Monitoring and Evaluation: use of data

Olufemi Ajumobi

Nigeria
Background

• Private sector is a huge sector in Nigeria
• Private hospitals, Pharmacies and PPMVs
• ≈ 70% access fever treatment services (NDHS 2013)
• Society for Family Health (SFH), coordinates the malaria activities with Global Fund support
• National Health Management Information System is the national platform for reporting, storage and retrieval of routine health data
• DHISv2, web-based platform: repository for routine health data
Data flow and M&E structure

**M&E Process**

**States/National level**
- Database Administration
- Data Dissemination and Use

**LGA-level**
- Data Quality Assurance (DQA)
- Integrated Supportive Supervision (ISS)
- Data Entry; Data Management
- Data Dissemination and Use
- Program planning & Improvement

**Service Provider-level**
- Data Collection
- Data Collation
- Strengthening Referral & Linkages
- Data use for Planning and program improvement

**Actors**
- TBAs
- WDCs
- FBOs
- CHEWs
- CVs/CORPs
- Comm. Pharm.
- NGOs
- Community Associations

**Community Systems &**

**Integrate Health Information Central Database (DHIS 2.0)**

**LGA Data Entry HUB**

**LGA Integrated Health Data Management Team**

**Private Health Facilities providing services**

**Public Health Facilities providing services**

**NGOs**

**Comm. Associations**
### Data in private sector

<table>
<thead>
<tr>
<th>Month</th>
<th>Fever RDT tested</th>
<th>RDT +</th>
<th>RDT positivity rate</th>
<th>Clinical diagnosis _ ACT</th>
<th>Confirmed malaria</th>
<th>Confirmed malaria_ ACT</th>
<th>% RDT+ in all confirmed cases</th>
<th>Total received ACT</th>
<th>% Presumptively treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>30917</td>
<td>17531</td>
<td>56.7</td>
<td>28563</td>
<td>58415</td>
<td>52545</td>
<td>30.0</td>
<td>81108</td>
<td>35.2</td>
</tr>
<tr>
<td>February</td>
<td>32237</td>
<td>21429</td>
<td>66.5</td>
<td>32380</td>
<td>63074</td>
<td>58828</td>
<td>34.0</td>
<td>91208</td>
<td>35.5</td>
</tr>
<tr>
<td>March</td>
<td>35710</td>
<td>21296</td>
<td>59.6</td>
<td>35997</td>
<td>66714</td>
<td>62360</td>
<td>31.9</td>
<td>98357</td>
<td>36.6</td>
</tr>
<tr>
<td>April</td>
<td>39945</td>
<td>24718</td>
<td>61.9</td>
<td>33704</td>
<td>69387</td>
<td>65024</td>
<td>35.6</td>
<td>98728</td>
<td>34.1</td>
</tr>
<tr>
<td>May</td>
<td>45312</td>
<td>29810</td>
<td>65.8</td>
<td>35255</td>
<td>75678</td>
<td>71005</td>
<td>39.4</td>
<td>106260</td>
<td>33.2</td>
</tr>
<tr>
<td>June</td>
<td>45651</td>
<td>29860</td>
<td>65.4</td>
<td>36318</td>
<td>74898</td>
<td>71718</td>
<td>39.9</td>
<td>108036</td>
<td>33.6</td>
</tr>
<tr>
<td>July</td>
<td>54922</td>
<td>34592</td>
<td>63.0</td>
<td>40846</td>
<td>80296</td>
<td>76916</td>
<td>43.1</td>
<td>117762</td>
<td>34.7</td>
</tr>
<tr>
<td>August</td>
<td>51618</td>
<td>33481</td>
<td>64.9</td>
<td>35940</td>
<td>77162</td>
<td>71637</td>
<td>43.4</td>
<td>107577</td>
<td>33.4</td>
</tr>
</tbody>
</table>

Source: Nigeria DHIS 2015
Usefulness of the data

• At least in one-third of cases, irrational use of ACTs could have been averted and wastage of ACTs inappropriately for malaria case management could have been saved

• RDT’s contribution to confirmatory diagnosis indicates its commercial prospect

• Forecasting and supply planning
Malaria surveillance structure, SFH

SFH NHMIS Officer (Data entry into DHIS) → Monthly, paper format → State Malaria Elimination Programme

SFH Data Retrieval Officer → Monthly, paper format → LGA M&E Officer

Private health facilities, Pharmacies and PPMVs → Monthly, paper based format
Current practice

• Data quality assurance (biannual)

• Interim SFH DHIS entry platform
Challenges

- Private facilities: no data entry access
- Poor coverage & staff attrition: few have access to reporting tools
- No updated list of functional private facilities
  - Ownership/low reporting into DHIS national instance
- Form for secondary facilities inactive on DHIS
  - Primary level format in use
- Non-adherence to treatment guidelines
- Sustainability: absence of SFH/Global Fund
Recommendations

• Increase coverage

• SMS-based reporting

• Support for electronic medical reporting

• Improved capacity of private providers on record keeping and documentation
Acknowledgement

- Society for Family Health