IMPROVING DATA QUALITY & INFORMATION USE IN MANAFWA HEALTH DEPARTMENT

Makanya David
M&E fellow

Academic Mentor: Ms. Mary Dutki
Institutional Mentor: Dr. Wamasebu Gideon

Speke Hotel, Munyonyo
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PRESENTATION OUTLINE

- Introduction
- Problem statement
- Project Focus
- Project implementation
- Project output and outcomes
- Challenges
- Recommendations
- Project sustainability
- Conclusion
INTRODUCTION

- Manafwa district was established in 2006
- Population is 432008
- Has 3 HC IV: 12 HC III: and 8 HC II:
- Health department responsible for:
  - planning,
  - implementation of health programs
  - monitoring & evaluation
PROBLEM STATEMENT

- Managers at the district and the lower levels hardly planned based on available data. Information use only at 13% (3/23 facilities)

- Data was of poor quality
  - completeness of reports at 26%
  - consistency in data at 67%
  - timeliness of reporting at 85%

- Identified causes
  - Inadequate knowledge & skills in data management
  - Paper based data transmission from lower levels
  - Limited mentorship and supervision
  - Low interest in data use among in-charges
PROJECT FOCUS

Goal

› To improve quality of data and information use at Manafwa health department

Objectives

› To increase knowledge and skills of key stakeholders on data management by July, 2013.

› To increase timely submission of reports from 85% to 100% by September, 2013

› To increase information use from 13% to more than 50% of facilities demonstrating application by July 2013
Project Implementation I

1 day orientation of 23 health workers in:

- Relevancy of data in planning
- Role of in-charges in promoting data quality
- Mentorship and supervision
2 day data management training
30 Health information assistants and records assistants
Supportive supervision: 23 facilities visited, 53 health-workers, areas of focus was data consistency

Mentorships: 23 facilities visited, 46 health-workers mentored, cadre of health workers, areas of focus was Data use and data storage....
Baseline coverages set in 23 Health facilities

Performance targets for 2013/2014 set in 23 Health facilities

Modems purchased for 3 HC IVs
Project Outcomes

- **Timeliness**: Before 85%, After 96%
- **Completeness**: Before 26%, After 100%
- **Consistency**: Before 67%, After 100%
- **Information Use**: Before 13%, After 96%

Legend: Blue = Before, Red = After
Data use at Bukimanayi HCII

BUKIMANAYI H/C

AGRAPH SHOWING TOP 5 CAUSES OF MOBIDITY FOR CHILDREN BELOW 5 FOR THE PERIOD JULY-SEPTEMBER 2012 AND JULY-SEPTEMBER 2013.

<table>
<thead>
<tr>
<th>Condition</th>
<th>July-Sept 2012</th>
<th>July-Sept 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>322</td>
<td>434</td>
</tr>
<tr>
<td>Cough or Cold</td>
<td>319</td>
<td>466</td>
</tr>
<tr>
<td>Int-Worms</td>
<td>59</td>
<td>319</td>
</tr>
<tr>
<td>Diarrhea Acute</td>
<td>160</td>
<td>96</td>
</tr>
<tr>
<td>Skin Diseases</td>
<td>27</td>
<td>100</td>
</tr>
</tbody>
</table>
Data use at Bukimaanyi HC II

2012/2013

2013/2014
Challenges

- Overlap with 5S teams
- Limited/intermittent internet coverage
- Use of the DHIS2 by HSDs
Recommendations

- Continuous supportive supervision
- Lobby for support from the district and other implementing partners so as to enhance sustainability
- Promote data utilization for decision making
Lessons Learnt

- Involving different stakeholders from the design stage to implementation ensured:
  - full participation
  - ownership
  - sustainability of the project

- Introducing monthly meetings promoted timely reporting

- Integrating some activities into the routine PHC activities ensures sustainability
Project sustainability

- M&E nationally supported system hence its sustainability is guaranteed

- Available opportunities now promote data quality and information use

- Availability of HMIS focal persons

- DHT commitment

- Monthly meetings in the first week of the following month
Increasing knowledge and skills of key stakeholders improved data quality and information use in the health department.

This has strengthened the monitoring and evaluation system of the department.

Ultimately, improved on decision making and planning.
ACKNOWLEDGEMENT

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