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The dLab Launches its First RoundTable with Health and HIV/AIDS Stakeholders

On June 29th, the dLab held its first RoundTable event, bringing together approximately 30 people from at least 15 health focused organizations in Tanzania (See Annex I, for details). The aim of the RoundTable was to facilitate a discussion on topics focused on data availability, data sharing and data use. The event focused on getting out stakeholder views on how the dLab activities can leverage the existing efforts on data sharing and use amongst stakeholders in Tanzania. The RoundTable also became an opportunity for the dLab project to get to know in a nutshell the Health and HIV/AIDS stakeholders expectations from the dLab mission and objectives. Participants echoed diverse expectations but mostly were covered by the following three main points:

- What is dLab and its activities
- How dLab is going to get the data from organizations
- What kind of data will be collected by dLab

Organizations represented included Tanzanian government agencies, funding organizations, implementing partners, and academics. All expressed interest in the new dLab project and the promise of open data for health issues. Figure 1, depicts the category of organizations that participated in the event and respective proportion of representation. The organization participation included 33% of participants from health sector, 8% from HIV/AIDS organisations, 26% from implementing partners, 11% from funding organizations, and the remaining being from policy makers and other institutions.

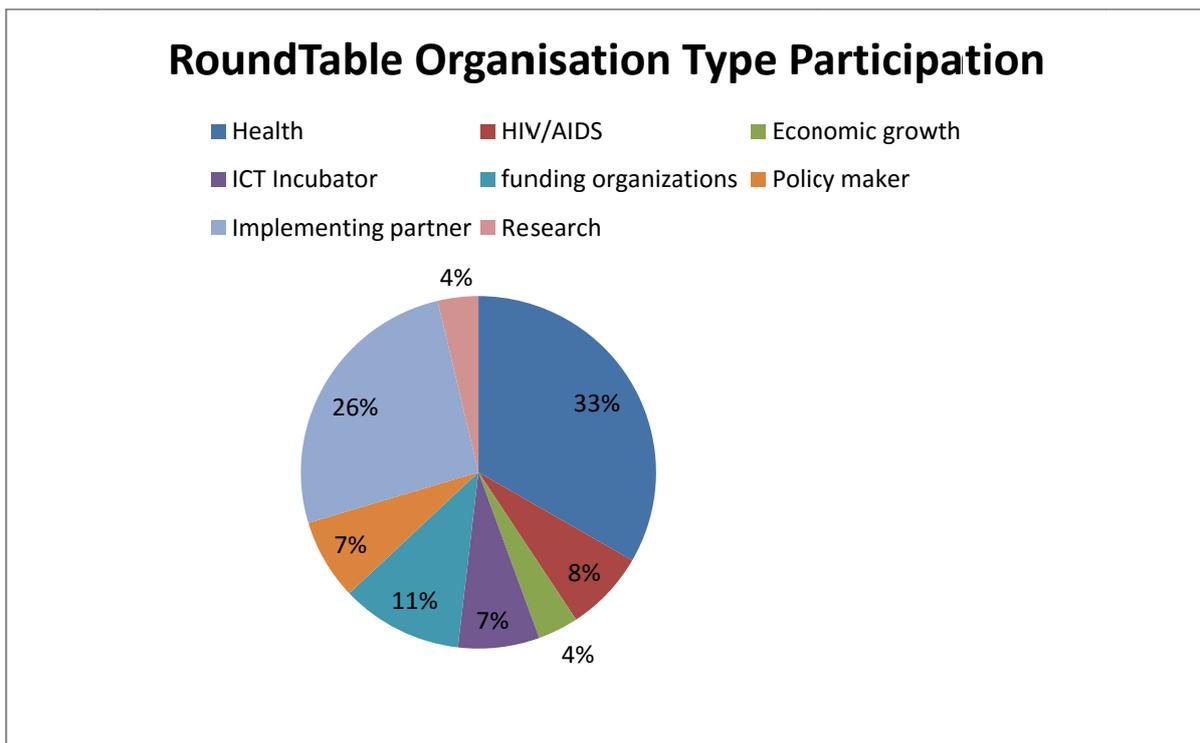


Figure 1: Composition of Participants by Organization Role

The session began by exploring the variety and amount of data potentially available. The participants noted that the availability of data mirrors the common proliferation of data systems run by different government agencies, funding organizations, and implementing partners. The patchwork of systems running in silos confronts the open data initiatives with a variety of challenges, including competing/conflicting standards, different levels of access, and various levels of data from individual and personally identifiable to aggregated statistics.

The types of data the participants mentioned included health statistics, WASH, and gender-based violence, among others, and the participants were willing to embrace data from public as well as private sources. Many agreed with a point raised that data quality was an ongoing concern, not just for being out of date or erroneous, but that data input and updates lacked following best practices. Related to data quality was security, even though the data under discussion was meant to be open. Participants pointed out that some data are derived from other, more raw, sources of data that might include confidential information. The processes of developing these public or open versions of the data had to protect individual confidentiality and privacy even when the legal requirements were lacking. Figure 2, depicts a section of the RoundTable group discussions.



Figure 2: Participants lead by a facilitator Mr. David Potenziani (standing on far right) delves into group discussion

The potential use cases discussed generally featured some kind of dashboard to make health data more understandable to users. In fact, there was little attention to the mere availability of data but rather to making public data useful to the public. In part, this approach recognized that the identity of the user (citizen, public official, implementing partner, etc.) drives the use of a common data pool. Each user brings their needs and perspectives to the encounter and that requires that the availability of the data serve their different needs.

The user's identity played out in the discussion of use cases which included the dashboards on maternal death in childbirth that should present such statistics by health facility as well as link those metrics to attributes of each facility to uncover potential underlying issues, the use

of common indicators to serve different audiences linking health indicators to public safety data, school dropout rates, and clinical data relating to HIV infections to reveal associations and propensities of health threats hidden in those data when held separately, easy to use guides to find the nearest open health facility with desired services relevant to the user by using electronic devices including mobile phones, dashboards on drug stock levels and demand at facility/ward/sub-national levels to serve independent drug suppliers and MSD, dashboards on maternal health services' indicators at community levels by numbers of women served by community health workers, women delivering at home vs health facility, distance to health facility and level of health service charges to determine barriers for pregnant women's access to health services and the immunization mapping to determine coverage amongst various immunization stakeholders.

Further, they underscored the relevance of the dLab project to promote health data stakeholders collaboration and exploration of analytical methods needed to re-examine surfacing data issues and connecting relevant data to meet evolving health needs. Figure 3, depicts a section of the RoundTable group discussants.



Figure 3: Participants lead by a facilitator Dr Godfrey Justo (standing) delves into group discussion

The first round table have served a dual purpose, namely, as a pioneering event for dLab with health stakeholders on one hand and a learning platform for dLab engagement outreach activities on the other. The RoundTable was followed by a feedback survey from participating stakeholders to help strengthen and improve RoundTable discussions and outcomes in upcoming events. The important received feedbacks which can greatly inform upcoming events are hereby summarised:

- Need to provide substantive background on the discussion topics to aid clarity for participants and optionally considering use of the data-focused use cases or success stories, based on participants work or expertise.

- Consider sharing with participants an already-published report or data set before the event and post the event as follow-up to strengthen participants' discussion and contributions
- Define more focused and clear discussion scope and need to consider introducing the use cases as the way to get the specifics of data use. In particular, the facilitation panel should consider reviewing the use-case methodology and questioning strategy to foster appropriate question details and answers.

To solicit for continued participant feedback, a few follow-up strategies are planned to sustain participant's conversation and engagement. As a post Roundtable event the dLab team plan to maintain regular contact with all stakeholders who participate in RoundTables by inviting each at least once a month into weekly dLab open data day for continued discussion on data sharing, data use and related topics. In addition, after every 4-5 RoundTable events a deep dive will be organized for participants with one time or more participation into dLab activities.

All participants expressed interest in the new dLab project and the promise of open data for health issues. Some participants also mentioned wider applications such as supporting economic development. This resonates well with the most important intended RoundTable outcome of raising awareness of dLab activities amongst data stakeholders with health focus, as in this particular case. Figure 4, depicts a section of participants' contributed notes.



Figure 4: A Section of Participants' Contributed Notes from a Group Discussion

In conclusion the dLab plans to scale up the number of organizations and sectors reached out by conducting additional RoundTables that will target the health sector and the agriculture, nutrition and economic growth sectors amongst others, in line with the engagement indicator commitments. As clearly mentioned in the follow-up strategy, the RoundTable events will be backed up by other additional dLab outreach events to sustain continued collaborations. Other dLab specialized events are on the pipeline, including hackathons, competitions and

training in data wrangling, analytics and visualization. Ultimately, the dLab has the prospect of greatly contributing on the aspects of improving data use for better decisions making and investment in Tanzania and the national roadmap for the sustainable development goals (SDGs).

**Annex I: First dLab Round Table on Health and HIV/AIDS Data Participants
UDSM/CoICT Kijitonyama Campus, 29th June 2016**

S/N	Organization Name	Participant Job-Title
1	EngenderHealth	Technical Advisor ME&R
2	D-Tree International	Project Coordinator
3	JSI/CHSS	Director MSIE
4	THPS	M&E TA
5	CareInternational TZ	M&E
6	World Bank	Open Data Consultant
7	JohnSnow Inc.	Senior HIS Advisor
8	MEASURE Evaluation	Senior DDU Advisor
9	SaveThechildren	M&E AL Quality Assurance
10	DTBi	Outreach Manager-DCLI Innovation Challenge
11	DTBi	Project Manager - DCLI Innovation Challenge
12	AGPAHI	Senior M&E Officer
13	MCC-PEPFER	
14	PS3-Abt Associates	Inf. System Team Lead
15	NBS	Principal Statistian
16	PS3/IntraHealth	Info support
17	World Bank & HDIF	Open Data Strategists & Community Org.
18	UDSM/COICT	Ass. Lecturer & OD Trainer
19	IntraHealth	Health Work Force Tech.
20	UDSM/COICT	Ass. Lecturer & dLab M&E
21	UDSM/UCC	dLab M&E
22	UDSM/UCC	dLab Communication officer
23	UDSM/UCC	dLab Engagement
24	SBC4D	dLab/E.D
25	UDSM/COICT	dLab Manager
26	UDSM/COICT	dLab Engagement Lead
27	IntraHealth	Senior Informatics Advisor