



# TANZANIA NATIONAL EVALUATION PLATFORM

Led by the National Bureau of Statistics in collaboration with the Ministry of Health, Community Development, Gender, Elderly, and Children to promote evidence-based decision making in maternal, newborn, and child health and nutrition

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Tanzania's health sector is "data rich" thanks to the Government's commitment to regular data collection through routine information systems and population-based surveys. However these data are not being fully used to inform Maternal Newborn Child Health and Nutrition (MNCH&N) policy and programs. Barriers to data use include challenges in identifying, accessing and assembling diverse data sources, limited capacity for advanced data analysis, and concerns about routine data quality. The National Bureau of Statistics (NBS) is committed to advancing use of country data by stakeholders to support evidence-based policy and providing leadership for the National Evaluation Platform (NEP) in Tanzania.



## What is the National Evaluation Platform (NEP)?

NEP is a rigorous new approach to compiling and analyzing health and nutrition data from diverse sources, so that the Government can get strategic, evidence-based answers to their most pressing MNCH&N program and policy questions.

NEP includes a collection of tools that help decision makers define priority evaluation questions, map and manage data, assess data quality, analyze data, and communicate findings. Tanzania is building NEP between 2014-2017 with funding support from the Government of Canada and technical guidance and capacity building support from the Johns Hopkins University Institute for International Programs (IIP-JHU).



## Who leads NEP Tanzania?

NBS serves as NEP's Home Institution and is responsible for day-to-day implementation and oversight. NBS manages the NEP Data System, carries out NEP analyses, and coordinates capacity building for other stakeholders. NBS was chosen as the Home Institution because it is independent from MNCH&N program implementation and has the mandate and capacity to assemble and use in

country data in accordance to The Statistics Act, 2002. NBS has a team dedicated to NEP, including a full-time project coordinator and data manager.

## Who participates in NEP Tanzania?

NEP engages the multitude of public-sector stakeholders that collect data, plan programs, train practitioners, and make policies relevant to MNCH&N. These NEP stakeholders are united by their common interest in advancing MNCH&N and are engaged through the High-Level Advisory Committee (HLAC) and Technical Task Team (TTT) (see [Figure 1](#)).

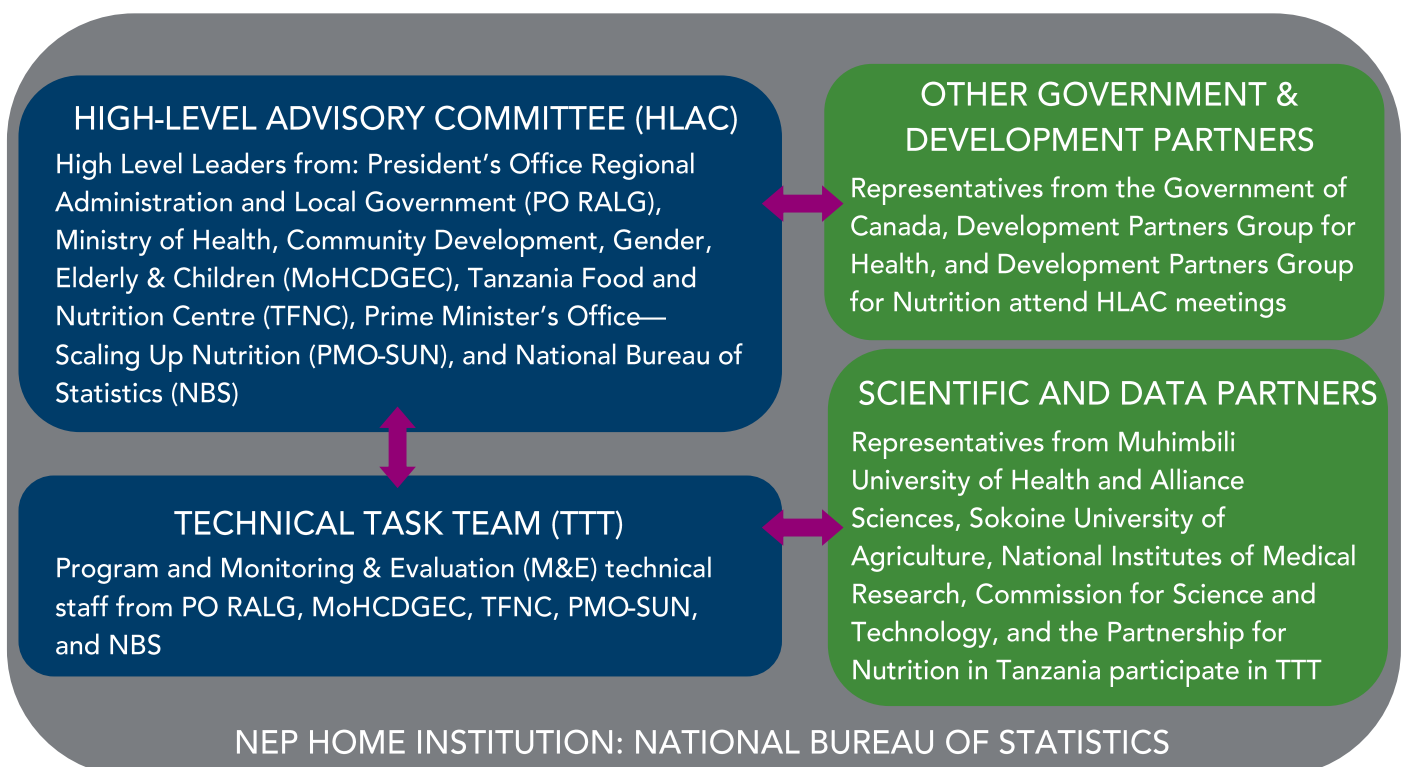


Figure 1. Tanzania NEP Organizational Structure

The **HLAC**—chaired by the Deputy Permanent Secretary for Health President's Office Regional Administration and Local Government (PO RALG) and convened by the NBS Director General—is composed of senior leaders from each policy and program stakeholder institution. The group is responsible for identifying priority evaluation themes and is the primary audience

for NEP findings. NEP is also represented on technical working groups and other coordinating mechanisms.

The TTT is composed of individuals from NEP stakeholder institutions who are engaged in M&E, program management or research and training at the national level. This team is responsible for building NEP by ensuring that their institutions contribute data, develop evaluation expertise and make use of NEP findings. TTT members participate in NEP workshops and other activities coordinated by NBS. The TTT collaborates with scientific and data partners to inform NEP analyses and direction.

## How is NEP Tanzania rolling out?

NBS and other NEP stakeholders are building NEP through a cycle-based approach that progressively adds new types of data, analytical tools and communications skills (see Figure 2).

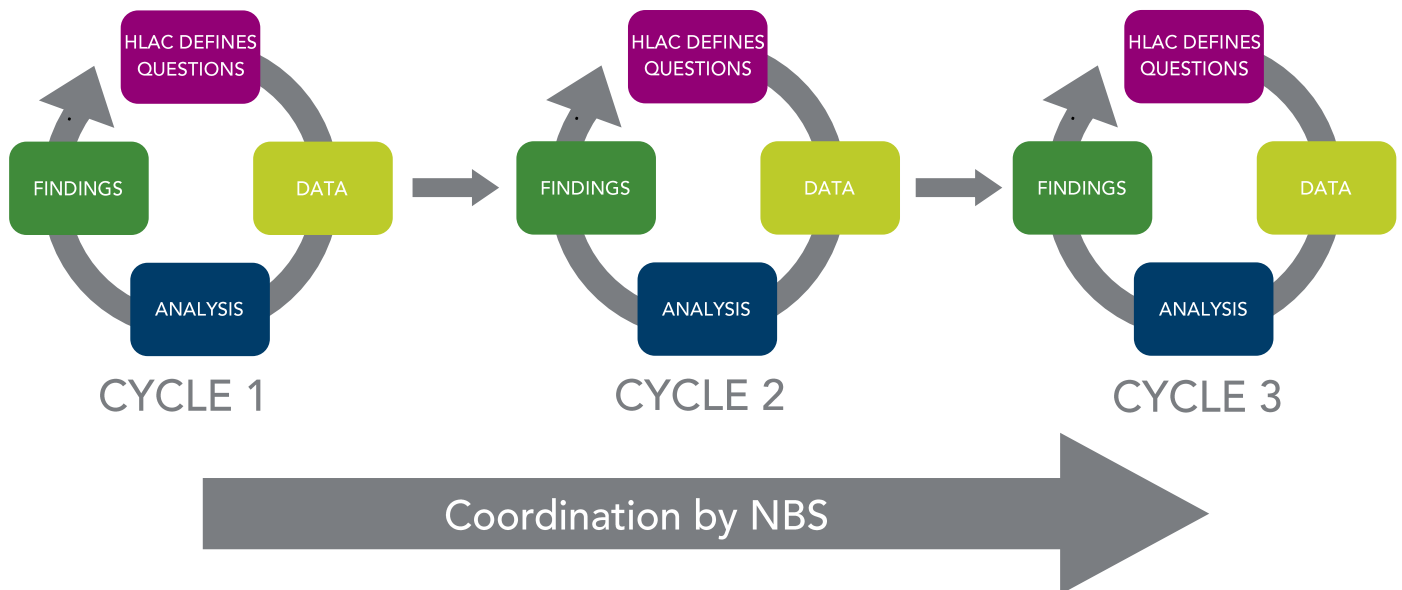


Figure 2. NEP Cycle Approach

Each cycle is driven by priority evaluation questions endorsed by the HLAC. After the HLAC approves questions, the TTT participates in a series of workshops and activities focused on identifying new types of data sources, assessing data quality, practicing new analytical skills, and advancing interpretation and communication skills. Once the TTT completes a work cycle and generates answers to the questions, findings are presented to the HLAC and then disseminated to a broader audience of partners. By keeping TTT membership mostly constant across cycles, we have developed a cohort of government staff with core evaluation knowledge and skills that support NEP and can be used in their daily work.

## What has been accomplished so far?

From mid-2014 to mid-2015, NBS together with IIP-JHU guided HLAC and TTT members through the first NEP cycle. Cycle 1 questions explored Tanzania's progress towards achieving Millennium Development Goal (MDG) 4 target for child survival and MDG 5 target to reduce maternal mortality. NBS organized three workshops and several additional meetings during which TTT members completed steps necessary to answer Cycle 1 questions. TTT members used coverage and impact data from household surveys together with the Lives Saved Tool ([www.livessavedtool.org](http://www.livessavedtool.org)) to create national and sub-national models showing how scale-up of

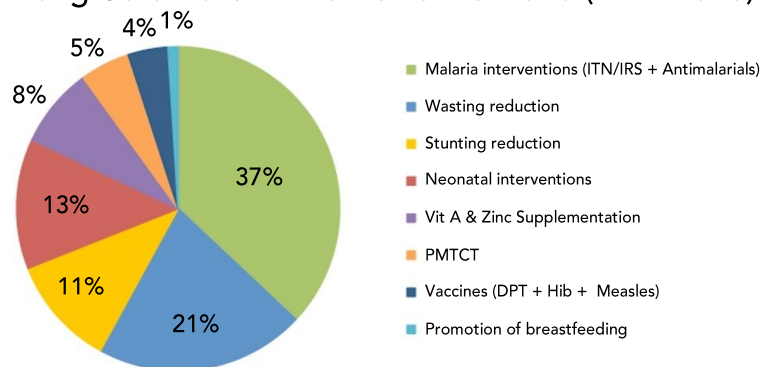
specific interventions impacted maternal, neonatal and under 5 mortality. The TTT developed a presentation and report for HLAC and other MNCH&N-focused audiences.

After presenting to the HLAC in May 2015, the NEP team at NBS disseminated Cycle 1 results in four large forums including the Tanzania Service Provision Assessment Survey dissemination meeting, Development Partners Group Nutrition Meeting, Partnership for Nutrition in Tanzania Annual Partner Forum, and Tanzania Canada Research Partnership Symposium. NBS shared Cycle 1 results with individual divisions of the Ministry of Health, Community Development, Gender, Elderly, and Children. The NEP team was also invited to share Cycle 1 results during planning meetings for the next Health Sector Strategic Plan (HSSP IV) (2015-2020) and One Plan II (2016-2020) on improving maternal and child survival.

## Snapshot of Cycle 1 Findings

As part of the Cycle 1 analyses, the TTT used coverage data from Demographic Health Surveys and the Lives Saved Tool to show that malaria interventions and reductions in stunting and wasting accounted for the majority of lives saved due to intervention scale-up between 1999 to 2010. A comprehensive presentation and report of Cycle 1 results are available upon request.

Percentage of additional lives saved, by intervention, among U5 children in Tanzania Mainland (1999-2010)



Malaria interventions and reductions in undernutrition (stunting + wasting) each account for 1/3 of the 280,000 additional lives saved between 1999-2010

Source: TDHS 1999, 2004/5, 2010, LiST Analysis Feb 2015

## What's next for Tanzania NEP?

Under NBS' leadership, Tanzania is on the way to building a sustainable NEP that facilitates the connection between data and MNCH&N policy and program decision making. NEP started Cycle 2 in late 2015 and will introduce routine data sources and new analysis tools to evaluate the effectiveness of strategies in the One Plan for Maternal Child Health (2007-2015). Once the 2015/2016 Demographic Health Survey results are released, the TTT will update Cycle 1 findings so that they include the full MDG period.

In order to accelerate advances in MNCH&N, decision makers must be equipped with evidence to make realistic and strategic programmatic policies. NEP excels at promoting informed decision making, while increasing accountability.

