



**Republic of Botswana
Ministry of Health & Wellness**

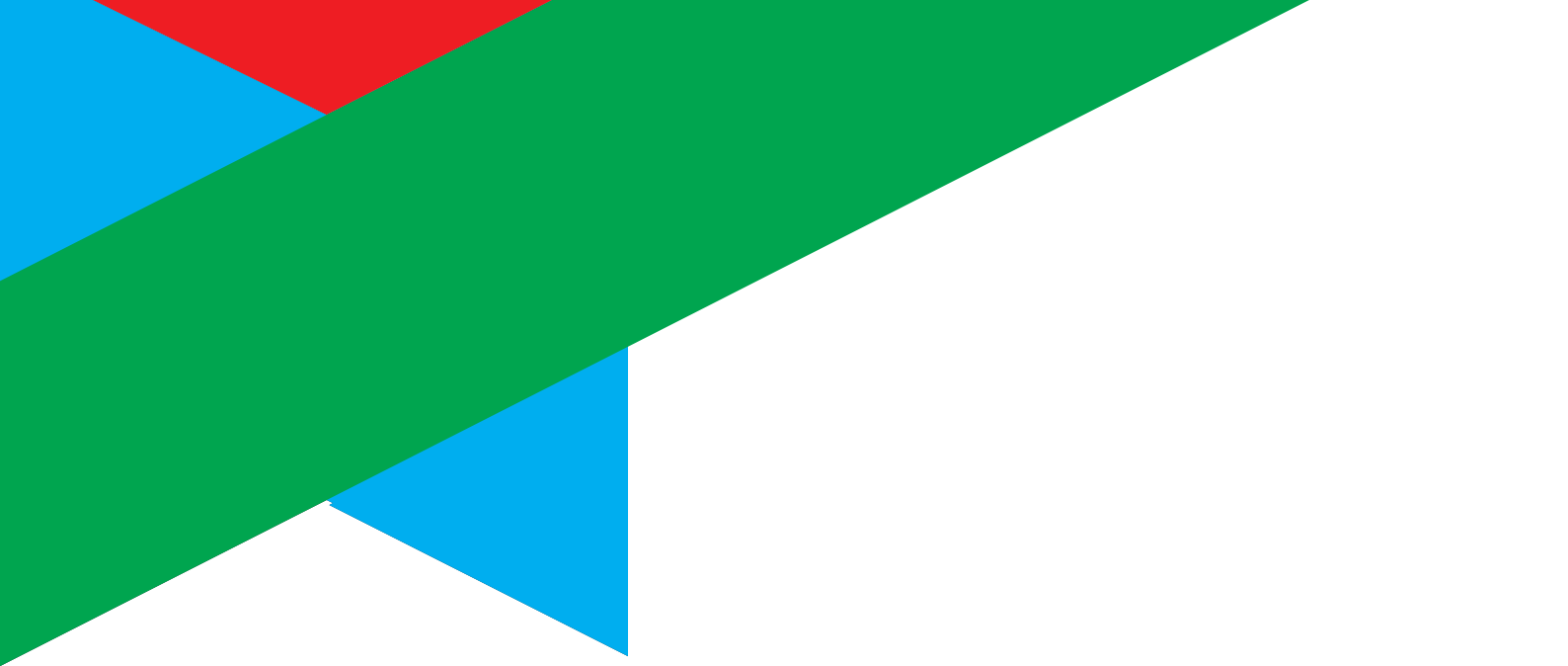
BOTSWANA MINISTRY OF HEALTH OF WELLNESS

Data and Digital Priorities:
Towards a Harmonized
Health Information System



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HEALTH DATA
COLLABORATIVE





BACKGROUND

Botswana Health Data Collaborative (BHDC) was launched on 10th March 2020 with an aim of building a strong one Health Information and M&E system in a harmonized and more aligned approach by all stakeholders. The BHDC roadmap was developed giving the strategic direction for the collaborative in the next five years. The roadmap outlines the BHDC principles; the key priority areas for BHDC as well as the Governance structures. Additionally, the roadmap has spelt out an operational plan that shall guide the BHDC investments in the next one year (2020/21 FY).



The operational plan is based on the BHDC broad strategic priorities which include;

- i. Improving Data and information use for informed decision making
- ii. Leveraging on Digital Technology
- iii. Improving civil registration and Vital statistics
- iv. Improving quality and safety of care

These strategic focus areas that were identified by stakeholders and informed by a HIS and M&E situational assessment report that was done in 2018, informed the formation of the four BHDC technical working groups.

Having launched the BHDC, the next critical steps is to ensure that all BHDC structures are operational and that identified priorities are implemented by the stakeholders as agreed in the joint signed communique. It is with this backdrop that a team from the Ministry of Health and Wellness drawn from the M&E and quality Assurance department have identified some key activities from the BHDC TWG operational plans that can be implemented as quick wins in-order to keep the “BHDC fire Burning”.

The team was supported by a team from WHO. It was agreed that these activities should be implemented in the next quota (next three months) after which a progress report shall be done. Informed by the progress report, the team shall then identify another key set of activities from the TWGs operational plan to be implemented in the second quota. This approach will help ensure that no activity is left behind and that implementation is informed by continuous review.

WHAT PROBLEMS IS BHDC ADDRESSING?

**MULTIPLE REPORTS
(23 – 30 MONTHLY REPORTS)**

POOR ALIGNMENT OF INDICATORS BETWEEN THE IHSP (60) , THE MOHW M&E PLAN (34) AND THE MOHW STRATEGY (46)

MULTIPLE DATA COLLECTION TOOLS (43 REGISTERS)

PARALLEL REPORTING (PROGRAMS OWN REPORTS)

NO FUNCTIONAL GOVERNANCE STRUCTURES FOR M&E

INADEQUATE HEALTH DATA GOVERNANCE

LACK OF MULTI SECTORAL PLATFORM FOR M&E

INADEQUATE INFORMATION SHARING RESEARCH IS UNDERTAKEN BUT INEFFECTIVELY DISSEMINATED

MULTIPLE ELECTRONIC SYSTEMS IN USE (37 IN 2013 -- RATIONALISED TO 9) NOT INTERFACED

THE QUICK WINS

For each of the identified quick wins ---the details of the key activities and the budgets are contained in the various TWG work plans in the BHDC roadmap.

This includes the budgetary requirements. This document spells out some of critical procedures and steps towards actualizing the activities as contained in the work-plan.

As well as the quick wins detailed below, the Ministry has identified a number a data and digital priorities for further partner engagement. These include;

- Improve data governance in the health sector (Harmonization of health information Indicators, data collection tools and M&E plans)
- Institutionalise health sector performance reviews
- Build adequate capacity on data analysis
- Resuscitation of the E-Health cluster to oversee the implementation of the e-Health strategy
- Establish Standards and interoperability framework for Botswana
- Establish electronic unique identifier (UID) and electronic Master Patient Index (MPI) for use in the health system of Botswana
- Development of the Centralised Electronic Medical Record for all clinics in Botswana
- Development of the National Tele-medicine Programme
- Establish DHIS2 as the default reporting system for the entire health sector
- Upgrade ICT infrastructure (LAN/ WAN, Computers, Tablets, Wi-Fi Connection, Hosting Server Environment)

KEY DOCUMENTS

Botswana Health Data Collaborative Roadmap 2020-2025

Botswana National Health Policy

Botswana Integrated Health Services Plan

PRIORITY 1

OBJECTIVE: IMPROVED BHDC GOVERNANCE AND COORDINATION

Proposed Activities	Key Deliverables
BHDC coordination	Appoint a BHDC coordinator /focal person
BHDC steering committee	Establish and Inaugurate the BHDC steering committee
BHDC TECHNICAL WORKING GROUPS	Formal appointment of Quality and safety of care TWG Monthly BHDC technical working groups meetings

PRIORITY 2

OBJECTIVE: RESOURCE MOBILIZATION FOR BHDC ACTIVITIES

DESCRIPTION: THE ESTIMATED TREASURY ALLOCATION FOR THE MOHW IS 17% OF THE TOTAL GOVERNMENT BUDGET. THERE ARE 3 MAIN DONOR AGENCIES PROVIDING ADDITIONAL SUPPORT THROUGH IMPLEMENTING PARTNERS: UNAIDS, PEPFAR AND GLOBAL FUND. HOWEVER WORKPLANS ARE OFTEN IMPLEMENTED WITHOUT PARTICIPATION OF THE MOHW.

Proposed Activities	Key Deliverables
Resources from GOL	Inclusion of BHDC priority areas in the MOHW operational plans Disseminate operational plans to the Steering committee for purposes of resource mobilization and alignment of work plans across donor agencies and implementing partners.

PRIORITY 3

OBJECTIVE: IMPROVED DATA AND INFORMATION USE FOR DECISION MAKING

OUTCOME: ENSURE AVAILABILITY OF HIGH QUALITY DATA ACROSS THE HEALTH SECTOR AND USE IT TO REVIEW PROGRESS AGAINST THE HEALTH SECTOR PLANS AND THE SDGs BY 2025.

Proposed Activities	Key Deliverables
<p>Develop Health Sector Indicators Reference Manual and guidelines</p>	<p>Map all the indicators that exist in the health sector including from the various programmatic areas.</p> <p>Consider Global reference indicators e.g. SDGs Indicators and other existing guidelines on Indicators e.g. WHO 100 list of reference indicators.</p> <p>Compile a health sector Indicators reference manual. (N/B Include indicators on disease surveillance as well) N/B This shall include definition of all the indicators including their meaning; their use/utility; the numerators and denominators; sources of data and frequency of collection.</p> <p>For each of the indicator that is defined; include the data collection tool that is required. N/B This will help in harmonization of the data collection tools as the next step.</p> <p>The Indicators reference manual then informs the core list of indicators that the sector shall track in a particular period e.g. in a strategic period.</p> <p>The selected core indicators shall inform the harmonization of the data collection and summary tools /registers.</p>
<p>Harmonization of the data collection tools and summary registers</p>	<p>This activity is preceded by the harmonization of the health sector indicators (above step) Based on the selected harmonized indicators</p> <p>Update all the tools.</p> <p>Train staff especially at the data generation points on use of the new tools.</p> <p>Avail the tools to all the data generation points and reporting units (health facilities and Districts).</p> <p>The new tools will inform the digitalization (see the section on digital health TWG below) i.e. the digital team to ensure that the tools are digitalized and ensure the indicators are captured in DHIS-2 (see next steps under Digital team below).</p>



PRIORITY 4

OBJECTIVE: LEVERAGING ON DIGITAL TECHNOLOGY TO IMPROVE THE HEALTH INFORMATION SYSTEM
OUTCOME: STRENGTHEN RELEVANT SKILLS TO COORDINATE SYSTEMS DEVELOPMENT, IMPLEMENTATION AND DEPLOYMENT. THIS INCLUDES SUSTAINING AND MONITORING THE DIGITAL HEALTH ECOSYSTEM

Proposed Activities	Key Deliverables
Use of DHIS as default ICT reporting platform for routine Health Information system	<ul style="list-style-type: none"> Merge the various instances of DHIS Update the selected health sector indicators onto DHIS-2 Identify and train DHIS-2 champions to man the system at National level <ul style="list-style-type: none"> * Train the Districts and Facilities on DHIS 2 use Reporting through DHIS 2 Continuous mentorship of the reporting units (facilities)
Linkages of various health information systems to be interoperable	<ul style="list-style-type: none"> Linkage with CRVs system to improve on death and birth registration Linkage with Central Medical stores for end user visibility (commodities visibility)
Identify priority end user requirements and determine relevant solutions to address these user needs.	<ul style="list-style-type: none"> Identify key user types and for each type, establish a user group to review and priorities and evaluate usability of systems Conduct a needs assessment, with extensive stakeholder and user group engagement, to establish the gaps
Establish the Master Facility List	

PRIORITY 5

OBJECTIVE: IMPROVED QUALITY AND SAFETY OF CARE
DESCRIPTION: BHDC SHALL ENDEAVOUR TO ENSURE THAT A STRONG HEALTH INFORMATION SYSTEM IS POSITIVELY LINKED TO IMPROVED QUALITY OF CARE

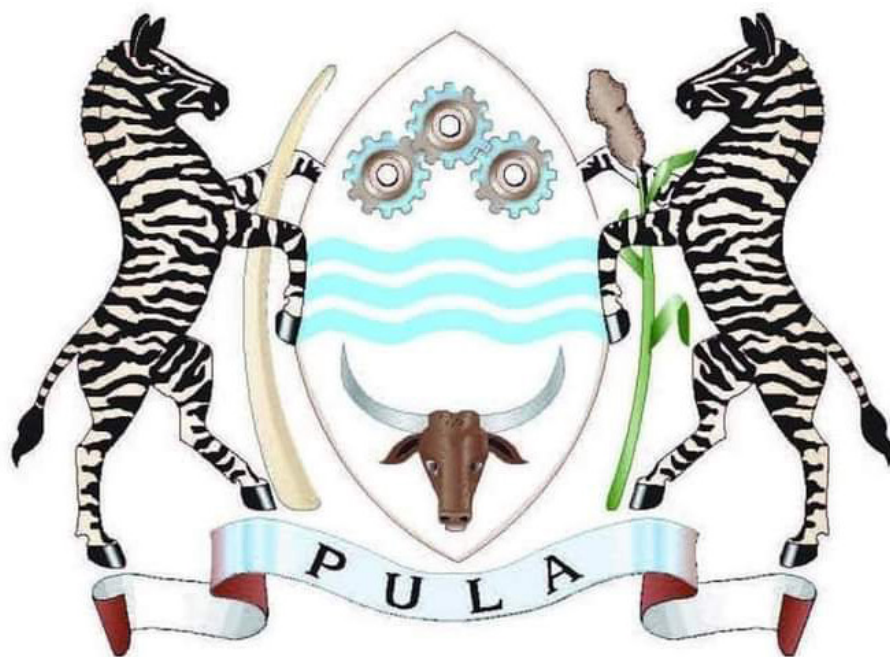
Proposed Activities	Key Deliverables
Quality Improvement teams in the health sector	<ul style="list-style-type: none"> Development of training materials for QI teams by a task-force Form quality improvement teams at all levels of the health system (District and respective health facilities) <ul style="list-style-type: none"> * Training of Trainers (TOTs) on quality improvement * Training of District level quality improvement teams <ul style="list-style-type: none"> * Training of facility quality improvement teams * Mentorship of the teams at both District and facility level
Carry out mortality and morbidity reviews using existing data	<ul style="list-style-type: none"> * Taskforce to Develop review tools * Training of Health care workers on the tools * Morbidity and mortality reviews (Extract data on key selected indicators e.g. facility based maternal deaths; fresh still births -Focus first on Districts and facilities with the highest rates /numbers and then scale up <ul style="list-style-type: none"> * Feedback meetings with Districts and facilities



PRIORITY 6

OBJECTIVE: IMPROVED CIVIL REGISTRATION AND VITAL STATISTICS AND IMPROVED CAUSE OF DEATH REPORTING

Proposed Activities	Key Deliverables
Develop verbal autopsy guidelines	Develop/adapt verbal autopsy guidelines -adapt the WHO verbal autopsies guidelines
Verbal autopsy training and reporting	Train staff and community on verbal autopsies (start with select area/pilot areas) Reporting on verbal autopsies * Continuous follow up and mentorship for the communities
End term Review of Civil Registration and vital statistics and identity management Investment plan 2015-2020	* Important for TWG members to participate * MOH to review especially areas that concern health -birth registration; death registration; causes of death etc. N/B the Department of civil and National Registration is already reviewing the strategy



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