

## Strengthening Coordination Platforms for Improved Data for Decision-Making

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### Introduction

Regular review of data is critical to ensure that it is used for decision-making. As a result, it is necessary for relevant stakeholders in government to form coordination platforms where implementing partners, technocrats and other stakeholders come together to review, synchronize, analyze and utilize all relevant state data and partner-related data to inform programmatic decision-making and course corrections. These platforms provide an opportunity for various stakeholders to interact, share lessons, identify challenges and offer solutions that enhance program aims and objectives.

Coordination platforms create an enabling environment for harmonization of health data and provide an avenue to coordinate all state and partner data-related activities. Data coordination platforms, such as Technical Working Groups (TWG), Health Data Consultative Committee (HDCC) and Health Data Governance Committee (HDGC), exist at different levels in states. In fact, different coordination platforms exist in different states. For example, some states may have all three platforms while others have only one.

Prior to TCI's presence across its II-supported states, most of these data coordination platforms were either non-existent or moribund. TCI provided technical guidance and support to states to form or reactivate these platforms.



SMOH Director of M&E responds to questions during the HDCC meeting held at Star Exclusive hotel on 2/08/2019.  
Photo Credit: Adamu Mohammed

### Areas of Focus of Coordination Platforms

- **TWG:** This platform brings together local government area (LGA) monitoring and evaluation (M&E) officers, implementing partners and Planning, Research and Statistics unit staff of States' Ministries of Health and Primary Health Care Management Board on a monthly basis to review state data, plan for important data-related activities and discuss the implementation of its action plan.
- **HDCC forum:** This platform brings together all state health program officers and implementing partners to review state health data, reporting rates, identify challenges and make recommendations.
- **HDGC forum:** This is the highest decision-making platform that has the responsibility of providing leadership, political will and coordination of health data in the state. It brings together policy makers, state technocrats and implementing partners to review the state



Group photo of the Health Data Governance Council, inaugurated on Tuesday 22/10 2019 at the Landmark Hotel Conference Hall, 4 Worlu Street, D/Line, Port Harcourt, Rivers State.  
Photo Credit: Olatunde-R, M&E TSL-TCI

M&E system as well as identify and address challenges affecting the data management process in the state.

### **Benefits of Coordination Platforms**

- Create an avenue for coordination of all health data-related activities in the state.
- Harmonize activities of the state and implementing partners to prevent duplicated efforts. They routinely review the M&E system of the state, identifying challenges and recommending corrective actions.
- Enhance data quality management with emphasis on improving state reporting rate.
- Increase real-time data demand and use by decision-makers.
- Generate and disseminate state health data report, like a state fact sheet, statistical bulletins, etc.

### **Case Study: Niger State Data Performance Technical Working Group (TWG)**

In Niger state, the Data Performance Technical Working Group (TWG) is the overarching TWG for the M&E of state programs. The Data Performance TWG comprises the Director of the Department of Planning, Research and Statistics (DPRS) from the State Ministry of Health (SMoH) and State Primary Health Care Development Agency (SPHCDA) as Co-chairs of the TWG, Deputy Directors of DPRS from the SMoH and SPHCDA as secretaries of the TWG, Health Management Information Systems (HMIS) officers from the SMoH, Hospitals Management Board and other agencies, such as State Agency for the Control of AIDS (SACA), Drug Revolving Fund, SPHCDA, Association of General and Private Medical Practitioners of Nigeria (AGPMPN) and implementing partners, among others.

#### **How it works**

- State HMIS officer of the SMoH drafts the monthly meeting agenda while other HMIS officers are assigned to work on the meeting presentations that encompass an action tracker, LGA reporting rates and control room reports.
- Challenges identified during the meeting are inputted into the action tracker and presented at the next meeting. Participants identify individuals who are responsible for every action on the TWG action tracker from Directors at the DPRS to HMIS officers and implementing partners.
- During the meeting, State HMIS officers present the state action tracker while designated persons provide updates to issues identified in previous meetings in addition to new activities and challenges identified during the month. Participants then discuss strategies to mitigate the challenges, develop a plan for data quality improvement activities (e.g. [Data Quality Assessments](#)) and receive reports on the state's control room.
- The reports on the state's control room are used to present reporting rates and error rates by LGA and the state's quarterly performance by program area using the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) scorecard developed by UNICEF. These data points are used to chart out challenges to improving the quality of data within the state as well as showcase program areas to the TWG before the RMNCAH tool is presented at the quarterly partners' meeting, which is a coordination meeting held by the state for all partners. It highlights partner and state achievements to improve health care within the state.

#### **Impact of TCI's Lead, Assist, Observe Coaching Model on Niger State Data Performance TWG**

Following the dissolution of all TWGs in Niger state in early 2019, the state led the establishment of the Data Performance TWG and mandated the group to carry out specific roles and responsibilities. The constitution, leadership and processes in setting up the state Data Performance TWG were led by the state directors and officers.

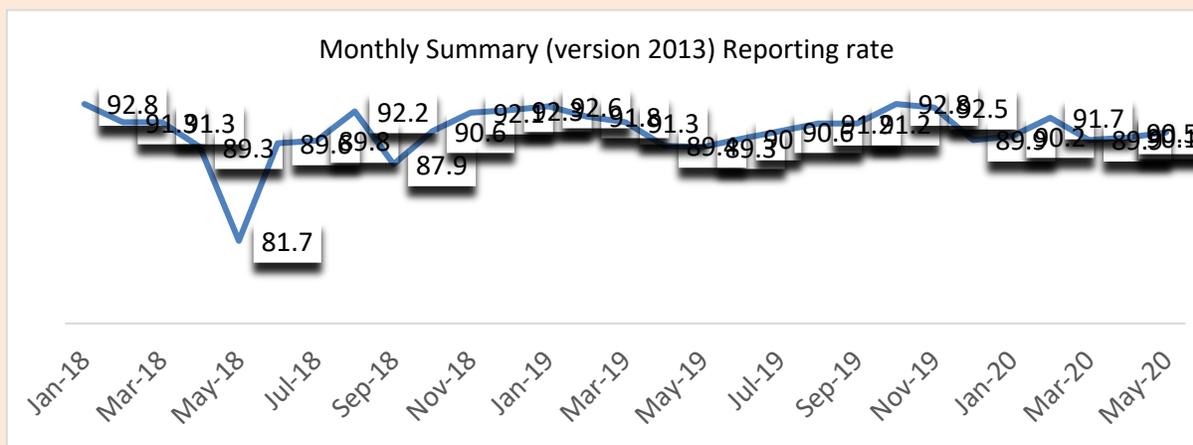
TCI and the Health Strategy and Delivery Foundation (HSDf) supported state officials in strengthening the capacity of certain HMIS officers in the TWG to utilize MS Excel for analysis and MS PowerPoint to create a template for presentation of monthly data, activities and the action tracker. The state presentation deck was created and the capacity of state HMIS officers was built to develop charts and graphs of all types of data.

As the state officers became more comfortable using MS Excel and MS PowerPoint, TCI and HSDf began to take more of an assist role in only providing support to the assigned officers when they encountered a challenge. This process took about five months with several false starts and hiccups encountered by the state officers during presentations. By the sixth month, the state held its first seamless TWG meeting with minimal support.

TCI and HSDF have now slid into an observe role only providing capacity building to the state upon request. In these months, the state added a control room slide to the presentation deck and an LGA data performance slide, which tracks data quality and reporting. All TCI has done is to provide a sounding board to the state for these additions and provide coaching support where needed or when demanded.

**Case Study: Demonstrating Impact of Coordination Platforms in Bauchi State**

In April 2018, TCI and other implementing partners in Bauchi state, including UNICEF, Plan International and others, inaugurated the Health Data Consultative Committee (HDCC) and other technical working groups in the state. Through the existing HDCC meeting, an inter-Ministries, Agencies and Departments (MDA) state health data coordinating platform driven by the Department of Planning, Research and Statistics (DPRS) of the State Ministry of Health (SMoH) and the Monitoring and Evaluation Working Group (M&E WG) of the state Primary Health Care Development Agency (BSPHCDA) has consistently maintained the NHMIS monthly summary form (version 2013) with a reporting rate average at 90.5% between January 2018 to May 2020 on DHIS2.



Bauchi State NHMIS Monthly Summary (version 2013) reporting rate. Data source: DHIS2

Furthermore, the state has unanimously adopted DHIS2 as the only acceptable data source for all primary health care (PHC) programs in the state; hence, all efforts are geared towards ensuring quality data is generated and transmitted with an increase in reliability of the data on DHIS2. In addition, surveys in the state must be approved by the SMoH ethical committee with speedy response to all ethical approval requests.

With this coordination mechanism, BSPHCDA ensures accountability and data use platforms that exist are sustained through the development of quarterly RMNCAH scorecards from the state to the facility level to track program performances. The state through BSPHCDA is also actively implementing the PHC under one roof strategy of the National Primary Health Care Development Agency which recommends one M&E structure. Thus, having coordination platforms built within the health system with personnel and structures responsible for conducting routine activities, such as Data Validation meetings, Data Quality Assessments (DQA), Lot Quality Sample Surveys (LQAS), scorecard development, work plan development with performance tracking and monthly general meetings, are indispensable for effective program coordination and sustainable integration of health programs.



# Bauchi RMNCAH Scorecard 2020Q1

## DRAFT FOR REVIEW



### State Level Indicators

ANC 5	SBA	Penta 3	Vitamin A	Exclusive BF	HIV testing	PNC 72hrs
46%	27%	42%	29%	21%	51%	42%
MICS17	NDHS18	NNHS18	NNHS18	MICS17	NNHS18	NDHS18

State/LGA	Maternal/Newborn				IMCI		Malaria		Nutrition			FP	HIV
	ANC <20 wks	SBA	PNC1&3	Penta 3	Diarrhea ORS/Zinc	Pneumonia Antibiotics	Diagnostic Text	ACT treatment	Vitamin A	Exclusive BF	CMAM admit	LARC/ Users	HIV CTRR/ ANC1
Bauchi State	41%	58%	57%	79%	92%	95%	94%	100%	34%	17%	22%	29%	69%
Alkali LGA	36%	45%	34%	69%	89%	99%	96%	99%	43%	11%	0%	27%	46%
Bauchi LGA	36%	76%	48%	97%	98%	91%	93%	128%	10%	16%	162%	28%	71%
Bogoro LGA	41%	49%	39%	108%	92%	101%	99%	97%	120%	49%	0%	29%	41%
Dambam LGA	24%	38%	50%	83%	71%	77%	81%	97%	11%	6%	3%	13%	65%
Darazo LGA	40%	50%	40%	72%	98%	98%	96%	96%	63%	34%	9%	24%	80%
Dass LGA	67%	134%	73%	111%	100%	101%	100%	96%	29%	70%	0%	26%	134%
Gamawa LGA	43%	58%	93%	58%	98%	100%	96%	98%	41%	40%	6%	49%	85%
Ganjuwa LGA	31%	31%	63%	101%	79%	89%	89%	77%	63%	9%	1%	20%	10%
Giade LGA	40%	34%	24%	90%	96%	72%	98%	99%	15%	19%	0%	9%	47%
Itas/Gadua	38%	28%	42%	52%	92%	102%	100%	93%	70%	5%	4%	31%	36%
Jama'are LGA	40%	34%	51%	62%	90%	98%	81%	97%	58%	17%	0%	9%	56%
Katagum LGA	60%	132%	95%	70%	97%	97%	97%	102%	34%	10%	30%	44%	121%
Kirfi LGA	25%	59%	33%	73%	99%	96%	94%	101%	16%	5%	10%	37%	69%
Misau LGA	37%	55%	64%	62%	99%	101%	96%	92%	10%	10%	0%	27%	44%
Ningi LGA	42%	60%	48%	70%	96%	99%	98%	100%	15%	4%	2%	47%	90%
Shira LGA	32%	39%	31%	57%	80%	96%	79%	94%	72%	10%	0%	7%	53%
Tafawa-Balewa LGA	42%	44%	49%	88%	87%	97%	95%	85%	19%	26%	16%	24%	60%
Toro LGA	34%	64%	42%	97%	81%	86%	91%	95%	13%	19%	0%	21%	62%
Warji LGA	46%	52%	56%	86%	96%	104%	97%	96%	27%	8%	15%	18%	40%
Zaki LGA	59%	44%	48%	98%	96%	93%	88%	99%	33%	19%	0%	21%	79%

Source:

Sample of Bauchi State scorecard

### Achievements of the HDCC

1. TCI, along with other partners, supported the training of data focal persons on NHMIS tools, version 2019, in the state during HDCCF meetings. The initial training took place the second week of May 2020. A week later, a cascade or step-down training at the LGA level to data focal persons was conducted across the state.
2. With support from Saving One Million Lives, data tools (NHMIS version 2019) were printed and distributed throughout the state.
3. There is currently an agreement by the state to include private facilities in the distribution of data tools. As a result, private health facilities are now included in all program activities conducted by the state. N-power Health Volunteers are posted to private facilities in the state to serve as data record officers/assistants ensuring that all private facility data are collated and reported and also validated during LGA data validation with technical guidance from TCI.

### Challenges That State Coordination Platforms Overcome

State data systems suffer difficulties in the absence of a coordination platform in the state, including but not limited to:

- LGA M&E officers and their assistants are always overstretched because the same activities are being duplicated in the same facilities by different organizations within the same period.
- There is no integration of health services as every implementing partner is concerned with ensuring their indicators are reported with the completion of activities.
- There is no one to be held responsible for data errors because most partners bring in different personnel to support data collection and entry for their organization without due knowledge of the state.

**Conclusion**

The lack of proper coordination mechanisms in any system has the potential to affect program performance and progress across all levels of the system. Conversely, an effective coordination system provides an avenue to discuss state-specific challenges with data management, allowing corrective actions to be developed in a bid to improve data quality, reporting and availability for decision-making.

Therefore, TCI recommends data coordination platforms be instituted and made functional in every state as an important improvement forum. These platforms promote and strengthen the collaboration among key data actors by seamlessly aiding the resolution of setbacks that have continuously hampered the availability of quality data for decision use across states.