

**ASSESSING FACTORS INFLUENCING REPORTING OF
WEEKLY DISEASES DATA FROM REGIONS TO MINISTRY OF
HEALTH AND SOCIAL WELFARE IN TANZANIA MAINLAND**

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WEEKLY DISEASES DATA FROM REGIONS TO MINISTRY OF
HEALTH AND SOCIAL WELFARE IN TANZANIA MAINLAND**

By

Solomon Frank Moshi

**A Dissertation Submitted to the School of Public Administration and
Management (SOPAM) Submitted in the Partial Fulfillment of the Requirement
of the Award of Master of Science in Health Monitoring and Evaluation
(MSc HME) of Mzumbe University.**

2015.

CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation entitled “***ASSESSING FACTORS INFLUENCING REPORTING OF WEEKLY DISEASES DATA FROM REGIONS TO MINISTRY OF HEALTH AND SOCIAL WELFARE IN TANZANIA MAINLAND***” in Partial Fulfillment of the Requirement of the Award of Master Science Degree in Health Monitoring and Evaluation.

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External Examiner

Accepted for the Board of

Signature

DEAN/DIRECTOR, FACULTY/DIRECTORATE/SCHOOL/BOARD

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I, Solomon Frank Moshi, declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other university for a similar or any other degree award.

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DEDICATION

I dedicate this dissertation to my lovely wife Hilda F. Kajia, my three sons Joseph, Geoffrey and George Moshi and finally, my parent Mr. and Mrs. Frank Moshi who gave me the support when I was attending this master degree program

ABBREVIATIONS

CDC	Centre for Disease and Prevention
CHMT	Council Health Management Team
DHIS 2	District Health Information System 2
DMO	Regional Medical Officer
GAVI	Global Alliance for Vaccines and Immunization
HIS	Health Information System
HMIS	Health Management Information System
IDSR	Integrated Diseases Surveillance and Response
IDWE	Infectious Disease Weekly Ending
MO	Medical Officer
MOHSW	Ministry of Health and Social Welfare
PRISM	Performance of Routine Information System Management
RCCO	Regional Cold Chain Officer
RHMT	Regional Health Management Team
RHO	Regional Health Officer
RMO	Regional Medical Officer
RNO	Regional Nurse Officer
SMS	Short Message Services
TOT	Trainers of Trainee
UNICEF	United Nation International Children Fund
URT	United Republic of Tanzania
WHO	World Health Organization
WHO/AFRO	WHO African Regional Office (AFRO)

DEFINITION OF TERMS

- Integrated Disease Surveillance and Response; is strategy is a comprehensive strategy for capturing health information of communicable diseases for prevention and control (URT, 2011)
- IDSR focal person; is any person appointed by RHO or DHO whose duties are to collecting and submitting infectious disease weekly from the lower level to higher levels.

ABSTRACT

Background: Reporting weekly diseases data from regions to Ministry of Health and Social Welfare is one of method which is used to submit weekly diseases information from regions to the Ministry according to number of weeks in a year from 1st to 52th week. This method is a paper based, that enables diseases information to be available at the national level on time to allow for quick and important public health action. This is an evaluation study designed to assess factors which tended to influence weekly diseases data from regions to Ministry of Health and Social Welfare, to determine technical challenges and determine measures to improving the reporting design.

Methodology: The quantitative study design was conducted in Tanzania mainland which consist all regions. A primary data type was collected through structured closed questionnaire which was administered to a total of 25 respondents' samples size that was 100% countrywide, since each region was represented by single reporter. Data was processed and analyzed by using Microsoft Excel 2010.

Results: Findings showed that there was higher understanding of factors which influenced reporting. Findings indicate that 100% of the participants were Health officers, 68% were regional IDSR focal person who understood well the system of reporting weekly disease data. The evaluation also revealed technical challenges associated with reporting; whereas 88% of participants acknowledged to have incurred cost during reporting, 71% viewed that approving weekly diseases data contributed to untimely reporting. Finally, there were measures identified for improving reporting; these include feedback report, supportive supervision and availability of IDSR guidelines.

Conclusions: The evaluation concludes that, the ineffectiveness of reporting weekly diseases data was due to several reasons which include weekly reporter having many responsibilities, approving and signing weekly diseases by RMO before submission, costs of reporting incurred by reporters and weak or no supportive supervision and feedback.. So the evaluation recommends that government through its ministry must take responsibilities of making sure that reporting forms are available. The Ministry and its development partners should take responsibilities to elevating the costs incurred by IDSR focal person.

The study also recommends to the Ministry and RMHT to strategize on how to speed up reporting, and that weekly disease data should not be approved only by RMO but other RHMT members. Lastly, the study recommends that the Ministry set aside some fund and schedule a time table to enable them to conduct supportive supervision from National level to Regional levels.

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CHAPTER ONE

INTRODUCTION

1.1 Background

The reporting weekly diseases data is the system of reporting cases of disease identified in the health facilities to Ministry of Health and Social Welfare through the specified channels based on weekly epidemiological calendar (WHO, 2006). The need of reporting weekly diseases data has remained a big challenge due to the fact that the data are important for tracking diseases and triggering action to avoid further spreading of diseases in the communities. By seeing these challenges the World Health Organization in collaboration with Centre for Disease and Prevention started to initiate the need to strengthen reporting of weekly diseases data globally (WHO, 2006). The reviewed International Health Regulation stressed the importance of establishing the system of reporting weekly disease data which required investment of huge resources like financial, materials and human (IHR, 2005).

The series of WHO meetings have continuously insisted the need for sharing some findings of analyzed data among the countries which are the members of WHO through their reporting system of weekly disease (WHO, 2010). Regarding the reporting system of weekly disease data, some nations doubted the quality of weekly disease data which forced the establishment of timeliness indicators on weekly disease data to all member countries.

Reporting of weekly disease data in Sub-Sahara Africa

According to WHO, (2002), in 1998, the World Health Assembly and its member countries adopted the IDSR strategy which incorporated reporting weekly diseases data. The reporting of weekly disease data was widely adopted and adapted throughout in sub-Sahara Africa. Initially, it was established for the purpose of notifying and sharing themselves about the health condition from their countries. In 2010, there was an assessment which indicated that out of 45 countries, 43 countries had already started implementing reporting weekly diseases data for sharing diseases data in their countries and among the region in sub-Sahara Africa.

In Tanzania, IDSR strategy was adopted by MOHSW in 1998 after being proposed by WHO for the purpose of improving public health surveillance. One of the core functions of IDSR is reporting weekly disease data that includes a number of diseases which reported from regions to MOHSW. The disease that are being reported by system are; cholera, Measles, Acute Flaccid Paralysis, Tetanus, Rabies, Anthrax, Plague, Yellow fever, Small pox, Typhoid and Malaria among others. Currently, there are 25 reporting regions in the country; normally the report day from regions to MOHSW is on Friday of every week. In case a holiday falls on Friday, automatically, the reporting day becomes on Thursday. As well as a holiday falls at Thursday and Friday, then the reporting day will be Monday of the following week (URT, 2011).

1.1.1 Description of the evaluated programme

According to Ministry of Health and Social (2001), the reporting of weekly diseases data is one of the functions of Integrated Disease Surveillance and Responses. It was established under Epidemiology and Disease Control in MOHSW for the purpose of notifying the occurrence of diseases from region level in the country.

Reporting weekly diseases data have been poor, with among of the factors that have contributed to this poor performance; absence of IDSR focal person during the reporting day, poor communication infrastructure, inadequate staff to reporting sites, lack of data collection tools and as well as lack of commitment among health staff (Luba, 2012). Also in the past few years, the country had 5 different reporting systems for reporting disease data; these systems included the Health Management Information System (HMIS), Infectious Disease Week Ending, Tuberculosis, Leprosy, Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, and Acute Flaccid Paralysis/Poliomyelitis (Mghamba, 2004). In recognizing the confusion of many of reporting system of diseases, in 1998; Tanzania agreed to adopt an IDSR strategy to strengthen reporting weekly disease data of its communicable disease (URT, 2011).

Since the establishment of reporting weekly disease data, there has been a big fluctuation of timeliness of reporting of weekly diseases data from regions to ministry that caused the coverage of timeliness of reporting in the country which did not reach

80% of national target. This was contributed by some regions which did not reach the timelines of reporting at 60% to 75% which is below 80% (URT, 2010).

Currently, reporting of weekly diseases data are captured from all 25 regions in Tanzania Mainland. This means in each region there is only one person who has the responsibility of reporting weekly disease data to Ministry of Health. So any data reported after Friday that report is called an untimely reporting (URT, 2011). Therefore, an adherence to IDSR guidelines is very important to ensure that all regions reach the national target of 80% of timelines of reporting weekly disease data.

1.1.2 Objectives of the National IDSR

To increase the percentage of timeliness reporting of weekly diseases for all regions from 70% to 80% by 2017

More specifically the objectives of National IDSR

- i. To maintain all regions which are performed above 80% of timeliness reporting of weekly disease data
- ii. To establish a sustainable intervention of timely reporting of weekly disease data of 80% of national target by 2018

1.1.3 Major strategies

Epidemiology and disease control has outlined major strategies to be implemented for achieving national target of 80% of timeliness of reporting

- Set policies and procedures strategies for reporting weekly disease data
- Training strategies for reporting weekly disease data from regions to national level
- Adapt and distribute guidelines for reporting weekly diseases data

1.1.4 Programme activities and resources

The Implementation of IDSR strategies depends on a number of activities and resources allocated to process. The following activities were provided:

Activities

- Train regional IDSR focal persons
- Distribute IDSR guidelines and template of reporting tools weekly diseases data
- Online technical advising
- Soliciting development partners for supporting the reporting of weekly disease data
- Devise a new technology of disease reporting

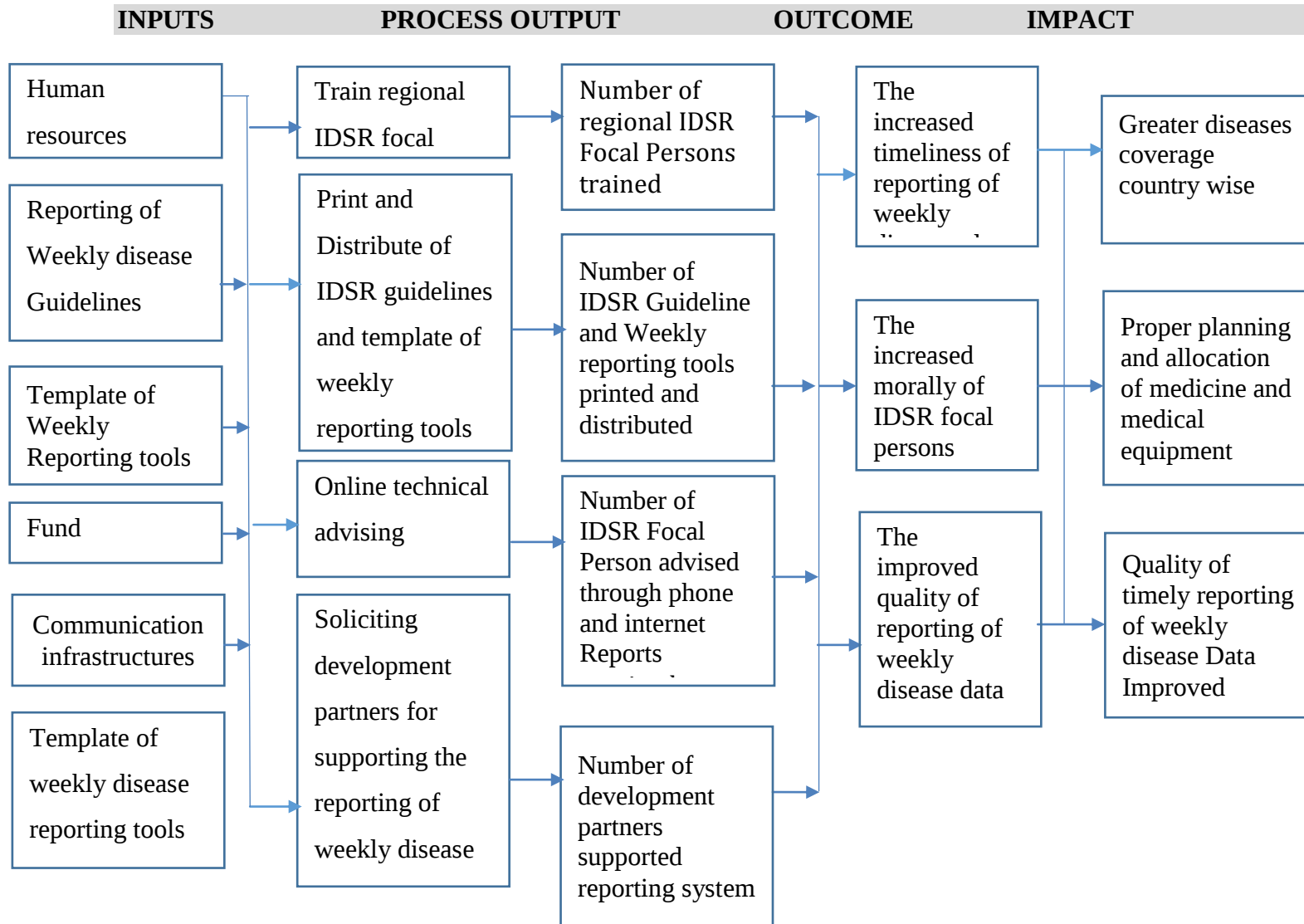
Resources

- Human resources
- Reporting of Weekly disease Guidelines
- Fund
- Communication infrastructures e.g. Fax machines, Telephone, internet etc.
- Template of weekly disease reporting tools

1.2 Programme Logic Model

It displays the sequence of actions that describe what the program is and how investments link to results. This model has 5 core components depict of the program action which are; Input, Process, Outputs, Outcome and Impact (Bennett, 1976)

Figure 1.1: Programme logic model



Source: Researcher's own construct (2015)

1.3 Stakeholders Analysis

According to Bryson, (2004), stakeholders are individuals, group or organization which has significant interests with certain organization or program functions. The involvement of stakeholders in any evaluation is very important because the program serves the objectives of the stakeholders (Minto, 1996). They are decision makers, funders, personnel, clients beneficiaries and service providers. The main stakeholders in this evaluation are Ministry of Health, WHO and UNICEF.

Table 1.1: A list of stakeholder analysis

S/N	Stakeholders	Roles in the program	Interest by perspective on evaluation	Role in a evaluation	Means of communication
1	MOH&SW	Planning and leading, Financing, Logistics, Policy/Guidelines/Strategy reviewing and development	Use of evaluation findings to enhance timely reporting	Participate in the process of evaluation and information provision	• Oral Presentation • Written evaluation report
2	WHO	Financial, Technical, and Training materials support	Use of evaluation finding and reports as supportive document for fund spent		• Oral Presentation • Written evaluation report • Emails
3	UNICEF	Supporting on guidelines translation from English version to Kiswahili, Printing and distribution	To make sure protocol, guidelines are produced and distributed	Received evaluation report and verify	• Meetings, • workshops, • seminars, • emails, • Phones

Source: Researcher's own construct (2015)

1.4 Statement of the problem

Reporting of weekly diseases data is the system of reporting diseases data from region levels in Tanzania mainland to the ministry based on weekly interval. This system was established for the purpose of notifying the condition of diseases in the country. Since its beginning, reporting of weekly diseases data has been facing many challenges such as untimely reporting of weekly diseases data almost a half of all reporting regions in the country. In some cases, there are no reports of weekly diseases data.

According to the epidemiological analysis conducted annually in the past consecutive three years (URT, 2014), the statistics showed that there were huge fluctuations of timeliness of reporting of weekly diseases data which were ranging between 60% and 78% of timeliness of reporting countrywide while the national target is 80% of timeliness for every region in Tanzania mainland (Mghamba, 2004).

In the process of revealing the main causes of poor performance of reporting weekly disease data, a number of initiatives have been done which included the reviews of IDSR guidelines, IDSR training conducted to all IDSR focal person, participation of health staff during reviewing IDSR guideline for the purpose for creating ownerships of the system of reporting and also RMO agreed on providing reporting tools (URT, 2011). Despite those efforts, there was remarkable poor timeliness of reporting of weekly disease data in the country (Mghamba, 2004). Therefore, it was very important to establish a detailed understanding the whole process of reporting weekly disease data from all regions to MOHSW in Tanzania mainland by assessing the factors which influenced untimely reporting of weekly disease data from Regions to Ministry. It was also important to determine technical challenges associated to reporting of weekly disease data in order to establish measures for improving untimely reporting of weekly diseases data.

1.5 Objectives of the study

1.5.1 General objective

The main objective of the evaluation was to assess factors influencing reporting of weekly diseases data from Regions to MOHSW in Tanzania mainland.

1.6 Specific objectives

- i. To assess factors influencing reporting of weekly disease data from Regions to MOHSW in Tanzania mainland
- ii. To determine technical challenges associated with reporting of weekly disease data from regions to MOHSW
- iii. To determine measures for improving reporting of weekly disease data

1.7 Evaluation questions

- i. Which factors influence reporting of weekly disease data from regions to MOHSW?
- ii. What are technical challenges associated with reporting of weekly disease data?
- iii. What are the possible measures for improving reporting of weekly diseases data?

1.8 Significance of the evaluation

The significance of study includes generation of further knowledge; creation of awareness of the main root of the problem to the Ministry and other Health Development partners that will help in establishing more reliable interventions so that to reach or even to go above the National target of 80% of timeliness of reporting weekly disease data from regions to the Ministry and also these interventions could be replicated to other systems for improving their reporting.

CHAPTER TWO

LITERATURE REVIEW

2.1 Theoretical Literature Review

Reporting of weekly diseases data is the system of reporting disease data from regions to Ministry of Health and Social Welfare according to the number of weeks in year from the 1st to 52th week. It aims to improve the availability of diseases data to all levels of the health system in order to reduce high levels of mortality, morbidity and disability in African communities. Reporting of weekly diseases data as one of the function of IDSR surveillance developed together by WHO/AFRO and CDC, includes a list of diseases that should be reported through this system. In recognizing the importance of reporting weekly diseases data and improving the quality of reporting WHO/CDC stressed the establishment of indicator of timeliness of weekly reporting which track all regions which submit their report on time (URT, 2011). An important indicator of a quality reporting is timeliness of reporting weekly diseases that emphasized that all information about disease occurred in the regions must be available on time so that they can be acted upon quickly during the outbreak and take other important public health action (WHO, 2010).

2.2 Empirical Literature Review

In sub-Sahara Africa, there are many countries that are implementing reporting system of weekly disease for the purpose of notifying the national level about the conditions of disease which occurred on the grounds. According to Weekly epidemiological Bulletin in Kenya (2014), the reporting of weekly diseases data showed that there was improvement in the reporting system which the timeliness of reporting ranged from 83% to 100%. The improvement were much contributed by the shifting of reporting weekly diseases data from paper based which engaged much on implementing DHIS 2 to all its reporting sites in their country.

According to Lukwago et al(2011) the implementation of reporting weekly diseases in period of 6 years from 2001 to 2007 in Uganda showed the reporting system were improved at the district level by 49% in 2001 and 87% in 2007 while the timeliness of reporting increased and decreased from districts to central level respectively. The reason for fluctuation of timeliness was contributed by decreased budgetary support ten-fold from government of Uganda in 2011 to 2007 and Development partners.

The implementation of Cell-phone Mediated Data Transmission in Zimbabwe is the same like DHIS2 operated in other countries in Africa. Reporting weekly diseases data in Zimbabwe has been successfully due to the increased in cellular network coverage from around 15% in 2009 to above 90% in 2013., The government of Zimbabwe also managed to procure solar charged cell phones and introduced cellular phones on submitting weekly disease data. Following those efforts in Zimbabwe in reporting also improved timeliness of reporting from 40% to above 80% during the period of 2009 and 2013 (Chidawanyika, 2013).The Weekly Epidemiological Bulletin in Zimbabwe showed that the national timeliness decreased slightly from 86% to 83% which signified that it was stagnant above of 80% of timeliness of agreed target (WHO, 2012).

Regarding the importance of reporting weekly diseases data, the recently formed government in South Sudan also has started reporting weekly diseases data and sharing health status with existing countries (WHO, 2007). The implementation of reporting weekly diseases data has made valuable progress since 2007 and timeliness of reporting increased to over 50% in the first quarter in 2014 compared to the same period in 2013. That has showed significantly improvement from the baseline reporting less than 30%.

Currently in Tanzania, there are two systems running concurrently in reporting weekly diseases data from regions to national level. The old system is paper based, which covers the whole country, and timelines of reporting weekly diseases data since 2010 to 2014 has been fluctuating greatly due to a number of reasons which include; the absence of reporting officers during a reporting day, unavailability of reporting tools to certain regions, inadequate of health staff in some reporting sites, the reporting officers has

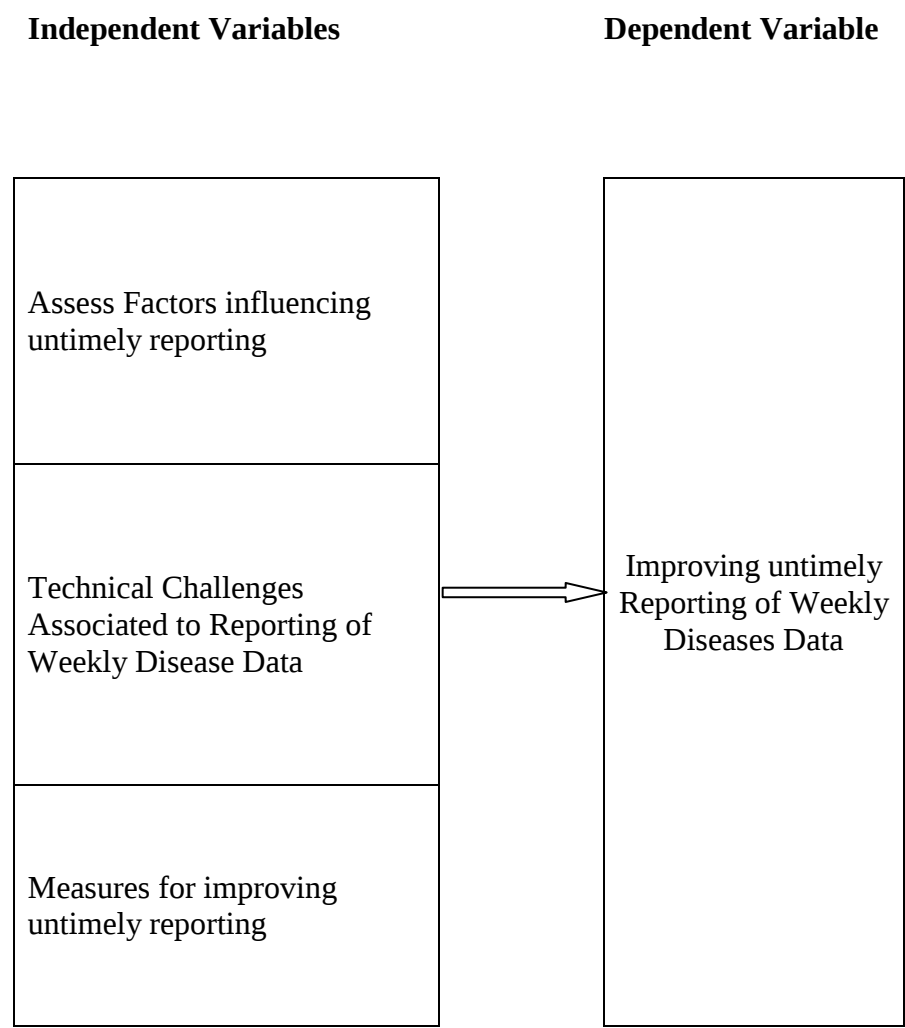
more than one responsibilities that forced them to select one which has good payments and left other which has lower payment like RIVO and Regional IDSR focal person (Mghamba, 2004). The annual analysis portrayed that since 2010 to 2014, the timeliness of reporting weekly disease oscillated from 60% to 82% which caused by some regions that are below even 65% of timeliness (URT, 2014). The new system which is known as electronic Integrated Disease Surveillance and Response (in Kiswahili is known as TAHADHARI), it has initially been piloted in 7 regions since 2011, but has not covered the whole country due to a number of challenges. The challenges include lack of fund for training IDSR focal person, poor cellular network coverage in the country, complains from trained personnel said that the process of submitting data took too long, shifting of trained personnel from one location to other location and withdrawal of donors who promised to facilitate covering cost of maintaining the system.

In regard to the identified challenges facing eIDSR which is still operated in the few regions, Tanzania cannot rely on this system as much as other countries do on reporting weekly disease data. Therefore, this forced Tanzanian to depend on paper based which is used in the whole country for reporting weekly diseases data which also has not brought any success in reporting weekly diseases data.

2.3 Conceptual framework

This evaluation study was guided by a conceptual framework which specified the need for evaluation. This conceptual framework enabled to identify factors influencing reporting weekly diseases data and evaluate if the identified factors were known to all reporting staff. Also it helped in determining technical challenges associated to reporting so that to solve the already known challenges during the implementation weekly diseases data and finally, shaded light on the measures for improving reporting system of weekly diseases data

Figure 2.1: Conceptual Framework of Evaluation



Source: Researcher’s own construct (2015)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Evaluation approach

A formative evaluation is done for the purpose of understanding what is going on with implementation of the program (Patton, 2012). This is done to find out what is not going well and make recommendations on improving outcome of the program. An evaluation study was conducted to assess factors influencing reporting of weekly diseases data from regions to ministry for purpose of proving information that might be used to for improving untimely reporting of weekly disease data.

3.1.1 Evaluation period

The evaluation took six months from 2nd January and completed on 30th of June in 2015.

3.1.2 Evaluation approach

A formative approach was conducted to assess factors influencing untimely reporting weekly disease data for the purpose of providing essential information that could be used to improve the system of reporting.

3.1.3 Evaluation design

Cross sectional study design was used since the data were collected at once from Regional IDSR focal persons and from necessary documents on quality and timely reporting of weekly disease data.

3.1.4 Focus of evaluation and dimension

The purpose of this evaluation was to evaluate the factors influencing untimely reporting of weekly diseases data from regions to ministry. To establish exactly factors which promoted and which do not discouraged timely reporting of weekly diseases data. It

evaluated to what extent the system of reporting (program) is or not implementing. It determined challenges associated to reporting. The evaluation focused following aspects

- Understanding of IDSR focal person factors the whole system of reporting
- IDSR knowledge to the implementer of reporting
- Availability of reporting tools
- Availability of IDSR guidelines as referencing book
- Who are responsible person on reporting weekly diseases data
- To identified all challenges associated to reporting
- Which measures are suitable for improving weekly reporting

3.2 Population and sampling

3.2.1 Target population

The study focused on all regions in Tanzania mainland. These form a source from which the data were collected

3.2.1.1 Target population

Target population was drawn in Tanzania mainland which comprised 25 regions where the data were collected from IDSR focal person who dealt with reporting of weekly diseases to the Ministry of Health.

3.2.1.2 Evaluation population

Population for this evaluation was IDSR focal persons in Tanzania mainland who are appointed by RMO to deal with weekly disease data and should be the Health Officers. The closed questionnaires were distributed to them via their email through their personal addresses for them to provide information on how they understood the system of reporting weekly disease data.

3.2.1.3 Units of analysis

The unit of analysis involved IDSR focal person from all 25 regions in Tanzania Mainland who reported the weekly diseases data to Ministry of Health and Social Welfare.

3.3 Sample size and sampling technique

The sample size for the evaluation was 25 participants which was equal 100% of the entire population drawn from all regions in Tanzania mainland. In this evaluation, Purposive sampling technique was used to sample since it facilitated to select participants who had a special responsibility of reporting the weekly disease data of interest to the study. A sample size of 25 participants was reached in the 25 regions in Tanzania mainland. That means one IDSR focal person from each region, who is responsible in reporting weekly disease data from his/her region to the Ministry of Health and Social Welfare. These are IDSR focal person, who are Health officer trained on the importance of data in relation to diseases prevention, knowledgeable and experienced in the field of data reporting.

3.3.1 Inclusion and exclusion criteria

The evaluation included all IDSR focal persons who had been appointed by RMO in implementing the system of reporting weekly diseases data. The newly established regions also had Health Officers who were trained on data when they were in health colleges. These also were in charged on reporting weekly diseases data from their regions. Being a focal person and Health officer; they were knowledgeable and experienced in this field of reporting. In cases there were internship students who were helping in reporting weekly diseases data were excluded as the participants in this evaluation and the closed questionnaires were not emailed to them.

3.4 Data collection

3.4.1 Types and sources of data

The primary data were the only data type that was collected by the principal evaluator. In this evaluation data collection method entailed structured closed questionnaires. This was chosen in order to gather necessary data which gave out a profound insight of reporting system of weekly disease data. These data were collected from all regions in Tanzania mainland, which imply that one region represented by one IDSR focal person.

3.4.2 Development of data collection tools

The structured questionnaires with closed questions were the main data collection tool used in this evaluation and English language was used in development of questionnaire as this was appropriate to the participants because most of those participants were either Diploma or Degree holders in line with the scheme of service. The participants being either a Diploma or Degree holders facilitated the quick preparation process of the structured questionnaire in English language instead of in Swahili language which also minimized errors that might be encountered during translation process.

The questionnaires were piloted to some IDSR focal person in five different regions for check-up of understanding of questions, before they were circulated for the actual data collection. All thoughts were taken and corrections were made.

3.4.3 Data collection field work

Since the evaluation involved all IDSR focal persons from the whole Tanzania mainland, it was not much easier to go around all regions to make face to face interview due to time and fund constraints. This necessitated that focal persons be communicated and pleased to participate in this exercise through the electronically send questionnaires. Fortunately, all of them agreed to complete the questionnaire after the principal evaluator ensured them that there was no need for printing the questionnaires as they were only required to download the questionnaires which were designed in Excel sheet,

read, understand and supply them with the appropriate answers. All respondents were finally requested to send the questionnaires back to the evaluator.

A check list of all email addresses of focal persons with the corresponding regions were prepared for ensuring that no one was skipped when emails were being sent with their attachments. After all questionnaires were submitted to all focal person, the evaluator put tick against the name of IDSR focal person whom were emailed that ensured completeness to all regions. Eventually, the principal evaluator communicated with focal person to confirm the receipt of the questionnaires

3.5 Data management and analysis methods

3.5.1 Data entry

The quantitative data were collected from fields via email from IDSR focal persons, all received questionnaires from fields were reviewed for check-up in order to see if all questionnaires were returned and received by comparing the amount of tools sent to focal persons against the one received. After the evaluator satisfied himself with the number of questionnaires received, he started to enter the collected data into Ms Excel template.

3.5.2 Data cleaning

The filled questionnaires were reviewed and checked to observe whether all questions were responded appropriately. Any uncompleted questionnaires were identified by realizing questionnaire number then the evaluator communicated with the participants from region which did not answer some of questions; at last the participants provided the answers. Also the evaluator checked the filled questionnaires to establish if all relevant information and other variables were properly filled.

3.5.3 Data analysis

The collected data were analyzed using descriptive statistics methods that were organized, summarized and presented in frequency tables, charts and percentages that helped to answer the raised evaluation questions and finally to build conclusion to aid recommendation. The Ms excel program was used to generate descriptive statistics through its features and commands like Pivot table to create frequent tables or table of counts and graphs commands to generate charts

3.6 Ethical issues

The evaluation sought to elicit the factors influencing timely reporting of weekly disease data from regions to Ministry of Health and it involved Health Staff from their regions. The ethical clearance was considered after obtaining it from Mzumbe University. Also this evaluation is participatory in kind that involved MOHSW and RHMT; the supportive letter was sought from the MOHSW that notified RHMT about the evaluation. Among the ethical contents, the letter entailed the purposes, risks, benefits and those professionals who would-be responding to questionnaires. The identification of IDSR focal person wasn't disclosed on the questionnaires. In addition, the feedback provision was ensured to all stakeholders for the purpose of improving timely reporting of weekly diseases data. After completion of the evaluation, the raw data was owned by MOHSW, documented and archived for further evaluation/ researches and analysis referencing.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Introduction

This chapter presents the study findings and their interpretation. The findings were analyzed in response to evaluation objectives and evaluation questions. The objectives of this evaluation were to answer three questions which entailed: i) assessment of factors influencing reporting of weekly diseases data from regions to Ministry of Health and Social Welfare in Tanzania Mainland; ii) determining the technical challenges associated to untimely reporting of weekly disease data from regions to Ministry of Health and Social Welfare; and iii) determining measures for improving untimely reporting.

4.2 Sample size and characteristics of the sample

The study involved 25 participant reporters from all regions. This translates to 100% personnel who reported weekly diseases data to Ministry of Health and Social Welfare. Each region was represented by one person who had responsibility in reporting weekly disease data. These persons are known as IDSR focal persons.

4.3 Findings

4.3.1 Factors influencing untimely reporting of weekly disease data from Regions to Ministry of Health in Tanzania.

The central aim of the study was primarily to interrogate IDSR focal persons in order to elicit information on factors which determined the reporting of weekly disease data. Participants were firstly asked to specify their professions to see whether they were right persons who dealt with study requirement. Table 4.1 shows the professions of the study respondents, which was made up of Environmental Health Officer who constituted 100% of the respondents

Table 4.1: Respondents' Professions

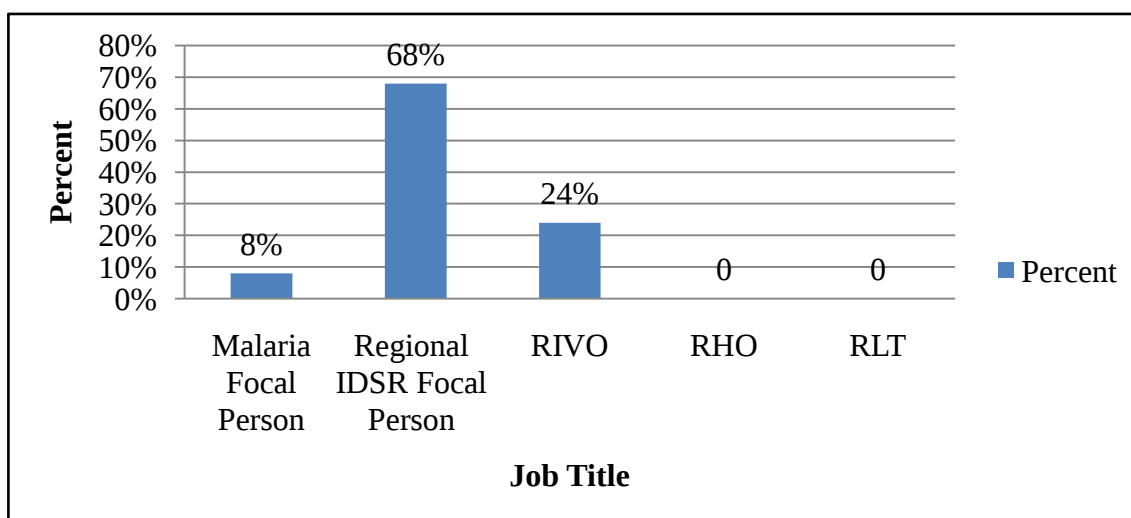
S/N	Professional	Frequencies	Percentage
1	Environmental Health Officer	25	100%
2	Clinical Officer	0	0%
3	Medical Officer	0	0%
4	Environmental Health Officer	0	0%
5	Nurse	0	0%
6	Laboratory Technician	0	0%
Total		25	100%

Source: Field study, 2015

a. Job Title

The study was structured to elicit the different roles of the reporters that would justify the factors which determined the effectiveness of weekly diseases data reporting. Participants were therefore asked through questionnaires to reveal their job titles, actually as determinants of job responsibilities along with the reporting of weekly disease data. Responses are summarized in Figure 4.1.

Figure 4.1: Percent of Job Title who involved on Reporting Weekly Diseases Data



Source: Field study, 2015

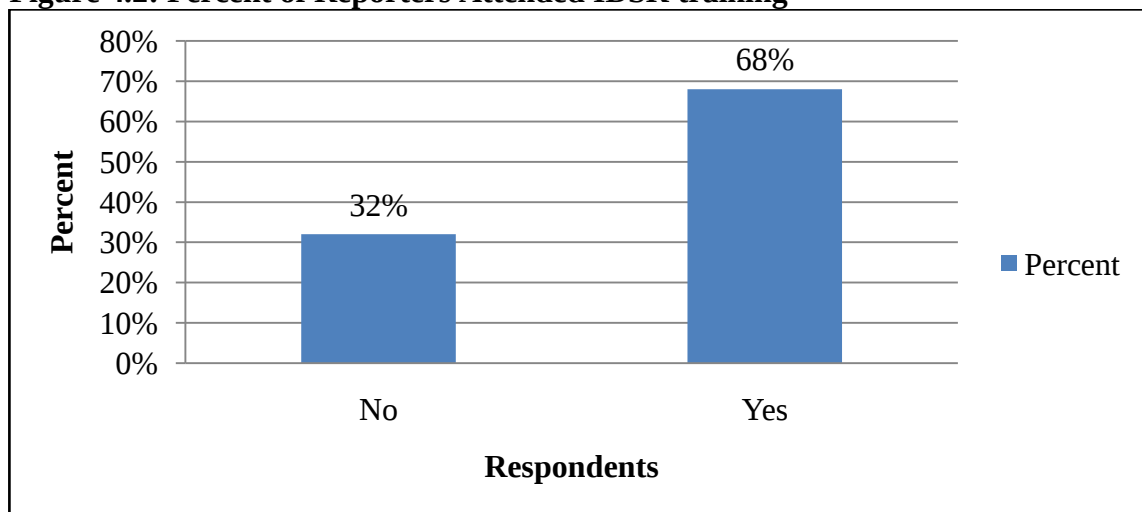
Figure 4.1 shows Regional IDSR Focal Persons leading in reporting weekly disease data at 68%. This was, followed by RIVO at 24%, Malaria Focal Person at 8%, and RHO is

0% and RLT is 0%. The responses indicate a high frequency of reporting weekly disease data by the Regional IDSR Focal Persons than other personnel.

b. Attended IDSR training

The study was set to check whether the reporters of weekly diseases data had attended IDSR training. Through questionnaires, respondents were asked to acknowledge any training they had attended on matters relating to IDSR. This training was very important to them because all personnel who attended certain training knew responsibility that would be assigned to them in line with the reporting of weekly diseases data. Responses showed on Figure 4.2 presents the portion of respondents who had attended some training on IDSR, thus determining the level at which they could efficiently perform their roles.

Figure 4.2: Percent of Reporters Attended IDSR training



Source: Field study, 2015

Figure 4.2 shows that majority (68%) of weekly reporters had attended some trainings as required by IDSR, while the rest (32 %) of reporters had not attended as required by IDSR guidelines. Although the majority of the personnel indicated to have attended the respective trainings, the number of those who had not attended such training needs not to be underestimated. This requires relevant organs to design the widely accessible training

programs in line with the requirement under the IDRS, in order to enhance both rate and quality of the reporting of the weekly disease data.

c. The time when the IDSR training was attended

The study was structured to interrogate the time lapse since the last training. The researcher had a view that, training must be up to date and continuous in order to ensure timely and innovative skills to undertake the relevant roles. The categorization of the time intervals was made with consideration of the likelihood for big changes like shifting of employee from location to another, staff retirement and promotion. So those factors could need the replacement of new or other staff who had not attended relevant IDSR training.

Table 4.2: The time when the IDSR training was attended

When attended the IDSR Training	Frequencies	Percent
1 - 2 years ago	8	32%
3 - 4 years ago	8	32%
5 - 6 years ago	0	0%
7 - some years ago	1	4%
Not Applied	8	32%
Total	25	100%

Source: Field study, 2015

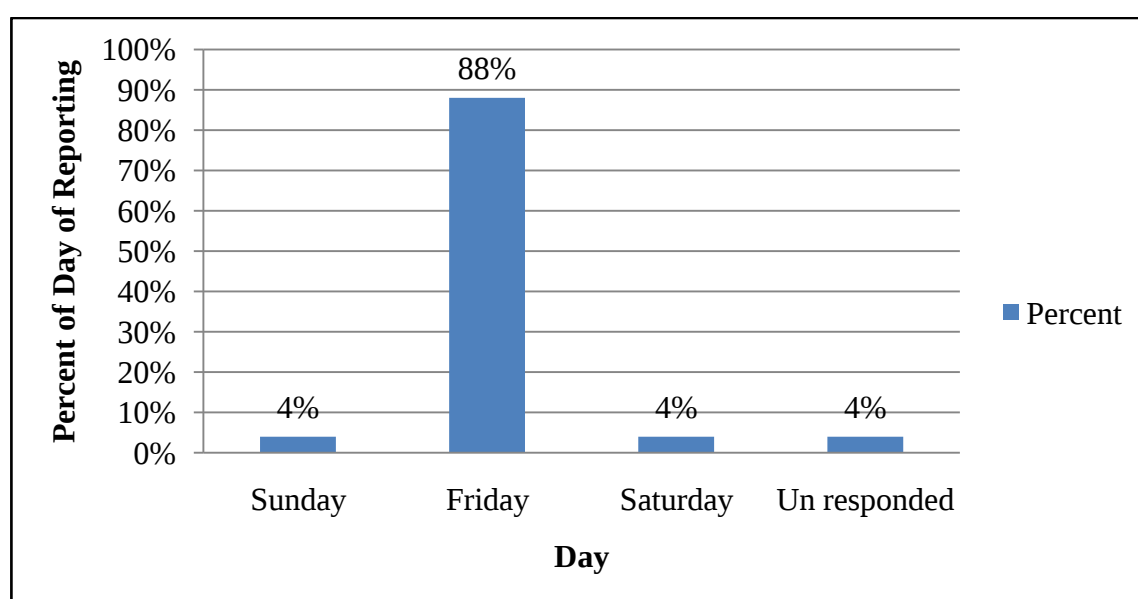
Table 4.2 shows that, staffs who had attended training in the past 1 – 2 years and 3 – 4 years were 32% respectively; whereas those who had attended training in the past 7 years constituted 4%. Responses further indicated none of the staffs had attended the IDSR trainings in the past 5 – 6 years. In a view of the response patterns, majority of the staff (64%) who had attended the IDRS trainings past 1-2 years indicate to have up to date knowledge, which is commendable. However, much more need to be done to the minority who indicated having attended the training past five (5) to six (6) years

d. Weekly disease data reporting day

The aim of the study was to elicit the possibility that the timeliness in reporting of the weekly disease data was a matter of negligence. The participants were interrogated on if

they knew exactly the appropriate day of reporting weekly diseases data from their regions to the Ministry of Health. A reporting day was used as determining determinant of the timeliness of weekly reporting. Any weekly report submitted after Friday of every week is termed as late reporting or untimely reporting. And the performance of reporting is measured against this day.

Figure 4.3: Percent of Weekly Diseases data reporting Day



Source: Field study, 2015

Figure 4.3 above shows the results on reporting day. Majority (88%) of the respondents acknowledged that they reported on every Friday; otherwise 4% indicated to have been reporting on Saturday and Sunday respectively. However, 4% respondents did not respond.

e. Any other responsibilities other than IDSR activities

The study aimed at finding out whether the respondents had other responsibilities other than the weekly disease data. This was thought, to determine not only the time but the efficiency at which the IDSR focal person could report timely.. Evidence from elsewhere indicates that many responsibilities could lead some personnel not to perform well their primary roles and finally the result into inefficiency reporting. With this view,

respondents were in first place asked to objectively say if they were entitled to other responsibilities, whose response summary is presented in Table 4.3

Table 4.3: Responsibilities other than IDSR activities

S/N	Responses	Frequencies	Percent
1	No	0	0%
2	Yes	25	100%
Total		25	100%

Source: Field study, 2015

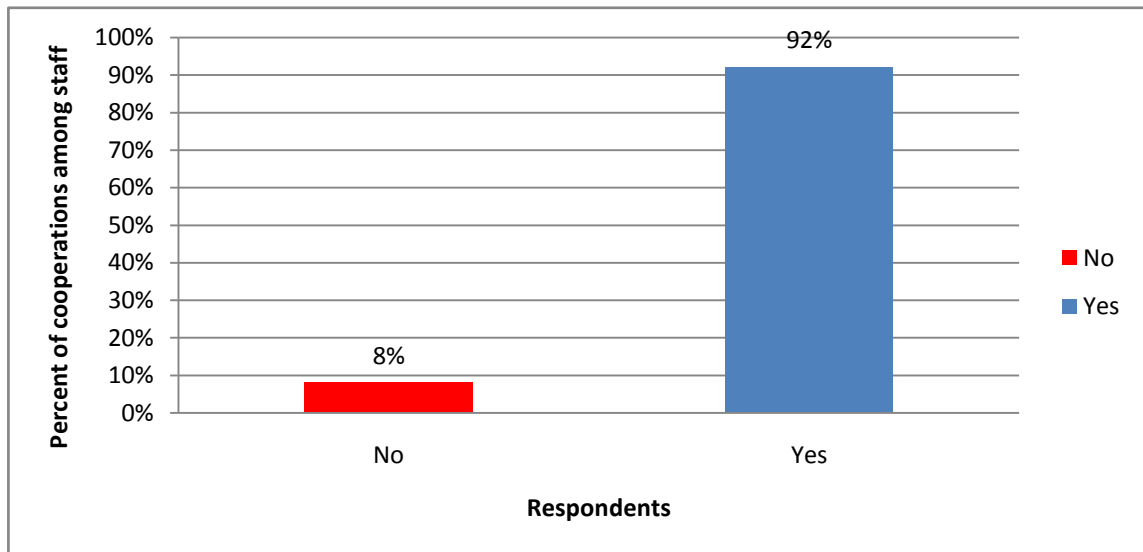
Findings presented in Table 4.3 shows that, all (100%) IDSR focal persons had responsibilities other than IDSR activities. This also implies that, none of these people had to deal with only IDSR activities. This presents the likelihood for some cases where IDSR activities to encounter delayed reporting especially with critical cases which could require a more concentration.

F. Cooperation among staff in reporting weekly disease data.

The study intended to find out the level of cooperation among weekly reporters for the weekly disease data when one was absent from the duty station. Evidence from elsewhere shows less cooperation existed, and that when one person is not at the work station for several days, such a person found a bulky of roles on a desk to handle.

In an organized situation, where cooperation exist, when a person is absent from the duty station, some other persons would take charge of the matters. Through questionnaires, respondents were simply asked to acknowledge whether such cooperation existed or not. Responses are shown in Figure 4.4

Figure 4.4: Percent of Cooperation between other staff and Reporter when they are absent from office



Source: Field study, 2015

Figure 4.4 shows majority (92%) respondents acknowledged the availability of cooperation from other staff on reporting weekly disease data when they were absent from the office; while 8% of participants indicated lack of cooperation from other staff. The findings in this view provide an impression that cooperation existed among the Focal IDSR persons at most.

4.3.2 Technical challenges in reporting of weekly disease data

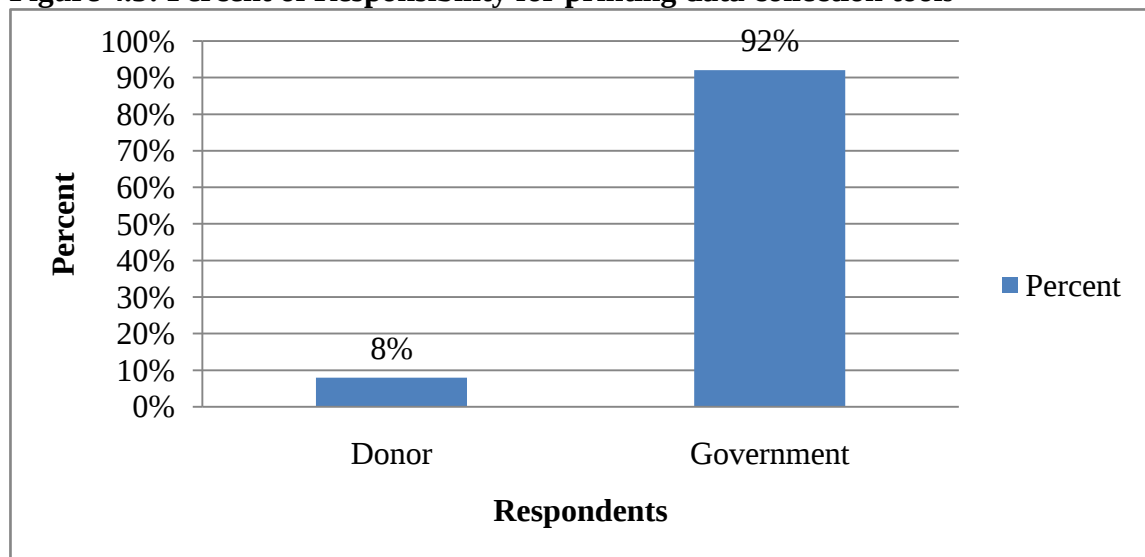
The study was structured to investigate whether there were challenges in a course of IDSR activities, which would hinder effective and timely reporting of weekly disease data. Findings through questionnaires indicated the following challenges;

a) Printing of data collection tools at one's region

Findings indicated that, there were some difficulties regarding the printing of tools to use in the collection of the weekly diseases data. These challenges emanated from the responsible persons who exactly had the responsibilities of providing or printing the tools in each regions. The study was meant to offer grounds for the appropriate recommendations in the implementation of data collection process. Respondents view

indicated that, the role was mainly under the government at 92%. In rare cases, the roles were performed by donors (8%). These are clearly shown in Figure 4.5

Figure 4.5: Percent of Responsibility for printing data collection tools

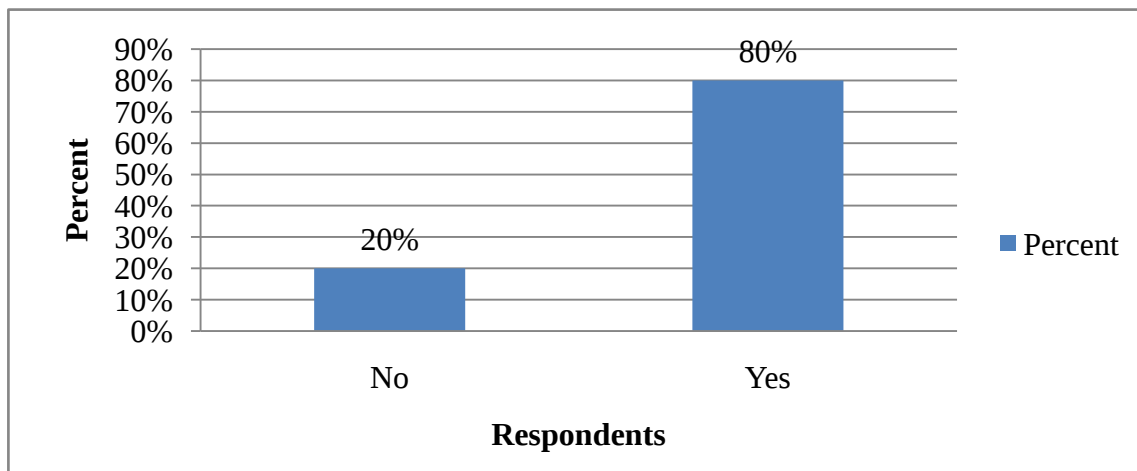


Source: Field study, 2015

b) Timely provision of reporting tools

Respondents were further asked to say whether, the responsible parties provided the reporting tools on time, from an experience of the previous one year. The responses from the participants' shows that data collection tools were provided on at 80% whereas, some delays had also been experienced by respondents at 20%, so that these tools were not provided on time. This provide impression to a certain level that, delayed reporting of weekly disease data were delayed by the providers of the data collection tools (mainly government). The responses are shown in Figure 4.6

Figure 4.6: Percent of Timely provision of data collection tools

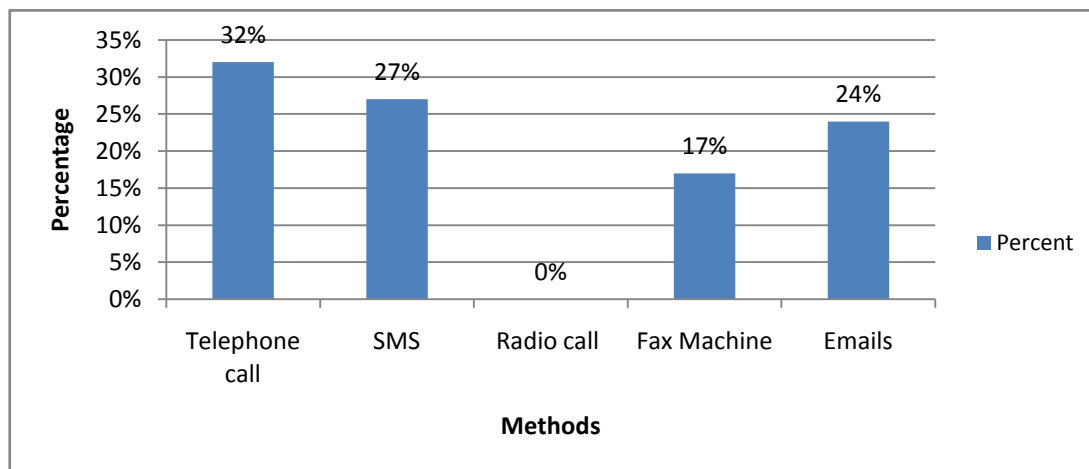


Source; Field study, 2015

c) Methods used for reporting weekly disease data

The study was structured with a purpose to establishing mostly used method in reporting the weekly disease data. This, was thought, would provide light on how to improve the commonly used method, as to ensure efficiency in the whole process of reporting weekly disease data from regions to national level

Figure 4.7: Percent of Methods that are used for reporting weekly disease data



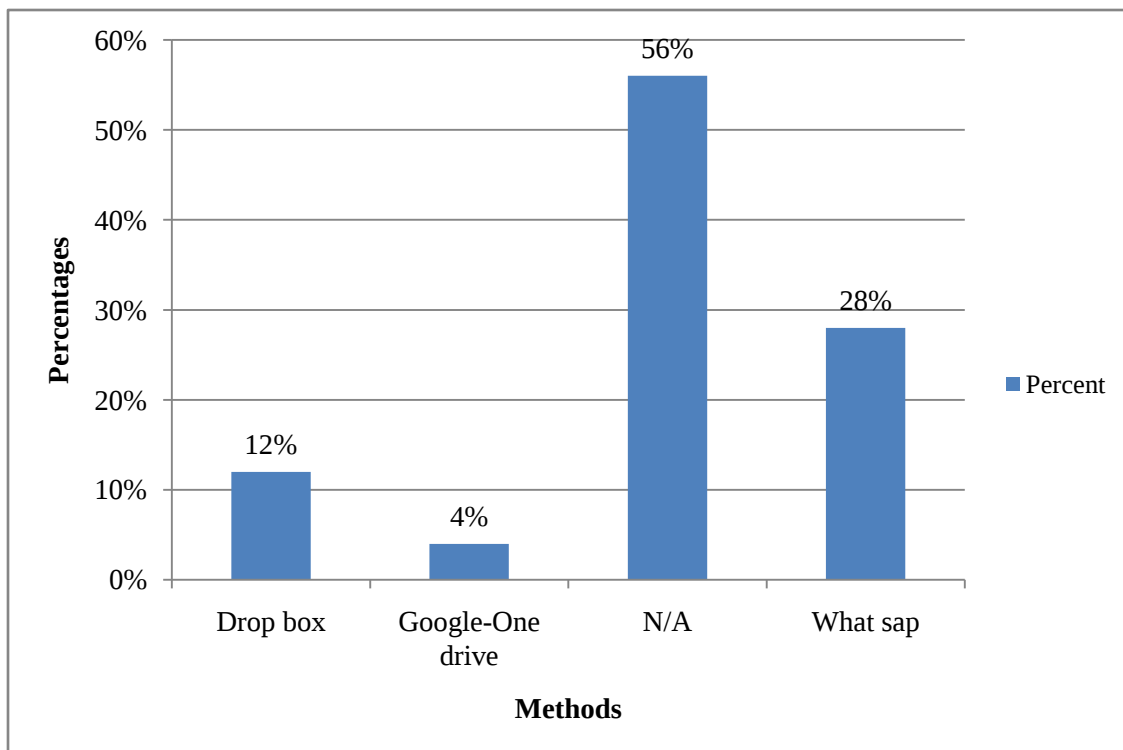
Source: Field study, 2015

Figure 4.7 shows the telephone calls as a dominant method used in reporting the weekly disease data at 32%. This was followed by SMS at 27%, Email at 24%, Fax at 17% and Radio call at 0%. This therefore suggests a situation where multiple methods are concurrently used to accomplish the reporting of the weekly disease data, and that much needs to be done as to improve the efficiency.

d) All new methods of data reporting that are available at your phone and at your region

The study was intended to find out the use of new methods of communication associated with the smart phones' technology. This was done to find out to establish and officiate them for reporting weekly disease data from regions to national level.

Figure 4.8: Percent New methods associated with the Smartphone technology



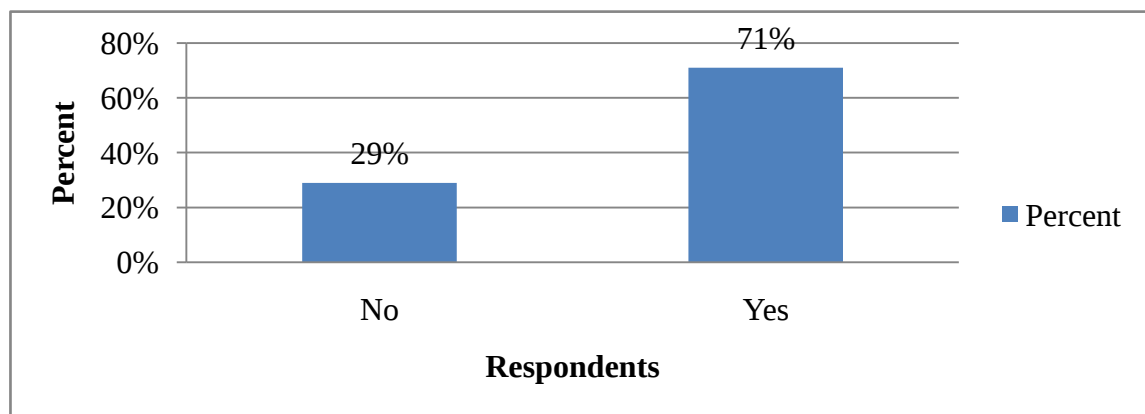
Source: Field study, 2015

Figure 4.8 indicates that 56% of the participants had not integrated any new Smartphone application in reporting weekly disease data apart from the calls and text messages.

e) RMO approving weekly disease data before being submitted to National level

This question was asked to see if there was any impact on reporting weekly diseases data which were not approved by RMO. This was done in order to establish the role of the RMOs in the timely reporting of the weekly disease data. Responses are shown in Figure 4.9

Figure 4.9: Percent of RMO approving weekly disease data before being submitted to National level



Source: Field study, 2015

Findings in Figure 4.9 shows that, 71% of the participants acknowledged that RMO approved their weekly diseases data before submission to Ministry of Health while 29% said that RMO did not approve weekly disease data before submission. This implies that, although the RMOs' approval seems crucial in ensuring correct and relevant data, it was however optional in some circumstances that some reporters did go through.

f) In case RMO or his Assistance was not present, do you submit weekly disease data without being signed or approved

The questionnaire further interrogated the alternative to RMOs' approval of the weekly report. Participants were asked to mention a person who signed the report when the

RMO or his Assistance was not present. This question was asked for purpose of establishing whether a report could be submitted even when it is not signed by the RMO. The 88% participants agreed to have been submitted the data without RMO's signing

Table 4.4: In case RMO or his Assistance is not present, do you submit weekly disease data without being signed or approved

S/N	In case RMO or his Assistance is not present,	Frequencies	Percent
1	No	3	13%
2	Yes	21	88%
	Total	24	100%

Source: Field study, 2015

g) Approving weekly disease data before submitting to national level is contributing for late reporting at your region

The study was set to establish whether seeking the RMO's approval signature contributed untimely reporting. This understanding, it was thought, would help to establish other mechanism of fast tracking disease data to higher level and enable the Ministry to have information about diseases earlier from the ground.

Table 4.5: Approving weekly disease data before submitting to national level is contributing for late reporting at your region

S/N	Approving weekly disease data before submitting to national level is contributing for late reporting at your region	Frequencies	Percent
1	No	7	29%
2	Yes	17	71%
	Total	24	100%

Source: Field study, 2015

Table 4.5 shows 71% of the participants had a view that seeking approval from the RMOs for the weekly diseases data before submission contributed the late reporting;

whereas 29% had a view that this did not contribute to the late reporting. The impression one may draw here is that, RMOs report approval may in one way or another be a reason to untimely reporting of the weekly disease data.

h) Costs during the submission of weekly data to a National Level

The study tested this question from the participants to establish if there were any costs incurred by the reporter during submission of weekly diseases data. And it is discouraged for civil servants to use whatever they get as an income from government and used them again in government service while this was supposed to be incurred by either ministry or RMO's office. Respondents were therefore asked to objectively say whether they had incurred any costs from their own pockets. The responses are given in the Table 4.6

Table 4.6: Cost during the submission weekly data

S/N	Cost during submitting weekly data to National Level	Frequencies	Percent
1	No	3	12%
2	Yes	22	88%
	Total	25	100%

Source: Field study, 2015

A table 4.6 shows that 88% of reporters revealed to have incurred some costs which were supposed to be covered by the government or the ministry. These are costs which were normally incurred during reporting weekly diseases. Otherwise, up to 12% said that they had not incurred any costs

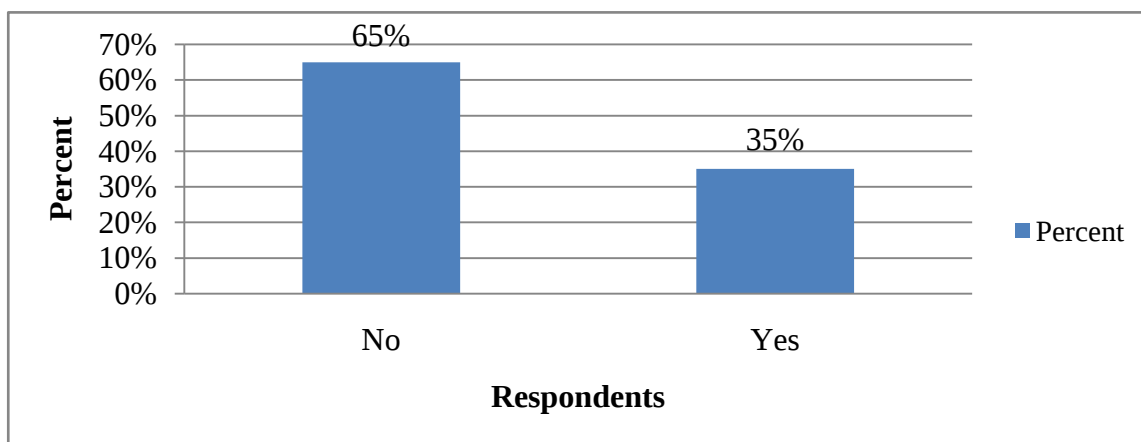
4.3.3 Measures to improve untimely reporting of IDSR feedback report

The study was designed whether there were measures that could be adopt to improving reporting diseases data from regions to national level. Findings through questionnaires indicated the following measures;

a. IDSR Feedback report relating to weekly disease data from national level

The objective of this question was to establish whether reporters of weekly diseases data had received any feedback from high level especially from Ministry of Health and Social Welfare. Normally, feedback reports can be used as recognition of higher levels to lower levels that they are doing something constructive. Evidence indicate that, recognition cultivates sense of commitment and ownership. This, it was thought, would determine the motivation that IDSR focal persons would have for the weekly diseases data reporting.

Figure 4.10: IDSR Feedback relating to weekly disease data reporting



Source: Field study, 2015

Figure 4.10 display that 65% of participants did not get any Feedback report from higher level; and those who received the feedback were 35% at most. Although the study were not meant to establish the impact of feedback on rate of reporting, there is a justifiable possibility that low feedback rate from the higher authority had been a reason for untimely reporting cases.

b. IDSR Technical Guideline as reference book at duty station

As one of the technical challenges in weekly disease data reporting, respondents were asked to reveal whether the printed Guidelines were supplied in the regions as stated in IDSR strategic plan and they could be used as reference material to all IDSR focal people in the country. The response summary is given in Table 8

Table 4.7: IDSR Technical Guideline as reference document

S/N	IDSR Technical Guideline as reference document	Frequencies	Percent
1	No	1	5%
2	Yes	20	95%
	Total	21	100%

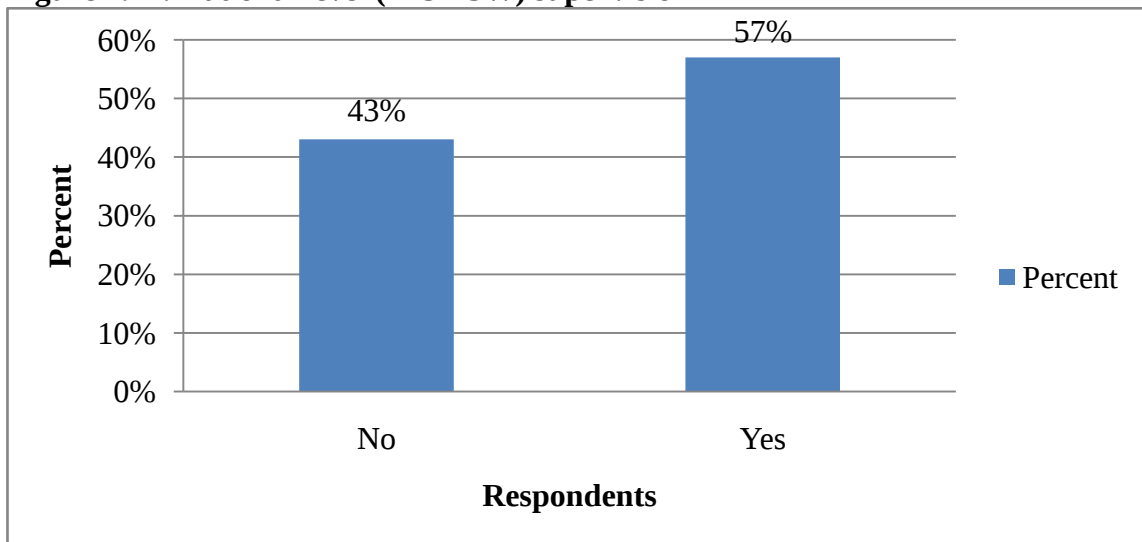
Source: Field study, 2015

Findings summarized in Table 4.7 shows availability of IDSR guidelines in the regions at 95%. This shows that majority of the IDSR focal people have this important reference material which provides a great deal of information on the IDSR activities. On the other hand, up to 5% of the participants indicated not to possess the IDSR guideline, which suggests likelihood for delayed weekly disease data reporting at some points.

c. National level (MOHSW) supervision

This question was posed intentionally to see if the national level implemented its plans of doing supportive supervision annually at every region as stipulated in IDSR guidelines. By using an objectively structured questionnaire, respondents were required to acknowledge the receipt of any supervision support for the IDSR activities from the ministerial authorities. The findings are displayed on Figure 13.

Figure 4.11: National level (MOHSW) supervision

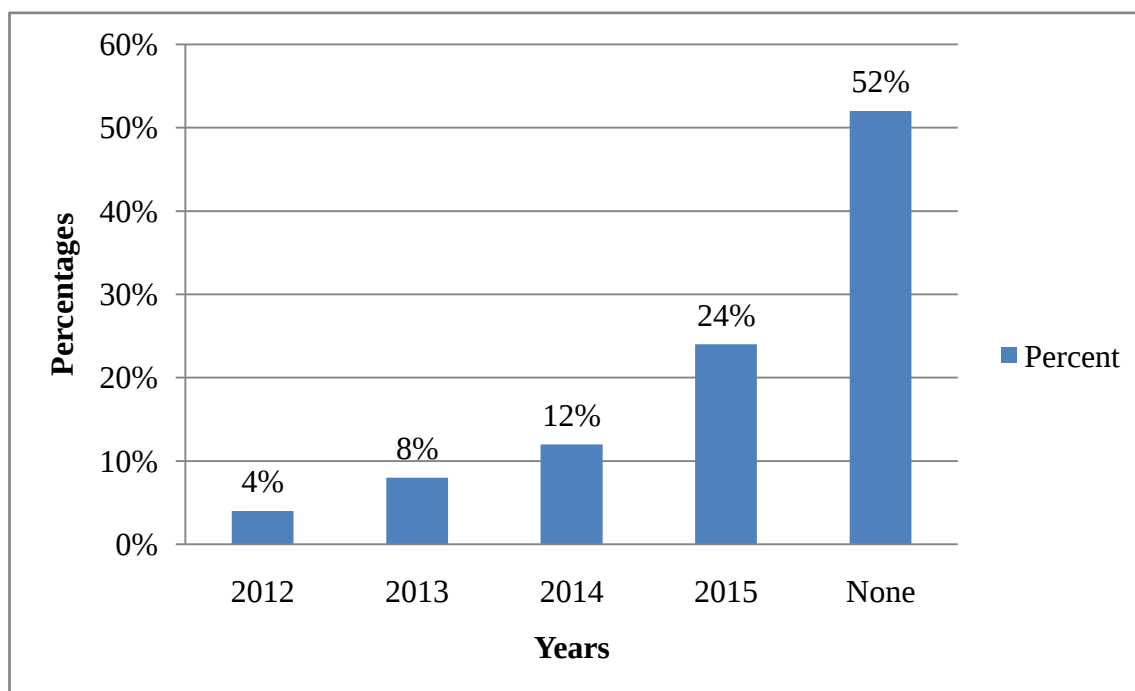


Source: Field study, 2015

The findings displayed Figure 4.11; also indicate the acknowledgement of the supervision of the national level authorities by 57% of the responded. In contrast, 43% of the respondents had not received national level supervision. This indicates that, the untimely reporting of the weekly disease data may have been partly due to inefficient supervision from the national (ministerial) levels.

The study went further to interrogate the recent supervision support the respondents had received. The main objective of this evaluation question was to explore information on whether supportive supervision was frequently administered. The researcher conceived that, frequently conducted supervision was important for building and mentoring other staff on how they should proceed with their work and correct where things are not done properly. The respondents were asked to recall the last time they received supervisory support from the National (ministerial) level. Findings are shown as in Figure 14.

Figure 4.12: Percent of Supportive supervision conducted in Regions from 2012 to 2015



Source: Field study, 2015

Figure 4.12above shows that 52% of the participants had not any supervision in the past 5 years (2012-2015). Otherwise, 24% responded received supervision in 2015, while 12%, 8% and 4% received supervision in 2014, 2013 and 2012 respectively. The supervision pattern indicates irregularity that must be checked against its impacts on the timely reporting of weekly disease data

d. Impact of supportive supervision on team work spirit

The study was structured to elicit the level at which the amount of supervision had impacted on teamwork spirit among IDSR focal people. Respondents were objectively say if they had felt any impact on the team work spirit as a result of or lack supervision support. This question was asked to see if there was any team work spirit among the staff, as this spirit of work is among the powerful weapon to achieve certain objectives in any organization. The Table 4.8 presents the response summary

Table 4.8: Impact of supportive supervision on team work spirit

S/N	Impact of supportive supervision on team work spirit	Frequencies	Percent
1	No	1	7%
2	Yes	13	93%
	Total	14	100%

Source: Field study, 2015

Tables 4.8 indicate that, 93% of the respondents had the perception that supervision had impact on teamwork spirit, against 7% of them who had a different view. The responses generally suffice to justify the need for supervisory support from the higher levels as crucial factor to enhancing the quality and rate of reporting the weekly disease data.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Factors influencing reporting of weekly diseases data from regions to ministry

According to (URT, 2010), building capacity is one of the key issues in motivating individual in doing their carrier at the level best and is one way of re-establishing national network in reporting system. In this study, most of weekly diseases data reporters were aware and understood the entire system of reporting weekly disease data and its importance in public health. Findings showed that, health officers who are normally regarded as Public Health Officers to their regions attended IDSR training to attain the capacity required. However, it emerged that, such trainings had not been consistent and frequent enough to ensure a maximum effectiveness in reporting of weekly disease data, which requires much to be done on it.

5.2 Technical Challenges associated to reporting weekly disease data

Previous evaluation demonstrated that availability of report tools at all reporting sites had contributed to alleviate challenges associated on reporting (URT, 2010).Initiation of DHIS 2 for reporting weekly has been a major factors for facilitating the reporting system since it helped on cutting out cost that were incurred by reporting officers. The data collection tools which were prepared by government were no longer used and also skipped the process of using other methods of reporting (Chidawanyika, 2013). In this evaluation there were a lot of methods of reporting weekly diseases, which range from telephones, text messages, what sap, emails and drop box among others. These have brought huge confusion and challenges in reporting weekly disease data in the country which also contributed costs on reporting to an individual. This requires therefore the relevant authorities to rethink of the more up to date and efficient reporting methods which must be officiated for a convenient data reporting.

5.3 Measures for improving reporting

According to study conducted by Mghamba (2004) reported that the possible measures for improving reporting of weekly disease data, they include conducting supportive supervision to reporting site which will awake them in reporting and providing feedback report to all reporting sites. Another measure for improving reporting system as stipulated in the e-IDSR module is introduction of the system of reporting diseases data through the mobile phones (URT, 2011). According to Mechael (2009), individual in world are using mobile technologies to access health services and information that could be used for reporting weekly diseases data. Another study showed that feedback had been seen as rewards to staff who engaged in reporting (URT, 2010)

In this evaluation, most of the participants mentioned some measures that could be used for improving reporting. In line with the reviewed literature, these include supportive supervision, feedback from higher level and availability of IDSR technical guideline for the reporting of weekly diseases data

5.4 Evaluation dissemination plan

The evaluation report was disseminated through a number of channels of communication also presentation was made at the ministry. The stakeholders were WHO, at all level provided with some copies of evaluation report.

Table 5.1: Dissemination Matrix of Stakeholders for M&E Field Project

S/N	Stakeholder	Information Needed	Dissemination Format	Way of Communication
1	WHO	- What the program is doing - How well it is meeting its objectives	- Oral presentation - Written reports	- Physical handling submission - Periodic Staff meetings devoted to discussing M&E results
2	Head of Department at the Ministry of Health and department staff	- Evaluation Findings and Recommendation - Highlights of program strengths and weakness on timely reporting of weekly disease data - The ways that progress can be improved	- Written reports - Oral presentation	- Physical handling submission - Periodic Staff meetings devoted to M&E results
3	Head SOPAM-Mzumbe	Final evaluation / dissertation Report for up on completion	- Academic articles, - Written reports - Posters	Physical handling submission
5	Program Field supervisor	Final evaluation / dissertation report	- Written reports - Posters	Physical handling submission

Source: Researcher's own construct (2015)

CHAPTER SIX

SUMMARY, CONCLUSIONS AND IMPLICATIONS

6.1 Summary

This evaluation assessed factors which influenced reporting of weekly disease data by the Regions to Ministry of Health in Tanzania mainland. The study was meant to determine technical challenges associated to reporting of weekly disease data from regions to Ministry of Health and Social Welfare; and the possible measures for improving reporting. It was also noted that most of weekly reporters were Environmental Health Officer who had attended IDSR training and knew exactly reporting day also they got cooperation from staff when they were absent from duty. Likewise, the study identified the costs incurred during submitting weekly diseases data, approving weekly diseases data by RMO and provision of reporting tools by government as factors which contributed to untimely reporting of weekly diseases data to Ministry of Health and Social Welfare. Finally, the study contributed to identification of measures for improving reporting; these include the availability of IDSR technical guidelines reference document at reporting, feedback relating to weekly reporting and supportive supervision from ministry to regions.

6.2 Conclusion

6.2.1 Factors influencing reporting of weekly disease data in Tanzania mainland

Based on the results, it may be concluded that, majority of the participants were Health officers some of which attended IDSR training, and therefore were aware of the importance of reporting of weekly disease data timely. Additionally, it came out clearly from the study that the respondents had the understanding on the day of reporting of weekly diseases data and that most of IDSR focal person had a generally adequate IDSR knowledge.

6.2.2 Technical challenges associated with reporting of weekly disease data

The study established several technical challenges to the weekly reporting of weekly disease data. These include costs incurred during submitting weekly diseases data, approval of weekly diseases data by RMO and provision of reporting tools by government are the major challenges that lead to untimely reporting of weekly diseases data to Ministry of Health and Social Welfare.

6.2.3 Measures for improving reporting

This study determined some measures that can contribute much to improving reporting system from the regions to the ministry. These include the availability of IDSR technical guidelines reference book at reporting, feedback reporting relating to weekly reporting, and supportive supervision from ministry to regions

6.3 Recommendations

The study establishes the following recommendations for attention by policy, stakeholders and further researches.

- RMO's offices and Ministry must take their responsibilities of making sure that weekly diseases data reporting forms are available to avoid any delays during the submission of report to higher level.
- RHMT should incorporate the costs incurred by IDSR focal person during the reporting of disease data from Regions to Ministry in their plans.
- MOHSW and its development partners should take their lead to assist regions on technical assistances.
- The ministry in cooperation with RMOs should meet and discuss on how to speed up the process of reporting weekly disease data with other RHMT to approve them in order to avoid any delays caused by the need for RMO for approval.
- Ministry should set aside some fund and schedule a time table to enable them to conduct supportive supervision.

- The government through its Ministry should see the importance of scaling up eIDSR to the remaining regions so that it could minimize cost incurred by diseases data reporter and cut-off the long chains of reporting.
- New health employees must be allocated to the regions where there are scarcity of personnel

6.4 Areas for further research/evaluation

Further evaluation studies still need to be conducted even after the current assessment of factors influenced the reporting weekly disease data from regions to MOHSW. Since the sources of diseases data do not originated from regions but rather the Health Facilities where all sick people are treated and their records are kept before being submitted to District and then to regions. As the size of a country is bigger for conducting evaluation studies which involve all Health facilities in the country, this requires a substantially continuous studies designed to track each health facility independently throughout.

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APPENDICES

Appendices 1: STRUCTURED QUESTIONNAIRE

Introduction

My name is Solomon Frank Moshi, a student of Mzumbe University undertaking Master of Science in Health Monitoring and Evaluation. I am conducting study entitled **Assessing Factors Influencing Reporting of Weekly Diseases Data from Regions to Ministry of Health and Social Welfare**. You have been selected deliberately in order to provide data/ information that will uncover the factors influencing reporting of weekly diseases data. All the information you provide will be treated with a maximum confidentiality. Therefore, I kindly request your true and faithful response to the following questions.

Question Number	Question	Option/response	Circle the Appropriate Answer
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Part 1: Factors influencing reporting weekly diseases data

1	Name of Region	Write type a name	
2	What is your professional?	Clinical Officer	0
		Medical Officer	1
		Environmental Health Officer	2
		Nurse	3
		Laboratory Technician	4
3	What is your Title?	RHO	0
		Regional IDSR Focal Person	1
		RIVO	2
		Malaria Focal Person	3
		EHO	4
		RLT	5
4	Have you ever attended IDSR training? (If no, skip to question number 8)	No	0
		Yes	1

5	When did you attend the IDSR training?	One - Two years ago	0
		Three - Four years ago	1
		Five - Six years ago	2
		Seven - some years ago	3
6	When do you report weekly disease data?	Thursday	0
		Friday	1
		Saturday	2
		Sunday	3
		Monday	4
7	Do you have any other responsibilities other than IDSR activities?	No	0
		Yes	1
8	Is there any cooperation between other staff and yourself on reporting weekly disease data when you are absent from your office?	No	0
		Yes	1

Part 3: Technical Challenges associated to reporting of weekly diseases

9	Who has responsibility of providing (printing) data collection tools at your region?	Donor(E.g RTI)	0
		Government (RMO office)	1
10	In the past one year, did they provide these reporting tools on time?	No	0
		Yes	1
11	Circle all methods that you are currently using for reporting weekly disease data from region to ministry.	Telephone call	0
		SMS	1
		Radio call	2
		Fax Machine	3
		Emails	4
12	Circle all new methods of data reporting that are available at your phone and at your region	Drop box	0
		Google-One drive	1
		Tango	2
		vibe	3
		What sap	4

13	In case you are absent from your duty station, is there any available person who assist on reporting weekly disease data during the reporting day? (mention by his/her title) (Circle all if applies)	Malaria Focal person	0
		RNO	1
		Region-MTUHA Person	2
		RHO	3
		RCCO	4

14	Does RMO approve weekly disease data before being submitted to National level?	Never	0
		Very Rare	1
		Sometimes	2
		Frequently	3

15	In case RMO or his Assistance is not present, do you submit weekly disease data without being signed or approved?	No	0
		Yes	1

16	Do you think signing or approving weekly disease data before submitting to national level is contributing for late reporting at your region?	No	0
		Yes	1

17	Do you incur any cost during submitting weekly data to National Level?	No	0
		Yes	1

Part 3: Measures for improving reporting

18	Have you ever received IDSR Feedback report relating to weekly disease data from national level?	No	0
		Yes	1

19	Do you have IDSR Technical Guideline as reference book at your duty station?	No	0
		Yes	1

20	Does national level (MOHSW) supervising you?	No	0
		Yes	1
21	When was the last supportive supervision at your office?	In 2012	0
		In 2013	1
		In 2014	2
		In 2015	3
22	Does the last supportive supervision at your office have any contribution to your working performance?	Low	0
		Moderate	1
		Good	2
		High	3
23	Do you think supportive supervision has any impact on building team work spirit?	No	0
		Yes	1
24	After the supervision, did they go back to RMO/RHO to give him/her the feedback?	No	0
		Yes	1

Source: Researcher's own construct (2015)

THANK YOU VERY MUCH FOR TAKING YOUR TIME TO RESPOND

Appendices 2: A list of DSR Focal Person submitted back their questionnaires

S/N	Name	E mail address	Region	Tick
1	SABINA NYAMKA	kibuakakolwa@yahoo.co.uk	RUVUMA	V
2	MKAMBA	amkamba@yahoo.com	DAR ES SALAAM	V
3	BERTHA SANKA	berthasanka@yahoo.com	MANYARA	V
4	SEIF	seifsi@hotmail.com	TANGA	V
5	CHARLES BUNDU	cbundu@yahoo.co.uk	MWANZA	V
6	YUDA MACHUMU	machumuyda@ymail.com	SINGIDA	V
7	SHIRA MANGUBE	shira_mangube@yahoo.com	MTWARA	V
8	STEVEN KAHINDI	stevek.kahindi8@gmail.com	KATAVI	V
9	ROGHATE NZIKU	nzikur@yahoo.com	NJOMBE	V
10	EDWARD MAHENGE	mahengeedward@gmail.com	MOROGORO	V
11	ISAYA NANGAY	inangay@yahoo.com	ARUSHA	V
12	KULWA MAKONO	kulwamakono@yahoo.com	KIGOMA	V
13	HALIMA SOLO	halimasolo@yahoo.com	KILIMANJARO	V
14	KENNEDY	kyaukke@yahoo.com	RUKWA	V
15	KAMUGISHA MALELA	kamugisha68@yahoo.com	TABORA	V
16	NASSIR MOHAMED	nassirdula@yahoo.com	LINDI	V
17	SALEHE MWANGO	mwangos@yahoo.com	MBEYA	V
18	PAUL MAGENYI	paulmageni@yahoo.com	DODOMA	V
19	YUNUS TWEVE	yunustweve@yahoo.com	IRINGA	V
20	MUYA MHANDO	muya2muya@yahoo.com	PWANI	V
21	MAKOYE MAIGE	makoye2011tz@yahoo.com masasimakoye@gmail.com	SIMIYU	V
22	JIMMY MTABWA	jmtabwa@gmail.com	GEITA	V
23	ANDREW RUBWA	andrewrubwa2009@yahoo.com	KAGERA	V
24	NEWTON/MAMA LISO	newton@yahoo.com	MARA	V
25	EDWARD	e-nyatongo@yahoo.com	SHINYANGA	V

Source: Researcher's own construct (2015)