



SAVING LIVES THROUGH BETTER DATA

Strategies and Tactics from the BID Initiative

Q2 2016

Letter from the Director

Our fourth year is off to a busy start! We are now implementing BID solutions in a third district in Tanzania, and in Zambia, we are preparing for launch in Southern Province, currently testing the new electronic immunization registry and fine-tuning other datause interventions.

Last quarter found our team across the world meeting with partners, Melinda Gates, and key stakeholders to continue to ensure BID's solutions are not only relevant for countries across sub-Saharan Africa, but are sustainable and can scale beyond our test sites and into other health areas. Additionally, we are working with the ministries of health to do resource planning for how our demonstration countries can scale nationally, as well as developing the package of BID solutions that can be adapted to other country contexts.

Please continue to follow along our journey by finding us on Facebook and Twitter and subscribing to our blog.

Sincerely,



Laurie Werner Global Director, BID Initiative PATH

Si vous désirez recevoir la version française de notre bulletin d'information, veuillez vous abonner ici.

Melinda Gates Visits the BID Initiative



Photo: Bill & Melinda Gates Foundation/Riccardo Gangale. Melinda Gates visits Magomeni Health Facility in Tanzania.

We were truly honored to host Melinda Gates in Tanzania this June. As the co-chair of the Bill & Melinda Gates Foundation, our funder, we were pleased to demonstrate our progress to date toward enhancing immunization and overall health service delivery through improved data collection, quality, and use. Melinda Gates joined BID's Henry Mwanyika and Hassan Mtenga, nurse Paulo Urioh from Mareu Health Facility in Arusha, government officials, and facility staff at Magomeni Health Facility in Dar es Salaam, Tanzania.

Nurse Paulo Urioh has been using BID solutions over the past year and kindly walked Melinda through the new electronic immunization registry, noting how the interventions have simplified his job. For example, barcodes on child health cards now allow him to quickly access a child's record as opposed to manually searching through paper registers.

Melinda was eager to learn about how our User Advisory Group informs intervention design and usability and how our WhatsApp group offers a platform for nurses to troubleshoot problems as they learn to use the new system. Additionally, Melinda met with mothers and their children waiting for immunizations to learn how important these services are for protecting their children from deadly diseases.

Following the facility visit, a roundtable was held with the Tanzania minister of health and accompanying officials, BID staff, Bill & Melinda Gates Foundation, USAID, and Melinda Gates. The rich and engaging discussion focused on understanding Tanzania's national vision for strengthening its routine health information systems and the use of routine data to improve health-sector planning, management, and service delivery.

Visit our website to get Paulo's perspective on the visit and see more photos.

Learn Fast, Fail Fast, and Share Fast: Lessons Learned in Tanzania's Implementation



Photo: PATH. Ms. Mariam Mshana, Facility in charge of the Leguruki government dispensary in Meru district, practices using the barcode scanner on the child health card.

We have completed rollout in Arusha City and Meru district (covering 101 facilities) and recently began implementing BID solutions in our third district, Karatu. During this phase, we've worked to balance our desire to scale quickly with the need to ensure identified solutions are sustainable over time and meet the needs of Tanzania's health system. Along the way, we've celebrated many successes, but also encountered several challenges, including a pause in rollout to make enhancements to the registry and ensure it's scalable beyond the Arusha Region.

We are applying our lessons learned in other districts and in Zambia—for example, ensuring we allow sufficient time to develop, test, and incorporate user feedback on the interventions; aligning with other initiatives and government strategies to ensure our approach will integrate seamlessly; and setting expectations with health workers on the training process.

Our engagement with health workers, government partners, and regional and district officials continues to be critical in addressing these challenges to ensure the sustainability of the solutions developed. Please continue to follow our progress on our demomap as we reach more districts in Tanzania.

A New Electronic Immunization Registry for Zambia



Photo: PATH/Mali Kambandu. Peter Lukwesa, BID Initiative Implementation Specialist, trains a nurse at Libuyu Clinic how to use the new Zambia Electronic Immunization Registry (ZEIR) accessed through a tablet.

In partnership with the Zambia Ministry of Health and the University of Oslo, we are developing the Zambia Electronic Immunization Registry (ZEIR). The User Advisory Group recently tested the beta version of the registry, and we are now testing with live data in six facilities in Southern Province. Incorporating user feedback is critical to ensure the stability of the system and to move forward with a sustainable, scalable product when we launch interventions to all districts in Southern Province later this year.

Users are testing three main applications, including data entry of registration and immunizations given to a child, stock management at the facility level, and reporting to view their data and make informed decisions based on the information they entered into the system.

The BID Initiative team in Zambia is also collecting costing data to provide the government with a total cost of ownership for expanding BID beyond Southern Province and sustaining it over time.

Collaborating with Partners for Innovative Solutions



Photo: Gavi/Violane Mitchell. Gavi CEO Seth Berkley learns about BID Initiative solutions.

Last quarter found our team across several continents meeting with partners, hosting another BLN Design Meeting, and attending

conferences to align our efforts to improve data quality, collection, and use with innovative solutions.

In April, the Improving Data Quality for Immunizations project sponsored a regional meeting in Costa Rica of the Pan American Health Organization for countries in the Americas and Africa toshare lessons learned about the development and implementation of various electronic immunization registries. BID Initiative Tanzania presented our experience thus far, particularly as it relates to timelines for implementing the system.

In early May, we hosted the Gavi board, including CEO Seth Berkley, in Arusha, Tanzania, to learn more about how BID interventions are being implemented in facilities as we continue to roll out across the region.

We wrapped up another BLN Design Meeting that included a rich and engaging week where participants from 14 countries convened in Ghana to share their expertise on electronic immunization registries. The meeting discussion focused on unique client identifiers, how to package interventions so they are easily adapted and implemented, mechanisms to encourage government investment, and how to select and implement an electronic health management information system. Participants also had the opportunity to visit a local facility to learn how the Ghana Health Service uses an electronic system to track and report on immunizations.

At the end of the quarter, Dr. Chilunga Puta, BLN director, gave aflash talk at Devex World on improving health through peer learning and data. The talk highlighted how peer learning networks are an innovative approach to developing sustainable, scalable solutions together, tying into PATH's Innovation Effect, an effort to accelerate impact through unique partnerships, disruptive technologies, transformed systems, and data-driven insights.

IN THIS ISSUE

Letter from the Director

Melinda Gates Visits the BID Initiative

Learn Fast, Fail Fast, and Share Fast: Lessons Learned in Tanzania's Implementation

A New Electronic
Immunization Registry for
Zambia

Collaborating with Partners for Innovative Solutions



The BID Learning Network (BLN) is intended to be a platform where participants can contribute ideas, share experiences and actively participate, helping each other as you face similar challenges.

JUMP IN. GET INVOLVED. →

NOTEWORTHY BLOG POSTS

Country Perspectives from the BLN Meeting

Collaborating for Innovative Solutions in Global Health

BLN launches Study Visits

Video: Better Data. Better Decisions. Better Health.

NOTEWORTHY RESOURCES

BLN Small Grant Program

BLN Study Visit Application

Webinar: Scaling Up Registries: The OpenMRS

Opportunity

TechNet 21: Third Regional Meeting to Share Lessons Learned in the Development and Implementation of Electronic Immunization Registries

EVENTS

September: Dissemination meeting followed by launch

(Zambia)

November: BLN Design Meeting (Uganda)

STAY CONNECTED

READ BID'S LATEST ON OUR BLOG. →

SUBSCRIBE TO AND VIEW PAST ISSUES OF SAVING LIVES THROUGH BETTER DATA: STRATEGIES AND TACTICS FROM THE BID INITIATIVE.

Led by PATH and funded by the Bill & Melinda Gates Foundation, the BID Initiative is grounded in the belief that better data, plus better decisions, will lead to better health outcomes. Its vision is to empower countries to enhance immunization and overall health service delivery through improved data collection, quality, and use.



Photos: See photo captions.

The BID Initiative c/o PATH

Mail: PO Box 900922 | Seattle, WA 98109 USA

Street: 2201 Westlake Avenue, Suite 200 | Seattle, WA 98121 USA

Tel: 206.285.3500 | Fax: 206.285.6619

BIDInitiative@path.org

SHARE: ILIKE TWEET

Click here to send this to a colleague.

Received this from a friend? Click here to subscribe.

You are subscribed as [email address suppressed]. Click here to unsubscribe.

We respect the privacy of our online relationships. Our lists are never sold to third parties. We will only share personally identifiable information with third parties when the person submitting the information authorizes us to share it or we are required to by law.