipality.

Methodology

We reviewed the routinely collected clinical data of 925 mother and infant pairs who completed follow up to the first DNA PCR in *PMTCT Mother-Child Follow up Registers* from September 2009 to December 2012. We classified the patterns of ARV uptake as follows; pairs in which both mothers and infants received ARV medications (BM), pairs in which only mothers received them (MM), pairs in which only infants received them (IM), and pairs in which neither mothers nor infants received them (NM). We calculated the percentage of uptake of ARV medications of each pattern. The relationship between the patterns of ARV uptake and vertical transmissions was assessed by chi-square test with relative risk (RR). The statistical analysis was performed using Microsoft Office Excel 2010 (Microsoft, Seattle, WA, USA).

Results

Uptake of ARV medications indicated that, of 925 mother and infant pairs, BM was 71.7%, MM was 16.3%, IM was 4.8%, and NM was 7.2%. Transmission rate at the first DNA PCR was 8.0%. About MTCT risk, there was a significant difference between BM and NM ($p < 0.001$). NM had a higher risk to transmit HIV than BM (RR=3.3; 95% CI= 1.9-5.9). There was no significant difference between NM and MM ($p=0.11$), or between NM and IM ($p=0.26$). None of the other potential risk factors, maternal ARV prophylaxis or ARV therapy, were associated with MTCT risk in this cohort ($p=0.47$).

Discussion, Conclusion and Recommendation

The results showed that BM was critical in PMTCT, and that ARV medications provided only for mothers, or only for infants, were not effective. Although the consideration of options and combinations of ARV medications is essential, the provision of ARV medications for mother and infant pairs is even more critical. Moreover it will require principal actions to increase general accesses to health facilities for pregnant women. As this is rather a community issue, we conclude that the results should be presented to ward executive officers and health care providers who have adequate knowledge and wisdom of their own communities, and that we should reach an agreement of evidence based action plans all together.

This study was conducted as a part of *Monitoring and Evaluation activities of the HIV/ADIS project supported by JICA*. We expect that this path will be an asset to the team for the improvement of our health services.



Notice !

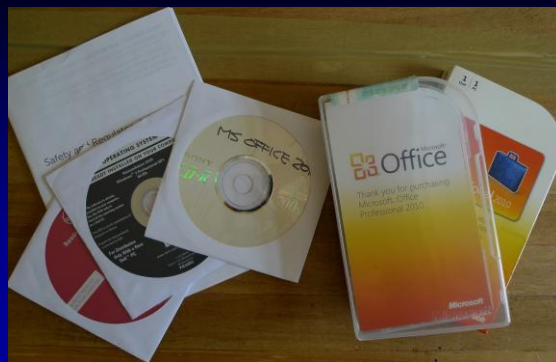
***The other presentations of CHMT Dodoma MC
will be updated***

WAY FORWARD

- Use IT equipment appropriately (Submit report quarterly)
- Submit SCIs quarterly
- Conduct data feedback regularly
- Expand data utilization for health services

MR. E. Health Systems Strengthening for HIV and AIDS Services Project, NACP/JICA

MS Office 2010 CD & Product Key



MR. E. Health Systems Strengthening for HIV and AIDS Services Project, NACP/JICA

Points to consider when you make Data Feedback Material

- Background of the selected topics
- Indicators and Sources
- Way to analyze and visualize the topics
 - Explanation, Interpretation, and findings
*what message for whom
- How to improve health services through data feedback



MR. E. Health Systems Strengthening for HIV and AIDS Services Project, NACP/JICA

Collect data for end line evaluation of the M&E activities

From end of April to end of June 2014

Thank you in advance for your cooperation !!!

MR. E. Health Systems Strengthening for HIV and AIDS Services Project, NACP/JICA

Activation of MS Office applications

Step1. Prepare the two things
MS Office 2010 CD & Product Key

Step2. Contact to the project
Deadline 31 March 2014

Step3. Schedule
Project will contact each team

Step4. Activate

MR. E. Health Systems Strengthening for HIV and AIDS Services Project, NACP/JICA

Summary & Closure

MR. E. Health Systems Strengthening for HIV and AIDS Services Project, NACP/JICA

Preparation Meeting, 23 March 2014



The day of M&E Review Meeting, 24th March 2014

Purpose of the Meeting



Progress of M&E activities



Score Card Indicators



Experiences of Data Feedback (Kibaha DC, Kisarawe DC and Kongwa DC)



Experiences of JICA Training (Dodoma MC) and ICASA (Bahi DC)



Experiences of Data Driven activities (Dodoma MC and Mkuranga DC)



Way Forward



Participants



M&E Review Meeting (JICA)

Done at Morogoro on 24th March, 2014

Background

JICA project has been providing support in the country since October 2010 and expected to windup by October 2014. Technically JICA works with NACP, National supervisors and Mentors, RHMT and CHMT to improve the quality of services in Health facilities. The purpose of JICA project is to provide support on Supportive supervision and improve M&E system. The pilot regions for the project were Pwani and Dodoma. The Morogoro meeting focused on M&E activities only.

Objective

The meeting was meant to evaluate what was done in the year 2013 on M&E perspective. The main focus was on;

- Use IT equipment appropriately (Submit report quarterly)
- Submission of Score Cards Indicators quarterly
- Conduct data feedback regularly
- Expand data utilization for health services

Results

Out of 15 R/CHMTs in the two regions (Pwani & Dodoma), four teams were able to plan their activities depending on the data they collect. They well able to use their data in;

- Identifying and quantify problems they face.
- Identifying root causes of the problems
- Identify and involve stakeholders in planning and implementing their work plan
- Evaluate the success of their interventions

Observation

- Utilization of their own data motivated the team to improve the quality of their data
- Regional and district hospital have shown to perform poorly compared to dispensaries. Same findings have been observed in DQAs, Supportive supervision and in B+ assessment

Way forward

- Find a way to improve data use in all CHMT in Tanzania
- Use the four teams that have done well as mentors to other CHMT in data use
- Improve feedback mechanism from national level to facility level
- Promote the use of Score card indicators at all level