Zimbabwe

Dr. P. Manangazira - Director for Epidemiology and Disease Control
BLN/GAVI DQU Learning Session II
3-5 March 2020
Lusaka, Zambia
Commitments made in the last meeting (Max. 2 slides)

- Status (complete/being implemented/being developed/no action yet)
- Data quality and use objectives
- Key strategies to improve data quality and use
- Resource availability
- Other issues of importance
U1  Not sure about this information
User, 3/2/2020
Accomplishments

• Set up Data Quality Improvement Team, (EPI, HMIS, M&E, RBF, GF, HDF) which on quarterly basis sits to discuss data issues and prioritise areas warranting support.

• Conducted quarterly Integrated Support Visits with focus on data verification on selected indicators.

• Integration of RBF program to check data quality. Monthly data verification exercises resulting in systematic updating of correct data into the DHIS2 system.

• Conducted data analysis and use training covering all rural provinces with thrust on use of DHIS2 system Dashboards. Interpretation and formulation of policy briefs. Focus was on general and program (EPI, Malaria, TB, HIV) specific indicators.

• Conducted RDQA in January 2020 (report being compiled)
Implementation Challenges

• Governance/policy
  • No integrated SOPs for conducting OSDV

• Administrative/logistical
  • Migration from paper based to electronic health record
  • Health care reforms; UHC, SDGs... leaving no one behind
  • Profile of EPI and HIOs in the Ministry

• Technical
  • Low skill set among users to utilise DHIS2 for detecting possible data quality issues
  • Low skills in using data analysis leading to low utilisation of data collected at all levels

• Resources
  • Aged and non functional equipment (laptops etc) poor internet bandwidth contributing to low timeliness and low completeness rates.
  • Inadequate data collection tools for recording and reporting data.
  • Electricity outages
  • Funding gaps in implementing activities that support data quality; review of data
### Typhoid cases by province/city in Zimbabwe, 2013–2018

*Source: Weekly Disease Surveillance System, (MOHCC)*

<table>
<thead>
<tr>
<th>Province/City</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulawayo</td>
<td>71</td>
<td>17</td>
<td>32</td>
<td>26</td>
<td>47</td>
<td>34</td>
</tr>
<tr>
<td>Chitungwiza</td>
<td>12</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Harare</td>
<td>89</td>
<td>1,204</td>
<td>1,630</td>
<td>2,652</td>
<td>3,421</td>
<td>4,095</td>
</tr>
<tr>
<td>Manicaland</td>
<td>66</td>
<td>599</td>
<td>190</td>
<td>5</td>
<td>38</td>
<td>6</td>
</tr>
<tr>
<td>Mashonaland Central</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>83</td>
<td>75</td>
<td>1</td>
</tr>
<tr>
<td>Mashonaland East</td>
<td>30</td>
<td>17</td>
<td>10</td>
<td>84</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Mashonaland West</td>
<td>61</td>
<td>183</td>
<td>39</td>
<td>50</td>
<td>193</td>
<td>2</td>
</tr>
<tr>
<td>Matabeleland North</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Matabeleland South</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Masvingo</td>
<td>3</td>
<td>3</td>
<td>11</td>
<td>10</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>Midlands</td>
<td>11</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>344</td>
<td>2,045</td>
<td>1,921</td>
<td>2,917</td>
<td>3,806</td>
<td>4,162</td>
</tr>
</tbody>
</table>
Planning for TCV Introduction

- Typhoid capacity assessments
- *Two stakeholder consultations*
- Surveillance and epidemiological analysis
- Evidence gathering, WASH analysis for Geo-hot spot mapping
- Denominator data in informal settlements inconsistent with 2012 census or 2017 Inter Census Demographic Survey
Number of suspected typhoid cases in Harare by age group and date of onset, by epiweek, January 2016–April 2018.
Suspected typhoid cases by suburb and epi week, Harare City, January 2016--April, 2018
Lessons Learned in relation to data quality and use improvement (maximum 2 slides)

• Frequent meetings through well constituted committees focusing on data quality improve the quality of data and eventually its use.

• Integration of programming allows maximum resource utilisation with greater achievements. E.g one system picking data issues and sharing these findings with other systems and making the information available to a wide range of users of that information.

• Planning for EPI program expansion and immunization through the life course, (HPV, OCV, TCV, HBV…) Denominator issue not solved

• Quality of data is appreciated if a data use culture has evolved and can contribute to improvement of quality of data
Interventions to address challenges

Objectives

• To review and harmonise data collection and reporting tools
• To integrate WHO data quality tool into DHIS2
• EPI data into the EHR in the pilot district and province, solve denominator issue
• To integrate RBF system, (other vertical systems) with MoHCC DHIS2
• To train facility level health workers on data use at source.

Performance Indicators

• % tools reviewed and harmonised
• % DHIS2 modules/data elements mapped to WHO Data Quality tool
• % facility based health workers capacitated on data use
• Number of indicators in RBF DHIS2 synched with MoHCC DHIS2
THANK YOU