Unified Community System for Tracking Community and Facility Services: Implementation Overview

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HIV Impact Network for Vertical Transmission Elimination

PATA

icap Global Health

Outline

- Background of **Unified Community System** (UCS)
- UCS Functionalities
- UCS Governance and Coordination
- How UCS as Improved M&E of VTP
- Lessons Learned
- Conclusion and Recommendations

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Background

UCS was conceptualized to bridge inequities in VTP service uptake between PEPFAR-supported and non-PEPFAR-supported sites .

In 2019, **91**% of HIV-positive PBFW at PEPFAR-supported sites received ART, compared to 52% at non-PEPFAR site

PEPFAR's proven person-centred, data-driven approach was the key driver

Components/organization of UCS

WAJA

Supports core responsibilities of CHW's at community to enable facilitation of services from community level to facility.

Kituoni

Supports core responsibilities of health facility workers and assists in closing the loop for the continuity of care at the health facilities

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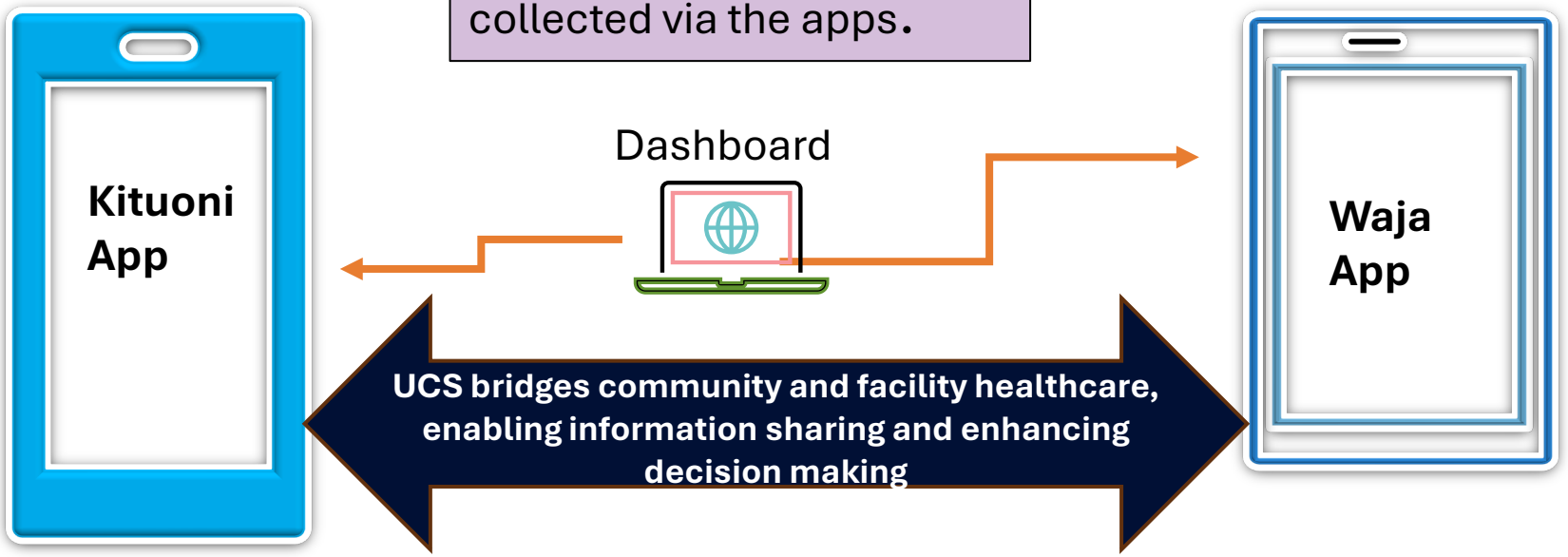
How UCS Works

- A powerful digital platform that strengthens community-level and facility healthcare services
- UCS empowers frontline health workers with the tools to address major health challenges, documentation and sharing of information
- UCS bridges gaps between community needs and healthcare delivery, enabling effective, data-driven solutions.

KITUONI: Facilitates **facility-level interventions.**

Enables **data export** and **visualization** of health data collected via the apps.

WAJA: Facilitates **community-based interventions**



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UCS Functionalities in M&E of VTP

Enables Seamless Health Information Exchange between facility and community	• Links community- and facility-based providers for real-time documentation and data sharing. • Supports the identification of cases in the community and their linkage to facilities (e.g PBFW tested positive at community.
Facilitates Service Integration	• Strengthens linkages between community and facility services (e.g., PBFW* tested positive at community linked to care).
Improves Client Tracking	• Monitors HIV index client (Partner testing) at both community and facility levels. • Tracks PBFW missing clinic appointments or dropping out of care.
Strengthens RMNCAH Surveillance	• Enables case-based tracking for improved maternal, child, and adolescent health outcomes.
Supports Decision-Making	• Provides alerts for due care actions, e.g., infant HIV testing reminders.

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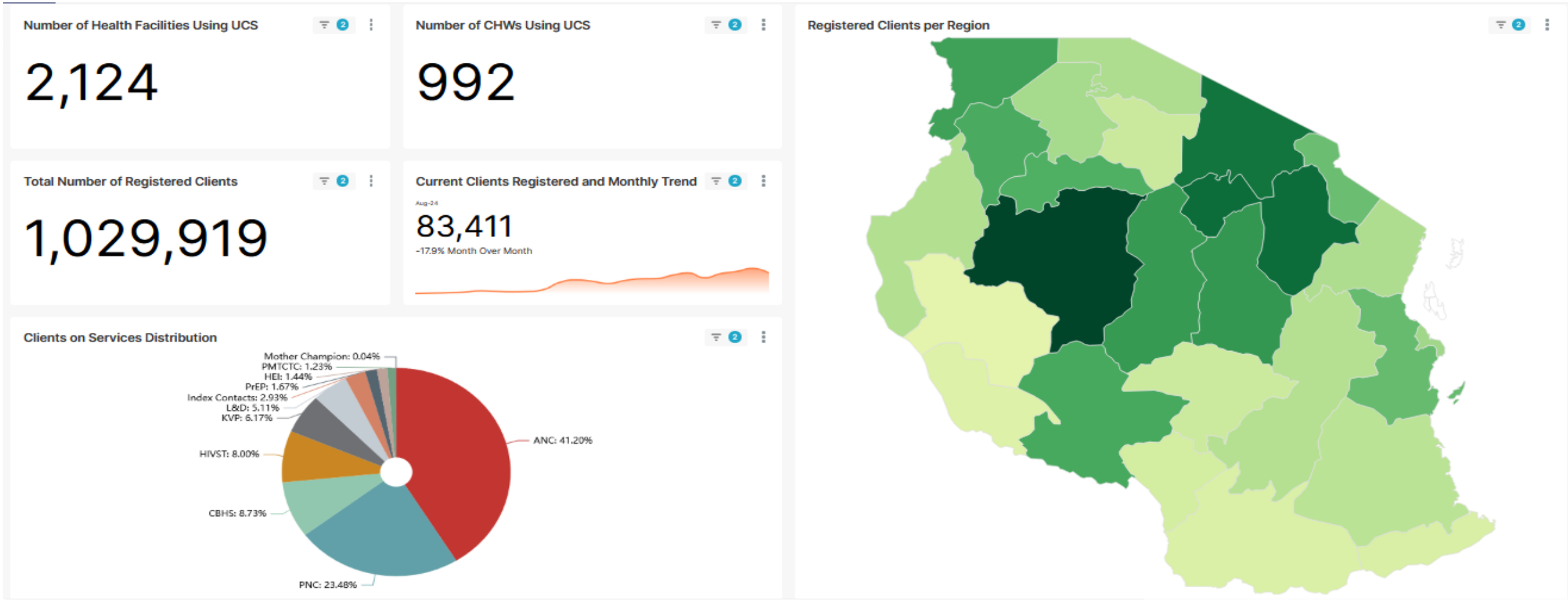
UCS Deployment Status

UCS Dashboard Snapshot: Showing number of Health Facilities and CHWs currently using the UCS and Uptake



UCS Governance and Coordination Mechanism

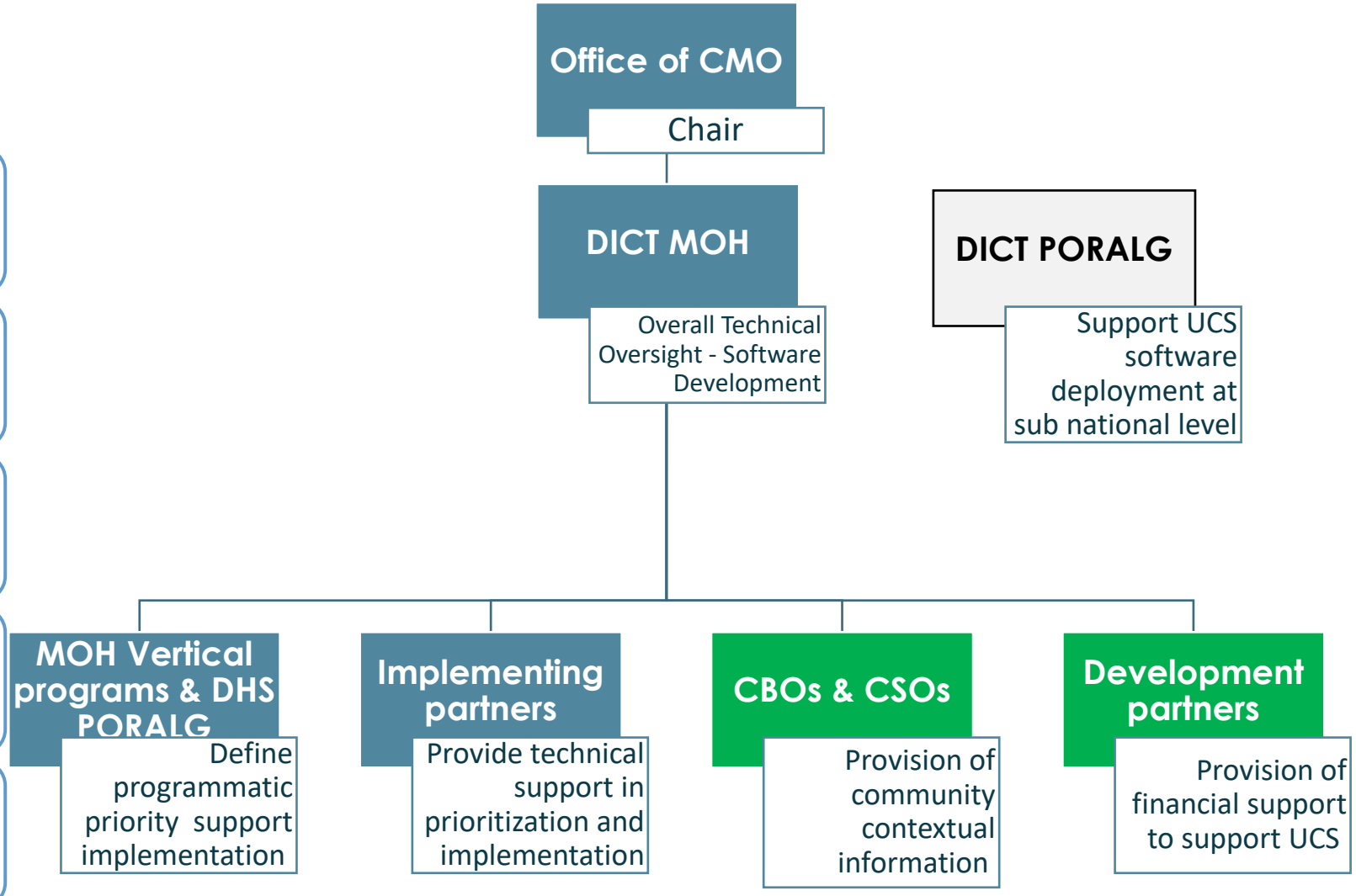
Digital square in Collaboration of MoH-ICT coordinating software development and software deployment

MoH is chairing UCS partners' coordination meetings on weekly basis

Governance team defines programmatic needs and features prioritization

PORALG support deployment at sub national level

Implementing partners' support deployment support (training, service delivery, supportive supervision)



UCS – Features Implementation Status

UCS Features Roadmap – Deployed – Completed with Pending Deployment – Under Development – In Pipeline

MoH Modules

UCS - HIV	UCS - RCH	UCS – MALARIA	UCS - TB	UCS -MCDGWSG
CBHS	ANC	Integrated Community Case Management	TB case management	Gender Equity
INDEX Contacts tracing	PNC	**Cross – cutting module**	**UCS Integrations**	Early Child Development (ECD)
PMTCT Case Management	Labour and Delivery Case Management	National Blood Transfusion Service	Integration with – TOMSHA	Orphans and vulnerable children
HEI Case Management	Children under 5 home visits.	Neglected tropical diseases.	Integration with – DHIS2	**Gender-Based Violence**
HIV Self Testing	Family Planning	**UCS - Enhancements**	Integration with – CTC2/3	
KVP and PrEP Services	CECAP	ADDO	Integration with – eSRS (Lab Module)	
Condom Programing	cPAC		Integration with – Mama na Mwana (Feedback Mechanism)	
LTFU	ASRH			
Voluntary Medical Male Circumcision (VMMC)	Gender-Based Violence			
AGYW				
Social and Behavior Communication (SBC) for HIV				
HTS				

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UCS Referrals - Dashboard Snapshots

Referrals Snapshots: Showing various indicators on Referrals issued from Community to Health Facility

Total Issued Referrals

66,299

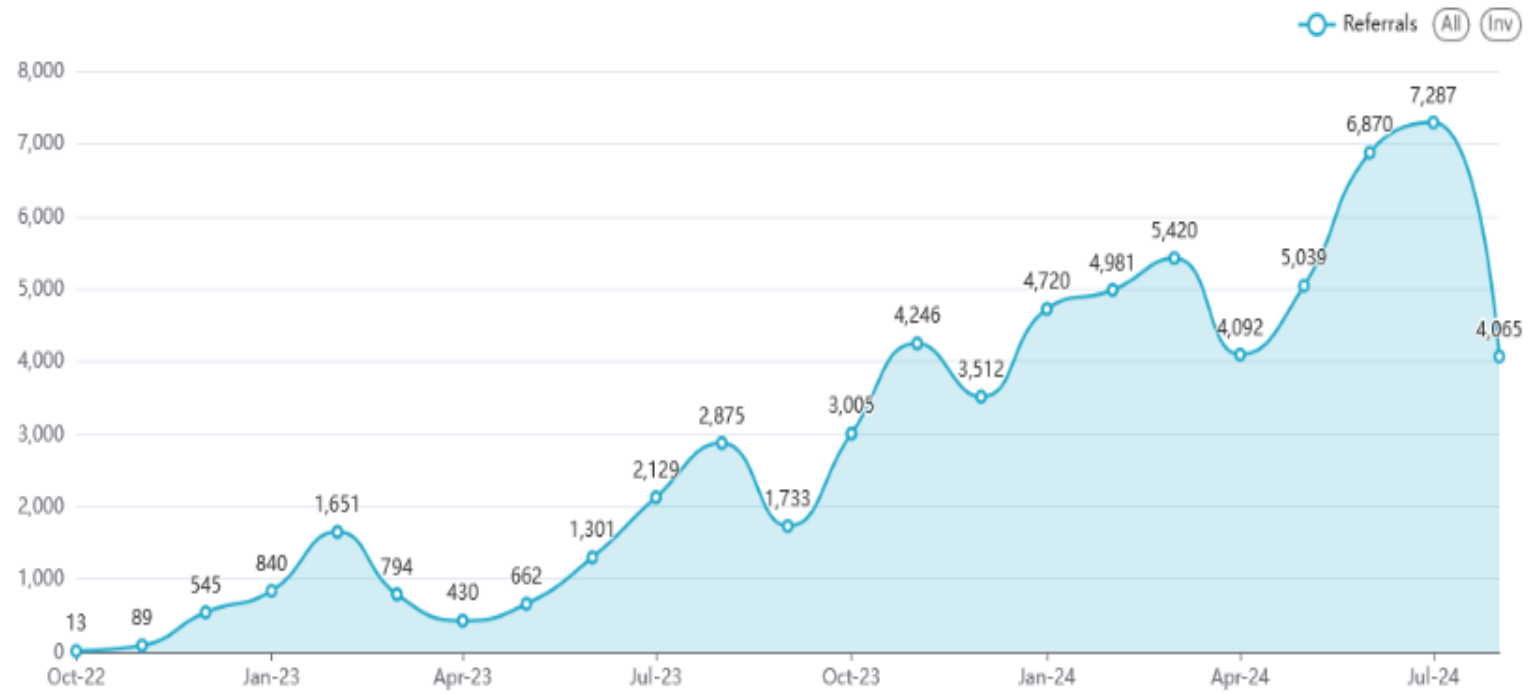
Referrals

Total Completed Referrals

17,590

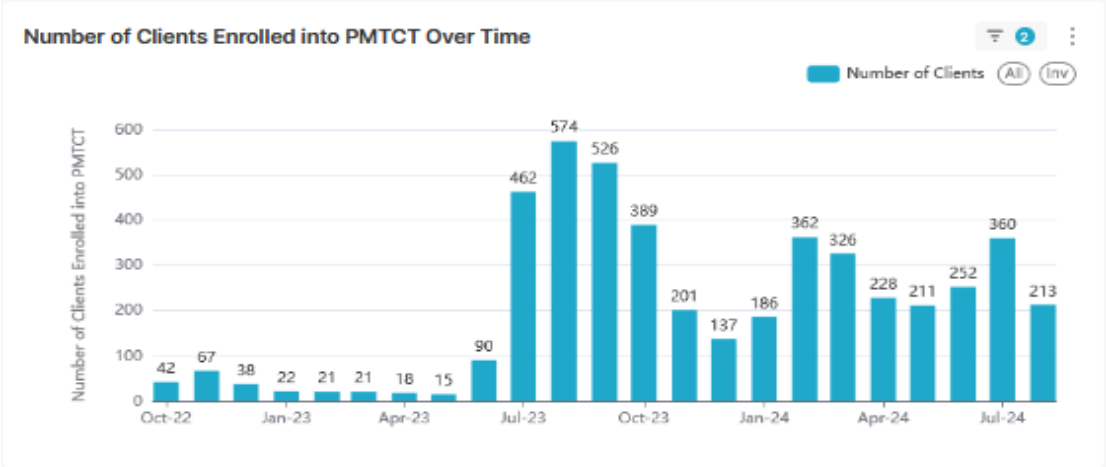
Referrals

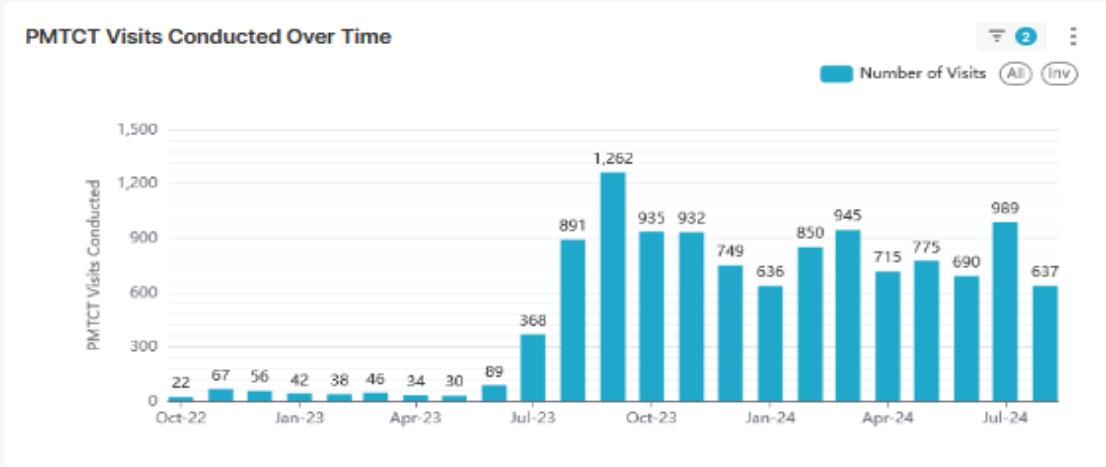
Number of Referrals Issued Over Time

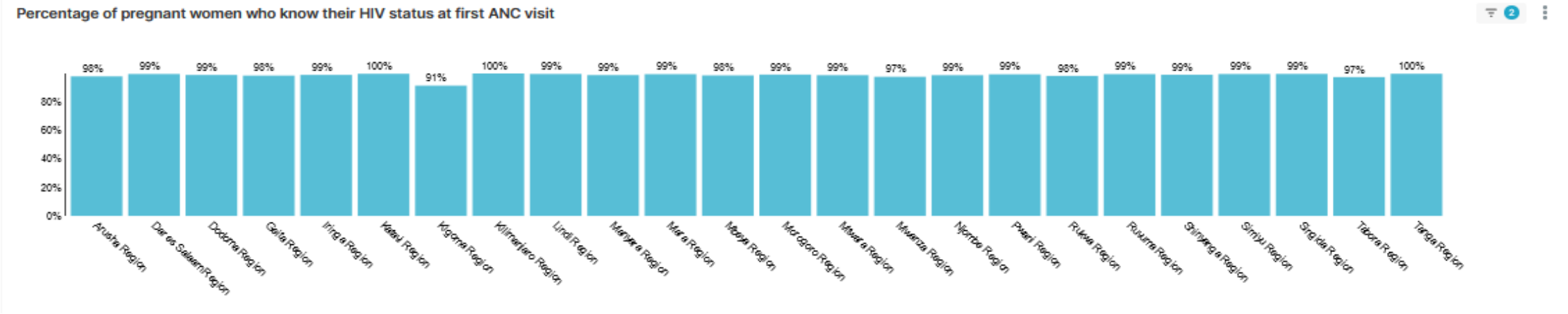


UCS PMTCT - Dashboard Snapshots

PMTCT Snapshot: Showing various indicators on PMTCT Case Based Management







How has UCS improved the National M&E of VTP?

- Improved Data Accuracy
- Assist in Timely Reporting
- Improve data completeness due to its User-friendly Interface
- Accessible at all levels
- Decision-support platform
- Increase the efficiency and follow-ups

- Reduced printing costs
- Improve data archive
- Real time data availability
- Improved data exchange with other systems (Interoperability)

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Lessons Learned and Recommendations

- Strong, government-led coordination and collaboration with various partners
- Phased approach with standards-based implementation
- The importance of early engagement with stakeholders and implementing partners (IPs) during the system development process.
  - ✓ Facilitates system adoption among IPs
  - ✓ Minimizes the creation of parallel systems
  - ✓ Ensure all required indicators are included in the system
- The UCS implementation serves as a benchmark for how stakeholders and partners can collaborate to advance digital initiatives and improve health outcomes
- Availability of adequate Server space is critical to ensure data synchronization

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Challenges

- **Limited tablet availability** is affecting the efficiency of data collection and system utilization, as the current distribution provides only 1 tablet per health facility. However, to support the number of service delivery points adequately, each facility requires a minimum of 5 tablets
- **Limited resources for purchasing internet bundles** are affecting data synchronization, as the lack of adequate bundles for distributed devices hinders timely data transfer to the central server
- **Insufficient funding for comprehensive provider training** during UCS rollout limits system effectiveness, as users may not be fully equipped to utilize the system's full potential

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Way Forward

- Continue with UCS scale-up by incorporating additional functionalities and expanding coverage
- Provide Dashboard access to R/CHMT and Implementing Partners
- Capacity building for system development and support to GoT technical teams to enhance long-term system sustainability.
- Continue capacity building for both users and technical teams to strengthen system adoption and support
- Implement biometric registration for all clients in UCS to reduce duplication

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Health for All through Digitally Enabled and Integrated Community Health Delivery System in Tanzania

THANK YOU !