THE EVOLUTION OF VACCINE INFORMATION MANAGEMENT SYSTEM (VIMS) IN TANZANIA

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TANZANIA SYSTEMS PRIOR TO VIMS

ROUTINE IMMUNIZATION THROUGH DVinM

Multiple spreadsheets Consolidated at each level and emailed again for national reporting.

• Burden of reporting
• Chance errors because of manual entry
• Delays in reporting due to administrative level

INNOVATIVE SYSTEMS THAT OPERATE IN SILOS

Electronic Immunization Registry

• Novice able to operate different tools
• Non-collaborative decision making
• Takes time to integrate at the implementation

DVdmT

SMT for Stock Management

• Delayed reports
• Chances errors
• Burden of reporting

MAJOR ACTIVITIES

VIMS Pre-test

Initial development product was based on project scope and routine immunization, CCE and in-country supply chain processes, risks, and permissions.

The new system was designed to bring together the stand-alone data sources and information systems which included VIMS design also looked at improved business processes like removal of data entry role for Regional Immunization and Vaccine Officers (RVOs), allowing them to focus on program performance.

VIMS was piloted in 7 regions with a health facility level electronic immunization registry (EIR) component being piloted in one region.

VIMS IMPLEMENTATION

VIMS IMPLEMENTATION PROGRESS

2016 Q4 2017 Q1 2017 Q2 2017 Q3 2017 Q4

VIMS Pre-test in 7 regions with a focus on data entry only (EIR) functionality

VIMS Scaling up in 1 additional Region of Tanzania

PLANNED SYSTEM ENHANCEMENTS

Based on feedback from the MCHCCDGE and VIMS the following enhancements are planned:

• Integration with the broad T2 ELMIS (December 2017)
• Integration with DmT (March 2018)
• Integration of the new remote temperature monitoring project (2018)
• VIMS scale up in remaining 11 Regions (Timing based on availability of Funds)
• EIR will be in 388 more health facilities by December 2017 for Kilimanjaro and Dodoma.

PROJECT SUMMARY

VIMS Structure

Under the leadership of the Tanzania Ministry of Health, Community Development, Gender, Elderly, and Children (MCHCCDGE) – Immunization and Vaccine Development program, VIMS is supported by funding from the US Agency for International Development, the Bill & Melinda Gates Foundation, and DAI with the Clinton Health Access Initiative, JST – through InSupply and the Maternal and Child Survival Program, PATH, and VillageReach providing technical assistance.

Problem Statement

• While Tanzania immunization rates remain high, the immunization program still faces some critical challenges: limiting efficiency and effectiveness of managing the program. To address these challenges and ultimately improve program performance, Immunization program is partnering with implementing partners developed and implemented VIMS.

Project Goals

VIMS interventions aim to:

• Integrate tools and tranglate data currently captured in different tools for better decision making.
• Improve immunization data quality and availability.
• Increase data use and decision skills at all levels of health system.
• Improve vaccine supply and distribution system accurately forecast vaccine requirements, and
• Promote equipment breakdown without compromising immunization performance.

RESULTS

IMPROVED DATA VISIBILITY FOR DECISION MAKING

Data entered by a nurse using EIR or DVdmT using VIMS at District level is instantly available at all levels for decision making.

Immunization and Vaccine Officers have real time stock visibility and CCE functionality of supervised vaccine stores.

VIMS has improved program performance as seen in a 10% vaccine stock availability at service delivery points can be seen from January to June 2017.

Color coding of reports and dashboards gives users greater ease of data visualization and interpretation when analyzing system performance.

FUTURE PRIORITIES

VIMS evaluations and system analysis have revealed the importance of human capacity in the data entry and collection processes. Users must have high data literacy in order to achieve the greatest gains from VIMS in terms of time use, data visibility and access, and data triangulation.

Our ongoing support will continue to improve capacity and introduce new system features to ease and improve overall data use and knowledge.

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