

Chapter 13

Case Study:

The Tanzania Health Facility Registry

Niamh Darcy

RTI International, Tanzania

Sriyanjit Perera

CTS Global Solutions, Tanzania

Grades Stanley

*National Institute for Medical Research,
Tanzania*

Susan Rumisha

*National Institute for Medical Research,
Tanzania*

Kelvin Assenga

RTI International, Tanzania

Faustin Polycarp

RTI International, Tanzania

Angelina Sijaona

*Ministry of Health, Community Development,
Gender, Elderly and Children, Tanzania*

Esther Msechu

*Ministry of Health, Community Development,
Gender, Elderly and Children, Tanzania*

Marcos Mzeru

*Ministry of Health, Community Development,
Gender, Elderly and Children, Tanzania*

Claud Kumalija

*Ministry of Health, Community Development,
Gender, Elderly and Children, Tanzania*

Michael Kambenga

*University Computing Centre, University of Dar
es Salaam, Tanzania*

Benjamin Mayala

*National Institute for Medical Research,
Tanzania & University of Notre Dame, USA*

Mturi Elias

*University Computing Centre, University of Dar
es Salaam, Tanzania*

Paul Biondich

Regenstrief Institute, Indiana University, USA

Zaharani Kalungwa

*U.S. Centers for Disease Control and Prevention,
Tanzania*

Japhal Mwamafupa

*President's Office Regional and Local
Government, Kibaha District Council, Tanzania*

Nseyi Kipilyango

RTI International, Tanzania

Scott Teesdale

InSTEDD, USA

ABSTRACT

In 2009, the Tanzanian Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) counted over 10 different health facility lists managed by donors, government ministries, agencies and implementing partners. These function-specific lists were not integrated or linked. The ministry's Health Sector Strategic Plan included the development of an authoritative source for all health facility information, called the Master Facility List (MFL). During development, the ministry adopted the term Health Facility Registry (HFR), an online tool providing public access to a database about all officially recognized health facilities (public and private). The MFL, which includes the health facility list at any specific point in time can be exported from the HFR. This chapter presents the Tanzanian case study describing the work and lessons learned in building the HFR—focusing on software development, introducing geographic positioning systems and harmonizing MFL data. MoHCDGEC launched the HFR public portal in September 2015.

INTRODUCTION

The World Health Organization (WHO) introduced draft guidelines for countries to create a master health facility list (WHO, 2013). The guidelines explain how, within countries, many different health facility lists exist and differ in terms of the information they contain about health facilities and that have different numbering systems for assigning health facility identification numbers. A national health master facility list (MFL) includes a complete list of all public and private health facilities within a country and includes administrative information, service information, contact information, and a unique identification number per facility. The MFL can be used to more effectively conduct surveys (e.g. the Service Availability and Readiness Assessment).

The Tanzania Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) Health Sector Strategic Plan III included the development of an authoritative source for all health facility information (the MFL). During development, the ministry adopted the term “Health Facility Registry (HFR),” an online tool providing public access to a database about all officially recognized health facilities (public and private). The MFL, which includes the health facility list at any specific point in time, can be exported from the HFR. Having a single official HFR allows the Government of Tanzania to re-program resources that were used to maintain multiple separate MFLs, including ghost health facilities, and use these resources for improved health service delivery. The launch of the District Health Information System and HFR synchronous integration during November 2016 reduces the resources required for maintaining two separate health facility lists. Also, with the launch of the HFR, the Government of Tanzania has demonstrated having a single authoritative HFR can help with eliminating parallel reporting in HIV/AIDS (Perera et al, 2016).

The Tanzanian HFR was established to meet the needs of the various ministries, departments, and agencies within the Government of Tanzania and a wide range of health sector organizations and stakeholders. As the initiative moved through planning, development, launch, and ongoing management and maintenance, many different funding and implementing partner organizations were engaged and/or contributed over time.

From 2009 to 2012, the MoHCDGEC made efforts to collate and harmonize all existing health facility lists from different stakeholders and created a Microsoft Excel-based MFL. The ministry then revised the approach to include development of a more functional and manageable MFL. Between 2012 and

27 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/case-study/178688

Related Content

Hunting HIV-Positive Women in Greece as Parasites

Pitsou Anastasia (2017). *Public Health and Welfare: Concepts, Methodologies, Tools, and Applications* (pp. 779-788).

www.irma-international.org/chapter/hunting-hiv-positive-women-in-greece-as-parasites/165840

Viral Infection of the Reproductive System in Times of COVID-19

Khaled Kahloula, Djallal Eddine Houari Adli, Nadia Zouhairi, Kaddour Ziani, Miloud Slimani, Wafaa Arabi, Abdelmohcine Aimrane, Soraia El Baz, Ahmed Draoui, Mohamed Echchakeryand Abdelali Bitar (2022). *Handbook of Research on Pathophysiology and Strategies for the Management of COVID-19* (pp. 176-196).

www.irma-international.org/chapter/viral-infection-of-the-reproductive-system-in-times-of-covid-19/287311

Designing Effective Crowdsourcing Systems for the Healthcare Industry

Kabir Senand Kaushik Ghosh (2018). *International Journal of Public Health Management and Ethics* (pp. 57-62).

www.irma-international.org/article/designing-effective-crowdsourcing-systems-for-the-healthcare-industry/204409

Interactive Visualizations as “Decision Support Tools” in Developing Nations: The Case of Vector-Borne Diseases

Oluwakemi Ola, Olga Bucheland Kamran Sedig (2015). *Transforming Public Health in Developing Nations* (pp. 328-352).

www.irma-international.org/chapter/interactive-visualizations-as-decision-support-tools-in-developing-nations/133693

Estimating the Mode of Delivery Through Cause Analysis: A Systematic Literature Review on the Context of Reducing Cesarean

Md Forhad Rabbiaand Umme Salma Ripa (2022). *International Journal of Applied Research on Public Health Management* (pp. 1-12).

www.irma-international.org/article/estimating-mode-delivery-through-cause/290376