



# SAVING LIVES THROUGH BETTER DATA

Strategies and Tactics from the BID Initiative

Q4 2014

## From the Director

As we start a new year, I'm proud of what we've accomplished and energized for what's to come in 2015. With our newly-opened satellite office in Livingstone, Zambia, I'm excited to share that we kicked off the intervention testing phase in the Livingstone district and wrapped up intervention testing in the Arusha region of Tanzania. As we move further into the implementation phase, I'm truly looking forward to seeing how the BID Initiative solutions can make an impact.

We held a successful BID Learning Network Design Collaborative meeting in Lusaka, Zambia, bringing together members from nine countries to evaluate requirements and systems for immunization data generation and management.

Additionally, I attended a WHO stakeholder meeting on using [ICT to improve immunization programs](#) and our Deputy Director met with [Gavi](#) to assure our plans align with partners and global stakeholders in addressing data quality and data use throughout the health system in the countries where we work. Members of our team also released [The Journey to Scale](#) paper at the inaugural [Global mHealth Forum](#).

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The BID Learning Network (BLN) is intended to be a platform where participants can contribute ideas, share

Finally, we launched [social media channels on Facebook and Twitter](#)! I encourage you to connect with us to stay up to date on our progress towards better overall health outcomes

Liz Peloso  
Director, the BID Initiative  
PATH

## The BID Learning Network Focuses on Design



This quarter, we facilitated a BID Learning Network [Design Collaborative](#) meeting in Lusaka, Zambia. BLN members from nine Sub-Saharan African countries joined us to collectively address challenges and propose solutions for immunization data generation and management. The meeting also provided a venue for participant countries to share their experiences and learn from one another.

Dr. Collins Tabu, from the Kenya Ministry of Health, expressed that the meeting empowered him with knowledge and insights to help make better informed decisions about his nation's immunization data challenges. Specifically, he cited one example:

*"One of the key lessons I am taking away from the meeting in Lusaka is related to our tendency of introducing information*

experiences and actively participate, helping each other as you face similar challenges.

[JUMP IN. GET INVOLVED. →](#)

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### NOTEWORTHY BLOG POSTS

[UHC & ICT: More than Just Acronyms](#)

[Digital Health at Scale: Getting Beyond Pilots Projects](#)

[A Strategic Approach to Investing in Data Systems](#)

[Interventions: Community Micro-Training Videos](#)

[National Electronic Immunization Registry Inception Meeting](#)

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### NOTEWORTHY RESOURCES

[Journey to Scale](#)

[mHealth Mobile Messaging Toolkit](#)

[Product Vision](#)

*Led by PATH and funded by the Bill & Melinda Gates Foundation, the Better Immunization Data (BID) Initiative is grounded in the belief that better data, plus better decisions, will lead to better health outcomes. Its vision is to empower countries to enhance immunization and overall health service delivery through improved data collection, quality, and use.*

*systems and getting rid of them once they fail to perform a certain function. I am happy to learn that instead of getting rid of a system, we can actually leverage its strengths and integrate it with other systems so that in the end, we can still have one integrated and robust solution.”*

Additionally, the BLN hosted webinars on [Web-Based Immunization Information Systems](#) and [Reaching Every District - Incorporating Quality Improvement](#). Check our [events](#) page later this month for our upcoming webinar.

[PERSPECTIVES ON THE DESIGN COLLABORATIVE](#)

[HIGHLIGHTS FROM THE BLN DESIGN COLLABORATIVE](#)

## Intervention Testing Phase Complete in Tanzania

We worked with four health facilities in the Meru and Arusha City districts in partnership with the [User Advisory Group \(UAG\)](#) to wrap up the intervention testing phase. We tested and fine-tuned interventions to help reduce the burden of data entry on health workers while improving data accuracy and building a data use culture.

The interventions assessed included designing and testing the use of SMS messages to register children and the use of electronic immunization registries in high-volume facilities; improving paper registers for low-volume facilities, which will be integrated into the electronic registry at the district level; developing a data use guide and data use campaign messaging; and finally, encouraging peer networking among health workers using social network platforms like WhatsApp.

The [UAG convened](#) to review the intervention testing phase results and discuss lessons learned as we finalized plans for implementation. During the implementation phase, we are taking the interventions we tested at a few facilities, and rolling them out across the Arusha region (7 districts and over 250 facilities). Additionally, we are looking forward to completing the software development for the electronic immunization registry that is now underway.

[TANZANIA UAG – MEMBERS PROVE THEIR COMMITMENT](#)

[NATIONAL ELECTRONIC IMMUNIZATION REGISTRY INCEPTION MEETING](#)



Photos: PATH

## Testing Interventions in Zambia



In addition to our BLN Design Collaborative meeting in Lusaka this quarter, we opened our [Livingstone office](#) and brought on additional staff to begin [intervention testing](#) in the [Southern Province](#) of Zambia. We visited four health facilities to test the BID Initiative's [product vision](#) and change management interventions and obtain feedback from health care providers.

At one of the facilities, the Maramba Health Centre, we were greeted with optimism and excitement about the BID Initiative solutions. For example, the health workers currently use a paper-based immunization registry system and felt that an electronic immunization registry would help them be more efficient and improve the accuracy and quality of their data to make evidence-based decisions.

We also established the Livingstone [User Advisory Group](#). Comprising of members from all levels of the health system, their input and feedback on proposed interventions will be critical for successful rollout and adoption across the region.

### TESTING INTERVENTIONS IN LIVINGSTONE

### USER ADVISORY GROUP ESTABLISHED IN ZAMBIA

## Intervention Spotlight: Barcode Technology

What if the district immunization officers had visibility into how much vaccine stock was available at each facility so no children were refused vaccines due to stockouts? With the introduction of barcode technology as part of an integrated stock management system, PATH determined they could track stock by lot numbers

to make evidence-based decisions, correctly distribute stock, and reduce wastage.

With support from Gavi and in partnership with UNICEF, WHO, GS1, vaccine manufacturers and the Tanzania Ministry of Health and Social Welfare, PATH shared the proposed requirements for the system with the BID Learning Network during the country consultation meeting last year. Since then, PATH and its partners have aligned resources with the BID Initiative to develop a proof of principle in the Arusha region of Tanzania. We continue to build upon this work with the development of the immunization registry and logistics management software.

Additionally, we are testing barcodes on child health cards to sync paper-based information with an electronic immunization registry at the district level.

### INCREASING EFFICIENCY WITH BARCODE TECHNOLOGY

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