

UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,  
GENDER, ELDERLY AND CHILDREN



# Tanzania Health Data Collaborative

Communiqué on commitments to support  
One Monitoring and Evaluation Framework for the Health Sector

7 February 2018

MONITORING AND EVALUATION SECTION  
DIRECTORATE OF POLICY AND PLANNING

In collaboration with

 HEALTH DATA  
COLLABORATIVE

 HEALTH DATA  
COLLABORATIVE



# **Tanzania Health Data Collaborative**

## **Communiqué on commitments to support**

### **One Monitoring and Evaluation Framework for the Health Sector**

The Government of Tanzania is committed to improve the quality of health data for evidence-based decision making and to strengthen capacity to track progress towards the health-related Sustainable Development Goals. While Tanzania has taken major steps and made significant progress towards improving availability, access, analysis and use of health data, it recognizes the need for more coordinated and collaborative efforts of all stakeholders to unleash the full potential of its health information system. This will reduce fragmentation and duplication of efforts, improve the efficiency of investments and build confidence in the national health data system.

The value of reliable, timely disaggregated data and ambition to improve the efficiency in data investments is shared by all partners. In June 2015, the leaders of global health agencies and participants in the Summit on Measurement and Accountability for Results in Health endorsed the Health Measurement and Accountability Post-2015 Roadmap and Five Point Call to Action, identifying a set of priority actions and targets that aims at strengthening country data and accountability systems for the post-2015 sustainable development agenda.

To realize this ambition in Tanzania, the Government launched the Tanzania Health Data Collaborative in Dar es Salaam on the 11<sup>th</sup> September 2017. This is a collaboration of Government of Tanzania, represented by the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and the President's Office Regional Administration and Local Government (PORALG); Health Sector Stakeholders and Global Partners. The overall objectives of the launch were;

- to rally all stakeholders towards supporting a common monitoring and evaluation (M&E) framework and the country's prioritized plan;
- to strengthen in-country M&E coordination mechanisms as basis for a strong country-led information and accountability platform;
- to leverage technical and political support from partners and stakeholders at all levels to support the national M&E priorities; and
- to actively engage key players from other sectors in collaborative cross-sector efforts to strengthen the national platform for measurement and accountability.

*“The Tanzania Health Data Collaborative will accelerate a series of joint priority actions to address gaps in our data and health information systems,”* Dr. Mpoki M. Ulisubisya, the Permanent Secretary of MOHCDGEC, said at the launch event. *“I want to believe that through our collaborative effort, we will have ONE platform that will allow us to collect all the information we need, be it information on what we do for HIV/AIDS interventions, for tuberculosis, for malaria, for reproductive and child health, for maternal health, you name it.”*

The launch was attended by 145 participants, representing the Government of Tanzania (including senior leadership, Assistant Directors, Programme Managers and staff of MOHCDGEC and PORALG; National Health Insurance Fund; National Bureau of Statistics; Tanzania eGovernment Agency; and the Registration Insolvency and Trusteeship Agency), Health Sector Development Partners, Implementing Partners, Academic and Research institutions, Civil Society Organisations, Faith Based Organisations and Private Health Sector.

The Government’s leadership and strong commitment to the HDC was demonstrated by the participation of Dr. Mpoki M. Ulisubisya, the Permanent Secretary of MOHCDGEC; Dr Mohammed Ally Mohammed, the Acting Chief Medical Officer of MOHCDGEC; Dr. Anna Nswila, a representative of Deputy Permanent Secretary of PORALG; and other leaders from MOHCDGEC and PORALG.

Following extensive consultations, the health sector leaders, practitioners and stakeholders identified the following six key priority areas to advance commitments to the One Monitoring and Evaluation Framework for the Health Sector in Tanzania. These priorities were selected from the M&E Strategy 2015-2020 (M&ESI II)<sup>1</sup>, which is the M&E framework for HSSP IV; and the Tanzania Digital Health Roadmap 2017-2022<sup>2</sup>. They were also informed by specific needs of M&E plans of disease-specific strategic plans, the Government Hospital Management Information System (GOT-HOMIS), National Bureau of Statistics (NBS), and the Registration Insolvency and Trusteeship Agency (RITA). Collective action and joint support for these priorities from the Government and partners will result in increased efficiencies and better data to monitor national health priorities. The selected priorities include:

- 1. Addressing fragmentation of M&E and data systems:** Strengthen governance and coordination mechanism to ensure all stakeholders adhere to the One M&E Framework.

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<sup>1</sup>[https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country\\_documents/Tanzania\\_MESI\\_2015-2020\\_Strategy.pdf](https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/Tanzania_MESI_2015-2020_Strategy.pdf)

<sup>2</sup>[https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country\\_documents/Tanzania\\_Data\\_Use\\_Partnership\\_Report.pdf](https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/Tanzania_Data_Use_Partnership_Report.pdf)



2. **Alignment of indicators and data collection processes:** Support alignment of indicators of programme- specific strategic plans with the Health Sector Strategic Plan 2015-2020 (HSSP IV)<sup>3</sup> and harmonise data collection efforts.
3. **Alignment of health facility assessments and surveys e.g. SARA, SPA, SDI, and Star Rating Assessments (BRN & SafeCare):** Harmonise the indicators, processes, periodicity and coverage to meet needs of the country and its partners.
4. **Joint and aligned investment in digital health information systems** (including digitization to move away with paper systems): Support integration of information systems at service provider level and collect standardized data elements.
5. **Strengthening capacity for analysis and use of data:** Increase access to data and capacity for analysis and use at all levels and all key players.
6. **Dissemination and access:** Strengthen access to data (routine data, surveys, research publications, reports) and national health information.

### **Declaration of the Commitment**

We, the stakeholders here gathered, under the firm leadership of the Government of the United Republic of Tanzania through the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and the President's Office Regional Administration and Local Government (PORALG), hereby declare:

- **We confirm** our strong support to Government efforts to strengthen health data systems, policies and governance, based on the priorities outlined by the Tanzania Development Vision 2025, Five Year Development Plan, the National Health Policy, the Health Sector Strategic Plan IV, and other national and sector guidance documents.

- **We recognize** the efforts of the Government to identify priorities, gaps, and potential overlaps to the implementation of interventions that improve data quality and use for monitoring of national health priorities and commitments in order to ensure increased efficiencies and smart investments in data systems.

- **We recognize** that new technologies contribute to improving the performance of health systems and the collection, analysis, use and dissemination of data. These opportunities should be harnessed and integrated into current efforts to strengthen the health information system.

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<sup>3</sup>[https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country\\_documents/Tanzania\\_HSSP\\_IV.pdf](https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/Tanzania_HSSP_IV.pdf)



- **We recognize** the role of the Government through the MOHCDGEC and PORALG to work with partners and other stakeholders to define an adequate data governance structure for the health sector, to ensure adequate implementation of current policies and strategies such as the MESI 2015-2020 and the Digital Health Investment Roadmap 2017-2023, among others. The National Bureau of Statistics will host a coordinating function to integrate these efforts.

- **We are guided by the principles** captured in the Five Point Call to Action and the principles outlined by the Summit on Measurement and Accountability for Results in Health, being cognizant that regular measurement of results with a focus on equity is essential for the progressive realization of Universal Health Coverage and the Sustainable Development Goals.


- **We are committed** to promoting dialogue and co-operation with Government Ministries, Departments and other Agencies to ensure the goals and vision of this declaration are achieved.

- **We pledge** to provide, where appropriate, technical and/or financial resources to realize this vision.

Further to the commitments above, the conference adopted a resolution to review progress on implementing the priority actions and to monitor stakeholders' commitments annually. An opportunity presented itself to discuss the priorities and commitments in the last Joint Annual Health Sector Review, in November 2017.

The Government of Tanzania and partners endorsed these declarations made under the Tanzania Health Data Collaborative launch on this 7<sup>th</sup> day of February 2018 as follows:

For MOHCDGEC

  
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*Dr. Mpoki M. Ulisubisya*

For PORALG

  
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*Dr. Zainabu Chaula*


For Development Partners in Health

  
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*Ms. Norzin Grigoleit-Dagyab*

For Health Data Collaborative Secretariat

  
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*Dr. Matthieu Kamwa*

For Civil Society

  
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*Mr. Irenei Kiria*



## M&E priorities for Collective Action, Strategic Actions and Actors

### Summary of M&E priorities for collective action

The Tanzania M&E priorities for collective action are drawn from the overall Monitoring and Evaluation Strengthening Initiative 2015-2020 (MESI II) and the Tanzania Digital Health Investment Roadmap 2017-2023 (DHIR), and consists of quick wins which require a joint and coordinated action from Government, health partners and other key stakeholders. During the launch of the Tanzania HDC, Government and partners discussed the main challenges that contribute to duplication of data collection efforts and weak analysis and use of data, resulting on inefficient investments in health information systems. Priority areas to address the challenges and specific strategic actions which require collective support were also discussed and captured in the joint communiqué drafted during the launch meeting and later finalised and signed by the Government and its HDC partners.

The key priority areas, challenges and proposed strategic actions are highlighted below:

- 1. Addressing fragmentation of M&E and data systems:** Strengthen governance and coordination mechanism to ensure all stakeholders adhere to the One M&E Framework.

#### *Challenges*

- Weak governance mechanisms to guide partners' efforts towards convergence and coordination
- Fragmentation and uncoordinated efforts to solve the data collection problems in the health sector
- Stronger country stewardship, leadership and coordination with participation from all stakeholders public and private is needed

#### *Proposed strategic action(s):*

- Increase collaboration and coordination within all M&E related Ministerial Departments and Agencies (MDAs), Development Partners, disease-specific programmes and research institutions
- Strengthen the joint ICT and M&E Technical working Group (with a functional secretariat and regular quarterly meetings with broad stakeholder participation)
- Finalise Health Information System (HIS) Policy guidelines, MESI II and Data Dissemination and Use (DDU) Strategies
- Update MESI II in line with findings of mid-term review of HSSP IV to be conducted in 2018

- 2. Alignment of indicators and data collection processes:** Support alignment of indicators of programme-specific strategic plans with the Health Sector Strategic Plan 2015-2020 (HSSP IV) and harmonise data collection efforts.

*Challenges*

- A common framework and set of indicators is needed to guide data collection efforts
- At facility level, registers' design focus on data recording, but are not designed as tools to support adherence to clinical guidelines
- Emerging issues in the health sector (such as climate change, preparedness) fuel systems proliferation

*Proposed strategic action(s):*

- Harmonize the indicators of the M&E framework of HSSP IV to include program specific indicators
- Support annual an annual review process for HMIS tools and data elements to ensure they capture information needs from programmes and HSSP IV

- 3. Alignment of health facility assessments and surveys e.g. SARA, SPA, SDI, and Star Rating Assessments (BRN + SafeCare):** Harmonise the indicators, processes, periodicity and coverage to meet needs of the country and its partners.

*Challenges*

- Surveys are conducted but the collected data is not being analysed, leading to incomplete informed decision making processes
- Survey data is summarized in voluminous documents /reports but not adequately used and disseminated
- Data from surveys are available but are subjected to restrictions

*Proposed strategic action(s):*

- Review and update the 10-years survey plan, including surveys' periodicity, scope and rationalizing indicators to cover information needs of the HSSP IV and health programmes
- Rationalize and harmonize scope and periodicity of the health facility assessments (SARA, TSPA, SDI and Star-rating Assessments)



**4. Joint and aligned investment in digital health information systems** (including digitization to move away with paper systems): Support integration of information systems at service provider level and collect standardized data elements.

*Challenges*

- Several digital health information systems co-exist for different vertical programs, regions and partners
- Lack of a clear picture of current status of digital health systems: how many are there, where they are, and what they do/scope of data collection systems that are on the field
- Limited availability of facility level data, including patient and community level data
- Data collection systems standards to allow for interoperability between various systems are not enforced
- Lack of consolidation and coordination of the available resources that are directed at the health data collection efforts

*Proposed strategic action(s):*

- Support integration of all information systems at service provider level (health facilities)
- Reporting framework for referral hospitals (regional, zonal referral, specialized and national)
- Support roll-out of e-IDSR module of DHIS-2 to improve surveillance (including case-based surveillance), provide real-time data and link morbidity data with effects of Climate Change.
- Expand the scope of SMoL/ICD-10 module of DHI-2 beyond mortality and beyond health facilities
- Map current and planned investments in information systems and mobilise investments to support ICT infrastructure required to implement the HIS roll-out
- All digital health systems in Tanzania are linked and compatible according to the national enterprise architecture and standards.

**5. Strengthening capacity for analysis and use of data:** Increase access to data and capacity for analysis and use at all levels and all key players.

*Challenges*

- Inadequate capacity to generate, demand and access health related data at all levels
- Policy guidelines on data analysis and health information sharing need to be developed
- There is need to strengthen capacity to utilize data that is being collected at facility and district level
- Pre-service training focuses on data collection and not use/ reporting

*Proposed strategic action(s):*

- Strengthen the analytical capacity and data use at all levels, from national institutions to regional administrations, local government authorities and health facilities.
- Support harmonized national Data Quality Assurance

- Introduce and promote innovative e-learning approaches to increase M&E capacities of a wide audience (health staff at all levels, NGOs, private sector)
- Train RHMTs and CHMTs on the use of dashboards/web-portal and scorecards for monitoring and improving service delivery
- Support system for analytical review of data to monitor progress of HSSP IV, sub-sector and sub national strategic plans

**6. Dissemination and access:** Strengthen access to data (routine data, surveys, research publications, reports) and national health information.

*Challenges*

- Lack of accountability on data collection, analysis, demand, and use is not enforced
- Limited access to birth and death registration data
- There are existing platforms that could be leveraged to disseminate data and health information
- Inadequate mechanism for gathering and using feedback from community and users to improve systems

*Proposed strategic action(s):*

- Expand the existing HMIS web portal into the National Health Data Warehouse (platform for sharing and disseminating all health data including routine, surveys, publications and reports)
- Dissemination of health information products (from and to all key players in the sector)
- Coordination of feedback from community and data users



## Monitoring framework of the M&E priorities for collective action

Strategic actions	Outputs	Year						Responsible	Alignment	Key Inputs & Estimated Budget (USD)	Available Funding Level & Source	
		Q1	Q2	Q3	Q4	18/19	19/20					
<b>PRIORITY 1: Addressing fragmentation of M&amp;E and data systems: Strengthen governance and coordination mechanism to ensure all stakeholders adhere to the One M&amp;E Framework.</b>												
1.1 Strengthen the joint ICT-M&E Technical Working Group	A functional secretariat of the ICT and M&E TWG strengthened  Quarterly meetings of the joint ICT-M&E TWG with broad stakeholder participation	X	X	X	X	X	X	X	MOHCDGEC, M&E Section and ICT Unit	MESI 2015-2020 DHIR	Monthly meetings FTE 30% senior national Others: lump sum	Partially funded
1.2 Enhance the capacity and capability of M&E office at MOHCDGEC to manage and coordinate national HMIS activities	Gaps identified and capacity building plan and performance management system in place  Quarterly updates	X	X	X	X	X	X	X	MOHCDGEC M&E Section  All partners involved in HIS	MESI 2015-2020	Medical statistician /epidemiologist FTE 100% Others: lump sum	
1.3 Finalize the HIS policy guidelines, the MESI and the Data Dissemination and Use Strategy	HIS policy guidelines, MESI and DDU finalized	X	X						M&E TWG	MESI 2015-2020 HSSP IV 2015-2020 Digital Health Roadmap	FTEs validation meetings Catalytic funds DHR: 120,000	

1.4 Update MESI in line with the findings of the MTR of the HSSP IV	MESI updated in parallel to the Mid-term review of the HSSP IV, and disease-specific strategies				X	X					(includes estimated costs)	MESI 2015-2020 HSSP IV 2015-2020	FTTs Catalytic funds Validation meetings Lump sum		
<b>PRIORITY 2: Alignment of indicators and data collection processes: Support alignment of indicators of programme-specific strategic plans with the Health Sector Strategic Plan 2015-2020 (HSSP IV) and harmonise data collection efforts</b>															
2.1 Review the indicators of the M&E framework of HSSP IV to include program specific indicators	Key indicators for disease specific programs (Malaria, HIV, TB, IVD, NCD, NTD etc) included in the HSSP IV M&E Framework	Standardised data elements	Disaggregated data available			X	X					MOHC/DGEC including disease-specific programmes	MESI 2015-2020	FTTs 2 meetings	
2.2 Support an annual review process for HMIS tools and data elements to ensure they capture information needs from programmes and HSSP IV	Annual review process documented					X	X	X				MOHC/DGEC including disease-specific programmes	MESI 2015-2020	Technical meetings, including people from facilities Printing	
<b>PRIORITY 3: Alignment of health facility assessments and surveys: e.g. SARA, SPA, SDI, Star Rating Assessments (BRN+SafeCare)</b>															
3.1 Review and update the 10 year survey plan, including surveys' periodicity, scope and rationalizing indicators to cover information needs of the HSSP IV and health programmes	Health sector 10 year survey plan updated				X	X						NBS, MOHC/DGEC	HSSP IV MESI 2015-2020	Technical meetings Printing	
3.2 Rationalize and harmonize scope and periodicity of the health facility assessments (SARA, TSPA, SDI)	Health facility assessments implemented according MESI	Facility quality, safety and risk assessments harmonized (BRN)			X	X	X	X				MOHC/DGEC IFAKARA	MESI 2015-2020	Currently SARA on-going 370,000 250,000 (SARA 2013)2,000,000	



	star-rating, SafeCare)											(TSPA) Validation meetings		
<b>PRIORITY 4: Joint and aligned investment in digital health information systems (including digitalization to move away with paper systems):</b>														
<b>Integrate information systems at service provider level and collect standardized data elements</b>														
<b>4.1 Support integration of all information systems at service provider level (health facilities).</b>	All program specific routine HIS reporting systems Integrated with DHIS-2  All facility level routine data collection system integrated  health information mediator (HIM) to ensure interoperability of all HIS developed and implemented  Electronic reporting of monthly summary data forms from Health facility to DHIS-2 through the interoperability layer )	X	X	X	X	X	X	X			MOHCDDGEC, PORALG, eGov	MESI 2015-2020 Digital Health Roadmap)  e-Health strategy  M&E strategies of disease-specific programs	Digital health roadmap includes costs	
<b>4.2 Support roll-out of e-IDSR module of DHIS-2 to improve surveillance (including case-based surveillance) and link morbidity data with effects of Climate Change.</b>	e-IDSR module of DHIS-2 reviewed and rolled-out nationally (currently in 15 regions)  Morbidity data reports linked with effects of climate change	X	X	X	X	X	X				MOHCDDGEC, IHL, PORALG	Tanzania action plan for health security 2017-2021 MESI 2015-2020 Digital Health Roadmap 2017-2023 includes cost estimates	Digital health roadmap includes costs (enhance and scale notifiable disease surveillance)	
<b>4.3 Develop and implement reporting framework for referral hospitals (regional, zonal referral, specialized and national)</b>	An interface to capture data from zonal referral, specialized and national level hospitals into DHIS2 developed and rolled-out  Key staff at hospital level	X	X	X	X						MOHCDDGEC	MESI 2015-2020 Digital Health Roadmap 2017-2023 includes cost estimates	Digital health roadmap includes costs	

4.4 Expand the scope of SMoL/ICD-10 module of DHI-2 beyond hospitals, beyond mortality, and beyond health facilities	trained Data managers, coders and clinicians in all health facilities trained SMOL functionalities expanded to capture morbidity data in health facilities SMOL functionalities expanded community mortality data (in verbal autopsies)		X	X	X		MOHC/DGEC	e-health strategy MESI 2015-2020	GF proposal (?) + Digital health roadmap includes costs	
4.5 Strengthen the capacities to integrate community based information systems to capture key information (births, deaths, community interventions)	Mapping of m-health innovations at community and facility level Community based health information guidelines finalized Roll-out of CRVS to all councils		X	X	X		MOHC/DGEC RITA NBS	MESI 2015-2020 e-health strategy CBHP strategic plan	Digital health roadmap includes costs	
4.6 Map current and planned investments in information systems	Joint mapping of ICT and M&E investments conducted		X	X			MOHC/DGEC. ICT and M&E Departments	MESI 2015-2020 Digital Health Roadmap	DHIR (includes estimated costs) Path (with GF grant) ONE Plan II includes costs of a tracking exercise	
4.7 Mobilise investments to support ICT infrastructure required to implement the HIS roll-out	Common investment framework developed M&E and HIS priorities fully funded (MESI, Digital Health Roadmap, M&E disease-specific strategies )		X	X	X	X	MOHC/DGEC. PORALG	MESI 2015-2020 Digital Health Roadmap	In-country discussions, including private sector Catalytic funds National workshop (2 days) for validation	
<b>PRIORITY 5. Strengthening capacity for analysis and use of data: Increase access to and capacity for analysis and use at all levels and all key players</b>										
5.1 Strengthen the	Data use toolkit ( SOPs and	X	X	X	X	X	NBS	MESI 2015-	Digital Health	



<p><b>analytical capacity and data use at all levels, from national institutions to local government councils and facilities.</b></p>	<p>guidelines for data analysis and use) developed and harmonized</p> <p>Train health staff on use of ANACONDA app for improved quality of mortality data</p> <p>Annual health profile (national, region, district and facility)</p> <p>DHIS2 functions and data use for HIS curriculum finalized and rolled-out</p>							<p>MOHC/DGEC, PORALG</p>	<p>2020 Digital Health Roadmap (includes estimated costs)</p>	<p>Roadmap includes estimated costs</p>	
<p><b>5.2 Support harmonized national Data Quality Assessments</b></p>	<p>Analytics roadmap created</p> <p>National supportive supervision visits conducted</p> <p>All health programmes use the national framework for DQA</p> <p>Capacities of health programmes and local council to conduct DQAs improved</p>	X	X	X	X	X	X	<p>MOHC/DGEC, PORALG</p>	<p>MESI 2015-2020</p>	<p>GF (DOV part of SARA 2017) Malaria, TB and HIV conduct their own DQA</p>	
<p><b>5.3 Train RHMTs and CHMTs on the use of dashboards/web-portal and scorecards for monitoring and improving service delivery, including engagement of extension workers</b></p>	<p>RHMTs and CHMTs decision-making processes improved</p> <p>Regular mentorship</p>	X	X	X	X	X	X	<p>MOHC/DGEC, PORALG</p>	<p>MESI 2015-2020</p>	<p>GF grant ONE plan use of scorecards</p>	
<p><b>5.4 Introduce and promote innovative e-learning approaches to increase M&amp;E capacities of a wide audience (health staff at all levels, NGOs, private sector,...)</b></p>	<p>Web-based online HMIS training and certification functional</p> <p>Active online community of practice/technical networks in M&amp;E</p> <p>Massive Online Open Courses</p>	X	X	X	X	X	X	<p>MOHC/DGEC, PORALG</p>	<p>MESI 2015-2020</p>		

	(MOOC) approach introduced by universities of health sciences																		
<b>5.5 Support system for analytical review of data to monitor progress of HSSP IV, subsector and sub national strategic plans</b>	Analytical MTR of HSSP IV available Annual health profiles report produced (national, regional, council and facility) Quarterly health bulletins developed at national, regional and district level Performance review guidelines rolled-out	X	X	X	X	X	X	X	X	MOHCDDGEC PORALG programmes	MESI 2015-2020	lump sum MTR HSSP IV lump sum national and sub-national profiles							
<b>PRIORITY 6: Dissemination and access: Improving access to national health information and data (routine, surveys, research publications, reports)</b>																			
<b>6.1 Strengthen and expand the existing HMIS web portal into the National Health Observatory for all health data (routine, surveys and publications)</b>	One-stop-shop for health data and information that is easy to access and does not compromise confidentiality available Digital library for sharing health information	X	X	X	X	X	X	X	X	MOHCDDGEC IHI NBS	MESI 2015-2020 Digital Health Roadmap	Digital Health Roadmap includes estimated costs							
<b>6.2 Dissemination of health information products</b>	AHSPRR, AHSTF and a Pocket book for quick reference available. National and sub-national health data presented in national and international fora National and sub-national health data published in peer-reviewed publications	X	X	X	X	X	X	X	X	MOHCDDGEC MUHAS	MESI 2015-2020	Printing (costs in GF grant) Meeting participation costs Publication costs in open access journals (print and online)							
<b>6.3 Support coordination of feedback from community and all data users</b>	Feedback and response mechanism established	X	X	X	X	X	X	X	X	MOHCDDGEC PORALG	MESI 2015-2020								