MALAWI

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BLN/GAVI DQU Learning Session II

3- 5 March 2020

Lusaka, Zambia

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Outline

- Data quality and use objectives
- Set desired performance by October 2019
- Status of implementation
- Key strategies for data improvement
- Key challenges
- Lessons learnt
- Desired performance by June 2020
- Action plan
- Interventions package

Data quality and use objectives

The objective of data quality and use are to:-

- Ensure that data generated health facilities are accurate and used

- Ensure that appropriate tools are in place to support the collection, recording, analysis and reporting of data.

- Build capacity for health workers on data management and use for decision making.

- Improve timeliness and completeness of data at all levels.

- Adopt new innovations to improve data quality and use

- Migrate to fully use of DHIS 2 and utilize available immunization dashboards

Desired Performance by October 2019

1	**Quarterly EPI feedback shared once to zones and districts by national EPI Unit by October 2019.**
2	Data quality review conducted with support from external partners by August 2019
3	Add all core EPI indicators in DHIS 2 by CMED by August 2019.
4	Follow up missing report from 29 districts by October 2019.
5	Pilot electronic immunization registries in at least 10 health facilities by September 2019 in collaboration with HISP-Malawi
6	Distribute desk top computer to 29 districts for EPI data use by national EPI unit by August 2019.

Accomplishments

| #	Activity	Indicator	Resp	Data source	Risk/Assum	Resources	Status
1	Quarterly EPI feedback shared once to zones and districts by national EPI Unit in August & October 2019	Number of quarterly feedbacks shared with zones and districts	DM	Asking zones & districts		• No need	*** Quarterly feedback shared (September Feedback was shared to all districts & next one will be shared in February for the last quarter of 2019)**
2	Data quality review conducted with support from external partners by August 2019	Data quality review conducted	PM	DQR Report	Inadequate resources Availability of TA	• Available • Gavi HSS	*** Field immunizat5ion system assessment was conducted in September 2019. Final report not yet out.**
`3	Add all core EPI indicators in DHIS 2 by CMED by August 2019.	All core EPI indicators included in DHIS 2	DM	Checking in DHIS 2	DHIS 2 Upgraded	• No need of funds	*** All EPI indicators have been added & New immunization app on DHIS 2 by Oslo Univ. DHIS consultant as been installed**

Accomplishments

| #	Activity	Indicator	Resp	Data source	Risk/Assum	Resources	Status
4	Follow up missing report from 29 districts by October 2019	Number of missing reports received from districts	DM	Missing reports entered in DHIS 2		No need of resources	***22 missing reports from districts were followed up and entered in DHIS2 by districts in October 2019.**
5	Pilot electronic immunization registries in at least 10 health facilities by September 2019 in collaboration with HISP-Malawi	EIRs piloted in 10 health facilities in the country by HISP-Malawi	PM	Report of pilot of EIRs	Software finalized		• **EIRs was piloted at Bilila Health Centre in Ntcheu district in October 2019.** • **It will roll out to other health facilities in the same district in 2020.**
6	Distribute desk top computer to 29	Number of districts	ISCO	Report of distributio	All computers will be in the	Available in HSS with	**All 29 districts received desk**

Using OpenSRP software

Example of feedback shared

Comparison of completeness of health facilities reports in DHIS 2 & DVDMT, 2017 - 2019
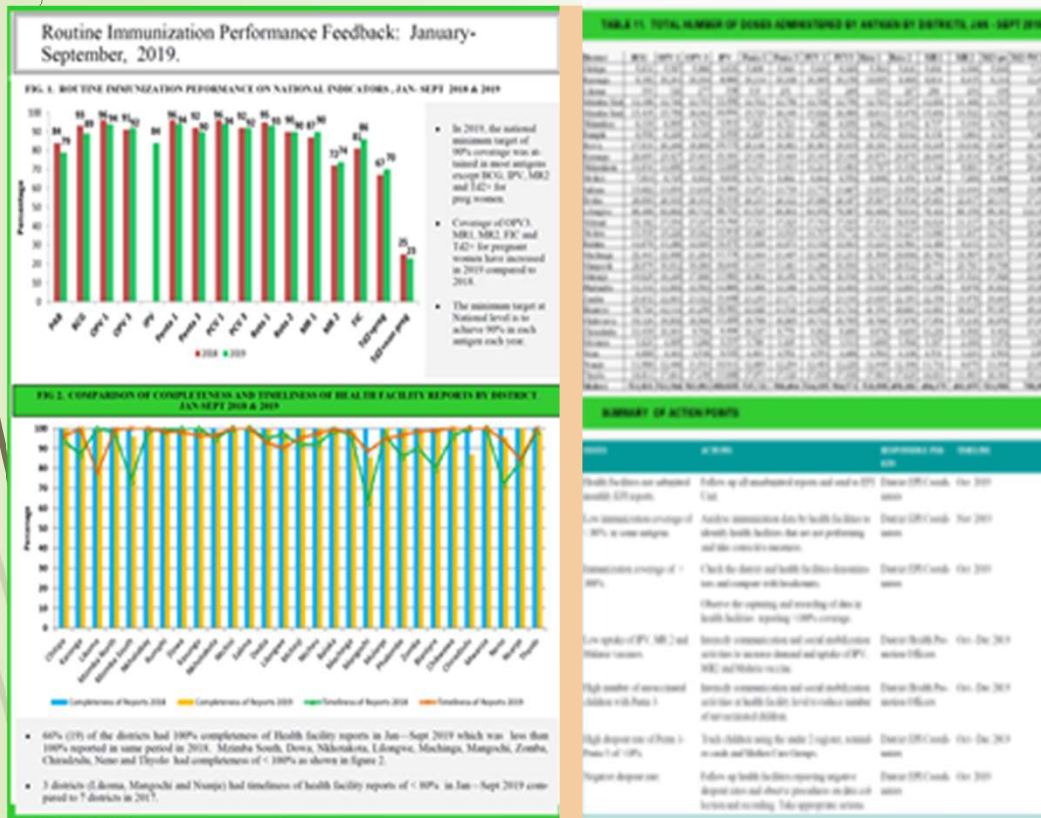
Feedback shared to all districts and zones
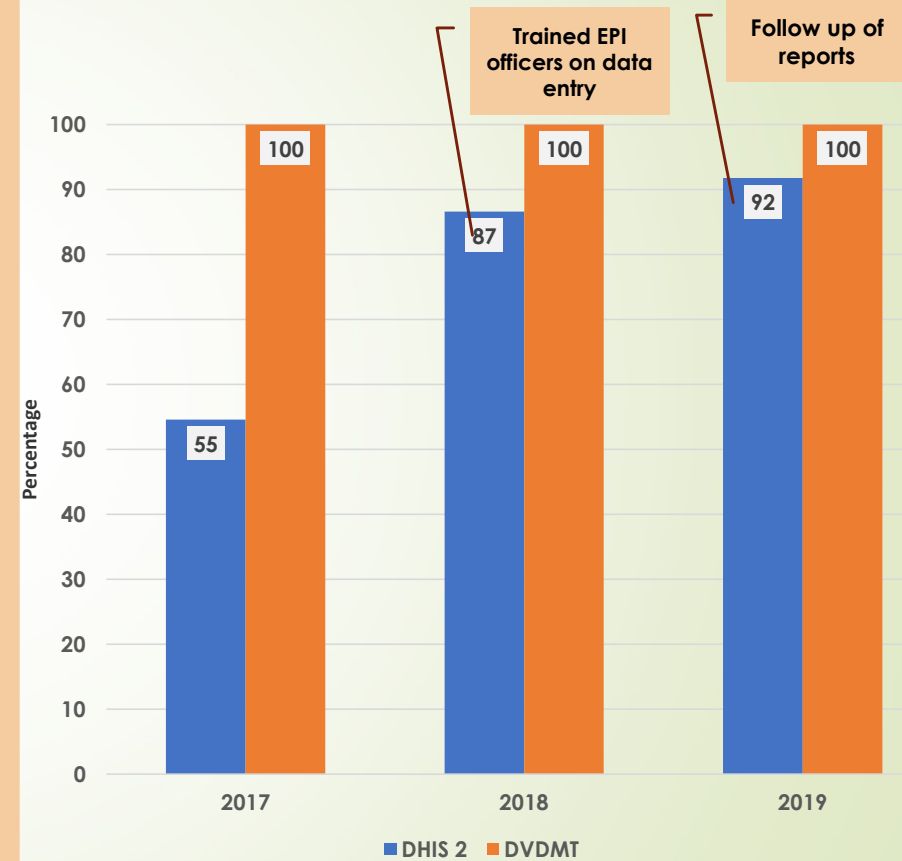
Reporting rate in DHIS2 increased from 55% in 2017 to 87% and 92% in 2018 & 2019 respectively.

Key strategies to improve data quality and use

- Capacity building on data management and use at all levels

- Enhance regular review meetings on data quality and use with involvement of health facilities

- Adoption of new innovations ie electronic registries & mobile DHIS 2.

- Strengthen the use of one system for data reporting …….DHIS2 not DVDMT.

- Implement the DQIP

Key implementation challenges on data quality and use

▶ Governance/Policy

- New WHO immunization applications not installed on DHIS 2

- Historical data not imported into DHIS 2

▶ Administrative/logistics

- High discrepancy between NSO population and headcount in some districts

- Poor network connectivity in some districts to access DHIS2

Key implementation challenges on data quality and use

➡ Technical

- Use of denominators projections from 2008 census

- Inadequate skills of analyzing immunization data at Zone, district and health facility levels.

- Use of complicated data recording and reporting tools

- Irregular feedbacks to lower levels

➡ Resources

- Inadequate staff at all levels

- Unavailability of financial resources for data quality and use to lower level.

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Lessons Learned in relation to data quality and use improvement

- Involvement of health facility staff in review meetings improve the quality of data.

- Regular feedback to lower level improves performance and completeness of reports.

- Use of new technologies motives health workers on data use.

- Proper planning ensures effective use of available resources.

- Regular meetings at programme level and reviewing planned activities assist in keeping on track the planned activities.

Desired performance April – June 2020

1	**Immunization data at national level from DHIS 2 and DVDMT harmonized by June 2020**
2	Data quality improvement plan (DQIP) finalized and shared to all stakeholders by April 2020
3	Data quality improvement team established by May 2020
4	Quarterly data reviews at district and health facility levels conducted by June 2020.
5	EPI officers at district and health facility level trained to use tablet (mobile DHIS 2) to enter immunization data in DHIS 2 by May 2020
6	EPI programme engaged National Statistical Office (NSO) on population generation for districts by June 2020
7	The Immunization electronic registry is scaled up to other health facilities by June 2020

Action Plan of data quality and use by June 2020

#	Activity	Indicator	Resp	Data source	Risk/Assum	Resources
1	Hold biannual Immunization data harmonization meeting by June 2020	Number of data harmonization meeting held	DM	Reports	Funds availability	Governme nt funding / Gavi
2	Finalize the data quality improvement plan by April 2020	DQIP finalized	PM	Report of DQIP	IST technical support available	Gavi fund
3	Data quality improvement team established by May 2020	Data Quality Improveme nt team established	DM	Minutes of establishm ent of DQIT		No need of funds

Action Plan of data quality and use by June 2020

#	Activity	Indicator	Resp	Data source	Risk/Assum	Resources
4	Conduct quarterly review meetings on data with district and health facility staff by June 2020	Number of data review meetings conducted	PM	Reports	Funds availability	Gavi & WHO funding
5	Train EPI officers at district and health facility levels to use mobile DHIS 2	Number of EPI Officers trained	CMED	Reports	Funds	Gavi
6	Engage the NSO on the estimations (generation) of district populations by June 2020	Number of meeting held with NSO	PM	Minutes	NSO staff will be available and accept	Government funding
7	Scale up immunization registry to other facilities by	Number of HFs using e-registry	HISP Malawi	Report	Partner will continue funding the	GIZ funding

Data quality & use Interventions package

➤ Training of Health workers on data management and use at all levels

➤ Regular review meetings on data quality and use

➤ Review of data quality collection tools ie under 2 register

➤ Continue using new innovations ie electronic registries

➤ Use of one system for data capturing and reporting (moving away from using parallel system).

➤ Continue engaging with CMED on issues related to DHIS 2 and immunization data quality.

➤ Provision of incentives to well performing districts

END OF PRESENTATION

THANK YOU