



Overview of Immunisation Data Quality Issues and Their Impact in Zambia

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BLN/GAVI DQU Learning Session
24-26 July, 2019
Lusaka, Zambia

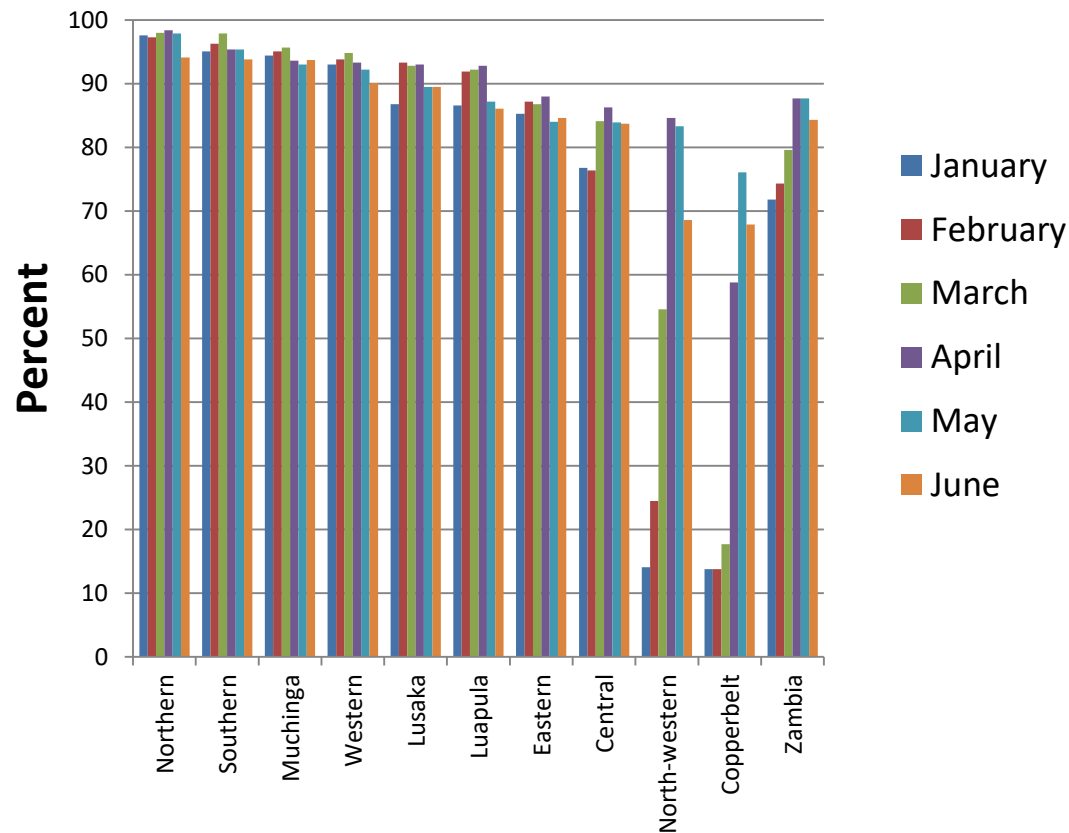
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ZAMBIA'S DQIP

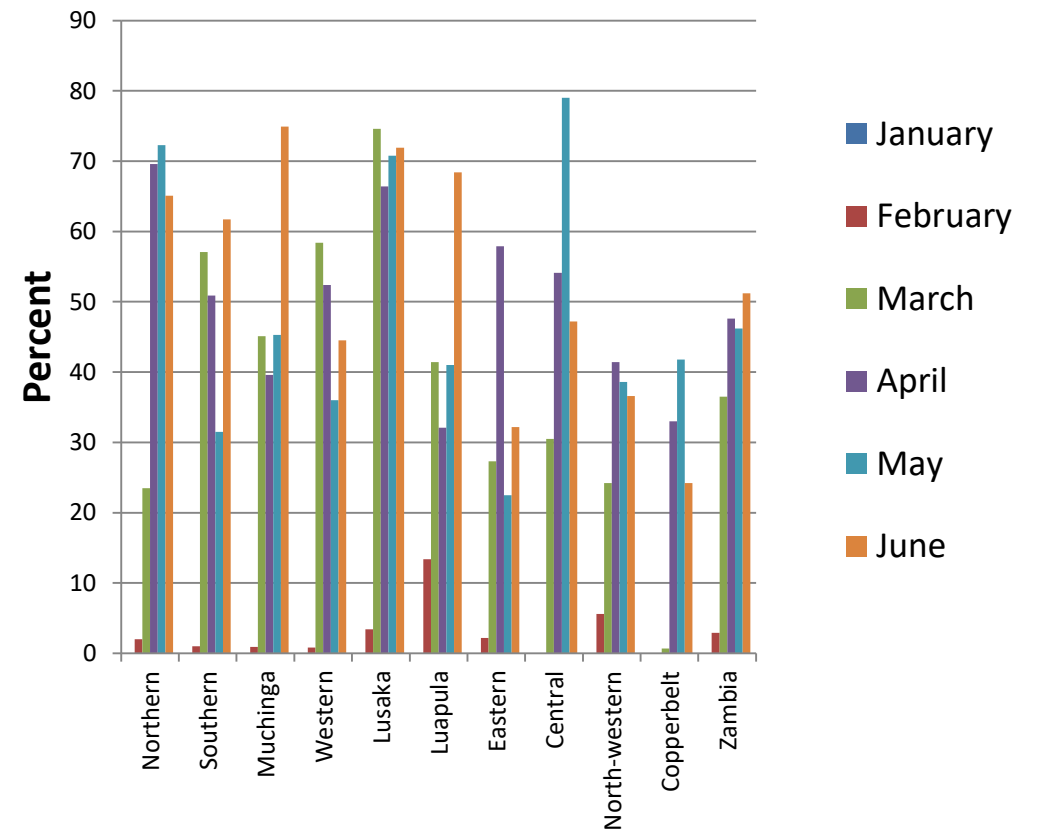
- Completed in January 2019
- Has a number data quality and use objectives including (but not limited to):
 - To conduct data quality **review**, information **system assessment** and to develop data quality **improvement plan** with clear monitoring and evaluation mechanisms
 - To promote **experience exchanges** between provinces, districts and peer learning harmonization and/or alignment of data quality assessment and improvement efforts.

Reporting Timeliness & Completeness, Jan-Jun, 2018

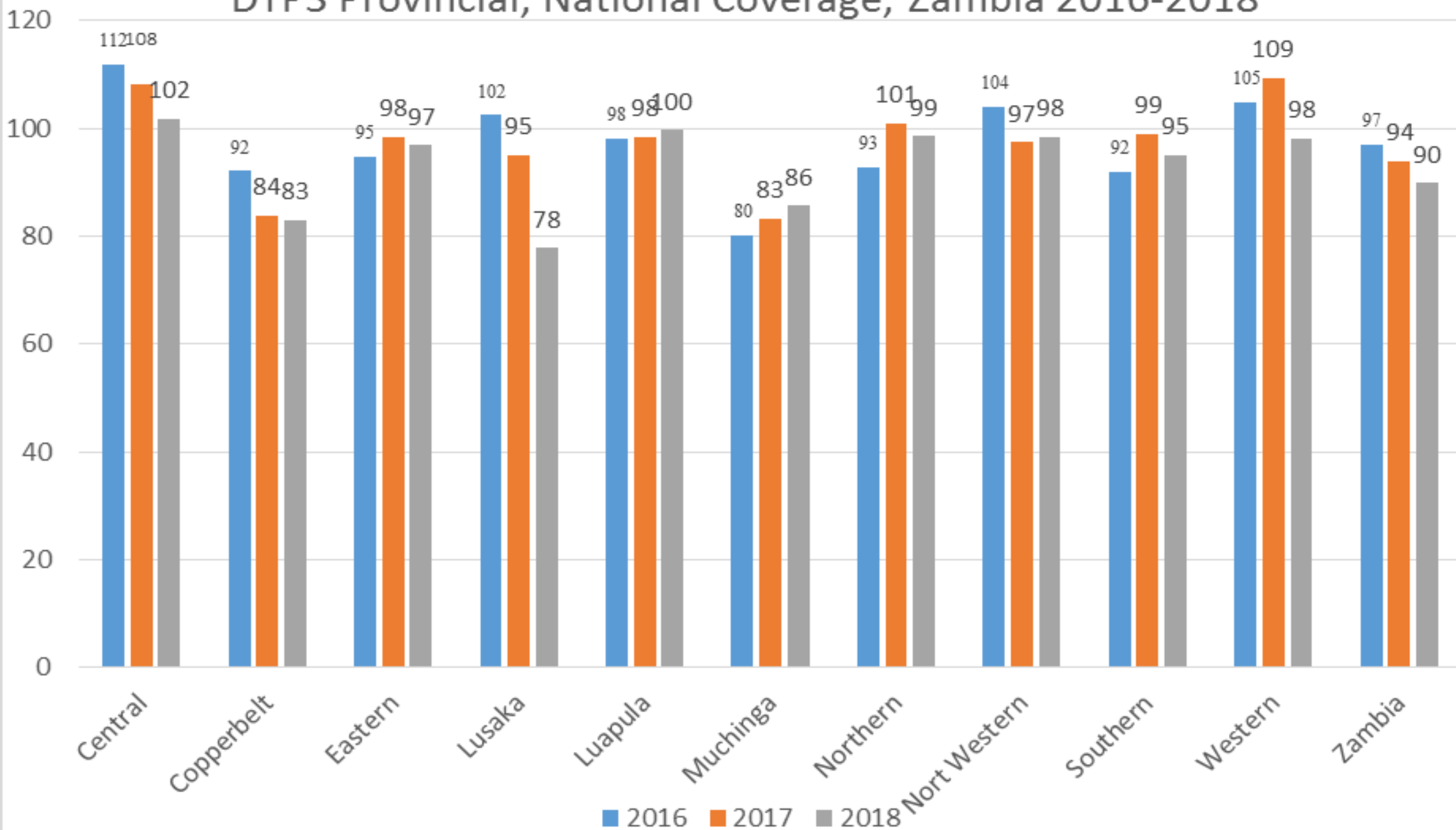
Completeness of reporting



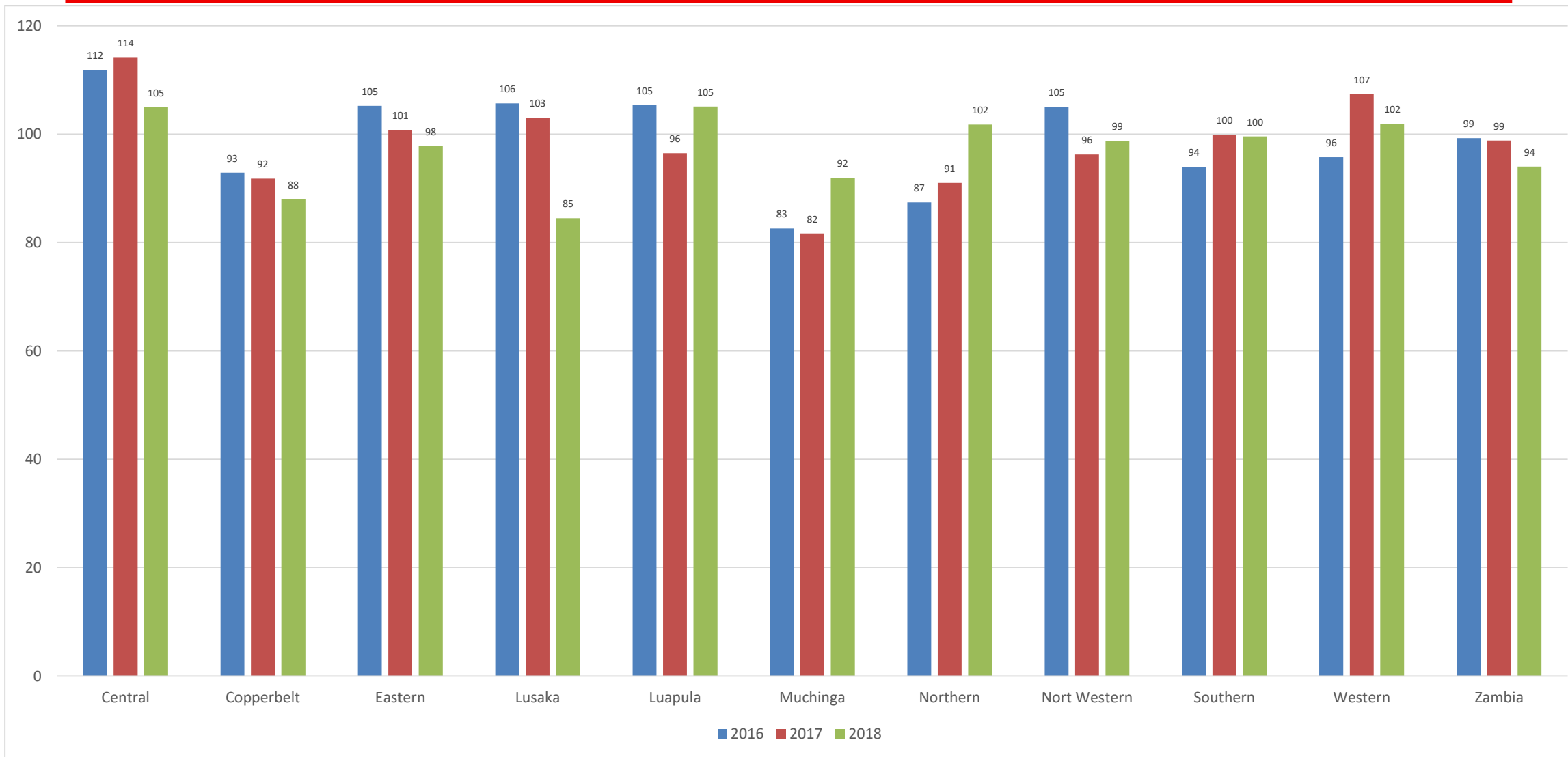
Timeliness of reporting



DTP3 Provincial, National Coverage, Zambia 2016-2018

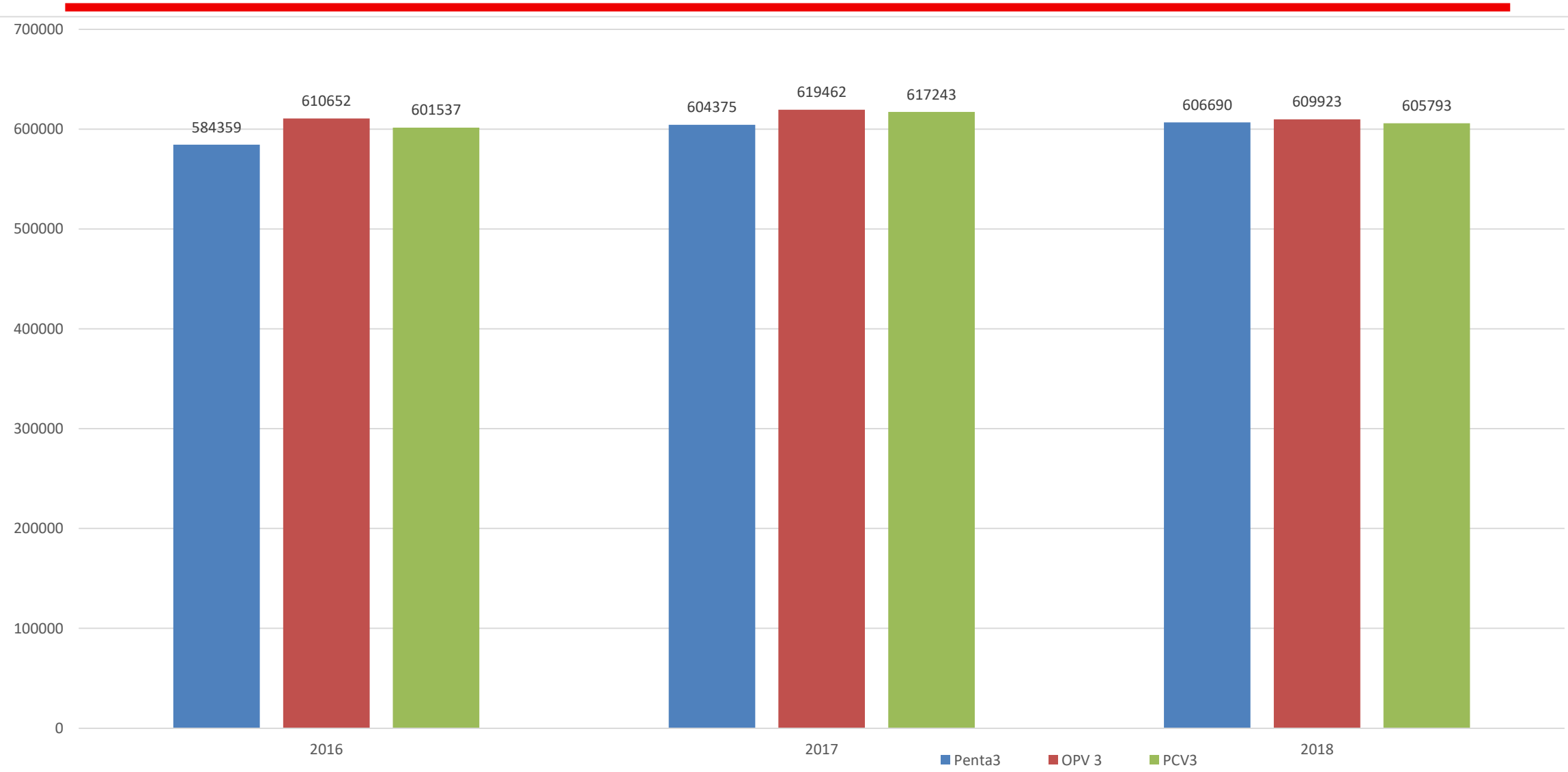


Provincial & National MR1 Performance

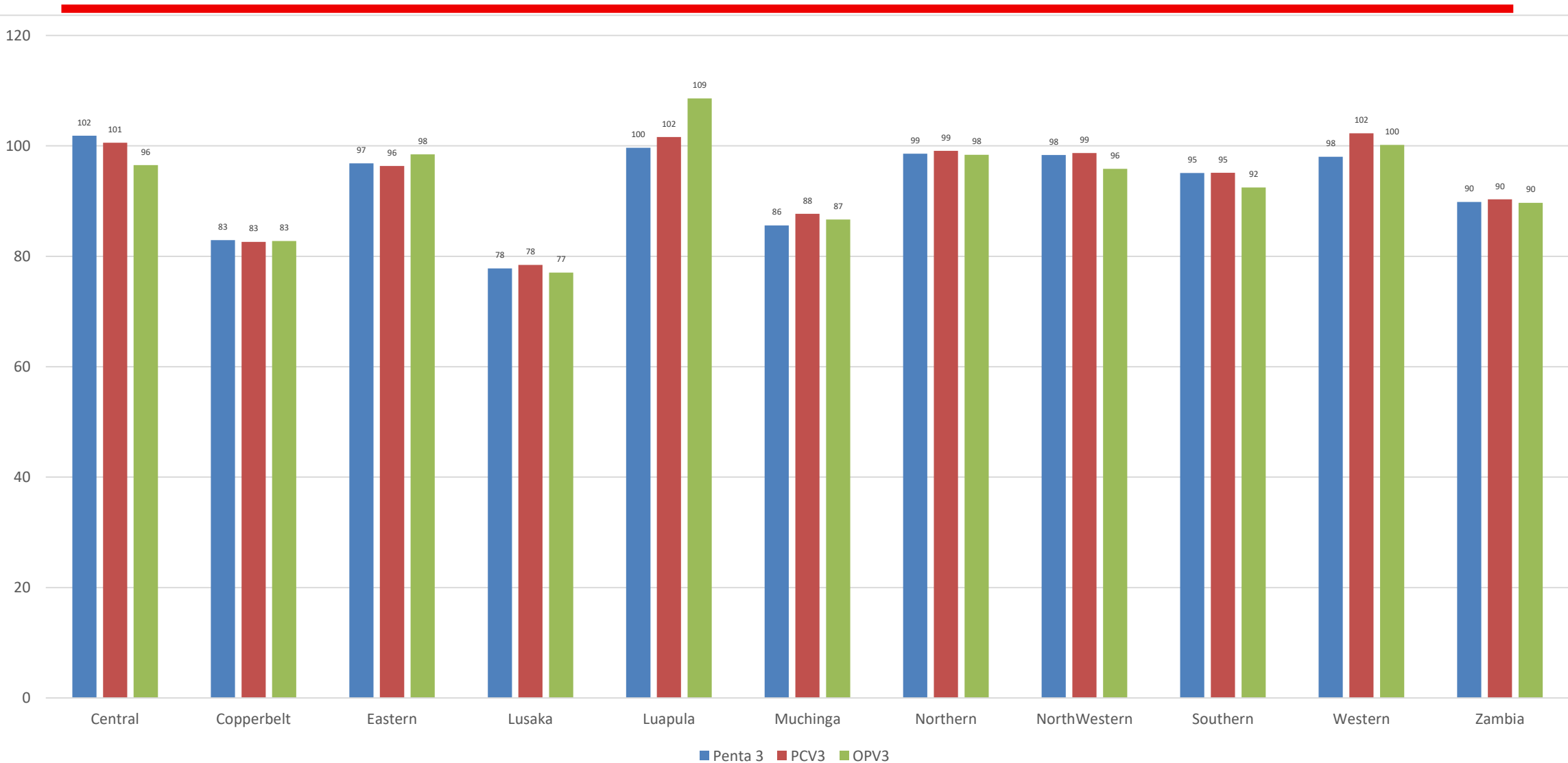




Antigens Given at the Same Time 2016 - 2018



Antigens Given at the Same Time, By Province, 2018





Issues with Data

- Timeliness
- Completeness
- Inconsistencies
- Denominator Issues (coverage > 100%) - Denominator 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 time 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

Resource



Key Challenge 2: Poor data use culture

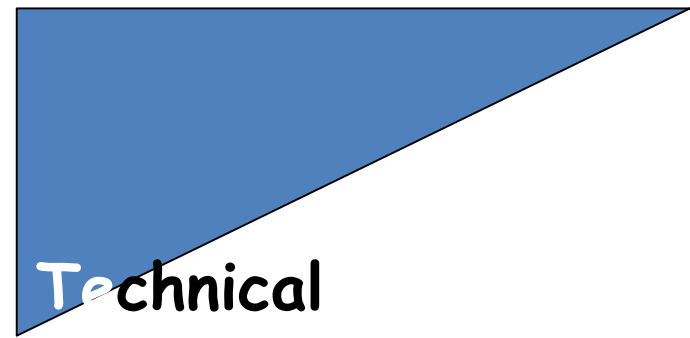
- Generation of HMIS reports (HIA1 & HIA2) to meet deadlines Vs guide programming at health centres
- Limited mechanisms of accountability to data quality and (especially) **use** at all levels
- HMIS reporting requirements perceived not to be part of the regular work of health care workers
- No standardised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

Technical



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

Governance



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

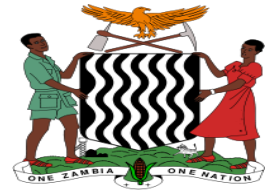


What has happened so far?

- 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

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



END

THANK YOU