



STRENGTHENING DISTRICT DATA MANAGEMENT IN MALAWI

BACKGROUND

A strongly functioning Health Management Information System (HMIS) is vital for evidence based planning to improve health service delivery in Malawi.

For this to happen, the data generated by the HMIS needs to be of high quality. However, for long periods, district health planners in Malawi have demonstrated little evidence of understanding the importance of the HMIS or of using HMIS data for decision making. Based on these observations, since 2014 the Malawi Health Sector Programme - Technical Assistance component (MHSP-TA) has been supporting 15 focus districts through the five Zone Health Offices to strengthen both management and use of data. The aim of the support was to strengthen the use of the HMIS to provide timely and reliable data for monitoring the performance of the health sector.

WHAT WE DID

The Zone and District HMIS Offices were provided with internet dongles and monthly data bundles, which enabled them to enter data into the web based DHIS2 system. MHSP-TA focus districts were also supported with quarterly stationery support in the form of printer toner, reams of paper, computer antivirus, report collection bags, and lever arch files, just to name a few items, under the Direct District Support initiative. This enabled the districts to easily print reporting forms from the DHIS2 system, photocopy them and share with the peripheral health centres. This went a long way in alleviating the problem of stationery that most districts faced. Report collection and filing also improved because MHSP-TA supported the districts with fuel and lunch allowances that enabled district HMIS officers to promptly collect reports from health facilities which did not submit their reports on time. Interface meetings were also held with District Health Management Teams (DHMT), HMIS Officers, and programme coordinators to discuss data management and indicator trends. These included District Implementation Plans (DIP)/HMIS Review meetings and DHIS2 reviews meetings. Other district-level activities included training data clerks in data management, conducting regular Data Quality Assessment (DQA) and feedback meetings, and conducting supportive supervision and mentorship in the districts.

OUTCOMES

Because of the MHSP-TA support to the districts through the Zone Health Support Offices, there has been remarkable improvements in data management and use. Firstly, in all the MHSP-TA supported districts, District Health Offices (DHOs) are increasingly becoming interested in the data they produce, hence taking ownership of the data. As a result of this, all planning decisions are based on the data that is routinely collected and analysed from HMIS. In the Central West Zone districts of Ntcheu, Dedza, and Mchinji, DHMT members, are responsible to present indicator trends at the Zonal DIP review meetings and this helps them to understand and use the data accordingly.

Secondly, there is also an improved trend in reporting rates leading to DHOs using better quality data than before. This is evidenced with figure 1 below showcasing Central West Zone reporting rate progress consolidated from its four districts including Lilongwe. Lilongwe district is not a focus district but the project effects spilled over to the non-focus district as the district was incorporated in other zonal activities like zonal DIP reviews and zonal DHIS2 reviews. As displayed in the graph, submission of DHIS2 reports was at 50% in 2015 but has increased to 69% in 2017. Similarly, timeliness of reporting has also improved from 34% in 2015 to 53% in 2017.

Figure 1: Consolidated Reporting Rate for Central West Zone Districts from July 2015 - June 2017

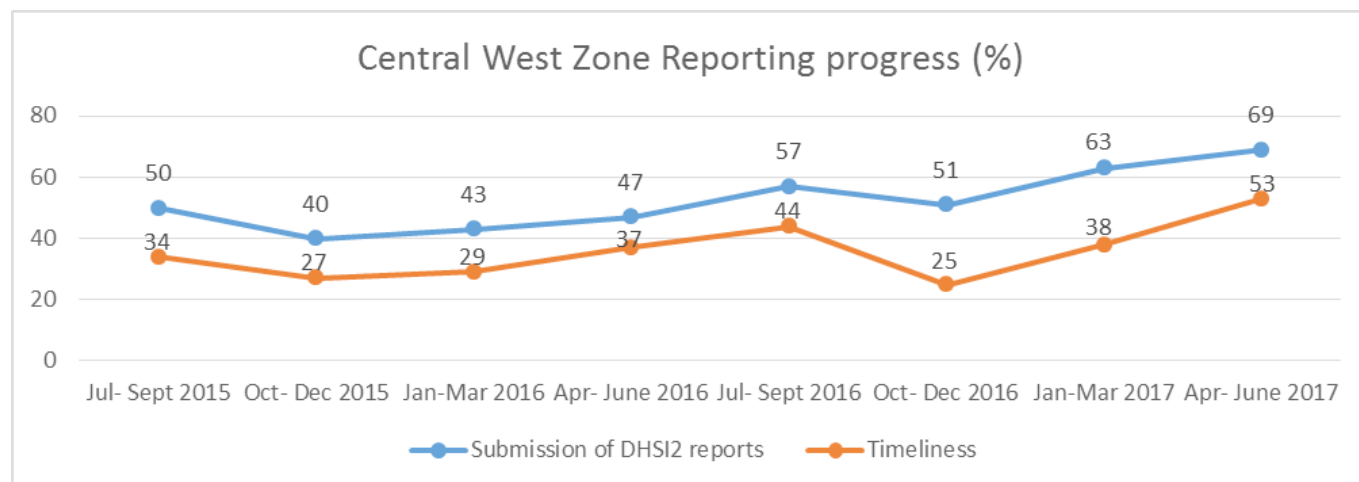


Figure 2: Reporting trends for selected key reports for Zomba: 2014 -2017.

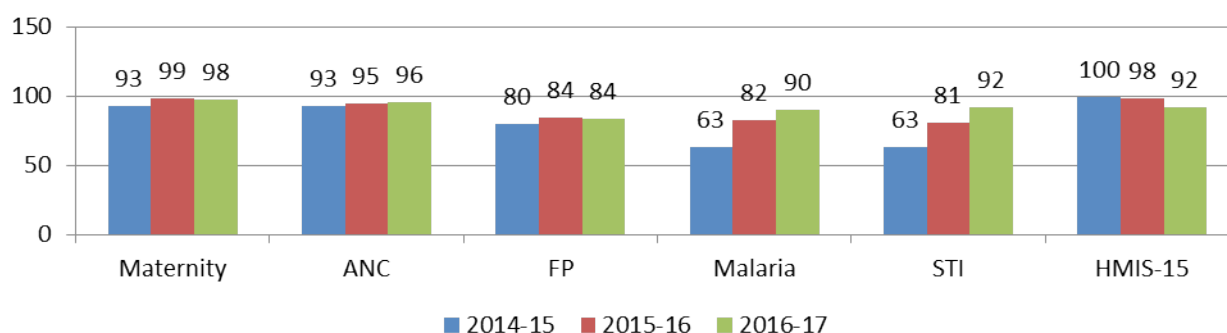


Figure 2 above portrays the performance of Zomba district in the South East Zone in terms of reporting. As shown, reporting for maternity was 93% in 2015 but went up to 98% in 2017. Similarly, ANC reporting also increased from 93% in 2015 to 96% in 2017. Family planning reporting increased to 84% in 2017 from 80% in 2015. Malaria reporting increased from 63% in 2015 to 90% in 2017. STI reporting increased from 63% in 2015 to 92% in 2017.

The situation is similar for all other districts supported by MHSP-TA. The testimony in appreciation for the support by MHSP-TA is also highlighted by a quote from the HMIS Officer for Zomba, Dearly Madeya, who points out that:

“Resources provided through Direct District Support have assisted us to improve HMIS performance in Zomba because the office now is able to enter data at any time due to provision of a laptop computer, dongle and data bundle that enable us to enter data into DHIS2, fuel and lunch allowances that supports us to go to the field to follow-up on reports, and stationery for duplication of reporting forms for distribution to all facilities in time”

Apart from that, the capacity of health workers to manage data has also improved because of the DQA exercises as well as routine monitoring activities that MHSP-TA supported. Again, health workers are able to analyse and discuss the data before transmitting it to the next level. This includes holding facility data reviews, which assist health workers to plan local interventions. For instance, programme coordinators in Ntchisi district are able to analyse and present data at quarterly HMIS review meetings to assess the performance of their programs.

With support from MHSP-TA, district HMIS has improved because DHMTs are able to analyse and use data for decision making. Moreover, the quality of data has improved in terms of accuracy, consistence, completeness and timeliness of reporting. Districts are also able to hold feedback meetings with their reporting facilities to share findings of DQA in order to improve the quality of data. Based on our experience, it is vital that organisations working at district level provide similar levels of support for improving data quality and use.

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