Technical Brief **May 2012**

Technical Brief On Inter –State Data Review Workshop (2009-2012)

1.0 Introduction and Background

HMIS development in the four PRRINN states is supported through a context-sensitive approach. There are different institutional arrangements and organisational structures that enable or constrain the implementation and institutionalisation of HMIS in each state. As a result of these peculiarities, there have been wide and varying experiences in efforts to strengthen HMIS in the states: i.e. improving the quality of data, developing both technological and analytical capacity of HMIS officers and promoting the demand and use of information for decision making among senior managers. The interstate data reviews were initiated against the backdrop of diversity between states. Nevertheless, at the inception of these reviews, critical components of HMIS infrastructure and processes were significantly weak in all the states although Jigawa state was ahead in developing its HMIS (especially in data reporting) due to a longer history of donor support. Therefore, the rationale underpinning these reviews is that through interactive dialogue between state HMIS officers, strengths in one state can be leveraged as best practice against corresponding weaknesses in other states. In order to gain high-level support for HMIS in the states, the scope of participation in this forum has been widened to include senior managers such as Permanent Secretaries and Directors of Planning Research and Statistics.

2.0 Objectives of Interstate Data Review

Since 2009, interstate data/information review workshops have been held as a mechanism to jointly assess progress in the development of the HMIS, and as a vehicle to share experiences and best practice between state HMIS officers. The primary objectives of this workshop are 1) to examine the quality of data in the database of each state with regard to completeness, correctness and consistency of data; 2) evaluate specifically the MNCH indicators, with a view to assessing service utilization; 3) provide guidance on the use of data for evidence based planning and management; 4) assess the impact of PRRINN-MNCH intervention in the States and 5) develop action plans informed by lessons learnt during peer review of analysed data and state reports presented. More recently, this forum has increasingly served as a platform for capacity building through advance technical support for HMIS consultants as well as “super-users” within the states.

3.0 Methodology

The interstate review is designed around four key principles: 1) it should ideally be preceded by an intrastate data review where HMIS consultants work with state teams to analyse and prepare preliminary reports as part of their ongoing support to the state; 2) there is a technical pre-review preparation where the national and regional consultants carry out essential database maintenance on each state’s DHIS data file; in collaboration with the state HMIS teams, information review themes are agreed

and presentations prepared ahead of the workshop; 3) the format of the workshop follows an interactive process of state teams working with the national consultants to update their databases, import new data, and prepare their presentations. Each state has an opportunity to present their data after which participants ask questions and make comments in a plenary session; 4) state teams use the key issues highlighted to develop action/work plans that forms the basis of evaluating the state's performance at subsequent intrastate and interstate review workshops. These plans also serve as a reference document for developing support activities provided by national and regional consultants.

4.0 Progress Review

Besides the cross learning that takes place between PRRINN states during the interstate reviews, this forum has evolved into a resource network for local HMIS troubleshooting and support. For instance, HMIS officers in Zamfara have been able to provide general support to Yobe and Katsina state. HMIS officers in these states have also found it useful to draw on the competencies of their peers to resolve specific HMIS challenges. The different dynamics at play in individual states mean that while Yobe state has progressed steadily, Zamfara has improved dramatically. On the other hand, there are indications that Jigawa state is losing momentum and Katsina is not making significant progress.

A key decision from the interstate data review workshop in 2009 was to allocate health facilities to three groups to guide the allocation of scarce resources (e.g. data collection tools, and supportive supervision visits). Priority 1 facilities, comprised of hospitals, Model PHC's, some large health centres, and cluster facilities and constituting between 10 and 20% of all health facilities) were determined to be the main focus for ensuring that their reporting rates were high (ideally around 80—90%) because they generally provided the majority (60-80%) of health services. Priority 2 facilities, comprising health centres and other large health facilities and constituting between 20 and 40% of health facilities were the next to be prioritised in terms of reporting and distribution of data collection tools. Priority 3 facilities comprised the smaller health posts and dispensaries – constituting about 40-50% of health facilities, but generally making a small contribution to the numbers of patients seen. Allocating facilities to these groups assisted the HMIS officers to focus their energy and resources on the largest providers of health services.

4.1 Katsina

In 2008, average reporting rate from all health facilities in Katsina was 0.4%. Although subsequent interventions from PRRINN led to a significant improvement in reporting and data capture in the first half of 2009, especially related to the hospital datasets, this was still very poor at approximately 4.5%. HMIS development in Katsina state has been particularly challenging and complex due to the size of the state, and institutional arrangements and issues revolving around capacity. There is chronic shortage of data collection tools and the state has been mostly dependent of partners and NPHCDA for the forms and registers that are currently present in health facilities. Given the size of the state with over 1000 health facilities, these provisions fall far short of what is required. A direct consequence is observed in sustained low reporting rate across the state (average of 5% in 2011). At 11%, reporting rate is better in PRRINN-supported LGAs. In spite of this dire picture, the state is not at a complete standstill as it seeks to find innovative ways of addressing these

challenges. For instance, recent high-level appointments have had a visible impact on infusing some dynamism into HMIS activities in a relatively short space of time. Worthy of note is a mop up exercise that is attempting to clear the backlog of data capture at the state HMIS office. We see the effect of this activity in an unprecedented 30% reporting rate in January 2012, partly also the result of renewed enthusiasm from the newly appointed Permanent Secretary to support the development of the HMIS. To place this in perspective, this proportion represents almost 75% of all health facilities in the other three PRRINN states. With such low reporting rates, analysis of health indicators is dubious and unreliable. Nevertheless, available data from the state show that only 50% of expectant mothers who attend ANC sessions bring their children for immunisation.

4.2 Jigawa

Jigawa state has been exceptional on two counts, relative to the other PRRINN states: firstly, it is the only state that has managed to print and distribute the newly harmonised NHMIS forms and registers to all health facilities in the state; secondly, it has been able to achieve a consistently high reporting rate, which averaged 89% last year (i.e. 2011), representing a significant improvement on 2010 and 2009 performance which was 77% and 60% respectively. This is a significant advantage especially for the reliability of data used for evidence-based advocacy. For instance, while in 2009, there was minimal use of information from the DHIS, more recently the state HMIS team has been able to use the NHMIS software to present a case to legislators regarding the differences between budget and financial requirements for service delivery. MNCH indicators also generally suggest an improvement (although some attribution may be due to better reporting rates). For instance, DPT1 coverage increased from 81% to 87% in 2010 and 2011 respectively; DPT3 coverage in 2011 was 73% compared to 65% in 2010. However BCG coverage declined by 13 percentage points from 42% in 2010 to 29% in 2011 (probably linked to vaccine shortages that occurred country wide). Maternal health indicators reveal a significant improvement especially in antenatal attendance coverage for first visits increased from about half in 2010 to 80% in 2011. Deliveries taken by trained health workers still pose a challenge in the state although some slightly positive indications seem to emerge as coverage increased from 15% in 2010 to 19% in 2011.

4.3 Yobe

During the 2009 Interstate review presentations, the reporting rate of all health facilities in Yobe state was less than 10% between July 2008 and July 2009. Subsequently, HMIS development in Yobe state has been more focused on 154 Priority 1 facilities that constitute the busiest health facilities in the state. In 2011, average reporting rate for these Priority 1 facilities was 65%. ANC coverage within these facilities hovered between 40% and 55% in the same period. Maternal health indicators reveal that less than one-third of women who attended ANC in the last quarter of 2011 and first quarter of 2012 delivered by a trained health worker. Only 25% to 30% of these deliveries translate into children receiving BCG 1st dose under one year in the same period respectively.

4.4 Zamfara

The pace of HMIS development in Zamfara state has been exemplary especially in terms of developing institutional capacity and the MOH (supported by PRRINN),

providing leadership for HMIS activities. In 2009, the average reporting rate from January 2008 to August 2009 was 54% (this represented a limited PHC dataset and not the NHMIS dataset). Now reporting on the harmonised NHMIS dataset, average reporting rate in the state from June 2011 to March 2012 is 75%. MNCH indicators reveal that there is a significant challenge to bridge the gap between the total number of women who attend ANC and those who deliver in health facilities. Between June 2011 and March 2012, this was less than one-third. However, there seems to be an indication that these women are more favourably disposed to bringing their children for BCG immunisation before the age of one as this proportion represented almost two-thirds of total ANC first visit.

In terms of data use, there are quarterly reviews with the SMOH and partners and this is used as a platform to present what is happening in the state in terms of budget, human resource and HMIS. For instance, the HMIS was used to present HR data to the State House of Assembly. This resulted in a motion to investigate the viability of recruiting graduates from School of Health Technology and a revision of the budget for overseas medical treatment.

5.0 Lessons learned

One of the best practices from Zamfara state has been data capture decentralisation to the LGA level with well-defined roles and coordination between this level and across the state. This has been a key strategy in Zamfara and Yobe and has been supported by encouraging LGA M&E officers to purchase their own computers and conducting training for LGA M&E officers. From the analysis of state presentations, decentralisation is essential for creating depth and institutional capacity. In addition the state HMIS team with LGA counterparts conduct monthly supportive supervision to health facilities using a practical approach that affords health workers to learn on the job.

HMIS is a developmental process and needs to have a long-term trajectory to build institutional capacity. This is particularly evident in the way that Zamfara has made significant strides in a short space of time. One of the institutional capacities central to HMIS development is strong state leadership in coordinating roles across various implementing agencies and inputs from development partners. This is especially critical because potential conflicts between SMOH, (Gunduma in Jigawa), HMB, or other implementing agencies needs active management.

Any significant HMIS development is going to require tangible commitment (from the state) that moves beyond the rhetoric of budgeting to actual release of funds to support the printing of materials, purchase of necessary equipment, funding supportive supervision and training. For example, the coordinated basket funding approach in Zamfara has been an important strategy that allow state HMIS and LGA M&E officers to be responsive to their environment in terms of purchasing airtime which enables the transmission of data using modems and funding transportation to provide supportive supervision and attendance at data review meetings.

6.0 Key Challenges

None of the states has fully exploited the coordination function of the HDCC. As a result, although the HDCC has been convened in the states, they have not played a very strong role in coordinating initiatives.

A primary HMIS bottleneck is the centralisation of data capture at the SMOH. This constitutes a heavy burden on the state team and there is often a backlog of data, making it difficult to provide managers with timely and accurate health data analysis for planning and decision-making. This is compounded by the lack of coordination amongst implementing agencies and partners in the state, as the HDCC is particularly weak.

There are inadequate quantities of NHMIS tools (not applicable in Jigawa), lack of trained record officers at facility level, disproportionately high burden of work on LGA M&E officers, low demand for data from programme managers and reliance on M&E officers' personal laptops (relevant only in Zamfara).

The improvement in reporting rates means that patterns in the data need to now be examined by program managers, and implications of the patterns assessed and addressed through program support initiatives. This means that program managers should be involved in the information review meetings, and should have greater access to the HMIS data.

As capacity has developed in the states, it is necessary to provide technical support in a different way to that which was previously provided – more specialised support is needed to allow the states to address specific challenges, and so a multi-skilled team approach needs to be instituted to support the states.

7.0 Recommendations

1. Support decentralisation processes
    a. Training initiatives
    b. Purchase of equipment (computers, printers and modems)
    c. Evolving role of the state level as decentralised data capture takes place
        i. Provision of technical assistance
        ii. Supportive supervision
        iii. Data quality improvement
        iv. Provision of feedback
2. Implementation of the new NHMIS 001 forms provides an opportunity to harmonise data sharing across the states
3. Increasing focus on data analysis and increased exposure of project and state program managers to data as reporting rates improve

a) At state level

b) At project level across states and with programme managers

4. The project can play a significant role in feeding the federal level with improvements to the NHMIS 001 form for the next round of revisions

5. States should seek appropriate solutions to address the backlog in printing forms

6. Moving from single facilitator support in states to a team approach with an anchor facilitator drawing on the team to provide a range of specialist skills.

7. It is important to have a concerted effort in Katsina to address backlog

8. Senior managers have played a significant role both in the HMIS review and championing HMIS in their states. It is therefore important to harness this opportunity especially as it partly came about as a result of the study tour to South Africa. The project should consider how to involve this calibre of participants more closely in future reviews as well as promoting more cross country learning study tours.