

# Data Quality Assessment and Supportive Supervision Practices for Improved Quality of Data and Services in Tanzania

Lessons from EngenderHealth's Scaling up Family Planning in Tanzania Project



## Background

Monitoring, evaluation, research, and learning (MERL) are crucial components of project management and implementation. MERL can determine whether a project is on track, measure results achieved against expectations at regular intervals, and provide opportunities to take action (as required). High-quality data are central to a MERL plan and are paramount to providing concise and accurate reflections of project achievements to decision makers. Attention to data quality ensures that target-setting and results reporting are informed by valid information. In this way, attention to data quality supports improved project performance, more efficient resource management, and greater accountability.

The Scaling up Family Planning (SuFP) in Tanzania project is implementing several activities to improve data quality. The five-year (2019 to 2024) SuFP project works to enhance the capacity of the national health system to deliver inclusive and comprehensive sexual and reproductive health services to 2.3 million Tanzanians. SuFP is funded by the United Kingdom's Foreign, Commonwealth, and Development Office, led by EngenderHealth in collaboration with Tanzania's Ministry of Health and the President's Office Regional Administration and Local Government, and implemented in partnership with Comprehensive Community Based Rehabilitation in Tanzania, DKT International, and Pathfinder International. SuFP aims to reach all Tanzanians, with a focus on young people and people with disabilities, with quality services. It also aims to increase availability of integrated and inclusive contraceptive care, comprehensive postabortion care, and gender-based violence care.

SuFP is working in 545 health facilities across eight regions in mainland Tanzania (Arusha, Dar es Salaam, Dodoma, Geita, Kilimanjaro, Morogoro, Pwani, and Tanga) and all five regions of Zanzibar (North, Pemba South, Zanzibar Central/South, Zanzibar North, and Zanzibar Urban/West). This brief summarizes processes used and lessons learned from SuFP's efforts to improve data quality.

## Project Objectives

To deliver inclusive services, particularly to young people and people with disabilities, SuFP supports public healthcare providers to achieve the following outputs:

- > Increased integration of family planning (FP) services with postpartum care as well as with screening services for HIV, sexually transmitted infections, and cervical cancer
- > Strengthened comprehensive postabortion care
- > Improved care for gender-based violence survivors at community, facility, and system levels
- > Strengthened health systems

## Data Quality Improvement Activities

To strengthen data quality in support of strong project monitoring and improved responses to challenges, SuFP identified the need for frequent data quality assessments (DQAs) at facilities.



Recognizing that the government requires monthly data reviews, SuFP implemented activities to increase the frequency of facility-level data quality reviews separately from the government’s monthly reviews. Through these activities, we aimed to provide the government with surge support for data quality as well as to support other activities related to service provision. To maximize efficiencies, SuFP implemented DQAs during joint supportive supervision visits, leveraging the presence of other EngenderHealth staff at the sites. We conducted supportive supervision visits quarterly in collaboration with the Ministry of Health, the President’s Office Regional Administration and Local Government, and the relevant regional and council health management teams (R/CHMTs). The supportive supervision teams also assessed clinical quality, supply chain readiness, and commodity availability. Below, we outline the steps we implement in conducting DQAs in combination with supportive supervision visits.

### Step 1: Activity Preparation

SuFP implements several preparatory tasks prior to initiating site visits (see Table 1).

**Table 1: Key Preparatory Tasks**

Task	Description
1. Activity Scheduling	The MERL team communicates with the RHMT to determine which CHMTs will participate and to identify dates for the DQAs. SuFP then sends an official letter to the RHMT documenting these agreements for future reference.
2. Site Selection	The team identifies which health facilities will participate in the DQAs. We select health facilities that have recurring data outliers during monthly data reviews with CHMTs and quarterly data reviews meeting with Ministry of Health representatives. We also include health facilities that perform either particularly poorly or unexpectedly well.
3. Scope of Work and Approvals	The zonal or regional staff prepare a detailed scope of work and budget for each DQA, which they then share with SuFP management for approval.
4. Invitations	SuFP sends invitations to the Ministry of Health and President’s Office Regional Administration and Local Government requesting representatives participate in the activity.
5. Activity Confirmation	The RHMT informs the CHMTs of the plans to confirm their availability as well as to request that they inform the selected health facilities.
6. Tool Preparation	At the final stage of the activity preparation, the MERL team prints three SuFP-developed checklists to use during the visit: (1) a DQA checklist that includes indicators not included in the government checklist, such as people with disabilities and young people reached; (2) a clinical monitoring checklist; and (3) a supply chain checklist.

## Step 2: Activity Implementation

The team begins by conducting courtesy calls with the regional medical officer, the district medical officers, and the facility in-charges to discuss plans. Next, SuFP staff and other key stakeholders divide into three teams, as described below, to ensure that all supervision goals are met.



DQA at Kiloleni health center, Arusha City  
Photo credit: EngenderHealth

**DQA Team:** The DQA team comprises regional and district health management information systems (HMIS) representatives and SuFP MERL staff. This team checks data quality (from within the reporting quarter) and confirms if the facility conducts monthly DQAs, monthly data review meetings, and weekly spot checks. The team also verifies data across HMIS tools from registers, tally sheets, monthly summaries, and the District Health Information System (DHIS2). Prior to the visit, SuFP MERL staff work with regional and district HMIS staff to extract DHIS2 data and compare those data against facility records. This allows the DQA team to check that the DHIS2 information is consistent across all indicators, using a simple tool to record if registers match the DHIS2 data. The team also uses the DQA checklist to assess data storage, consistency of HMIS data from the past quarter, and knowledge of service providers on recording and reporting. Finally, the DQA team reviews all available tools, checking for completeness, and determines if registers are available for future reporting and documentation.

**Clinical Quality Team:** The clinical quality team includes regional reproductive and child health coordinators, district reproductive and child health coordinators, regional nursing officers, district nursing officers, and SuFP staff (clinical and non-clinical). This team conducts quality improvement assessments and implements clinical reviews to evaluate adherence to clinical guidelines and infection prevention and control requirements. The clinical quality team also assesses provision and documentation of inclusive services, such as services for gender-based violence survivors, young people, and people with disabilities.

**Supply Chain Team:** The supply chain team comprises regional and district pharmacists and the SuFP supply chain advisor. This team assesses commodity availability, storage, usage, ordering, and delivery processes.

## Step 3: Documentation of Findings and Provision of Feedback

After completing the DQAs, the team consolidates findings, identifies gaps and best practices, and shares feedback with the facility in-charges and service providers for each participating facility to facilitate future action planning. We also provide feedback from the DQAs to the regional and district medical officers for all health facilities within their purview. In addition, the team drafts a report detailing their findings, action plans, support provided to health facilities during the visit (for instance, mentorship), and any general recommendations, which we share with the RHMT for follow-up action.

## Data Quality Achievements

### DQA Tool Adaptation

While conducting DQAs and supportive supervision visits, SuFP modified the DQA tool used by the government to ensure that it captured all SuFP indicators assessed during the activities. Most SuFP-supported regions responded positively to the modified tool and have incorporated it into their government-led supervision activities.

"The tool has made it easier to understand where the error in data reporting is, as it indicates in which tools, whether it's the tally sheet, monthly summary, or register, that data is being misreported. I have been able to capacitate the DRHCO [district reproductive and child health coordinator] on the tool and made copies that I have shared with a few facilities to use during their monthly data quality assessments."

*Martin Mayao,  
DHMIS Same District, Kilimanjaro Region*

### National Advocacy

Through the joint supportive supervision visits, we have started to influence the national FP technical working group and to advocate for the inclusion of data related to people with disabilities in revised HMIS data tools.

## Lessons Learned

Based on our data quality and supportive supervision activities, we have made observations and learned lessons that may inform future programming.

### Joint Planning

Joint planning between SuFP and the government at regional and district levels has been essential to ensuring smooth activity implementation. SuFP staff are oriented in all the tools and protocols that the government uses so that they are able support and strengthen ongoing health system operations.

### Government Ownership

Government ownership is vital to ensuring efficient implementation and sustainability. We observed that regions and councils with active government ownership ensured adoption of the SuFP-developed checklists (i.e., clinical checklist, DQA checklist, and supply chain checklist) as well as the DQA and supportive supervision activities in a sustainable way.

### Frequency of Data Review Meeting

EngenderHealth supported the government of Tanzania to sensitize health facilities on adhering to the existing policy guideline that requires performance of monthly data reviews. Implementing these monthly review meetings afforded the facilities and CHMTs opportunities to complete quick data assessments and to improve the effectiveness of ongoing data collection and analysis. SuFP's DQAs supplemented these data reviews and encouraged facilities and CHMTs to facilitate data reviews more frequently. The increased frequency of the data reviews helped to improve the quality of data and promoted data use for decision-making at facility, district, and regional levels.

## Challenges

SuFP experienced several challenges during implementation of these activities.

- > The first and fourth quarter of 2020 coincided with the peaks of COVID-19 infections and the general election in the country. During these periods, the government restricted movement and physically visiting the health facilities was not possible, which delayed receipt of reports for some interventions.
- > Some of the SuFP-supported health facilities lacked the latest HMIS tools, which caused underreporting. And, while the government has directed health facilities to budget to print these tools, this is a relatively new directive and there are some facilities that are still struggling to allocate funds for printing.
- > Coordination of stakeholders at the council level remains a challenge, especially ensuring that various activities are implemented and reported in a timely manner.

## Conclusion

Implementing DQA and supportive supervision activities together is an efficient approach to improving the quality of data and services. The interventions SuFP implemented in these areas have demonstrated value and viability for sustainability and therefore should be considered for inclusion in future programs.

## Acknowledgements and Suggested Citation

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