Monitoring and Evaluation: use of data

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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

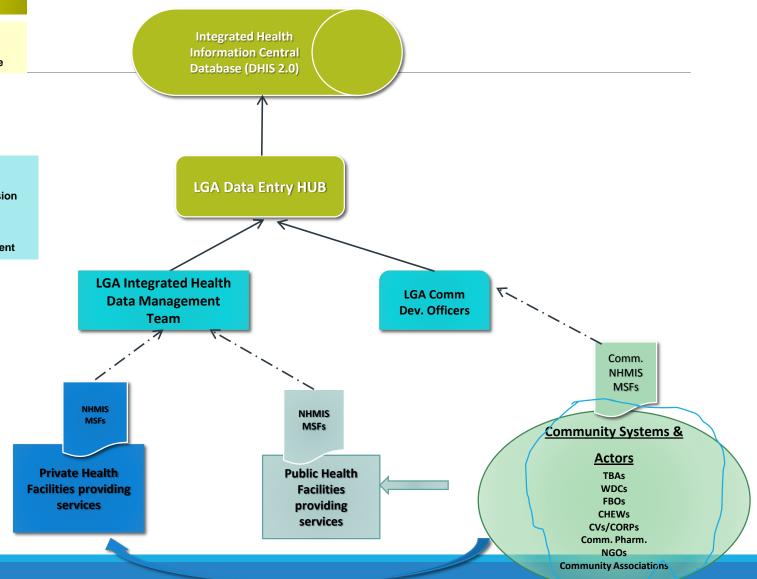
- Database Administration
- · Data Dissemination and Use

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



Data in private sector

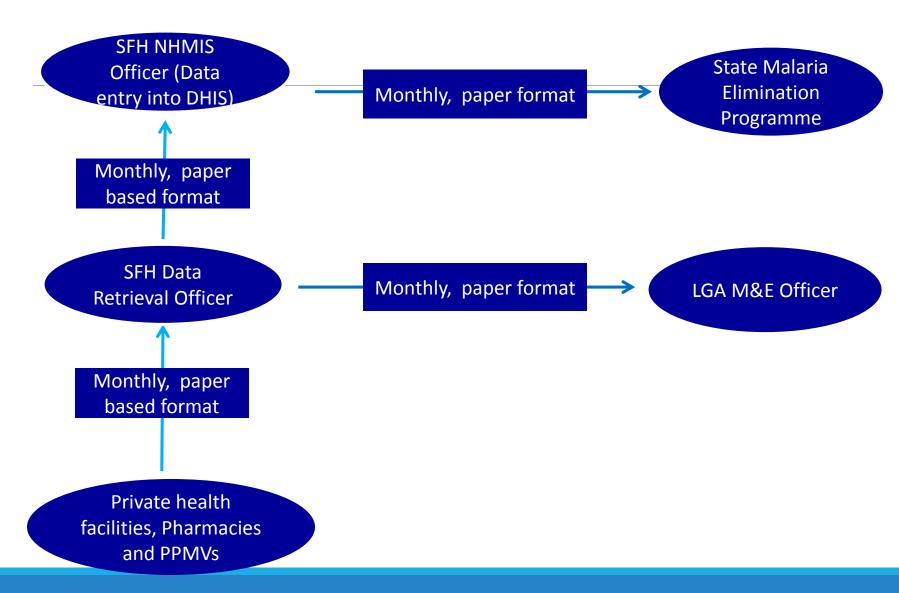
							% RDT+ in		%
	Fever		RDT	Clinical		Confirmed	all	Total	Presumpti
	RDT		positivity	diagnosis	Confirmed	malaria_	confirmed	received	vely
	tested	RDT +	rate	_ACT	malaria	ACT	cases	ACT	treated
January	30917	17531	56.7	28563	58415	52545	30.0	81108	35.2
February	32237	21429	66.5	32380	63074	58828	34.0	91208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

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



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