

Note for the Record	– Monthly HDC SRG Meeting			
Location: MS Teams				
Date: 16 March 2023	3, 16:00-17:00 CET			
		nalenna Seitio-Kgokgwe (Botswana)		
Co-Chairs				
Participants:	Countries	Judith Nawa (MoHW Botswana)		
		Mwango Mutale (MoH Zambia)		
		Onalenna Seitio-Kgokgwe (MoHW Botswana)		
	Multilateral and	Jennifer Requejo (UNICEF)		
	Intergovernmental	Clementine Fu (World Bank)		
	Organisations			
	Donors	Ernesto Lembcke (GIZ)		
	GHIs	Steve Ollis (CHISU)		
	Civil Society			
	Research, Academia and	Laticha Walters (Council for Scientific and		
	Technical Networks	Industrial Research)		
		Pam Dixon (World Privacy Forum)		
		Christopher Murrill (US CDC)		
	Private Sector	Patricia Monthe (MEDxCare)		
	Observers	Xavier Bosch-Capblanch (Swiss Tropical &		
		Public Health Institute)		
		Edward Nicol (SAMRC)		
		Kaveri Kumar (CEPA)		
		Laura Grobicki (CEPA)		
		Anisa Hasan-Granier (CEPA)		
Working groups:	Community Data			
	Ana Scholl (USAID)			
	RHIS			
	Ayub Manya			
	CRVS			
	Doris Ma Fat (WHO)			
	James Mwanza			
	Martin Bratschi (Vital Strateg	ies)		
	Fern Greenwell (WHO)			
WHO secretariat:	Craig Burgess, Mwenya Kaso	nde, Tashi Chozom, Carolina Futuro		
Objectives:				
	sults of HDC evaluation bid			
	ates from Ministry of Health Zan			
	case study on data use during C	OND-12		
Agenda:				
1. Welcome (5 mins)				
2. Partner Update	s (5 mins)			



- Update on GFF Central African Public and Burkina Alignment Workshop Cancelled due to unavailability of GFF
- 3. HDC Governance (10 mins)
  - Results of HDC Evaluation bid and update on process
- 4. Country Engagement Updates (20 mins)
  - Update on Ministry of Health Zambia
  - Country focused way forward and making WGs more responsive to country needs
- 5. Working Group updates (10 mins)
  - Presentation: Data, decision making and innovations to support continuity of essential services during COVID-19: Insights from Uganda
  - Update on RHIS investment case
- 6. Communications and events (5 mins)
  - Update on Leadership event 2023
- 7. Next steps and AOB (5 mins)

#### SUMMARY OF DISCUSSION

#### Welcome (5 mins)

MoH Botswana – Judith Nawa

- Overview of objectives and agenda.
- Item #2, Partner Updates, was removed from the agenda.

## HDC Governance (10 mins)

### Update on HDC Evaluation

HDC Secretariat – Craig Burgess

- Received 10 competitive bids.
- CEPA to undertake the evaluation of HDC.

### CEPA – Kaveri Kumar

- Cambridge Economic Policy Associates (CEPA) is a London-based public policy strategy and economics consultancy. We do a lot of work with a lot of global health partners, bi-laterals and multi-laterals, on evaluation and strategic reviews.
- Methodology to be finalized over the next few weeks.
- Final inception report anticipated for mid-April 2023.
- Anticipate submitting draft report to HDC for review by the end of June 2023, and the final report and PowerPoint presentation to be completed by end of July 2023.
- Dissemination planned for September 2023.



## Country Engagement Updates (10 mins)

# Update on Ministry of Health Zambia

# Country focused way forward and making WGs more responsive to country needs

## MOH Zambia – Mwango Mutale

- Chief officer in charge of routine health information systems.
- Zambia has had a health information system since 1996; it was modelled around the DARTs principles.
- 2 out of 3 of the HMIS components are fully developed. Community HMIS is partially developed and facing logistical challenges.
  - HMIS tools at the community level are outdated and have no standard to guide data management, which leads to duplication of data.
  - Also results in lower-quality services, weak infection prevention and control responses, and poor community health plans.
- Other challenges of cHMIS:
  - Weak linkage between cHMIS and the Health Facility Data.
  - Not all district community health workers trained in DHIS2 and inadequate technical support and supervision provided to provinces and districts.
  - Insufficient infrastructure, such as desktop and laptops, for data entry at district level.
- Plans for next steps:
  - Link cHMIS to Health Centre lobbying for support from partners on this.
  - Explore digitizing cHMIS forms and roll out to all districts.
  - Develop indicator definitions manual and data management guide.
  - Revise and develop reporting tools and data collection tools.
  - Infrastructure equipment.
  - Support in training community health colleagues in DHIS2.

### Questions

Community Data Working Group – Ana Scholl

- Our working group produced something a few years ago that could help start the discussion.
- Excited you joined our working group.
- What is the main objective or purpose for the cHMIS in terms of reporting and service delivery?
- How do you see these interlinking?
- How do you see the hosting of this information and analysis use that the national level might want to have?



### MoHW Botswana – Judith Nawa

- Botswana experiences similar challenges as Zambia, such as duplication of data.
- Who do the community volunteers report to? Do they report to the community health assistants?
- Do they only focus on collecting health related data, or other areas of data?
- You mentioned community health assistants are 80% are community level and 20% are facility level. This would be a challenge that leads to duplication of data. How do you plan to address that?

### In response

MOH Zambia – Mwango Mutale

- For reporting, we have a draft data set. Service delivery will be offered in the community because the service package explains what the community health workers and health assistants are supposed to do.
  - Service delivery will be daily (from home visits, to escorting people to the facility, etc.) and reporting will be done on a monthly basis.
- In terms of hosting, the data is hosted on a national data centre. Access is provided to anyone at the local, national and community level with access to DHIS2. We want this to be accessible to everyone at different levels.
- Community-based volunteers submit a report to the chair of the neighbourhood health committee. The chair compiles the report into one report and submits it to the health facility to capture into the DHIS2.
- Government is trying to incentivize the volunteers to empower them with data collection skills.
- Community health assistants are supposed to be 80% in the field and 20% at the facility.
- We are open to learning from other areas and countries to learn from their experiences.

MoHW Botswana – Dr. Kgokgwe

- Botswana had a similar 80/20 model, but we have moved the other way around with having them spend more time in the facility.
- I am at a WHO meeting on the revitalization of primary healthcare which focuses on the monitoring and evaluation of primary healthcare-oriented services. There is a lot of emphasis on community monitoring. At the end of this workshop, we can be more standardized about coming up with indicators that can be comparable across countries.



# Working Group updates (10 mins)

Presentation: Data, decision making and innovations to support continuity of essential services during COVID-19: Insights from Uganda

UNICEF – Jennifer Requejo

- The concept of this case study was previously presented to the SRG.
- HDC, WHO and UNICEF collaborated to explore best practice around data use during the COVID-19 to maintain essential services.
- Learned how challenging it was to do interviews and data collection during a crisis situation.
- Mixed methods approach for Uganda study document review and interviews with Ugandan government, private sector, agencies and partners on the ground.
- CEHS Secretariat was established to continue health services during the pandemic.
- Timeline was from March/April 2020 through to 2021 in the peak moment of COVID waves in Uganda.
- Work product is in the process of doing final editing and adding a one-page executive summary. Then it will be posted on the HDC website and the UNICEF website to enhance dissemination.
- Presentation about the structure of the case study to be circulated after the meeting by the HDC Secretariat.

## Update on RHIS investment case

Swiss TPH – Xavier Bosch-Capblanch

- Work package 1 on scoping and systematic review to gather examples of return of investment cases on RHIS.
  - Scoping review has been finalized. Draft is in internal circulation and will be sent in the next few days to WHO.
- Work package 2 focuses on case studies in 6 countries.
  - Produced a data collection tool to teams in country. Completed in Colombia, Côte d'Ivoire, Nepal and South Africa. In progress in South Sudan. Double the data collection at national and subnational level in Nigeria and South Africa.
  - Analyses started. Expect to have a draft of all the variables by mid-April.
- Work package 3 is the synthesis of work packages 1 and 2. To be completed after the finalization of work package 2.
- Final products to be delivered by May 8.



## Communications and events (5 mins)

Update on Leadership event 2023

HDC Secretariat – Craig Burgess

- Swiss TPH will present the results of the RHIS investment case to stakeholders at the May 18-19 Leadership event.
  - RHIS results will also be presented to the SRG before the event.

HDC Secretariat – Carolina Futuro

- Concept and agenda for the event will focus on identifying and promoting good country data governance practices, and promote investment in RHIS.
- Digital and Data Governance Working Group to present leading work on country good practices.
- Swiss TPH to present their conclusions on investing in HIS.
- Event will be hybrid: virtual and face-to-face.
- This event is the first ask prior to the World Health Assembly and other advocacy steps.
- Also plan to have a donor roundtable to touch on issues to improve investment in RHIS and donor and country perspectives.

### Next steps and AOB (5 mins)

HDC Secretariat – Craig Burgess

- Secretariat will be sending out shortly a draft agenda for the September face-to-face meeting. Hoping to host an in-person meeting once a year with key HDC stakeholders, Working Group Chairs and SRG.
- We recruited 2 other consultants who will be based in Africa and Asia to support and be the eyes and ears of the HDC as we scale up. They were not able to join the call today, but we will introduce them at the next call.

Action Points

Action	Person Responsible	Timeframe
Circulate Uganda case study	Secretariat	
presentation slides to SRG.		