# The Case for Indicator Harmonization: An Example from Malawi

September 18, 2017

# Agenda

- Overview

- Health Data Collaborative

- The Experience in Malawi

# Routine health facility information systems

## Challenges and gaps

- ❑ Mushrooming of indicators; Heavy burden on health workers
- ❑ Key data gaps/challenges
  - ▪ Hospital reporting of deaths, causes
  - ▪ quality of care
  - ▪ Community service delivery
- → ❑ Inadequate data quality and data quality assurance systems
- → ❑ Poor analytical capacity and use of information for DM at all levels

- ❑ Private sector often not captured
- → ❑ Parallel vertical systems
- → ❑ Fragmented, unconnected, unsustainable systems
- → ❑ Inadequate coordination between country HIS stakeholders
- → ❑ Duplication & inefficient investments
- ❑ Limited research on HIS performance and improvement

# Health Data Collaborative: Purpose

**HEALTH DATA COLLABORATIVE**
DATA FOR HEALTH AND
SUSTAINABLE DEVELOPMENT

The Health Data Collaborative (HDC) is a response to a call by global health leaders to work together on a common agenda in health measurement and accountability.

## Purpose

Collectively work together to assist countries to strengthen health information systems, collect and analyse timely data (including the SDGs), and create an environment for better use of information.

www.healthdatacollaborative.org

## How it Works

As a global network ▶
working together in support of country-led health data systems, the Health Data Collaborative (HDC) will establish links with other data efforts and health initiative

Timeline: next 15 years (to 2030)

▶ Network
- national governments,
- UN agencies,
- philanthropies,
- academics,
- companies,
- civil society and
- aid organizations

# Health Data Collaborative partners

# Health Data Collaborative: What will it do?

**1** **Increase level and efficiency of investment**

- **Increasing** efficiencies of investments in health information systems
- **Aligning** donor funding and facilitating donor coordination for health information systems

**2** **Strengthen country institutional capacity at all levels of the health system**

- **Strengthening** national statistical systems and capabilities
- **Improving** the harmonisation of data collection, sharing and use ◀

**3** **Ensure well-functioning population health data** (e.g. CRVS, census, household surveys)

- **Ensuring** international standards and methodologies
- **Cooperating** with existing initiatives designed to improve the use of data

**4** **Improve open facility and community systems** (e.g. disease surveillance and admin. data)

- **Establishing** open data platforms for rapid sharing and analysis of quality-assured health data
- **Using** new technologies to fill data gaps and harness the data revolution

**5** **Enhance use and accountability** (including inclusive transparent reviews at all levels)

- **Engaging** a wider set of players, from the private sector, academia and civil society
- **Learning and sharing lessons**
- **Tracking** progress in country capacity to monitor the Sustainable Development Goals

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# Health Data Collaborative: Malawi

- Initiated in Nov, 2015 with support from WHO and Global Health Partners (USAID, UNICEF, GIZ, BMGF...)

- Followed global meeting on Measurement and Accountability for SDGs

- Developed initial Program of Work to be completed within a period of 1 year

- Constituted M&E Taskforce to oversee the implementation of the Program of Work

# Health Data Collaborative: Malawi

- Held follow up meetings Monthly
- Later meetings were combined with M&E TWG meetings to harmonize agenda
- Key activities tracked through the Health Data Collaborative (M&E Taskforce) Include:
  - Indicators;
  - M&E/HIS Framework for HSSP II;
  - DHIS 2 Reconfiguration;
  - HIS Policy;
  - Standard Operating Procedures
- Lately – Agreement to have the HDC meetings twice a year with an elevated seniority of participation of partners

# Routine health facility information systems

## Challenges and gaps

- Mushrooming of indicators; Heavy burden on health workers

- Key data gaps/challenges
  - Hospital reporting of deaths, causes
  - quality of care
  - Community service delivery

→ Inadequate data quality and data quality assurance systems

→ Poor analytical capacity and use of information for DM at all levels

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# COUNTRY LEVEL MOTIVATION

**TOWARDS MNCH INDICATOR HARMONIZATION IN MALAWI**

- Shift in global health – MDGs to SDGs and Emphasis on UHC

- Development of the National Health Sector Strategic Plan 2017 – 2022

- Need for Harmonized M&E Framework to address the challenges highlighted
  - **Reduce excessive and duplicative reporting requirements**
  - **Enhance efficiency of data collection investments**
  - **Enhance availability and quality of data on results**

# Indicator Harmonization: PROCESS

- Taskforce under the Central Monitoring and Evaluation Division organized meetings with individual Programs and Departments

- Each Department and Disease Program provided a list of indicators vital for the management of their programs

- Each stage of the process was presented and reviewed at the monthly Health Data Collaborative meeting.

# Indicator Harmonization: PROCESS

- Indicators were then presented to stakeholder workshop comprising Departments and Programs in the Ministry of Health

- Indicators split into National Health Indicators (for monitoring HSSP II) and Program level indicators

# Indicator Harmonization: SELECTION

- First round of Department and Program consultation resulted in 195 indicators without age/sex disaggregation. Later reduced to 175 of which about 110 were considered national. National list then reduced to 63 indicators.

- Dashboard for NHI to be managed by CMED

- Needed criteria to reduce the indicators:
  - Considered a number of attributes
  - Grouped them into National Health Indicators and Program level indicators

# NHI SELECTION CRITERIA

- Mapping of current indicators:
  - HSSP I
  - Programme or disease-specific indicators (e.g., HIV SP, TB, MNCH,…)
  - Malawi List of Core indicators
- Mapping of international reporting needs and standards:
  - SDGs
  - List of 100 core indicators
  - Donors' requirements
- Respond to national priorities (Health Sector Strategic Plan II, Malawi Growth and Development Strategy)

# NHI SELECTION CRITERIA
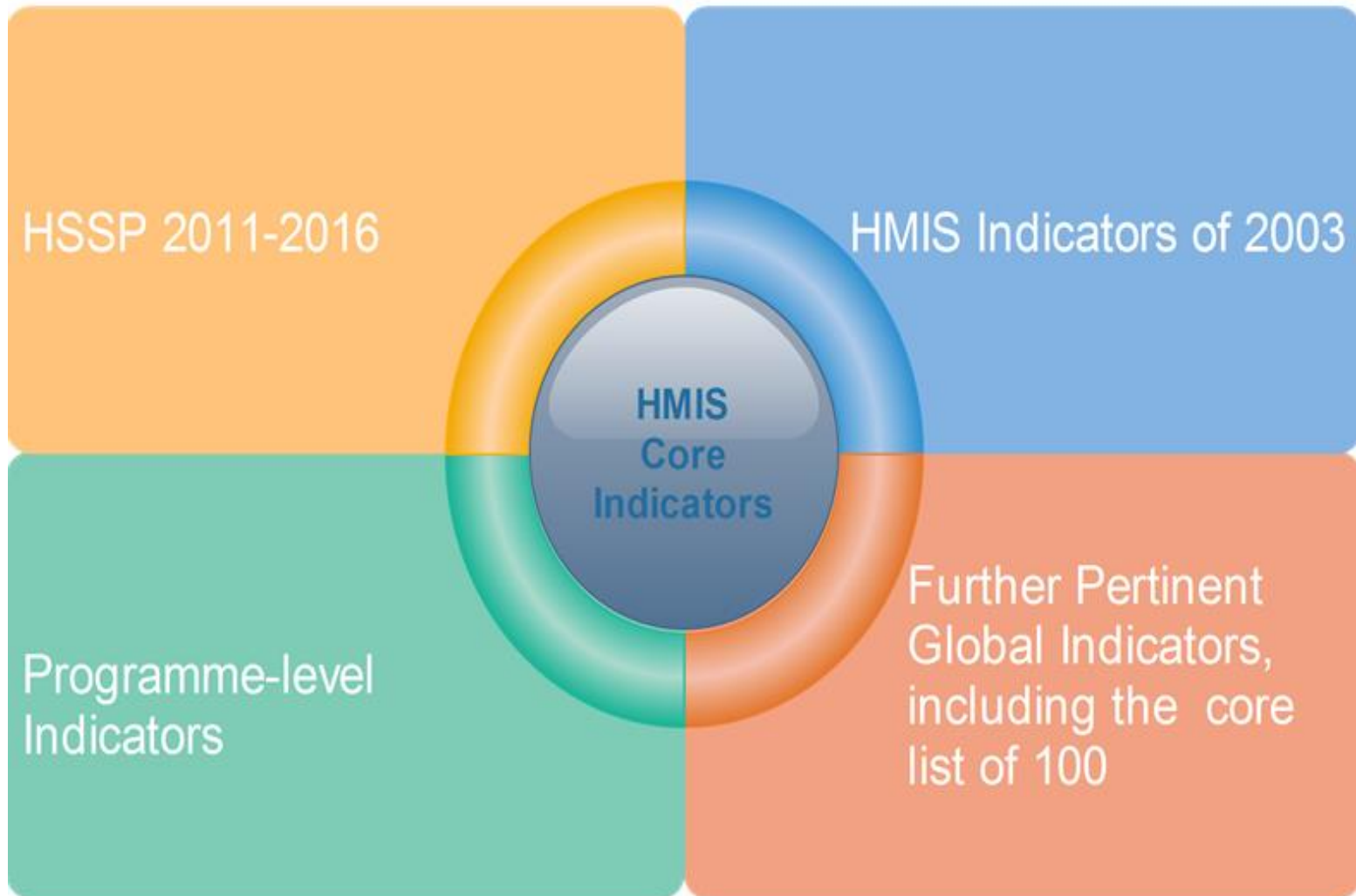
# Indicator Harmonization: SELECTION

## 2 Child health indicators

| | |
|---|---|
| Unique Identifier (code) | CHD02N |
| Indicator name | Children under five years of age with diarrhoea receiving oral rehydration salts (ORS) packets |
| Indicator Definition | Percentage of children under five with diarrhoea in the past two weeks receiving oral rehydration salts (ORS) packets |
| Alignment (HSSP I; Global 100; SDG) | No; Yes; No |
| Numerator | Number of children under five years with diarrhoea in the past two weeks receiving ORS |
| Numerator source (primary; reporting form) | Survey (DHS, MICS); |
| Denominator | Number of children under 5 years with diarrheoa |
| Denominator source | Survey (DHS, MICS) |
| Method of calculation | Numerator/Denominator*100 |
| Clean calculation | |
| Lowest level of administrative disaggregation | District |
| Disaggregation | None |
| Reporting frequency | Monthly |

# Indicator Harmonization: SELECTION

| | |
|---|---|
| Disaggregation | None |
| Reporting frequency | Monthly |
| Rationale | Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children. Oral rehydration therapy is a simple and effective response to dehydration. Oral rehydration salts are pre-packaged mixtures of sodium and glucose designed to reduce the severity and length of illness. |
| Notes for interpretation | This indicator measures the proportion of mothers that treated their under five children suffering from diarrhoea with ORS solution. Mothers were asked if their child had a diarrhoea episode in the past two weeks, and whether the child was given ORS solution during the episode. Thus the indicator can be influenced by recall bias. Further, mothers who have received education around ORS may feel social pressure (known as social desirability bias) to report using it regardless of actual behavior. However, a positive trend in the indicator is indicative of right knowledge and practice in mothers to treat diarrhoea with simple and effective means |
| Custodian of the indicator | Child Health |
| M&E framework level | |
| Baseline / recent estimates | 64.7% (DHS 2015-2016) 63.5% (2014 MDG Endline/MICS) |
| Targets (2017; 2019; 2021) | 70%; 79%; 85% (2020) |

# National Indicator Handbook

- List of indicators
  - Child Health Indicators
  - Reproductive Health Indicators
  - Epidemiology indicators
  - Clinical Services Indicators
  - Disease Program Indicators
  - …..etc.
- Documentation of indicators
  - dhis2.health.gov.mw:8000

# Indicator Harmonization: NEXT STEPS

1. Indicator Harmonization

2. Revision of Data Collection and Reporting Tools

3. Revision of Data Reporting Forms in DHIS 2

4. Customization of Indicators and Dashboards in DHIS 2

# Thank You

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