Letter from the Director

Happy New Year! We have much to celebrate – past and present – as the BID Initiative enters the final stage of the current work underway. It's been an amazing year, and I continue to be very proud and excited about our accomplishments to date.

Last year saw the completion of two regions in Tanzania – Arusha and Tanga – and the start of the third region, Kilimanjaro. Each new region presented different health landscapes, demographic compositions, and challenges, and brought us closer to the goal of scale-up and country ownership. More than 160,000 children have been entered into the electronic immunization registry in Tanzania. And in Zambia's Southern Province, after a rapid and iterative development phase, we successfully introduced and scaled the Zambia Electronic Immunization Registry (ZEIR), thanks in large part to the enthusiasm and quick uptake of health workers across the region. More than 20,000 children have been entered into ZEIR to date. The digital health toolkit is also progressing. We continue to work with the World Health Organization (WHO), USAID, Johns Hopkins University, and the
International Telecommunication Union, among other partners, and expect to publish both print and digital versions in early 2018. We still have many exciting opportunities on the horizon to build upon the BID Initiative work. Our role continues to shift to supporting the Tanzania and Zambia ministries of health to lead the scale of interventions, and in addition we are developing plans to help other countries using data quality and use interventions to improve health outcomes. In the meantime, check out some of the highlights from our work in 2017. You can continue to follow our journey by finding us on Facebook, Twitter, and by subscribing to our blog.

Sincerely,

Laurie Werner
Global Director, the BID Initiative
PATH

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

Refining Zambia’s training method to respond to health worker needs

The BID Initiative is committed to a “learn fast, fail fast, and share fast” philosophy, and Zambia is no exception. ZEIR has been deployed to 276 health facilities in Southern Province, and 564 health workers have been trained on the new system. But this progress wouldn’t be possible without an effective and innovative
training strategy to ensure that interventions are scaled and sustained far into the future.

Over the past four years, BID has experimented with a number of approaches, including facility-based training, group sessions, and cascade-type trainings. After considering factors such as time, cost efficiencies, and sustainability, BID, in partnership with the Zambia Ministry of Health, decided that a hybrid model was the most feasible approach. This model combines facility, group, and cascade training with an emphasis on district participation and leadership.

Previously, trainings consisted of one to two “touches,” or visits to a health facility, by several BID team members. These on-site trainings took place regardless of whether the team was accompanied by district officials and often weren’t taken seriously. Health workers felt the trainings increased their work burden and were imposed on them.

After learning from our initial implementation strategy in Tanzania, which began rollout before the Zambia team, we decided to adopt a hybrid strategy that combines on-site, one-on-one, and centralized trainings, where emerging data use champions were assigned to mentor their peers. This new, hybrid model allowed us to champion district engagement and increase interest and participation. Health workers felt heard and were able to provide meaningful feedback.

Some districts have even applied this training strategy to other program areas, including family planning and prevention of mother-to-child transmission of HIV interventions. Furthermore, group trainings bring together staff from different health facilities and promote a culture of data use across the full health system.

Tanzania prepares for a fully digital system
As we continue implementation in the third region in Tanzania, the Kilimanjaro region, we are working closely with the government of Tanzania on scale and sustainability plans. Currently, health workers in the implementation facilities are using the traditional paper system in parallel to the new electronic system. However, Tanzania is committed to seeing the BID Initiative continue and expand beyond these regions. Facilities are now preparing to switch to the fully digital system.

The government of Tanzania is drafting guidelines for this significant milestone and the process will start in early 2018. The first phase will be for select districts in Tanga and Arusha regions. Both regions are slated to be paperless by mid-2018. The digital system will replace paper tools, such as tally sheets, HMIS child register books and monthly report forms.

Tanzania has also committed funds to scale BID solutions to the equivalent of an additional six regions. PATH is seeking funding to support the government in this ongoing implementation. The government’s work with the Data Use Partnership, which is also supported by PATH, will continue to build upon the BID work, looking at national governance, policies, and systems, as well as a primary health care digital system.

Check our blog later this quarter for more updates on how we will continue the BID Initiative work in Tanzania, Zambia, and other BID Learning Network (BLN) countries.

BID swaps knowledge at global conferences and summits
Over the past few months, our team has been traversing the globe to attend key conferences, summits, and meetings, often accompanied by members of the Tanzania and Zambia ministries of health. It’s important that the BID Initiative shares its learnings in order to contribute to the body of knowledge that informs future investments, and these events provide the perfect opportunity to do so.

In October, our work took us to the 15th TechNet conference in Cascais, Portugal. Led by the WHO-UNICEF Immunization Supply Chain Hub, this year’s conference focused on building the next generation of immunization supply chains. BID had a strong presence at the conference with representation on multiple panels, including a discussion on bridging the paper-digital divide and the short- and long-term needs of immunization data systems. Also in October, we attended the NetHope Global Summit to discuss BID’s work in Tanzania and Zambia and our lessons from both countries.

In December, BID joined several other PATH teams at the Global Digital Health Forum in Washington, DC. The forum brings together technical developers, implementers, donors, ministry of health leaders, and other key players for a rich dialogue about the evolving digital health landscape. BID had much to add to the discussion about the increasing interoperability of health information systems, new investment models, and the importance of supporting scaled solutions and sustainability.

We also released a white paper this quarter titled Defining and Building a Data Use Culture. The increasing use of information
and communication technology in the global health sector requires that organizations, development actors, and health workers know how to make meaningful use of data. The white paper describes actionable steps to improve data-driven decision-making and a culture of data use.

BID will continue collecting, sharing, and disseminating lessons learned in the new year. Check out our resource library for several presentations from this quarter’s conferences and our recent BLN webinars.

**Immunization Data: Evidence for Action**

In 2018, the initial BID Initiative grant will come to a close and we are looking forward to sharing how we will build upon our work. To start, PATH, in partnership with the Pan American Health Organization (PAHO), has started on a new initiative titled **Immunization Data: Evidence for Action, or IDEA**.

We are working with several global partners, including representatives from the governments of Tanzania and Zambia, US Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), WHO Regional Office for Africa (AFRO), the United Nations Children’s Fund (UNICEF), Gavi, and others, to collect, synthesize, frame, and share evidence-informed learnings and best practices, including learnings from the BID Initiative, to improve immunization outcomes through improved data quality and use.
Our goal is to frame the findings in ways that will allow for easy adoption, application, and use by country ministries, implementers, funders, and policymakers – ensuring that we are accelerating and amplifying what works at all levels of the global health sector. And, while we are focused on immunization programs and projects, we expect the learnings and best practices will also be relevant across sectors.

Learn more about this work on our blog, and stay tuned as we share plans to build upon the BID Initiative work.

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Defining and Building a Data Use Culture

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: PATH/Chimwasu Njapaw. PATH/Trevor Snapp. PATH/Lauren Hodsdon. PATH/Trevor Snapp.