

Improving health service delivery through better data collection, quality, and use.

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LETTER FROM THE DIRECTOR

As we begin the final year of the BID Initiative, I am encouraged by the progress we have made toward better data quality and data use to achieve better health outcomes. We are implementing BID solutions in <u>Tanzania and Zambia</u> and are working closely with both country governments on scale and sustainability planning.

This year, we were pleased to host many partners in our demonstration countries, including <u>Melinda Gates</u>, and share our progress and key learnings at several conferences and events across the globe.



My hope is that this year we will successfully expand beyond our test sites and ownership of the BID Initiative will continue transitioning to the governments of Tanzania and Zambia. With the impending launch of the digital health toolkit we are developing jointly with the World Health Organization to share the BID Initiative's approach and solutions toward improving data quality and use, other countries will also have the resources and information at hand to adapt and apply to their health programs.

Sincerely,

Laurie Werner, Global Director

THE BID INITIATIVE EMPOWERS COUNTRIES TO CREATE AN ENVIRONMENT WHERE RELIABLE, EASILY ACCESSED, AND ACTIONABLE DATA CAN BE USED TO IMPROVE HEALTH OUTCOMES.

While our initial focus is on immunization data to first test and prove our approach, interventions are designed to be applicable and adaptable to several health verticals such as nutrition and maternal, newborn, and child health.

IMPLEMENTATION AND SUSTAINABILITY IN TANZANIA AND ZAMBIA

We are pleased to share that <u>data-use</u> <u>interventions launched</u> in Southern Province, Zambia, in November last year. Health workers are already seeing the impact of the interventions that are laying the groundwork for creating a data-use culture. With health workers having more access to immunization data and using that data to make decisions, we are also <u>partnering with Ona</u> to adapt the OpenSRP system and develop an electronic immunization registry. The registry, which will launch in facilities in the coming months, will be an additional tool to ease data collection and access.



In Tanzania, we completed our first region, Arusha Region, where more than 250 health facilities are using BID solutions and more than 81,000 children have been entered into the electronic immunization registry. After early district implementations, we refined our strategy by training immunization mentors from district health staff to play a key role in implementing interventions, whereas initially, the BID team led these activities. This new approach ties into our efforts to ensure the initiative is country-owned and sustainable. We will soon be expanding the BID Initiative to the Tanga and Kilimanjaro Regions, which present different logistical challenges and can help ensure the BID Initiative is applicable and adaptable to different contexts and can be scaled nationally in Tanzania.

We are working closely with partners and other potential funders to plan for sustainability and scale in both demonstration countries and support other countries interested in adopting and adapting the BID Initiative interventions.

PEER LEARNING FOR BETTER DATA QUALITY AND USE



The BID Learning Network (BLN) held two design meetings last year: one in Accra, Ghana, focused on the electronic immunization registry; and another in Kampala, Uganda, focused on change management solutions.

The BLN also hosted its first <u>study visit in Benin</u>. Nine BLN members learned how VaxTrac's Androidbased system collects and manages immunization data to help the Ministry of Health improve service

UNCOVERING THE IMPORTANCE OF DATA IN ZAMBIA



Dambwa North is a health facility in Livingstone District that provides immunizations to 150 children each year. When the BID Initiative rolled out its data-use interventions.

Veronica Mutila, the nurse in charge, and her staff received the interventions enthusiastically, but she was not aware of the impact these simple interventions would have on her work.

"Immediately, I saw the importance of data in a way I'd never seen before. The datause guide helped us capture data more accurately, spot errors quicker, and easily find solutions to the errors. We also update our registers and stock control cards after each immunization session. This immediate. but simple, action is very helpful. I can plan the next clinics in advance and request stock in good time, if necessary. It also raises other benefits such as the ability to quickly determine nurse-to-patient ratios that can indicate staff shortages because our data is easily available. With this new tool, I can complete my work and be better prepared for the next clinic and for our reporting."

delivery for children in Benin. In addition to learning about the technical functionality, the group learned about the practical implementation, such as sensitizing the community so they know what to expect when they see tablets being used at facilities.

Additionally, the BLN <u>awarded a small grant to The Gambia</u> to work on an immunization registry. It is anticipated that The Gambia will share its learning through the various BLN channels.

The peer learning network continues to offer members the opportunity to learn from one another, sharing challenges and successes in implementing health data systems. We look forward to continuing to collaborate through our Google Group and monthly-webinars and in person at our next discussion meeting later this year and through the planned study visits.

REVOLUTIONIZING TANZANIA'S HEALTH CARE

Dr. Dafrossa Lyimo, Program Manager for Immunization and Vaccines Development Program, Tanzania



In Tanzania, our priorities are to strengthen capacity on data analysis, dissemination, and use at all levels of the health system. We have made significant progress with the BID Initiative and are anxious to expand regional coverage and begin analyzing results on health service delivery.

The new roll-out strategy builds capacity at the district level, which works well with our scale and sustainability plans. We have established a strong technical working group that will implement the package of BID interventions in their respectful regions once the time comes. Tanzania has about 7,000 health facilities and a birth cohort of nearly 2 million annually. The cost to

implement the interventions will be substantial; therefore, we are developing a sustainability strategy that will help us smoothly transition the knowledge and capacity to government functions and address the financial gaps needed.

If we achieve national scale, it will revolutionize how we do business at the primary health care level, not only in terms of how we collect and use data, but also service delivery. The more visibility we have into the data at the facility level, the quicker we can address service delivery challenges to improve overall performance. The health workers will have more time to provide services and therefore improve resource planning to relieve the expenditure burden to our government.

Looking ahead, we have received interest from other health areas, making us confident that the steps we are taking now to improve data quality and use can make an impact beyond the immunization sector.

DIGITAL HEALTH TOOLKIT FOR IMPACTFUL HEALTH DATA INITIATIVES

This year, we facilitated a <u>convening to strengthen</u> the digital health knowledge base and also had a strong presence at the <u>Global Digital Health</u> Forum. These events provided a wonderful opportunity for our team and partners, including multiple ministry representatives from Tanzania and Zambia, to continue building links between the world of global health and information and computer technology.

To this end, we have partnered with the World Health Organization to develop a digital health toolkit. This toolkit will be easily consumable and an adaptable package of products, policies, and practices that programs and countries can use as

a how-to guide for building effective health data initiatives, which can be applied to areas across the health system. This package will include multiple components, including the mechanism through which the BID Initiative theory, and the research behind it, can be made actionable, providing the direction and documentation needed to implement impactful health data system interventions.

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Key Partners & Stakeholders: Tanzania Ministry of Health, Community Development, Gender, Elderly and Children; Zambia Ministry of Health; Gavi, the Vaccine Alliance; Ona Data; World Health Organization (WHO); WHO African Region; UNICEF; Mohawk College.