

DATA QUALITY IMPROVEMENT PLAN, 2019-2021

| Strategy | Activities | Indicators | Timeline | Responsible | Cost (ZMW) | Resource Impact (L/M/H) |
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| 1. Strengthen feedback, supervision and mentorship at all levels of the health system | Include roles and responsibilities within EPI manual for the District MCH coordinators, Cold chain Officers and Pharmacy personnel on how they are to work together and manage data needs between them (as addendum to EPI manual) | • Addendum to EPI manual done | 1st quarter, 2019 | CHU | - | |
| | | | | | - | High |
| | | • EPI manual and addendum disseminated electronically and in print | | | 37,200 | |
| | Make policy (HMIS manual) to strengthen feedback available to all the health facilities in form of a poster (job aid) | • Policy disseminated electronically and in print | End of 2019 | HR Department | 52,480 | High |
| | Conduct supervision and mentorship using all available means (i.e. physically and/or remotely) | • Number of supervision and mentorship sessions conducted | Quarterly | QI Dept | 2,671,160 | High |

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| 2. Strengthen orientation and training on data management for all relevant health care workers at all levels | Develop the in-services and pre-service HMIS training module | • In-service training module developed | Mid 2020 | M&E Directorate | 438,500 | High |
| | | • Pre-service training module developed | | | | |
| | Work closely with the Health Professions Council of Zambia (HPCZ) to ensure pre-service training curriculum on the HMIS is adopted and implemented by all the training institutions | • Number of training institutions implementing pre-service module | 2021 | CHU | - | High |
| | | • Number of training programmes implementing pre-service module | | | | |
| | | • Number of HCWs trained through pre-service model | | | | |
| | Conduct online in-service training on HMIS for all relevant health care workers | • Number of HCWs trained through in-service model | Ongoing | CHU, M&E Directorate | - | High |
| | Ensure staff are adequately oriented on data management at all levels | • Number of HCWs oriented on data management by health care level | Ongoing | CHU, M&E Directorate | - | |
| Train M&E personnel to address programming challenges in HMIS, such as computational errors | • Number of M&E personnel trained | by 2020 | M&E Directorate | 166,496 | Medium | |
| | • Computational errors addressed | | | | | |

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| 3. Improve on use of existing ICT infrastructure and expand on availability of ICT at all levels | Incorporate ICT equipment in the standard equipment list for health facilities in order to strengthen data management. | <ul style="list-style-type: none"> ICT equipment is part of the standard equipment list for health facilities | End of 2019 | Physical Planning unit, ICT and CHU | - | High |
| | Procure ICT equipment for data management and other programme purposes at all levels | <ul style="list-style-type: none"> Funds mobilized for ICT equipment | Ongoing | CHU, ICT, M&E Directorate | 11,400,000 | High |
| | | <ul style="list-style-type: none"> ICT equipment procured and distributed by type and level | | | | |
| | Implement ICT policy and eHealth strategy to improve efficiency of utilization of ICT equipment already available in some facilities across different programmes | <ul style="list-style-type: none"> ICT equipment sharing policy disseminated and implemented | By 2020 | ICT | - | High |
| <ul style="list-style-type: none"> ICT equipment sharing policy implemented at various levels | | | | | | |
| Strengthen EPI information systems interoperability | <ul style="list-style-type: none"> Number of available information systems that are interoperable | By 2021 | ICT, M&E Directorate | 250,000 | High | |
| 4. Make necessary reference materials, training materials and tools for data collection and reporting available at all levels | Make 3,000 reference materials on data management available for all the facilities by 2021. | <ul style="list-style-type: none"> Number of reference materials distributed | Ongoing | M&E Directorate, CHU | 150,000 | High |
| | Make data collection tools standard across all health facilities | <ul style="list-style-type: none"> Data collection tools standardised | Ongoing | M&E Directorate | - | |
| 5. Improve data collection, entry and use at all levels, especially primary level | Adjust policy to allow various degrees of access rights at different levels in order to enable greater flexibility and use of the system at lower levels | <ul style="list-style-type: none"> Access rights policy adjusted | 1st quarter, 2019. | M&E Directorate | - | High |
| | | <ul style="list-style-type: none"> Data entry and analysis rights granted at various levels | | | | |
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| | | <ul style="list-style-type: none"> Decreased reliance on information officers for data needs at various levels | | | | |
| | Conduct data review meetings at health centre level | <ul style="list-style-type: none"> Number of data review meetings conducted | Monthly commence in Feb, 2019 | M&E Directorate | - | High |
| | | <ul style="list-style-type: none"> Improved data use for decision-making at facility level | | | | |
| | Adopt and implement electronic system of data management at all levels of service delivery, thus enabling electronic tracking of children in the HMIS | <ul style="list-style-type: none"> Number of health facilities with access to electronic data entry | By 2021 | M&E Directorate, CHU | 3,400,000 | High |
| | | <ul style="list-style-type: none"> Improved completeness of reporting | | | | |
| | | <ul style="list-style-type: none"> Improved timeliness of reporting | | | | |
| | Identify relevant M&E personnel and involve them in EPI activities such as ICC meetings, TWG meetings, JAR and other fora, and vice-versa | <ul style="list-style-type: none"> Number of EPI meetings attended by M&E personnel | Feb 2019 | CHU, M&E Directorate | - | Medium |
| | | <ul style="list-style-type: none"> Number of M&E meetings attended by EPI personnel | | | | |
| 6. Strengthen and standardize head count methodology as an alternative to using census population data | Refine head count methodology and develop head count guide in consultation with relevant stakeholders such as CSO | <ul style="list-style-type: none"> Number of consultative meetings conducted | By 2021 | M&E Directorate, | - | High |
| | | <ul style="list-style-type: none"> Head count methodology established | | CHU | | |
| | Await 2020 census findings and assess impact of new figures on | <ul style="list-style-type: none"> 2020 census findings available | By 2021 | M&E Directorate, | - | Medium |

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| | health system, especially EPI | | | CHU | | |
| | | <ul style="list-style-type: none"> Effect of 2020 census findings on EPI coverage figures established | | | | |
| 7. Restructuring of the EPI Team to include M&E | To have a Dedicated M&E staff for EPI Data Management | <ul style="list-style-type: none"> A dedicated M&E staff at CHU by 2020 | By 2020 | CHU,M&E ,Directorate & HR | 1,080,000 | High |
| 8. Mobilise resources for implementation of DQIP | To ensure continuous resource mobilisation for health information system supplies at all levels. | <ul style="list-style-type: none"> Fund mobilized for EPI relating to data management | Ongoing | CHU, M&E Directorate, ICT | - | High |
| | | | | TOTAL | 19,645,836 | |