Overview of Immunisation Data Quality Issues and Their Impact in Zambia

Dr. Francis Dien Mwansa
BLN/GAVI DQU Learning Session
24-26 July, 2019
Lusaka, Zambia
ZAMBIA’S DQIP

• Completed in January 2019
• Has a number data quality and use objectives including (but not limited to):
  – To conduct data quality review, information system assessment and to develop data quality improvement plan with clear monitoring and evaluation mechanisms

  – To promote experience exchanges between provinces, districts and peer learning harmonization and/or alignment of data quality assessment and improvement efforts.
Reporting Timeliness & Completeness, Jan-Jun, 2018

Completeness of reporting

Timeliness of reporting

Percent

January
February
March
April
May
June

Northern
Southern
Muchinga
Western
Lusaka
Luapula
Eastern
Central
North-western
Copperbelt
Zambia

January
February
March
April
May
June

Northern
Southern
Muchinga
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Zambia
Antigens Given at the Same Time 2016 - 2018
Antigens Given at the Same Time, By Province, 2018
Issues with Data

- Timeliness
- Completeness
- Inconsistencies
- Denominator Issues (coverage > 100%)- Denominators issues vs coding of data from primary source into DHIS2 system
- Negative Drop Outs (very high drop out rates > 50%?? True drop outs)
Key Strategies To Improve Data Quality & Use

1. Set up health information systems robust enough to generate reliable and timely information to aid decision-making through:
   • Electronic solutions
   • Simplified M&E solutions
   • Improved confidence of M&E staff to undertake their work
   • Enhancing the culture of information use
   • Improved feedback mechanism

2. Provide guidance to all levels in data handling processes through:
   • Simplified M&E standards and guidelines
   • Supportive supervision
   • Data quality checks
   • Triangulation of data sources
   • Better response to emergence of some VPD outbreaks
   • Regular and consistent review and use of data at all levels
Resource Availability

- Government
- Partners
Accomplishments

- Rolling out electronic platforms meant to spare more time for health worker and make quick decisions
- Developed DQIP
- Triennial data desk reviews for a third time
- District Health Information Officer in each district oriented in immunisation data handling
Key Challenge 1: Inadequate expertise in data management at various levels

- Limited orientation of programme managers and front-line staff
- High turnover of personnel
- Inadequate resources for the orientation of new personnel
- Overdependence on DHIO
Key Challenge 2: Poor data use culture

- Generation of HMIS reports (HIA1 & HIA2) to meet deadlines Vs guide programming at health centres
- Limited mechanisms of accountability to data quality and (especially) use at all levels
- HMIS reporting requirements perceived not to be part of the regular work of health care workers
- No standardised tools to help with analysis and data use at facility including feedback from high level
- Limited prompt feedback from supervisors
Key Challenge 3: Poor Recording Practices At Service Delivery Points

- High workload leading to task shifting to unskilled volunteers
- Not all facility staff are oriented in the proper use of data and data collecting tools
- Inadequate supervision
Key Challenge 4: Population Data and Re-zoning of Districts

- Health centre catchment population not harmonised with census enumeration areas and are merely rough estimates
- Head count system being used by health centres not standardised and no clear guidance is available.
- HW practice of not recording outside catchment children in the register leading to inaccurate data
- HMIS reporting system does not support child tracking
- New districts post 2010 census
Key Challenge 12: Timeliness and completeness of data is affected by paper-based systems

- Limited computers at facility levels for data entry limits the timelines and completeness
- No policy guidance to allow facilities use computers for data entry and reporting
Lessons Learned in Relation to Data Quality and Use Improvement

1. EPI Manual to reiterate roles for the District MCH coordinators, Cold chain Officers and Pharmacy personnel on how to manage data

2. Consistent Provincial and District teams to ensure data review meetings are conducted at health centre level

3. Strengthened feedback mechanism is key

4. Speedy adoption of electronic system of data management is key not just for tracking of children in the HMIS
What has happened so far?

- Trained National Program Managers in Data Quality Concepts
- Trained Local Resource Persons to support country efforts to conduct Data Quality actions
- Through Gavi PEF supported some key actions towards the development of Data Quality Improvement Plan
- Data Quality Assessment conducted.
## Next Steps

<table>
<thead>
<tr>
<th>Priority data quality and use objectives</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>Availability of essential vaccines, equipment, and supplies</td>
<td>Vaccines, equipment, and supplies</td>
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<tr>
<td>Availability of data sensitive trained human resources</td>
<td>Community workers, nurses, midwives</td>
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<tr>
<td>Regular data review meeting (DRM)</td>
<td>All levels aware of critical need for DRMs</td>
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<td>Promote Social Accountability approaches</td>
<td>Communities seek data as much they do services</td>
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<tr>
<td>Community Register or mVacc</td>
<td>Communities participate in data generation</td>
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<tr>
<td>Effective Quality</td>
<td>Timely and complete data</td>
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END

THANK YOU