

Tanzania's experience applying **WHO SMART GUIDELINES & DAK IN GOTHOMIS**

Applying WHO SMART Guidelines and the Digital Adaptation Kit (DAK) to scale the national GOTHOMIS system

Presented by PO-RALG
11 June, 2025



THE DIGITAL TRANSFORMATION OF PRIMARY HEALTHCARE IN TANZANIA





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President's Office
Regional Administration and Local Government

GOTHOMIS
Government of Tanzania Health Operation Management Information System


Services

Explore our comprehensive suite of healthcare management services designed to streamline operations and improve patient care delivery across Tanzania's healthcare facilities.


Our integrated platform offers various modules to help healthcare providers, administrators, and staff manage their operations efficiently and effectively.




TB and Leprosy
TB and Leprosy Information and Management




Neonatal Intensive Care Unit (NICU)
NICU Admission, Charts and HIE Information and Management




Outpatient Consultation
Patient History, Clerk sheet, Diagnosis, Investigation, Treatment




Patient Registration
Client Registration, Card Verification, Advanced Search, Appointment




Pharmacy Management
Requisition, Receiving, Issuing, Stock Taking, Dispensing




Vital Signs
Vital Signs, Body Mass Index (BMI)




Prime Vendor
OOS Notification, Order, Allocated Funds, Pull Balance, Receiving




Diabetes and Hypertension
Enrollment, Consultation and Client Appointment




Bill Management
Pending Bills, Cancelled Bills, Cashier Bills, Re-print receipt



Nursing Care
Admission Request, Admitted Patients, Discharge, Charting



Operating Theater
Consent Form, Pre Operational Condition, Anaesthetic Visit

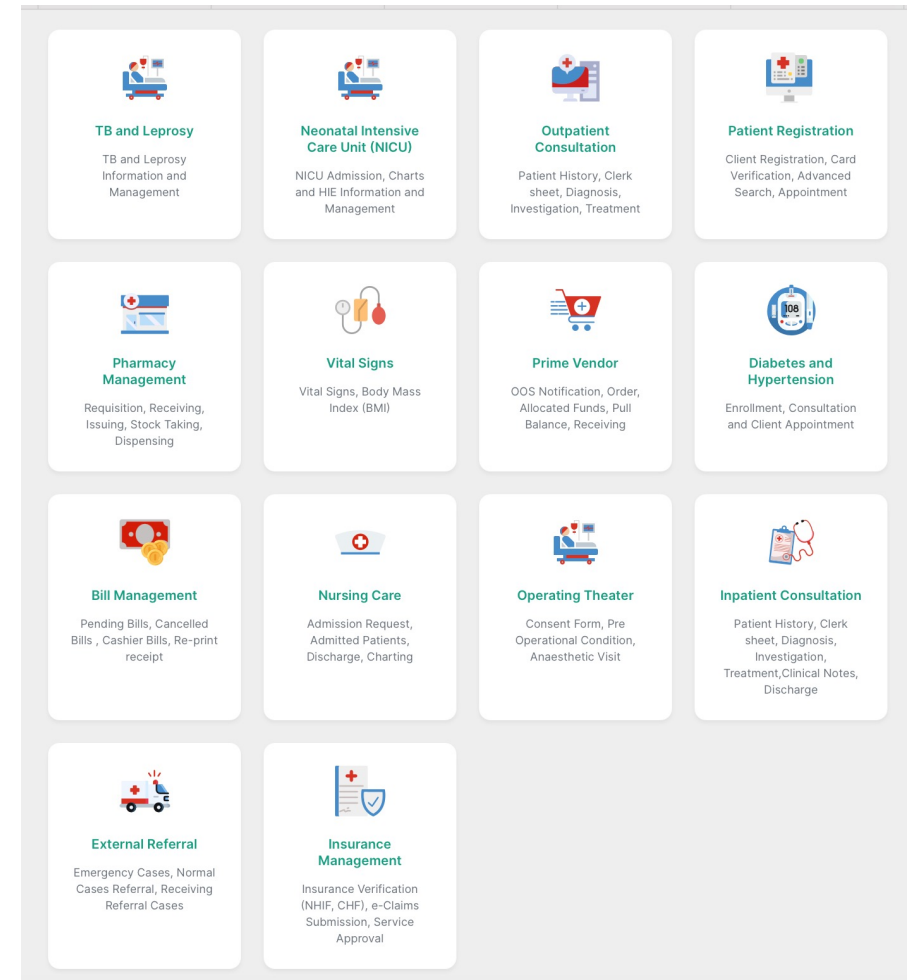


Inpatient Consultation
Patient History, Clerk sheet, Diagnosis, Investigation, Treatment Clinical Notes

Page 3



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KEY STEPS TAKEN



Reviewed WHO SMART Guidelines and DAK methodology

Examined the WHO's recommendations and the Digital Adaptation Kit approach to guide the digitization of health interventions



Capacity Building for local experts

Brought together key personnel's to be trained and guided about the adaptation and implementation of the DAK



Prioritized health areas for DAK adaptation

Focused on key areas like Retrospective Data Entry, Immunization, and Outreach for initial DAK implementation



Mapped existing workflows and systems against DAK components

Analyzed current processes and digital tools to identify gaps and align with the DAK framework



Developed and piloted adapted workflows and terminology in selected regions

Tailored the DAK to the Tanzanian context and tested the adapted solutions in a few regions

Why we choose to use the DAK

1

Structured Guidance

Need for structured guidance to digitize health intervention

2

National Strategy Alignment

Alignment with national digital health strategy (2019–2024)

3

Standardization

Desire to standardize data elements and workflows across all PHC facilities

4

New Module Integration

Support integration of new modules (e.g., HTS, CTC, TB, Immunization, Outreach)

5

Global Standards Compliance

Ensure GOTHOMIS compliance with global digital health standards (FHIR, CDSA)

What we would do differently



Intensive orientation sessions for technical and business teams

Ensure all stakeholders are familiar with the DAK methodology and its benefits



Allocate specific funding early on

Dedicate resources for adaptation, training, and iterative testing of the DAK



Include local implementation realities

Consider factors like connectivity and offline use more explicitly in the DAK

By addressing these areas, we can better prepare for a smoother and more successful DAK implementation process.

Benefits Observed



Reduced duplication of work

Standard definitions, forms, and workflows across systems



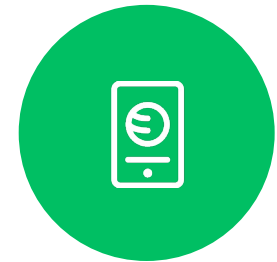
Alignment of partner-supported digital systems

Helped align multiple digital systems to national direction



Easier onboarding and training of health workers

Harmonized standard operating procedures (SOPs)



Improved data quality and consistency

Across pilot sites due to standardized data elements

The use of the DAK helped improve system quality, data consistency, and implementation speed for the GOTHOMIS platform in Tanzania.

What didn't work or needs improvement



Global DAK content not fully reflecting Tanzanian workflows

Required customization to align with local clinical processes



Translation and adaptation took more time than expected

Localization efforts were underestimated in the initial planning



Uneven stakeholder familiarity with DAK

Early buy-in and awareness-building was challenging



Technical resource limitations slowed testing and rollout

Capacity constraints hindered rapid iterative improvements

While the DAK provided a strong foundation, contextual adaptation and adequate resourcing were essential for successful implementation in Tanzania.

PHC Context That Shaped Our Outcome

1

Centralized GOTHOMIS architecture and governance by PORALG

GOTHOMIS is a centralized health information system governed by the President's Office - Regional Administration and Local Government (PORALG)

2

Emphasis on offline and mobile-first solutions

Due to infrastructure gaps, the system prioritized offline capabilities and mobile-first design to reach remote health facilities

3

Strong demand for module-based, interoperable architecture at PHC level


Health facilities required a modular and interoperable system that could easily integrate new health program areas

4

Close collaboration with partners shaped implementation

The project team worked closely with partners like , UNICEF, GIZ, PS3, PATH, WDF, TDA which influenced the implementation speed and scope

The unique country context, including the governance structure, infrastructure challenges, and stakeholder ecosystem, significantly shaped the design and implementation of the GOTHOMIS system in Tanzania.



Recommendations for others considering the DAK

1

Start with a clear use case and health program area

Choose a specific health program, such as Immunization, as the initial focus for applying the DAK

2

Engage both technical and programmatic teams from day one

Involve both the IT and the health program teams to ensure the DAK adaptation is aligned with operational needs

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Recommendations for Others Considering the DAK...

4

Localize early — adapt workflows before system design

Spend time understanding and customizing the DAK workflows to fit the local context before building the digital system

5

Use DAK as a tool for partner alignment around a shared vision

Leverage the DAK to bring together various digital health partners and align them towards a common national vision

6

Plan time and budget for iterative testing and capacity building

Allocate resources for continuous testing, feedback incorporation, and training of health workers on the adapted DAK

Summary and Reflections

1

Valuable foundation for scaling GOTHOMIS modules

DAK provided a standardized and sustainable approach to scaling digital health solutions

2

Accelerated implementation speed

DAK enabled faster rollout of new digital health modules by aligning stakeholders

3

Adaptation and contextualization were essential

Localizing DAK content and workflows to the Tanzanian context was crucial

4

Continued investment in local capacity and coordination

Sustaining the benefits of DAK requires ongoing training and partner collaboration

5

Improved system quality and data consistency

DAK helped enhance the quality and reliability of health data across facilities



THANK YOU

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