



Health Data Collaborative

Nov 2018

Central Monitoring and Evaluation Division
MoHP Malawi

Presentation outline

- HDC action points – implementation progress
- MEHIS Strategy 2017-2022

HDC 2017 Action Points

1. Finalize the M&E and HIS Strategy
2. Develop the eHealth Strategy
3. Finalize Standard Operating Procedures
4. Finalize list of National Health Indicators
5. Initiate data use strengthening activities
6. Agree on data quality review approach
7. Initiate roll out of DHIS2 to central hospitals
8. Rationalize meta data

Finalize M&E and HIS Strategy

The MEHIS Strategy 2017-2020 was finalized and has been approved by the Hon Minister and SH

More on this in later slides....

Develop the eHealth Strategy

- The eHealth Strategy is at final stages of drafting.
- A collaborative effort between QMD and CMED
- Timeline: To be finalized by Q1 2019.

Finalize SoPs

- 13 SOPs in line with HIS Policy developed
- SOPs in final draft state
- The following steps are being pursued:
 - Piloting of SOPs
 - Integration of final changes resulting from pilot
 - Endorsement through the M&E TWG
 - Approval of SOPs by Senior Management

Finalize NHI handbook

- List of National Health Indicators in place
- 82 indicators defined (12 of which are survey-based)
- Web-based indicator documentation tool available @ <http://dhis2.health.gov.mw:8000/>

Next steps:

- Configure dashboards for NHI in DHIS2
- Promote data analysis, interpretation and use across all levels of care
- Support Departments to define programme-level indicators.

Initiate data use strengthening activities

Several activities are underway to strengthen data use across all levels of care:

- SOP on data analysis, interpretation and use
- Data demand and use initiatives by GIZ
- Institutionalization of HIS bulletins by USAID
- Data use campaign tools and the ERM portal by Kuunika
- Health Situation Room initiative by UNAIDs and the QMD Department
- Etc.

Work in progress

1. Initiate roll out of DHIS2 to central hospitals – planned for 2019
2. Agree on data quality review approach – the SOP on Data Quality Assurance defines the approach – due for piloting
3. Rationalize meta data - ??



Government of the Republic of Malawi

Ministry of Health and Population

**Monitoring, Evaluation and Health Information
Systems Strategy
(MEHIS)
2017–2022**

September 2018

Situation analysis – key gaps

1. Inadquate MEHIS human resources
2. Overreliance on and too many manual data collection tools
3. Intermittent supply of data collection and reporting tools
4. Lack of coordination in MEHIS activity implementation
5. Vertical and parrallel reporting structures
6. Lack of interoperability of HIS sub-systems
7. Poor data quality
8. Inadequate use of data for decision making
9. Lack of data to monitoring MEHIS investments

Vision, Mission

Vision

A sustainable, integrated national health information system capable of generating and managing quality health information for supporting evidence-based decision making by all stakeholders at all levels of the health system.

Mission

To improve the availability and use of reliable, complete, timely, and consistent health and health-related information for monitoring and evaluation of health policies, plans and programs. The strategy also seeks to disseminate, advocate for, and facilitate the use of information in decision making.

Objectives

Objective 1: To ensure that HSSP II is adequately monitored with high-quality data that are routinely reported, analyzed, and disseminated

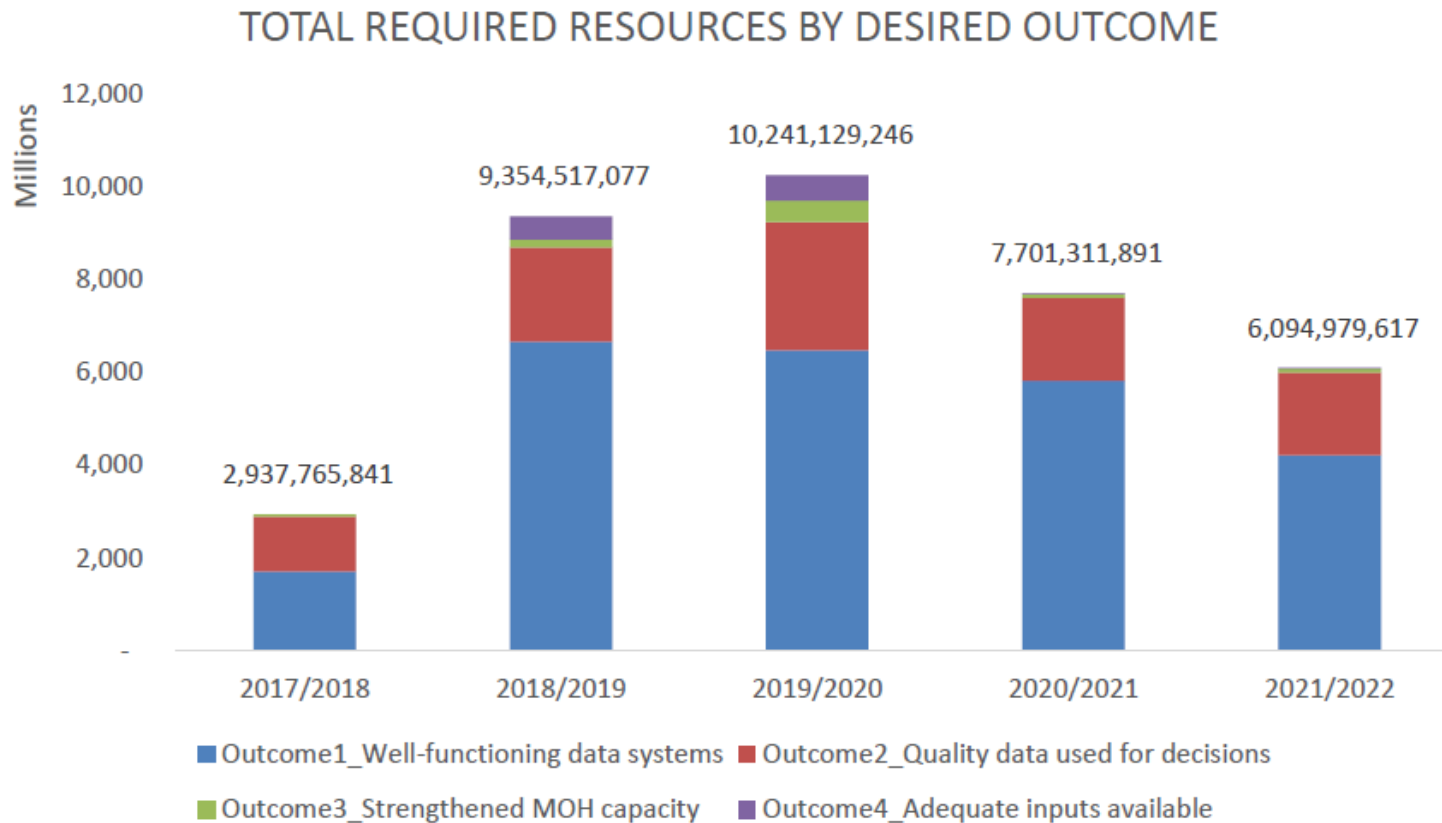
Objective 2: To strengthen the health sector's capacity to use data for decision making

Outcomes

- **OUTCOME 1:** Effective and well-functioning data sources are in place to monitor HSSP II programs
- **OUTCOME 2:** High-quality data is available and used in decision making and policy development
- **OUTCOME 3:** MOHP has the managerial capabilities and leadership to plan, coordinate, and implement a well-functioning HIS
- **OUTCOME 4:** Adequate inputs are available to implement a robust HIS

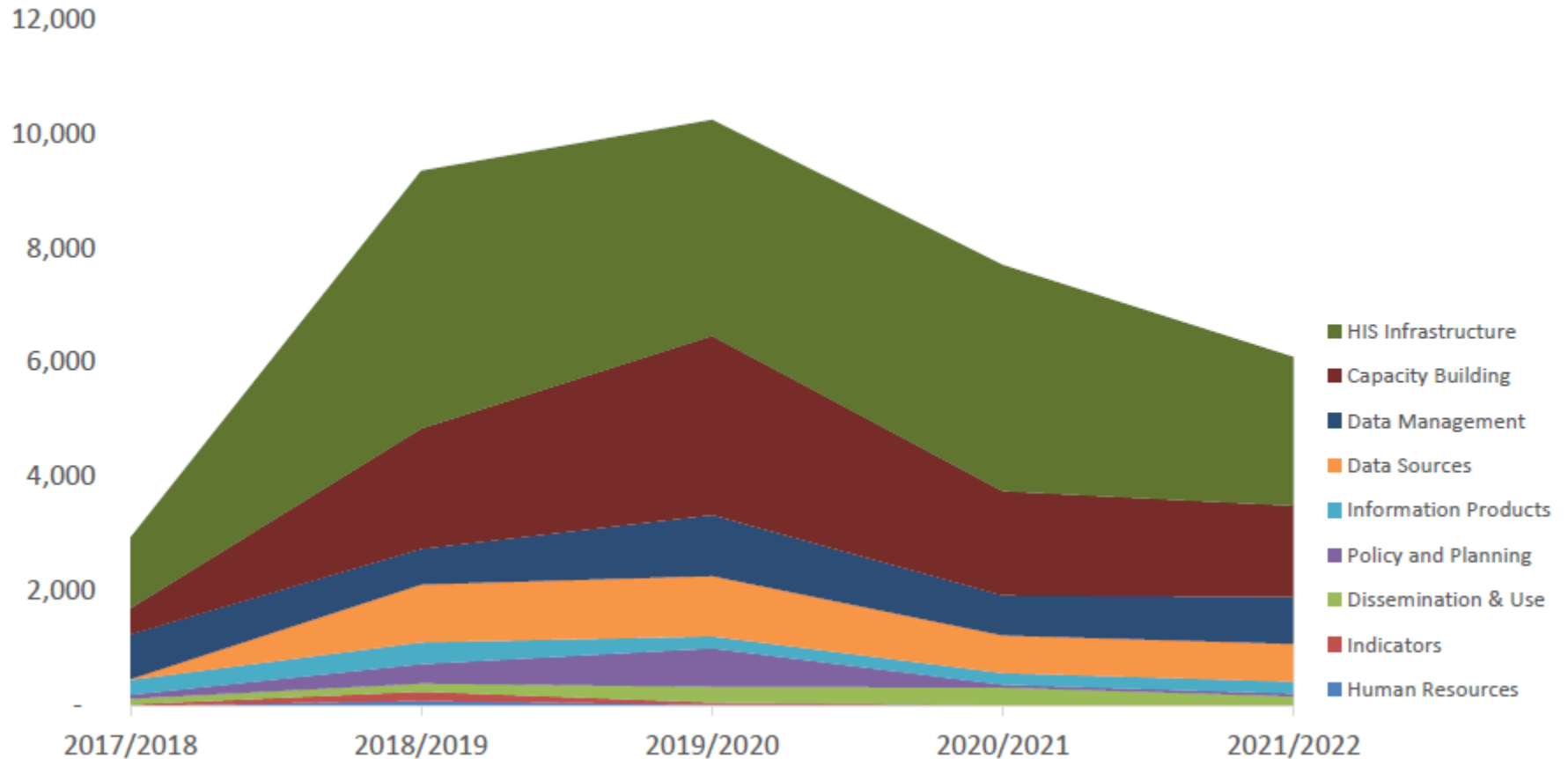
Required resources by outcomes

Total resources required to achieve the 4 outcomes: Est. USD 50 million



Required resources by activity needs

TOTAL REQUIRED RESOURCES BY ACTIVITY TYPE



Staff days need to implement MEHIS

TOTAL MOH STAFF DAYS NEEDED TO IMPLEMENT STRATEGY BY YEAR

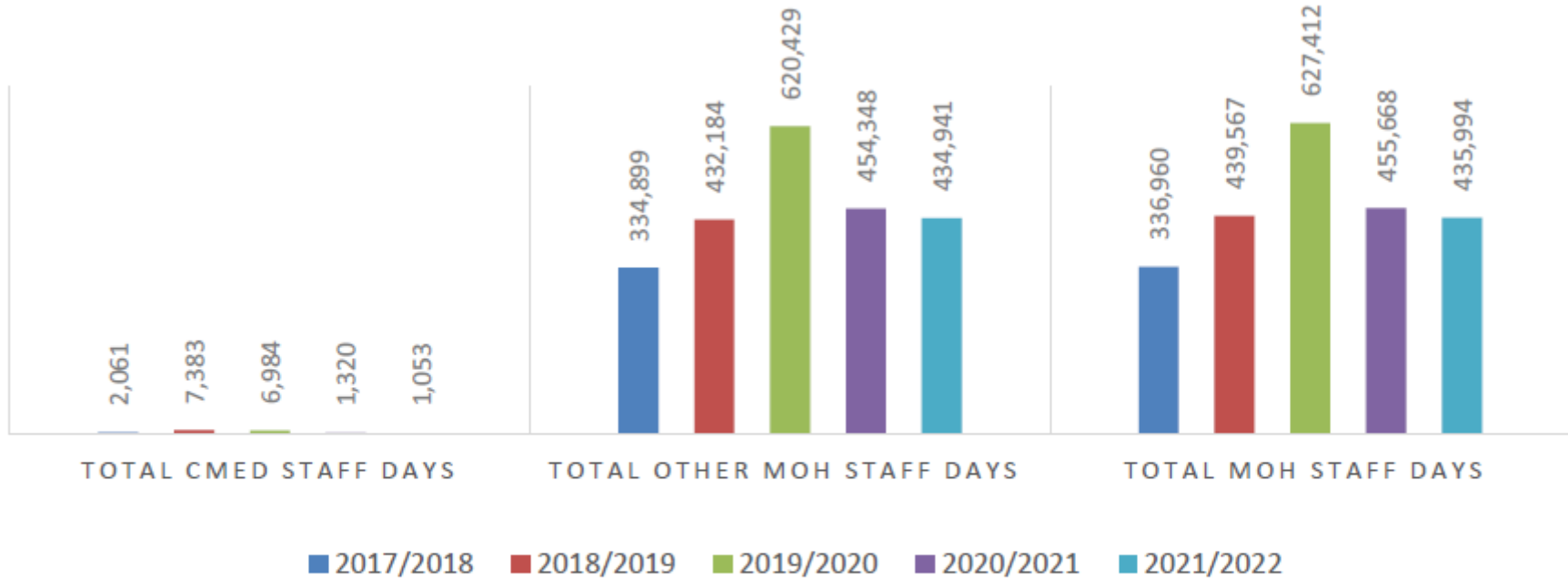


Figure 12: Total MoH staff days needed to implement strategy by year

Based on activities and associated outputs in the detailed operational plan, a total of **18,801 CMED person days** are required to fully implement the strategy. With its current staffing footprint, CMED has only **16,350 person days available⁴**, a **deficit of 2,451 person-days**.

MEHIS – Next steps

- Costing the strategy
- Mapping investments
- Integration in Resource Mapping tool
- Add Human Resource gaps
- Rigorously implement MEHIS

Thank you!