



The Gambia

Mbye Njie

Senior Surveillance Officer

BLN/GAVI DQU Learning Session

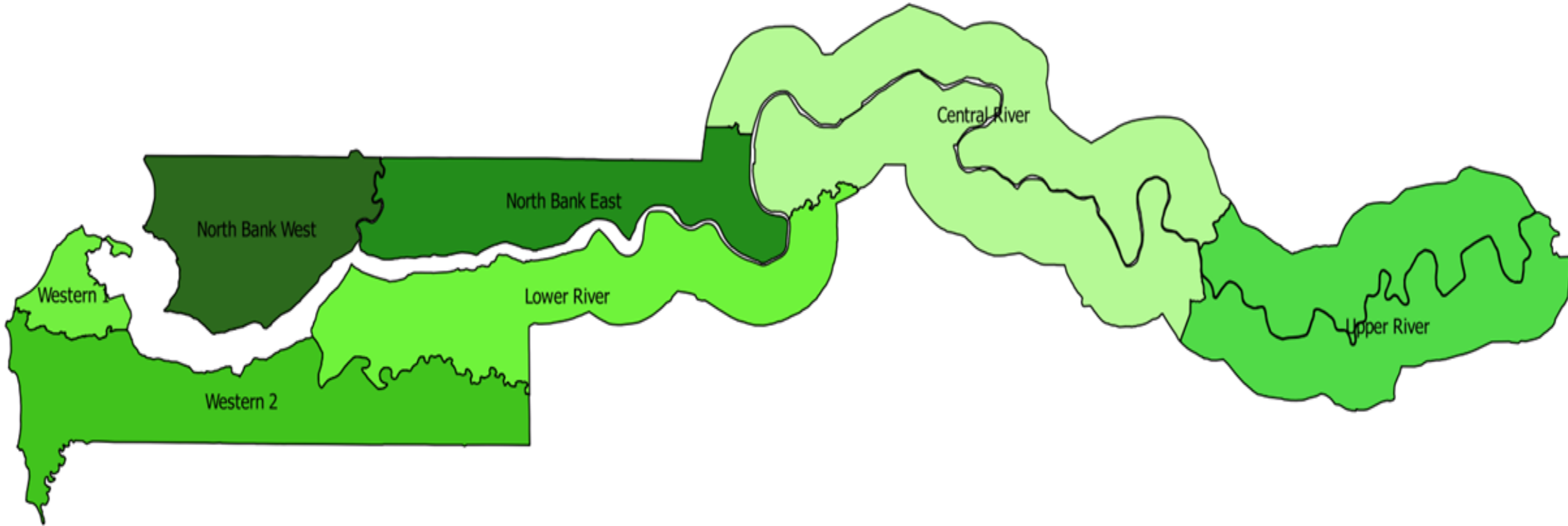
24-26 July, 2019

Lusaka, Zambia

Rationale for the DIP

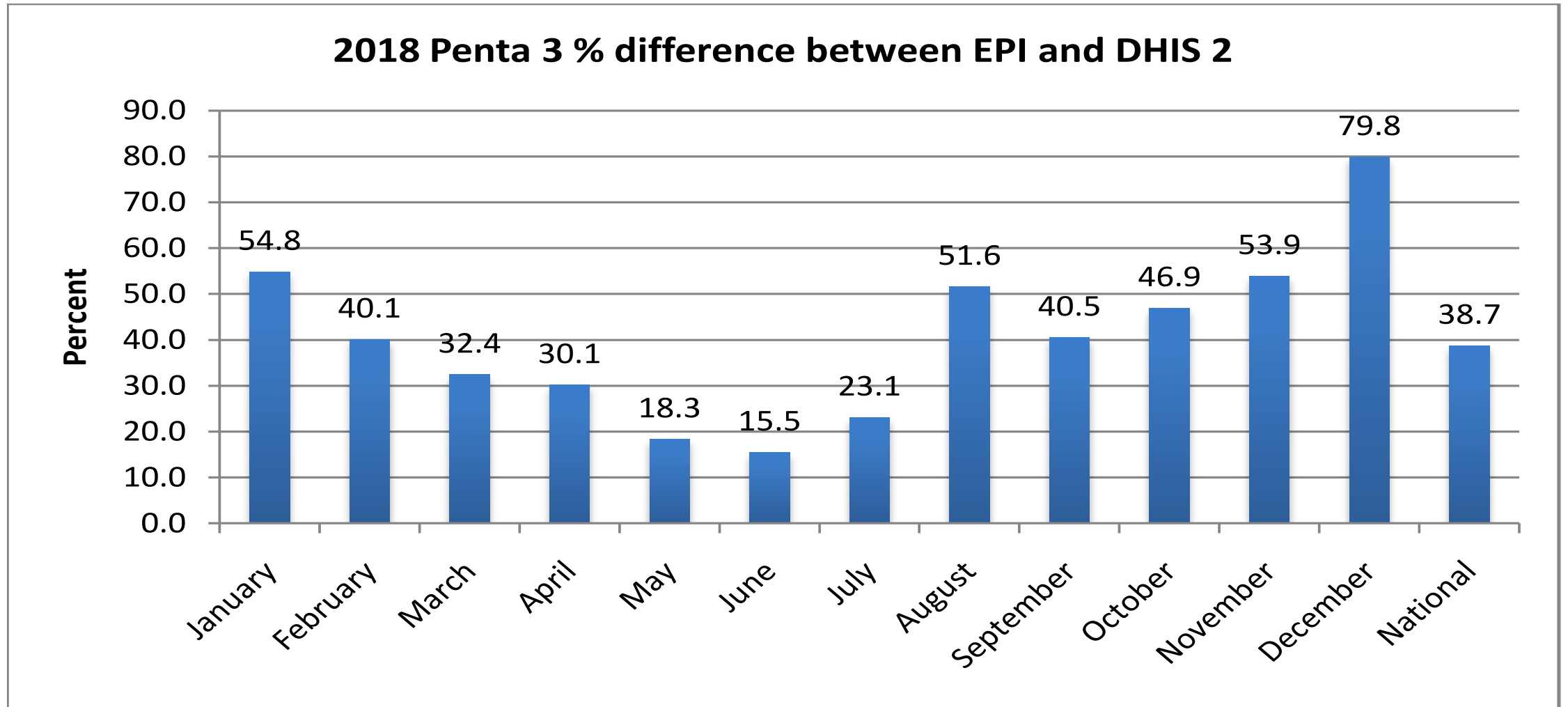
- The Gambia EPI had ever been faced with real challenges with the quality of immunization data generated by the various data management systems the country is using
- The EPI program with support from Gavi and WHO developed a DIP for immunization in March 2019
- It tries to promote good data quality and use, with emphasis on collaboration with stakeholders from 2019-2023

PENTA3 COVERAGE BY HEALTH REGION, GAMBIA 2018

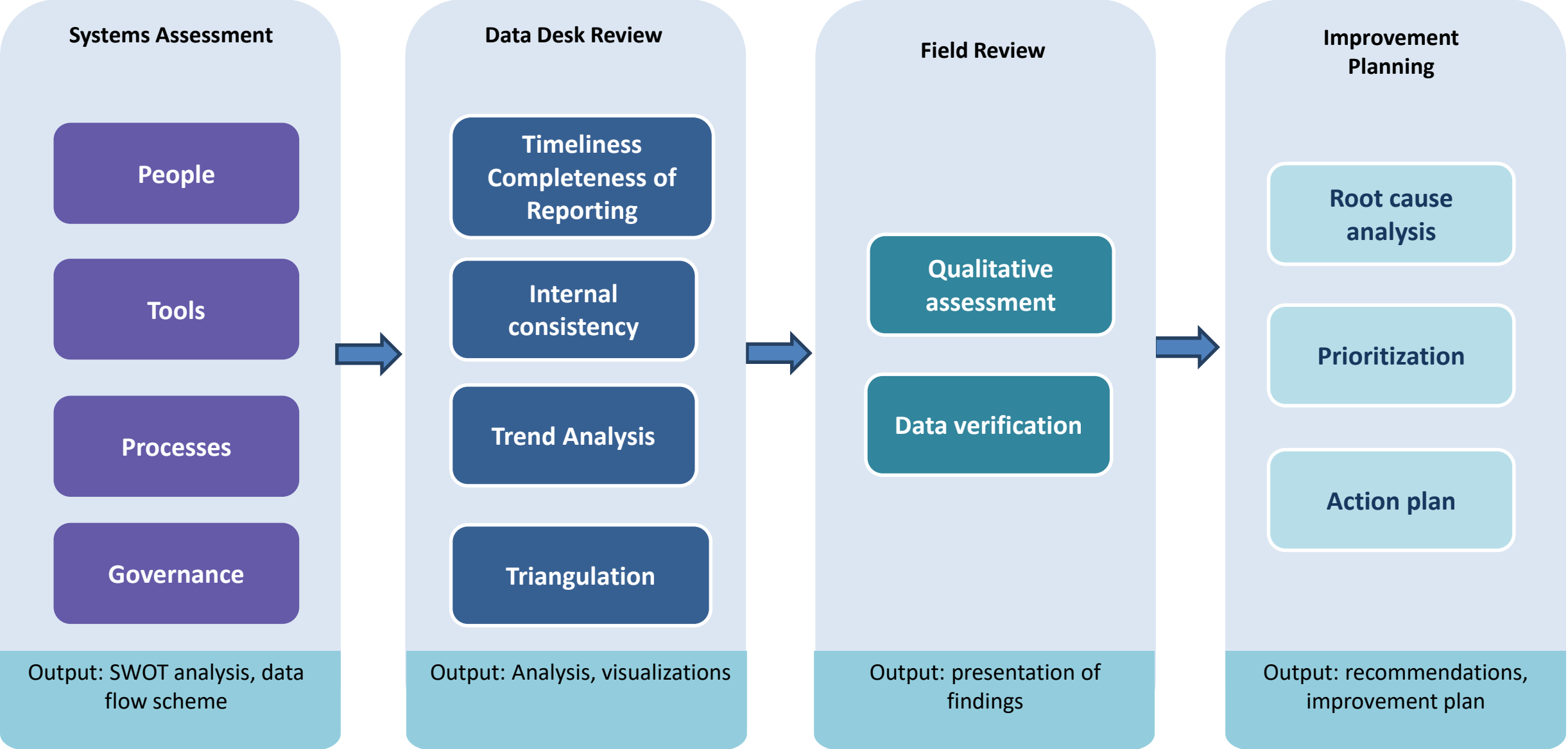


| KEY | |
|------|--|
| ≥99% | |
| 96% | |
| 94% | |
| 93% | |
| 92% | |
| 91% | |

Internal inconsistencies between reporting tools



DQIP Process



Some Key Data Quality Findings-1/2

- Parallel reporting system for immunization data
- Not all facilities are submitting the monthly returns (Incomplete reporting)
- Late submission of monthly returns by some facilities (Late reporting)
- Data entry (capturing) errors at the regional level by both EPI and HMIS
- Data compilation errors during preparation of monthly returns at the facility level
- Inconsistencies between reported and recounted data (accuracy) for both EPI and HMIS reported data at regional and facility levels

Some Key Data Quality Findings-2/2

- Different **denominators** used by both EPI and HMIS, leading to different coverage results
- Inadequate and uncoordinated supportive supervision from higher level, particularly central level
- No SOP to guide data review and supportive supervision at the regional and facility levels
- Insufficient collaboration/team work between Regional EPI and HMIS Team
- Poor documentation at both the regional and facility level, resulting in missing files and source documents.
- No SOP for management, storage and archiving, and backup of data

Prioritized Recommendations 1/2

- Revise MoU between MoH and the private facilities to include the integrated data reporting
- Agree on a national set of denominators to be used by all stakeholders in health.
- Harmonize and integrate all data entries and reporting timelines
- Integrate monthly returns generated by MyChild into DHIS2
- Customize the integrated data collection and reporting tools according to the level and facility type
- All facilities using the “MyChild” Solution should submit weekly, all registration and tally forms to the RHD for scanning.

Prioritized Recommendations 2/2

- Enforce post data entry verification at the RHD and all facilities entering data into DHIS2
- Develop/review SOPs for data management, data review and supportive supervision, storage and archiving and backup
- Train people in the use of the various SOPs developed
- Train people in the collection, management, and use of data.
- Data quality issues flagged in MyChild System should be resolved timely (within 5days after scanning)
- Conduct quarterly data verification from central level and monthly verification from regional to facility level

Accomplishments

- Alignment of reporting deadlines from health facilities to regions
 - HF to Region change from the 3rd to the 5th of every month
 - Regional to National change from the 7th to the 10th of every month
- Formation of Data Quality Team at national level to identify and address challenges in data management
- Timeliness has improved from 68% to 72% as of 30th June 2019
- MyChild Solution being rolled out in 2 regions and integrated into DHIS2
- Monitoring of immunisation performance at regional level
- Vaccine Visibility System (VVS) has been scaled up to cover 23 Vaccine stores (Central store, 4 regional stores and 18 health centers)

The Key Issues and Action Taken

| | Key issue | Action/s taken to address |
|---|---|---|
| 1 | Parallel reporting system for immunization data | EPI currently engaging HMIS to ensure that the reporting needs of the program is adequately captured in the national database to enhance reporting of immunization data is done through DHIS2 alone. |
| 2 | Not all facilities are submitting the monthly returns (Incomplete reporting) | The program through the Regional Health Directorates is engaging the Private Health Facilities (the main culprits) to ensure timely reporting of immunization data (no data no vaccine adhoc policy) |
| 3 | Late submission of monthly returns by some facilities (Late reporting) | In April this year, the program had aligned reporting deadline for immunization data with that of the HMIS at a stakeholder meeting involving the RHDs and the central level staff. This has been endorsed by the Director of Health Services on the 18 th June 2019 |
| 4 | Different denominators used by both EPI and HMIS, leading to different coverage results | Currently engaging the HMIS Unit through the National Data Quality Team to convene a stakeholder meeting of all the units and directorates in the MoH to agree on a common denominator |
| 5 | Insufficient collaboration/team work between Regional EPI and HMIS Team | Regional EPI officers and HMIS data managers actioned to review together immunization data in DHIS2 prior to finalizing it for submission. |

Outcome Indicators

| Indicators | Target | | | | | | | | | | |
|--|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | 2019 | | | 2020 | | | | 2021 | | | |
| Outcome Indicators | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Completeness of reporting | | 90% | 93% | 95% | 95% | 98% | 98% | 100% | 100% | 100% | 100% |
| Timelines of reporting | | 80% | 80% | 85% | 85% | 90% | 90% | 95% | 95% | 100% | 100% |
| Accuracy of reporting (Verification Factor - Regional Level) | | 95-105% | 95-105% | 95-105% | 98-102% | 98-102% | 98-102% | 98-102% | 98-102% | 98-102% | 98-102% |
| Accuracy of reporting (Verification Factor - facility Level) | | 90-110% | 90-110% | 90-110% | 95-105% | 95-105% | 95-105% | 95-105% | 98-102% | 98-102% | 98-102% |

Implementation Challenges

- Lack of SoPs to guide data compilation
- No accountability in data management
- Inadequate funds to implement the activities of the DIP
- Inadequate training of service providers on data management
- Irregular in-service meetings at regional level to discuss data issues
- Inadequate knowledge on data analysis at service delivery level

Lessons Learned in relation to data quality and use improvement

- Good collaboration with stakeholders has help to initiate activies to address data quality issues
- The formation of the DQT has helped the country to start addressing data quality issues
- The Mychild solution has reduced the workload of health workers in compiling and sending data at the end of each month. (only send papers for scanning and reports generated)
- The use of digital health solutions have been observed to motivate health workers but expensive or difficult to scale up without dedicated funding

Next Steps

- The country's DQT has engaged all MoH programmes to align the denominators
 - The Team awaiting release of funds from WHO to implement planned activities to solve the denominator problems
 - Finalising denominator through stakeholders meeting
 - Training health workers on data management
- DHIS2 Integration is planned in September with support from WHO
- Conduct data quality audits at regional and facility level
- Conduct EPI cluster survey

Data quality and use should be
integrated in our national plan!

Thank you