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Baseline Monitoring and Evaluation of Integrated Disease Surveillance and Response in Tanzania

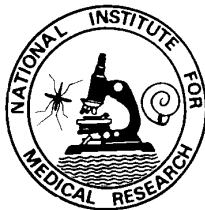
March 2005

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Mission

Partners for Health Reformplus is USAID's flagship project for health policy and health system strengthening in developing and transitional countries. The five-year project (2000-2005) builds on the predecessor Partnerships for Health Reform Project, continuing PHR's focus on health policy, financing, and organization, with new emphasis on community participation, infectious disease surveillance, and information systems that support the management and delivery of appropriate health services. PHRplus will focus on the following results:

- ▲ *Implementation of appropriate health system reform.*
- ▲ *Generation of new financing for health care, as well as more effective use of existing funds.*
- ▲ *Design and implementation of health information systems for disease surveillance.*
- ▲ *Delivery of quality services by health workers.*
- ▲ *Availability and appropriate use of health commodities.*

March 2005

Recommended Citation

Gueye, Debbie, Kesheni P. Senkoro, and Susan F. Rumisha. March 2005. *Monitoring and Evaluation of Integrated Disease Surveillance and Response in Tanzania, October-December 2003*. Bethesda, MD: The Partners for Health Reformplus Project, Abt Associates Inc.

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Contract/Project No.: HRN-C-00-00-00019-00

Submitted to: USAID/Dar Es-Salaam

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Abstract

Integrated Disease Surveillance and Response (IDSR), a strategy developed by the World Health Organization Regional Office for Africa in 1998, has been adopted by the Tanzanian Ministry of Health. The information collected through this strategy will help health teams to respond quickly to outbreaks, set priorities, plan interventions, and mobilize and allocate resources. The IDSR strategy links community, health facility, district, regional, and national levels with the overall objective of providing epidemiological evidence for use in making decisions and implementing public health interventions for the control and prevention of communicable diseases.

In order to improve the effectiveness of strategy implementation, monitoring and evaluating the performance of the surveillance system is important. Data are collected, analyzed, and interpreted on a weekly, monthly, or quarterly basis by facility and district staff and used to identify areas that require strengthening. Several indicators are used to measure progress towards achieving an overall program target. These focus on reporting, data quality, quality of investigation and response, and system functioning.

This report presents the findings of baseline data collection for the period October–December 2003 in 12 districts representing eight regions of Tanzania. In addition to the formal analysis, a number of observations from the field work are discussed. In general, reporting systems are weak, both in terms of receiving all reports from all facilities in a timely manner, and in managing those reports at the district level. Routine analysis of surveillance data is not being done consistently at facility and district levels, and district monitoring of the surveillance system performance is poor. On a positive note, however, it was found that districts performed quite well in managing suspected outbreaks that occurred during this period. There is also good communication and coordination with other sectors in terms of sharing information and resources. Preliminary results, provided to districts during training, are already producing improvements in system functioning.
