



QUARTERLY PROGRESS REPORT

USAID/ZAMBIA EVIDENCE FOR HEALTH

FY 2022 QUARTER I (OCTOBER 1, 2021–DECEMBER 31, 2021)

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Zambia Evidence for Health

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CONTENTS

ACRONYMS	II
EXECUTIVE SUMMARY	I
ACTIVITY DESCRIPTION	2
MANAGEMENT AND ADMINISTRATION.....	3
YEAR 3 WORK PLAN AND ACTIVITY MONITORING, EVALUATION, AND LEARNING PLAN IMPLEMENTATION.....	3
E4H FUNDING STREAMS.....	3
SUBCONTRACTOR ENGAGEMENT	3
QUARTERLY KEY PERFORMANCE INDICATORS.....	4
OBJECTIVE 1: HIGH-QUALITY, TIMELY, AND ACCESSIBLE HMIS DATA.....	7
NATIONAL-LEVEL HMIS CAPACITY.....	10
HMIS DATA PLATFORM STRENGTHENING.....	12
NATIONAL INDICATOR DATA SET	13
HMIS DATA MANAGEMENT GUIDE FOR HEALTH CARE MANAGERS.....	13
MALARIA SURVEILLANCE AND REPORTING.....	14
OBJECTIVE 2: CAPACITATED ZAMBIAN RESEARCH COMMUNITY (<i>ON HOLD</i>).....	16
OBJECTIVE 3: EXPANDING THE EVIDENCE BASE FOR HEALTH	16
IMPLEMENTING PARTNER MONITORING AND EVALUATION COMMUNITY OF PRACTICE.....	16
KNOWLEDGE MANAGEMENT	16
MALARIA.....	17
SUCCESS STORIES	19
STRENGTHENING COVID-19 SURVEILLANCE AND REPORTING	19
LESSONS LEARNED	20
IDENTIFIED PROBLEMS AND SOLUTIONS.....	20
BEST PRACTICES TAKEN TO SCALE.....	20
ACTIVITIES PLANNED FOR NEXT QUARTER	21
GENERAL.....	21
OBJECTIVE 1: HIGH-QUALITY, TIMELY, AND ACCESSIBLE HMIS DATA.....	21
RESULT 1.1: IMPROVED HMIS POLICIES AND STANDARDS.....	21
RESULT 1.2: STRENGTHENED HMIS CAPACITY OF HEALTH SECTOR STAFF.....	21
RESULT 1.3: IMPROVED HMIS SYSTEMS FOR ANALYZING AND AGGREGATING HEALTH DATA.....	22
OBJECTIVE 2: BUILDING CAPACITY FOR THE ZAMBIAN RESEARCH COMMUNITY (<i>ON HOLD</i>).....	23
OBJECTIVE 3: EXPANDING THE EVIDENCE BASE FOR HEALTH	23
RESULT 3.1: EXPANDED USAID HEALTH EVIDENCE BASE	23
PHOTOS FROM FIELD ACTIVITIES	24

ACRONYMS

A/COR	Alternate Contracting Officer's Representative
AMELP	Activity, Monitoring, Evaluation and Learning Plan
CDC	Centers for Disease Control
CDCS	Country Development Cooperation Strategy
CHAI	Clinton Health Access Initiative
CIDRZ	Centre for Infectious Disease Research in Zambia
CoP	Community of Practice
COR	contracting officer's representative
DATIM	Design and Analysis Toolkit for Inventory and Monitoring (
DDUC	data demand and use coordinator
DHD	district health directors
DHIO	district health information officer
DHIS2	District Health Information Software 2
DHO	district health office
DQA	data quality assessment
eLMIS	electronic Logistics Management Information System
E4H	Evidence for Health
ESV	enhanced site visit
FH	family health
FP	family planning
FY	fiscal year
GNCZ	General Nursing Council of Zambia
GRZ	Government of the Republic of Zambia
HCW	health care worker
HF	health facility
HIA	Health Information Aggregation
HISP-SA	Health Information Systems Program-South Africa

HISP-ZM	Health Information Systems Program-Zambia
HISS	Health Information System Strategy
HIV	human immunodeficiency virus
HMIS	Health Management Information System
HRIS	Human Resource Information System
HPCZ	Health Professional Council of Zambia
ICCM	Integrated Community Case Management
ICD	International Classification of Diseases
ICEMR	International Centers of Excellence for Malaria Research
ICT	information and communication technology
IDSR	Integrated Disease Surveillance Reporting
IP	implementing partner
IRS	indoor residue spray
JSH	John Snow Health
KPI	key performance indicator
M&E	monitoring and evaluation
MCH	maternal and child health
MDD	Management Development Division
M-DIVE	Malaria Data Integration and Visualization for Eradication
MECH	Maintained Epidemic Control of HIV
MECOP	Monitoring and Evaluation Community of Practice
MFL	master facility list
MoH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance Response
MRR	Malaria Rapid Reporting
MRRS	Malaria Rapid Reporting System
MSI	Management Systems International
ND2	Notifiable Disease Aggregation Tool

NIDS	National Indicator Data Set
NMCZ	Nursing and Midwifery Council of Zambia
NMEC	National Malaria Elimination Centre
NMLL	Nchelenge Malaria Learning Lab
OPD	out-patient department
PAMO	Program for the Advancement of Malaria Outcomes
PEPFAR	President’s Emergency Plan for AIDS Relief
PMI	President’s Malaria Initiative
PPR	Performance, Plan and Report
PSM	Procurement and Supply Management
SAFE	Supporting an AIDS-Free Era
SHIO	senior health information officer
SIA	strategic information assistant
SOP	standard operating procedure
SPM	senior program management
SZI	SMART Zambia Institute
ToT	training of trainers
TWG	Technical Working Group
USAID	United States Agency for International Development
WHO	World Health Organization
ZABS	Zambia Bureau of Standards
ZICTA	Zambia Information Technology Agency
ZNPHI	Zambia National Public Health Institute
ZQA	Zambia Qualifications Authority

EXECUTIVE SUMMARY

Evidence for Health (E4H) is a five-year (2020-2025) project funded by the United States Agency for International Development (USAID)/Zambia and implemented by Management Systems International (MSI) in close collaboration with the government of the Republic of Zambia's (GRZ) Ministry of Health (MoH).

As part of USAID/Zambia's aim to achieve the goal of improved health systems, the E4H project focuses on improving the quality and timeliness of health information to support improved decision-making. Increasing the quality and timeliness of the Health Management Information System (HMIS) in Zambia will support the MoH and bilateral and multi-lateral donors to make strategic decisions related to their approaches to support improved healthcare products and service delivery. E4H will improve health systems through the following project objectives: (1) strengthen the national, MoH-owned and managed HMIS; (2) improve monitoring, evaluation, and research capacities within key government and non-governmental research institutions; and (3) expand the evidence base for approaches to USAID health programming in malaria, nutrition, family planning (FP), maternal and child health (MCH), and human immunodeficiency virus (HIV).

This annual report provides an update on the project's quarterly progress for the period of October 1, 2021, through December 31, 2021. Considering the COVID-19 restrictions on international travel and social gatherings, E4H employed effective management and communications process that integrates technical and administrative teams. Key achievements for the quarter include the following:

- Submitted draft 2022 – 2026 MoH Health Information System Strategy (HISS) for MOH review, incorporating inputs from key stakeholders.
- Supported MoH with configurations of District Health Information Software 2 (DHIS2) COVAX instance to ensure 100% system uptime. Furthermore, E4H supported coordination of stakeholders in developing an action plan for the systems interoperability agenda.
- Supported final editing of the HMIS pre-curriculum procedure, evaluation, and student handbook. Subsequently, the Nursing and Midwifery Council of Zambia (NMCZ) circulated the final version of the procedure manual to key stakeholders through the people sub-committee to support training of tutors at training institutions.
- Supported the development of customized dashboards in the MoH DHIS2 platform for program technical teams with the aim of systematizing data access, visualization and use for improved decision making.
- Supported COVID-19 surveillance and reporting through provision of 900 tablets to Zambia National Public Health Institute (ZNPPI). The tablets were distributed to selected facilities to promote real-time data capture and analysis of COVID-19 cases and vaccination data.
- Successfully conducted a trend analysis of FH priority indicators and a deep dive analysis of maternal postnatal care and nutrition.
- Developed Maternal and Perinatal Death Surveillance Response (MPDRS) data visualizations for the MoH Child Health Unit in preparation for the World Prematurity Day.
- Supported data collection among all Health IPs and analysis for USAID Health Office annual Performance, Plan and Report (PPR) process.

- E4H submitted Round 11 quarterly malaria data to the President’s Malaria Initiative (PMI) through Malaria Data Integration and Visualization for Eradication (M-DIVE). In addition, E4H supported the upload of 2021 Indoor Residue Spray (IRS) campaign data into Malaria Rapid Reporting System (MRRS).
- Supported the revision and harmonization of malaria indicators and data elements which were later adopted by the National Malaria Elimination Program (NMEP) in October 2021.
- Participated in the Malaria Program Review (MPR), desktop-based evaluations, and field validation stage to inform development of malaria strategies to be incorporated in the 2022 – 2026 National Malaria Strategic Plan (NMSP).

Despite the challenges posed by the COVID-19 pandemic, E4H made significant strides toward achieving its set objectives. The project will continue to navigate through the challenges faced and close the gaps identified in the overall delivery of the project.

ACTIVITY DESCRIPTION

MSI’s work to support USAID’s health office and its implementing partners is anchored on expanding evidence base for improving existing approaches to health programming in HIV, nutrition, family planning, maternal and child health, and malaria. To effective management of public health service delivery, accurate and timely health data is critical. In line with USAID and the Centers for Disease Control (CDC)’s goals to improve health systems, the E4H project focuses on improving the quality and timeliness of health information to support improved decision-making. Increasing the quality and timeliness of the HMIS in Zambia will support the MoH and donors in making strategic decisions around their approaches to support improved healthcare products and service delivery.

E4H is a five-year project funded by USAID/Zambia and is implemented by MSI in close collaboration with the MoH of the GRZ. E4H covers a five-year period from March 2, 2020, through March 1, 2025. The project achieves its goal of improving quality and timeliness of health information to support improved decision-making through two key objectives. Objective 1 aims to strengthen the national HMIS that is owned and managed by the MoH. Objective 2 aims to improve monitoring, evaluation, and research capacities within key government and non-governmental institutions; it is currently on hold due to funding constraints. Objective 3 aims to expand the evidence base for approaches to health programming in malaria, nutrition, FP, MCH and HIV.

The activity supports the strategic objectives of USAID/Zambia, the President’s Emergency Plan for AIDS Relief (PEPFAR), and PMI.

In addition to supporting the MoH at the national-level, E4H provides support services at the sub-national level in Central, Copperbelt, Luapula, and Northern provinces of Zambia.

MANAGEMENT AND ADMINISTRATION

YEAR 3 WORK PLAN AND ACTIVITY MONITORING, EVALUATION, AND LEARNING PLAN IMPLEMENTATION

At the end of fiscal year (FY) 21 implementations, E4H held consultative meetings with key stakeholders which included the Ministry of Health (MoH), NMCZ, Health Professions Council of Zambia (HPCZ), USAID point of contacts and PMI. These collaborative meetings reviewed progress made towards implementation of FY21 workplan and Activity, Monitoring, Evaluation and Learning Plan (AMELP) and subsequently proposed activities for FY22 workplan. Based on the meeting outcome, a detailed FY 22 workplan incorporating submissions from all stakeholders was developed. Among the key focus of FY22 workplan is accelerating development and adoption of the MoH HMIS strategic Plan for 2022-2026 and HMIS guidelines and standard operating procedures (SOPs). In addition, support the implementation of pre-service HMIS curriculum at both public and private training institutions. E4H successfully submitted the consolidated FY 2022 workplan and AMELP to USAID for review and approval on November 15, 2021. The project received USAID feedback on FY22 workplan and AMELP in December 2021. The project has commenced addressing the comments and the revised workplan will be shared in January 2022.

In the previous quarter, the project developed a COVID-19 workplan highlighting E4H support towards the fight against COVID-19 pandemic in Zambia. During the reporting period, E4H supported implementation of activities aimed at strengthening COVID-19 surveillance and reporting following USAID approval of the COVID-19 workplan. Details on the activity implementation status of the COVID-19 workplan have been highlighted under Task 1.3.1.

E4H FUNDING STREAMS

The fourth modification to the E4H contract confirmed availability of USAID/Zambia's funding streams from the Health Office technical divisions and provided \$500,000.00 of incremental funding to prevent, prepare, and respond to coronavirus impact on PEPFAR supported beneficiaries and health workforce.

Modification 5 to the E4H contract confirmed the USAID/Zambia funding streams from the Health Office technical divisions for Year 2 of the activity, including an additional \$969,360.10 in PEPFAR funding and \$150,000 from the Presidential Malaria Initiative (PMI).

SUBCONTRACTOR ENGAGEMENT

During the review period, MSI continued collaborating with the Health Information Systems Program-South Africa (HISP-SA). HISP-SA workplan deliverables were incorporated in the consolidated FY22 E4H work plan. Subsequently, MSI continued holding weekly technical coordination meetings with HISP-SA to review progress against the workplan and scheduled milestones; provide input and/or support to specific challenges; and assure evolution of project strategies based on continuous sharing of lessons learned. Furthermore, E4H continued working in close collaboration with MoH, USAID/Zambia, PMI, and other stakeholders to design and implement activities and ensure sustainability of results.

QUARTERLY KEY PERFORMANCE INDICATORS

Guided by the FY22 work plan and AMELP, E4H continued monitoring key performance indicators (KPIs) under the main project objectives. The table below shows progress made toward achieving a set of quarterly KPIs during the reporting period.

Table 1: Performance on Key Performance Indicators

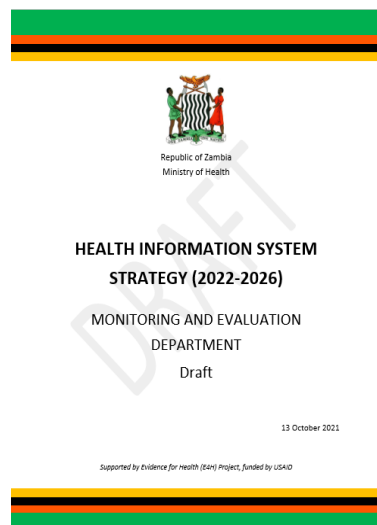
Quarterly KPIs	Baseline	FY22 Target	Oct – Dec Results	Comment
% of target facilities reporting HMIS data on time	Health information aggregation (HIA) 1, 89%	93%	81%	Generally, the performance was slightly below the set targets on all the 4 aggregated reports. Daily COVID-19 reporting increased the workload for District Information Officers hence affecting the rate of data entry on HIA reports at the district. In November, the projected supported orientation of 76 SIAs under USAID Supporting an AIDS Free Era (SAFE) project across Copperbelt, Central and Northwestern in COVID-19 reporting. SIAs have seen been granted access to the COVID-19 reporting system and are assisting MoH in data entry of COVID vaccination data at district level. In addition, E4H supported procurement of 900 tablets to improve COVID-19 surveillance system at selected facilities.
	HIA 2, 87%	93%	84%	
	HIA 3, 59%	87%	65%	
	MRR, 85%	90%	60%	
% of target facilities meeting data quality assessment (DQA) standards	79.6%	85.6%	On course	Initially this indicator did not have a baseline. In August 2021, a baseline assessment was conducted, and a full report is available. The project DQA assessment in quarter 3/FY2022.
# of HMIS SOPs reviewed/developed and adopted by the MoH	0	2	4 SOPs developed	HIS Strategy (2022-2026), DHIS2 User Management Guide, DHIS2 Data Management Guide & Data Review Meeting Protocol have been developed and shared with MoH. However, MoH is yet to adopt the documents. Adoption of the documents means MoH formally accepting the documents in a meeting or by written communication.
# of health staff in target provinces demonstrating increased knowledge (pre- and post-tests) of data collection, analysis, and use	0	50%	32% (353 enrolled, 114 completed/ Certified)	On November 8-9, 2021, E4H reviewed the DHIS2 training package to tailor the package to MoH capacity needs. Recommendation was made to focus on DHIS2 Data Analytics following the training of HF staff in DHIS2 data capture. The DHIS2 analytics training will equip program managers with analytics skills to analyze data effectively and provide feedback to HFs while encouraging data use. DHIS2 analytics training has been scheduled for next quarter.

Quarterly KPIs	Baseline	FY22 Target	Oct – Dec Results	Comment
# of trainings conducted by training of trainers (ToT) participants	0	4	3	The following ToTs were conducted; Revised HMIS tool; Malaria Case-based surveillance system supported virtually; Facility DHIS2 data entry. Several ToT trainings have been scheduled for FY22 pending adoption of HMIS strategy/SOPs by MoH.
# of health staff trained by ToT participants	0	802	440	The project adopted a ToT approach. Roll out of the trainings to facilities are underway and scheduled to be completed by March 2022.
# and % of data requests answered within the specified time	0	70%	55%	So far most common issues raised are faulty medical equipment (e.g., dental chair), electricity and power backup, inadequate computer hardware and software. Management at different levels are being engaged to ensure that tickets are resolved within a specific time.
# of planned NIDS alignments based on program needs completed	0	6	5	Indicators under the following areas have been proposed; Adolescents, Nutrition, HR, Malaria & Family Health
# tasks completed to improve server management	0	5	2	Assessment completed and recommendations shared with the MoH for developing the SOP for DHIS2 infrastructure management
# of DHIS server outages per quarter	5	2	0	No outages were recorded
# of dashboards developed and used	0	6	8	Dashboards in the following areas have been developed, Malaria, Maternal Health, Antenatal, Child Health, Neonatal, Nutrition, Immunization & Family Planning. MoH is yet to sign off the dashboard prior to granting access to users at different MoH levels.
# of interoperability tasks completed	0	5	3	Three out of the five planned tasks under interoperability have been concluded. The tasks completed include: 1.Content review of other systems 2.Preliminary proposal for HMIS architectural framework 3.Defining Standards for interoperable data exchange

OBJECTIVE I: HIGH-QUALITY, TIMELY, AND ACCESSIBLE HMIS DATA

Accurate, reliable, and timely HMIS data are key ingredients to effective planning and decision making in health management at various MoH levels. In collaboration with the MoH, E4H continued to improve the quality, timeliness, and accessibility of HMIS data at MoH national, provincial, district, and facility levels through a comprehensive program of support for HMIS policy and standards, data quality assurance and improvement, MoH capacity building, platform strengthening and enhancing the interoperability of the HMIS. The following activities were performed under this objective:

HEALTH INFORMATION SYSTEM STRATEGY



During the reporting period, E4H submitted a revised HISS (2022-2026) to MoH. In collaboration with the MoH, E4H supported the coordination of relevant stakeholders (i.e., USAID, PEPFAR, CDC, DOD and implementing partners (IPs) and took the lead in the strategy development process. Following the successful stakeholder engagements that resulted into defining of the strategy goals, vision, and mission. E4H conducted additional interviews with key stakeholders namely the Ministry of Home Affairs and ZamStat on October 15, 2021. Feedback from additional interviews were incorporated into the draft HIS Strategy and submitted to MoH on November 5, 2021. Following submission of the draft, MoH requested revision of the Strategy to align with the WHO outline standards and reconciled with the Digital Health Strategic Plan. The revised HIS Strategy is targeted to be completed by the end of January 2022.

HMIS TECHNICAL WORKING GROUP/COMMUNITY OF PRACTICE

The HMIS Technical Working Group (TWG)/Community of Practice (CoP) seeks to ease decision-making, negotiation and promotes consensus-building aimed at integrating efforts and avoiding duplication among stakeholders. HMIS TWG/CoP ensures that donor support to HMIS is coordinated, collaborative, and executed efficiently. During the reporting period, E4H ensured the functionality of the TWG sub-committees (people, processes, governance, and technology/digital) in line with HMIS TWG/CoP concept note and terms of references.

The People Sub-committee aims to provide technical oversight and leadership to ensure that the workforce in the MoH is appropriately staffed and fully capacitated to support the development and maintenance of the national HIS and able to use the available data to make evidence-based decisions. During the reporting, the people sub-committee continued to provide leadership in the development of the HMIS pre-service curriculum and the in-service training package. However, the committee met irregularly due to transfer of the sub-committee chairperson to another government institution and the absence of HR Development team. The people sub-committee resumed regular meetings on 10 December. The HR Development Unit committed to chairing the meetings in collaboration with the Chief M&E Officer as a new coordinator. In addition, the Institute of Health Management has been invited to join the sub-committee. Further, an invitation was sent to Clinton Health Assess Initiative

(CHAI), BroadReach and other partners in the M&E TWG to join the sub-committee to increase partner representation.

The Process Sub-Committee provides technical oversight and leadership to ensure that appropriate standard operating procedures are available to support the national HIS. The process sub-committee successfully met on October 21, 2021, to review progress on the development of the HIS strategy and the master facility list (MFL). MoH indicated that MFL data cleaning which included merging of duplicate health facilities (HFs) was underway and roll out of MFL was scheduled for January 2022. In November and December 2021, process sub-committee meetings were postponed due to other competing priorities that included development of Performance Management Framework by the MoH M&E unit. The meetings are scheduled to resume in January 2022.

The Digital TWG supports the identification of information, communication, and technology (ICT) gaps, challenges, and best practices, and supports the MoH to address these ICT gaps and challenges. The M&E Directorate nominated the E4H Senior HMIS advisor and a staff member from the Directorate as representatives to the Digital TWG. During the reporting period, the Digital TWG convened a meeting on the November 12, 2021. During the meeting, stakeholders provided updates on the interface of the MFL and the HPCZ database. E4H provided updates on the handover of the MFL to MoH scheduled for January 2022. E4H will support the roll out of the MFL through training of key MoH staff. During the reporting period under review, E4H continued to support MoH ICT unit to define user roles for all systems and ensuring the DHIS2 uptime is continues to be maintained at 100%. The Digital TWG continues providing leadership on the interoperability agenda of key health information systems.

During the reporting period, the M&E TWG postponed the meetings due to other competing priorities. However, updates from each sub-committee detailed above were provided to M&E TWG members through the TWG mailing list. Similarly, no meetings were held by the Governance Sub-committee during the reporting period. However, the MoH guided that E4H supports re-designing of the sub-committee meetings to attract more stakeholders and to expand the concept to the provincial and district health offices to improve coordination with stakeholders working at provincial and district levels. The Governance Sub-committee is meant to ensure appropriate governance and leadership is provided to support the maintenance and development of the HIS in Zambia

A summary of activities and outputs/deliverables for each sub-committee is presented below, starting on the following page:

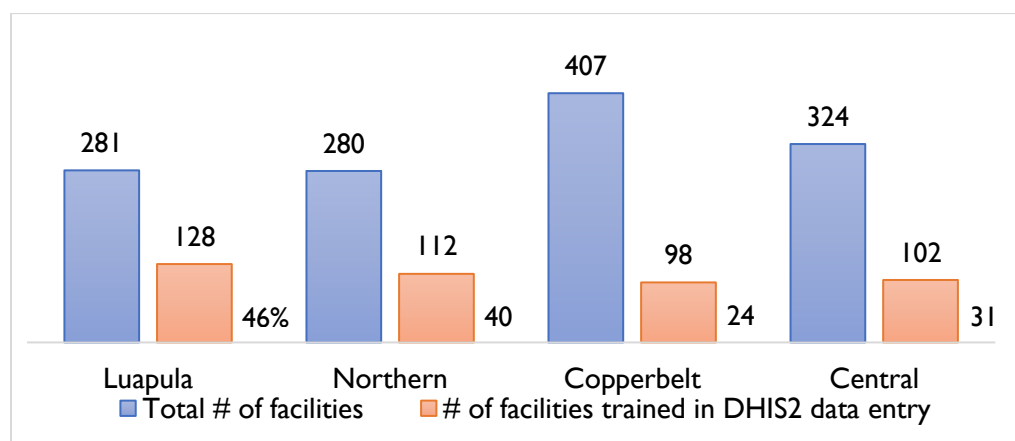
TABLE 1: EXPECTED OUTPUTS/ DELIVERABLES FOR THE SUB-COMMITTEES

Sub-committee and TWG	Deliverable	Progress
M&E TWG	HMIS rapid assessment	Completed
	HMIS implementation plan	Completed
Process Sub-committee	Zambia HIS Strategy Final Draft	Draft for review
	Master facility list (MFL)	Almost complete
	Guidelines on organisational structures and naming convention	Draft for review
	Indicator development guidelines (principles)	Draft for review
	NIDS development support	Draft for review
	HMIS desktop DQ assessment template	Draft for review
	HMIS DQ plan	Draft for review
	HMIS DQ assessment report	Completed
	Programme performance review meeting guidelines	In progress
	DHIS2 user management guide	Final review
	DHIS2 procedure management guide	Final review
	HMIS procedure manual	Draft for review
	Standardized dashboard templates for programs	Completed pending approval
	Malaria reporting framework reviewed	Completed
	Malaria database indicators and data elements aligned with NIDS	Awaiting final approval
	Malaria database targets reviewed and adjusted	Completed
	Data exchange between malaria database and national DHIS2 system effected	In progress
People Sub-committee	Pre-service HMIS curriculum framework	Completed
	Pre-service HMIS curriculum manual	Completed
	Pre-service HMIS curriculum (theory)	Completed
	Pre-service HMIS procedure and evaluation manuals (practical)	Completed
	In-service training plan	Reviewed
	DHIS2 fundamentals online training	In progress
	In-service HMIS competency framework	Completed
	In-service HMIS competency gap analysis	In process
	HMIS training materials	In process
Governance Sub-committee	Terms of reference	Completed
Digital TWG	Terms of reference for ICT sub-committee	Completed
	HMIS Infrastructure SOP	Draft for review
	HMIS Interoperability Architectural framework	Draft for review

NATIONAL-LEVEL HMIS CAPACITY

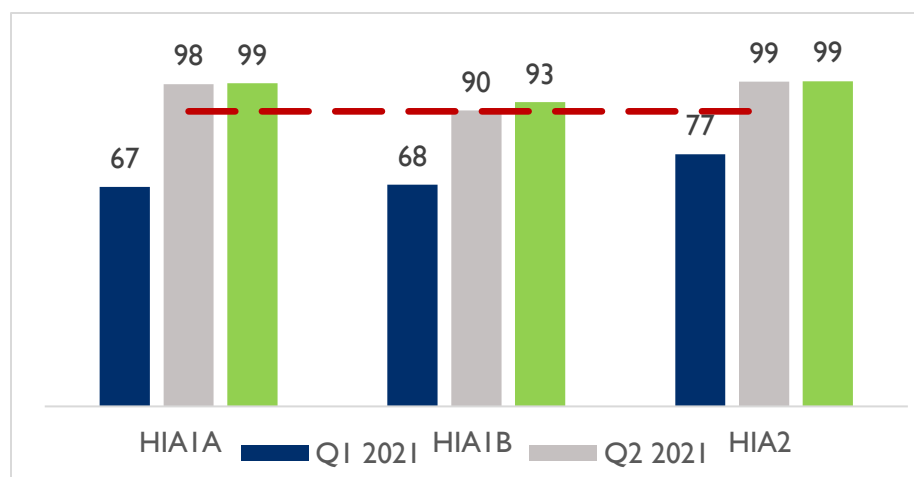
Improving the HMIS capacity of MoH staff responsible for the data collection, aggregation and analysis supports improved health data quality. In this regard, the project continued to strive towards improving the capacity of key staff across directorates of the MoH and other critical GRZ entities such as National Malaria Elimination Centre (NMEC) to understand, analyze, and use HMIS data. In view of this, E4H embarked on a robust capacity building program aimed at strengthening the use of routine HMIS across the MoH reporting hierarchy with the aim of enhancing reporting and data use. During the reporting period, training of HFs that have ICT equipment to directly capture health service data into DHIS2 continued in the four supported provinces. Opening direct access to HFs to upload data into DHIS2 promotes data ownership, use and more timely submission of data. Furthermore, it presents an opportunity for early detection of errors thereby strengthening quality assurance. It also lessens the data entry burden at the District Health Information Office (DHIO) thus focusing on other monitoring and evaluation responsibilities such as data reviews and DQAs. The figure below highlights the distribution of facilities trained in data entry by the end of December 2021.

FIGURE 1: DISTRIBUTION OF HEALTH FACILITIES TRAINED IN DHIS2 TRAINING PER PROVINCE (END OF DECEMBER 2021)



All trained HFs were granted access to DHIS2 and subsequently began entering data directly into the DHIS2. This has significantly improved timeliness of report submission, as Figure 2 below depicts (next page):

FIGURE 2: TREND ANALYSIS - REPORTING RATES IN E4H SUPPORTED FACILITIES TRAINED IN DHIS2 DATA CAPTURE



During the reporting period, E4H reviewed the DHIS2 training package to be more responsive to the needs of health facility staff. Based on this review, E4H will focus on the DHIS2 Data Analytics following the training of HF staff in DHIS2 data capture. The DHIS2 Data Analytics training will equip MoH staff at various levels with analytics skills to analyze data effectively and provide feedback to HFs while encouraging data use. The project will conduct the DHIS2 Data Analytics training while observing the COVID-19 SOPs starting January 2022.

In the reporting period, the provincial DDUCs continued providing technical support in data management during monitoring visits to districts and HFs. In addition, the data demand and use coordinator (DDUCs) continued to conduct on-line data reviews to check for consistency and completeness of DHIS2 data submitted by the HFs. Remedial actions were employed on data outliers observed by providing technical support to the affected HFs. Furthermore, the DDUCs continued to support data-driven program review meetings regularly at facility, district, and provincial levels aimed at promoting data use.

[The] program review meetings have helped the health facility to review our performance toward the set targets, and to highlight areas that require improvement and inform the development of health strategies without waiting for the situation to worsen.
 —Beneficiary, Health Facility In-Charge

PRE-SERVICE TRAINING CURRICULUM

In the previous year, E4H in collaboration with MoH and NMCZ conducted a pre-service gap assessment to inform development of the HMIS pre-service curriculum which pre-service nursing staff curriculum. During the reporting period, E4H completed the final editing of the procedure, evaluation, and student handbook for pre-service staff curriculum. Subsequently, the NMCZ circulated the final version of the procedure manual to key stakeholders through the people

In this COVID-19 era where travel to HFs is restricted, conducting on-line DHIS2 data reviews becomes a smarter way to easily identify data inconsistencies/outliers and checking for reporting completeness/timeliness. Once these are detected, facilities are engaged to come up with remedial actions which they implement without physically visiting them. —Central DDUC

sub-committee. The people sub-committee engaged stakeholders on the necessity of training nursing colleges in HMIS as a critical foundation to strengthening the HMIS data management and reporting in the health sector. Furthermore, stakeholders were engaged to support the orientation of tutors in training institutions. The tutor orientation has been scheduled for January 2022.

IN-SERVICE TRAINING

In FY21, E4H collaborated with MoH and the Management Development Division at the Cabinet Office to revise all HMIS related job descriptions based on the HMIS rapid assessment findings recommendations. As part of this revision process, E4H decided to conduct a skills gap analysis to determine training needs of health staff. The meeting to pilot the HMIS gap analysis process was successfully conducted October 6 – 7, 2021 and the assessment tool was adapted with valuable inputs from the Central Provincial Human Resource Development Committee (HRDC). Subsequently, E4H uploaded the tool in the DHIS2 tracker application. HRDC pre-tested the tool before moving the dataset to the DHIS2 production instance. Subsequently, the HMIS gap analysis application was developed on the help desk system and reviewed by the MoH and Central Province HRDC. The application was accepted by people sub-committee and roll-out to the provinces has been scheduled for January 2022.

HMIS DATA PLATFORM STRENGTHENING

The strengthening of the HMIS data platforms (i.e., DHIS2, COVAX system, Malaria Rapid Reporting System (e.g., MRRS) result in HMIS data that MOH and partners can trust and share. During the reporting period, E4H continued strengthening DHIS2 in collaboration with the MoH. In collaboration with MOH M&E unit, E4H commenced routine maintenance of the DHIS2 system which includes indicator cleaning, maintaining organization unit groups, renaming, and merging data elements and adding wards and constituencies in the system. The edited and cleaned indicators will be updated in DHIS2 once approved by MoH tentatively January 2022. In addition, E4H in collaboration with MoH successfully upgraded the DHIS2 system to version 2.35. The project continues to ensure effective and efficient functionality of HMIS data platforms.

Following USAID approval of the COVID-19 workplan, the project engaged USAID projects, e.g., SAFE and Maintained Epidemic Control of HIV (MECH) project, operating in E4H implementing provinces to discuss areas of collaborations/synergies to avoid duplication of activities/resources. The MECH project overlaps with E4H in Luapula and Northern Provinces while USAID SAFE Project overlaps with E4H in Central and Copperbelt Provinces.

During the reporting period, E4H in collaboration with MoH supported training of John Snow International (JSI)/SAFE Project strategic information assistants (SIAs) in the COVID-19 Vaccines Global Access tracker (COVAX tracker) managed by MoH. The objective of the training was to orient JSI/SAFE SIAs in the Copperbelt, Central and Northwestern in the COVAX tracker and subsequently assist the MoH to clear the backlog of COVID-19 vaccination data. Following the overwhelming response from the public to be vaccinated, an estimated backlog of 43,550 and 27,302 un-entered COVID-19 vaccination completed forms exists in Copperbelt and Central Province respectively. E4H will continue supporting MoH in clearing COVID-19 data backlog.

On December 2, 2021, E4H successfully handed over 900 tablets to the MoH and/or ZNPHI as part of the support to strengthen COVID-19 digital surveillance and reporting systems. The ceremony was held at ZNPHI Offices in Kabulonga, Lusaka. ZNPHI expressed gratitude to the Project for the support and highlighted that the gesture would go a long way in supporting COVID-19 surveillance and reporting which are critical for real time data for decision making.

Furthermore, E4H supported installation of the COVAX system on a new server provided by WHO. In collaboration with MoH, E4H will continue monitoring functionality and stability of the system. In addition, E4H will continue supporting MoH in preparation for the launch of the COVID-19 certification system scheduled for January 10, 2022. The COVID-19 certification system is an online data storage platform for COVID-19 vaccination and testing data. The project will continue partnering with MoH, ZNPHI and other stakeholders in strengthening the COVID-19 surveillance and reporting system, making it more effective and efficient in supporting the national COVID-19 pandemic response.

MASTER FACILITY LIST

The Master Facility List (MFL) fosters standardization in defining reporting units and documents details of all established public and private HFs. During the reporting period, E4H continued to coordinate the development of the MFL in collaboration with MoH. Following the initial stakeholder meeting with HPCZ that was held in September, the MFL developers addressed the identified requirement of including all private HFs as well as public. E4H supported the revision of the MFL to incorporate all private clinics into the HPCZ MFL database. The MFL stakeholders meeting reconvened from October 4-8, 2021, and an interface between the MFL and the HPCZ database was finalized and tested.

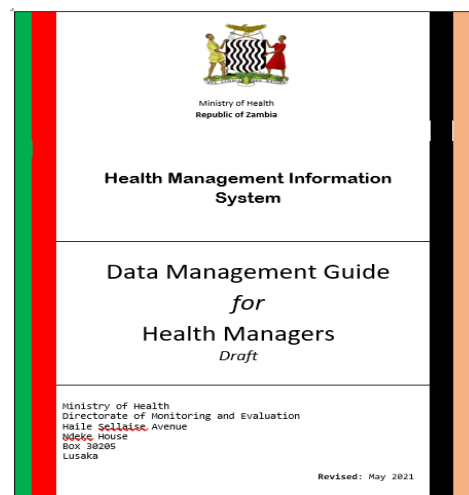
The developers submitted a draft handover report to MoH ICT unit for review and presentation to various departments before approval. In addition, the provincial health offices (PHOs) and district health offices (DHOs) were requested to verify organization unit data loaded in the MFL. Subsequently, the PHOs and DHOs submitted the organization unit data which was incorporated into the MFL. MoH is yet to formerly sign off on the MFL and expects to finalize the list in January 2022. The MFL is central to achieving HIS interoperability, in terms of having a standardized official list of all HFs that all each data collection platform will use. This will allow for consistent aggregation of data across all HFs and districts.

NATIONAL INDICATOR DATA SET

Establishing a robust and responsive national indicator data set to suit program needs is key to promoting data use, decision making and interoperability. In this regard, through the process sub-committee, E4H continued to develop the NIDS across different health areas. In FY21, E4H held interviews with MoH program managers across different health areas to ensure that all indicators included in the NIDS are program-driven and useful to MOH program managers to support their regular decision making. The NIDS will be aligned with the National Health M&E Framework, alongside the National Health Strategic Plan (2022-2026). The refinement of the NIDS is expected to be completed by the end March 2022.

HMIS DATA MANAGEMENT GUIDE FOR HEALTH CARE MANAGERS

The HMIS Data Management Guide for health managers aims at improving standardization of conducting data audits at different levels, improve accountability among programs, and data use. E4H working with MoH reviewed and refined the draft HMIS Guide Manual from November 3 -12, 2021. Subsequently, the manual was shared with the process sub-committee for review and input. The committee provided requests for revisions of the manual before final approval. The MoH M&E director agreed to finalize the manual upon receipt of the revised copy in January 2022.



MALARIA SURVEILLANCE AND REPORTING

Successful implementation of Zambia's National Strategy for Malaria Elimination requires dependable and reliable HIS to capture data on malaria case incidence at national, provincial, district, and health facility catchment area levels. With the support of PMI funding, E4H continued to provide technical assistance to strengthen national-level malaria M&E activities. In the period under review, the malaria indicator list was finalized and adopted during the meeting with NMEC and partners (PATH and Vector Link) on October 7-8, 2021. Subsequently, data element mapping was conducted based on the adopted indicators in the Malaria Rapid Reporting System (MRRS), HMIS and the Integrated Disease Surveillance and Response (IDSR) system. Furthermore, E4H provided remote technical support during case-based investigation training in Mazabuka District, Southern Province. In collaboration with NMEC and MoH, the project scheduled piloting of the MRRS as the main source of data in selected HFs in January 2022.

DEVELOPMENT OF DASHBOARDS AND OTHER SUPPLEMENTARY TOOLS

To systematize data analysis and use for improved decision making, E4H facilitated the development of customized dashboards in the Ministry's DHIS2 platform for program technical teams to pull and visualize data from the HMIS easily and routinely. In FY21, the draft dashboards were shared with MoH program managers for their review and feedback. During this quarter, E4H updated dashboards based on program manager feedback. The updated dashboards will be released for access to all DHIS2 users in January 2022 pending MoH approval. Subsequently E4H will monitor the usage of dashboard and promote data use across all MoH levels.

During the reporting period, DDUCs began orienting MoH provincial and district staff on the help desk system. A total of 453 user accounts were created across the four provinces. During the period of review, 30 tickets out of the total tickets raised (55) were closed, representing a 55% resolution rate against FY22 annual target of 70%. Commonly raised challenges include faulty medical equipment and supplies, electrical and power backup, computer hardware and software. E4H will continue notifying and following up with management at all levels. E4H will continue to roll out the help desk system to all supported facilities.

INTEROPERABILITY ARCHITECTURAL FRAMEWORK

Interoperability of key health systems will strengthen the HIS, support full information exchange, promote real-time data access, and standardize analytical tools to improve health care delivery. Providing technical assistance to the MoH on the development of a comprehensive operational strategy for achieving HIS interoperability in line with the e-Health Strategy, is one of E4H's key deliverables and a priority for the MoH at the highest levels. During the reporting period, a stakeholders' meeting to discuss an interoperability action plan was held from November 1-5, 2021, with participants from the following institutions:

- i. MoH (ICT unit and M&E directorate)
- ii. Smart Zambia Institute
- iii. Zambia Medicines and Medical Supplies Agency
- iv. Ministry of Home Affairs – Department of National Registration, Passport and Citizenship/Integrated National Registration Information System.
- v. Zenysis
- vi. John Snow Health (JSH) – electronic Logistics Management Information System (eLMIS)
- vii. Association of Public Health Laboratories - Laboratory Information System

The following actions were agreed upon during the meeting:

- i. Establish the Interoperability Sub-committee with clear TORs.
- ii. Hire experienced interoperability consultant to guide and lead the interoperability operation plan.
- iii. Review interoperability products WS02, OpenHIM, Kong, Apache services and generate evaluation report and plan for prototyping.
- iv. Meet Procurement and Supply Management (PSM), Human Resource Information System (HRIS), SmartCare and DISA, eLMIS developers to establish their willingness to develop their products for interoperability.
- v. Consult with Zambia Bureau of Standards (ZABS), Zambia Information Technology Agency (ZICTA) and SMART Zambia Institute (SZI) on the interoperability approach.
- vi. Present the interoperability strategy to Digital TWG for adoption; and
- vii. Monitor and coordinate implementation.

Subsequently, the above listed actions and interoperability plan was presented to the Digital TWG on November 12, 2021, and it was agreed that the interoperability plan will be finalized together with the Health Strategic Plan. Further, E4H held a meeting with the Contracting Officer's Representative (COR) on November 22, 2021, to discuss ways of making progress on the interoperability of health systems. Among the key meeting outcomes included the following:

- i. E4H to continue coordinating the interoperability process.
- ii. E4H to hire an HMIS Interoperability Specialist to work closely with the MoH and partners to support actions to move forward in interoperability.
- iii. The hired consultant to coordinate the development of the interoperability strategy that will also define the roles of IPs and E4H.

During this quarter, E4H developed the scope of work for the consultant. In addition, the project drafted terms of reference for the formation of an Interoperability Steering Committee which will include key stakeholders to guide and oversee the development of the strategy and the interoperability process. Both documents were submitted to MoH for review and feedback.

OBJECTIVE 2: CAPACITATED ZAMBIAN RESEARCH COMMUNITY (ON HOLD)

This objective focuses on building the research capacity of selected research institutions, but it is currently on hold pending funding.

OBJECTIVE 3: EXPANDING THE EVIDENCE BASE FOR HEALTH

Expanding the evidence base for improving existing approaches to health programming in nutrition, family planning, maternal and child health has been the cornerstone of MSI's work to support USAID's family health division, PMI and PEPFAR. Having accurate and timely health data is one of the basic pillars required for effective management of public health service delivery.

IMPLEMENTING PARTNER MONITORING AND EVALUATION COMMUNITY OF PRACTICE

The objective of the Monitoring and Evaluation Community of Practice (MECOP) is to strengthen the M&E capacity of USAID health IPs; create a professional network of M&E specialists and provide a platform for sharing best practices and success stories in M&E. It is also an effective platform to ensure smooth implementation of the IP M&E systems in USAID/Zambia's health programming.

Following an M&E capacity and needs assessment of USAID IPs conducted in FY21, E4H drafted a MECOP workplan addressing capacity gaps highlighted from the assessment. Subsequently a meeting was held with USAID IPs to solicit their feedback on the proposed workplan activities. The workplan was re-submitted to USAID for approval in the previous quarter. The project will continue following up USAID to provide feedback on the workplan, and subsequently commence implementation.

KNOWLEDGE MANAGEMENT

Knowledge management is important because it supports the constant sharing of data across stakeholders and emphasizes the importance of learning. Having an effective KM platform also serves as a means of continuity for future health officers and staff that will rotate into the Mission. Effective knowledge management supports the creation, dissemination, and utilization of knowledge to help achieve organization's objectives and goals. In this regard, E4H continued to support knowledge management needs for USAID.

During the reporting period, E4H continued to support the IPs in uploading BOB data in the Data Analytics Platform. For instance, the project supported the SAFE Project to correct identified errors in the data uploaded in September. Furthermore, E4H held consultations with the USAID Discover Health Project to ensure that the dashboards being developed in the Data Analytics Platform address both the needs of the mission and the IPs and increase visibility of key performance indicators.

In FY21, E4H successfully oriented the USAID team in the use of the Knowledge Management Portal, Amano Platform, and support USAID teams on uploading documents. The resources uploaded to the

platform include finalized documents/guidance and learning resources provided by the FH division. However, during the reporting, the E4H KM team observed low utilization of Amano by the USAID teams. E4H has since engaged the Health Office leadership on the way forward regarding the platform.

FAMILY HEALTH

E4H continues to support USAID Family Health (FH) division mainly on the following three areas: (1) increase access to key FH data, (2) mapping of all sources of FH data in Zambia, and (3) knowledge management support for FH data use and storage. During the reporting period, E4H supported MoH at both national and provincial levels in addressing identified data quality issues on FH related indicators. Selected districts were engaged to correct the outliers identified in the selected indicators. Through the FH team, E4H supported the analysis of Maternal and Perinatal Death Surveillance and Response (MPDSR) data through generation of charts for the MoH Child Health Unit in preparation for the World Prematurity Day.

Furthermore, E4H updated the FH indicator matrix to include the newly revised indicators and data elements on the MoH DHIS2 platform. In addition, E4H updated the quarterly data analysis for the FH indicators and presented the analysis to the FH team on October 13, 2021. The analysis focused on the three key thematic areas Reproductive Maternal Health, Child Health and Nutrition and Family Planning. The FH team requested that E4H include the impact of COVID-19 on access to FH services as part of a data deep dive analysis. E4H developed a PowerPoint deep dive analysis examining potential impact of COVID-19 on family health services and products. The date for the deep dive presentation was postponed from December to mid-January 2021

PERFORMANCE PLAN AND REPORT (PPR) SUPPORT

During this quarter, E4H was introduced to all USAID IPs to collect data for the USAID Health Office's annual Performance, Plan and Report (PPR). Subsequently, USAID provided an updated Health Office PPR indicator matrix to guide the PPR process. E4H engaged the IPs; collected and aggregated data for the PPR indicators. In addition, a justification was provided on achievements exceeding or below the expected targets. The project engaged AOR/CORs to validate data provided by the IPs on PPR indicators. Subsequently, all PPR indicators were submitted to USAID on November 17, 2021.

MALARIA

With support from the Presidential Malaria Initiative, E4H's malaria component supports USAID/PMI with malaria data analytics and visualizations to assess the performance of malaria intervention programs with a focus on Northern, Luapula, Central and Copperbelt provinces. During this quarter, E4H participated in the Malaria program desk reviews. The findings from the review informed development of strategies to be included in the National Malaria Strategic Plan 2022 – 2026 under development.

On October 7-8, 2021, E4H held a consultative meeting on the FY 2022 Malaria Workplan with the NMEC and partners (PATH and Vector Link). The proposed activities were also reviewed to avoid duplication of activities. On October 26, 2021, E4H held a meeting with the PMI Data Management Specialist and the contracting officer's representative (COR) to review the AMELP with a focus on

malaria indicators. It was agreed that AMELP indicators are disaggregated to streamline measuring of malaria indicators. Both the workplan and AMELP have been submitted to USAID for review. During the reporting period, E4H conducted a post-DQA review meeting in Central Province from October 4 to 6, 2021. The purpose of the meeting was to review progress made on recommended actions for the DQAs conducted in Mkushi, Serenje and Kabwe Districts in FY21. During the meeting, the following progress was reported:

- i. Post DQA, all HFs conducted monthly data reviews prior to submission of data to the districts.
- ii. Districts supplied HFs with Malaria treatment guidelines and SOPs.
- iii. Districts developed quarterly action plans highlighting key activities for improving data quality and use including providing technical support and mentorship to the HFs.

At the end of the meeting, all districts developed action plans highlighting key activities aimed at improving data quality and use in the next 6 months (October 2021-March 2022). E4H Provincial DDUC, E4H will continue to strength capacity of MoH HF staff in HMIS data management through on-site mentorship and technical support.

During the reporting period, E4H submitted round 11 of the PMI quarterly data into the M-DIVE system on November 5, 2021. M-DIVE is a global platform for PMI-supported countries to submit data. In addition, the project supported the generation of data on malaria deaths for use by PMI. In addition, E4H updated the data-sharing inventory on the Nchelenge Malaria Learning Lab (NMLL). Data from PMI-supported IPs was updated including VectorLink, Program for the Advancement of Malaria Outcomes (PAMO) Plus, Procurement and Supply Management, and the International Centers of Excellence for Malaria Research (ICEMR) database. PMI shared pending data from Akros. E4H completed populating the inventory and provided an updated analysis of the malaria situation in Nchelenge District.

AD-HOC TECHNICAL SUPPORT REQUESTS

To support expansion of existing approaches to health programming in HIV under PEPFAR, E4H participated in construction of data visualizations, a pre-requisite for information use. To support data updates on the recency dashboard, the project submitted data on the number of people that tested positive for HIV (HTS-TST_POS) from Central and Copperbelt Provinces to the Centre for Infectious Disease Research in Zambia (CIDRZ). In addition, the project created pediatric surge dashboards and user accounts for new USAID mechanisms in the data analytics platform (BOB and enhanced site visit--ESV). During the reporting period, E4H updated the BOB meta data and data elements following the updates made to the organization units by the PEPFAR point of contact. In addition, E4H supported the following USAID IPs: John Snow International, Right to Care Zambia, Pact International and FHI360 in generating the Design and Analysis Toolkit for Inventory and Monitoring (DATIM) import files for the FY annual reports on HIV data.

During the reporting period, E4H continued to support MoH provincial health teams on PEPFAR data alignment with MoH data. E4H oriented the provincial teams on aligning data in DATIM and DHIS2 to improve data consistency. E4H DDU coordinators will continue providing technical support to MoH teams on the data alignment process in the supported provinces.

SUCCESS STORIES

STRENGTHENING COVID-19 SURVEILLANCE AND REPORTING

To timely detect and respond effectively to health threats and outbreaks, ZNPHI saw the urgent need to establish electronic Integrated Disease Surveillance Response IDSR. The eIDRS was built on DHIS2 and was deployed to all districts in 2019. The eIDSR-(DHIS2) system compiles aggregated data on a weekly basis using the Notifiable Disease Aggregation Tool (ND2). In response to the COVID-19 pandemic, DHIS2 released a digital data package (tracker) to accelerate case detection, situation reporting, active surveillance and response for COVID-19.

ZNPHI engaged E4H and other stakeholders in the Digital TWG in establishing an effective and efficient electronic Integrated Disease Surveillance Response (eIDSR) system through:

- i. *Equipment support.* To successfully collect data electronically there is need to provide electronic devices (tablets) to all HFs tracking COVID 19 data.
- ii. *Trainings.* Train district health offices and HFs in the COVID-19 reporting system.



Tablets handover ceremony at ZNPHI offices. Credit: Gift Sitenge, 2021.

In response to ZNPHI request, E4H procured 900 tablets to support timely data entry and reporting of COVID-19 surveillance data by the health facilities. ZNPHI expressed gratitude to E4H for the support and highlighted that the gesture would go a long way in supporting real-time COVID-19 surveillance and reporting critical for decision making.

Furthermore, in collaboration with MoH, E4H supported training of JSI/SAFE project strategic information assistants in the COVID-19 reporting system. Subsequently, access to the reporting system was granted by MoH to the trainees to assist MoH clear data backlog on COVID-19 vaccination data (43,550 and 27,302 unentered COVID-19 vaccination completed forms in Copperbelt and Central Province respectively). By the end of December 2021, E4H had cleared 20% of the data backlog. E4H will continue partnering with MoH, ZNPHI and other stakeholders to strengthen the COVID-19 surveillance and reporting system to enhance its effectiveness in the COVID-19 pandemic response.

LESSONS LEARNED

IDENTIFIED PROBLEMS AND SOLUTIONS

The advent of the COVID-19 pandemic continued to negatively affect timely implementation of most activities during the period of review. The project mitigated this challenge through undertaking most activities virtually and seeking USAID approval for specific in-person activities that cannot be held virtually while observing COVID-19 prevention precautions.

In addition, the lack of a budget to support critical hardware, such as servers, laptops, and tablets, continues to affect digitalization of HMIS. E4H is addressing this issue through collaborating with partners and donors in the M&E TWG and reaching out to specific partners, e.g., UNICEF, that fund hardware procurement. E4H also supported procurement of tablets to support COVID-19 surveillance and reporting system.

BEST PRACTICES TAKEN TO SCALE

- The monthly check-in and regular engagement with USAID, FH and PMI team helped streamline key priorities, reporting requirements and stakeholder expectations.
- Involving the MoH during the development of all strategic data management and training documents produced by E4H from the onset promotes ownership and an expedited adoption process. This can be seen by the expedited adoption of the HMIS pre-service and in-service curriculum frameworks.
- Establishment of national and sub-national TWGs and several other platforms such as the Nchelenge Learning Lab for engagement with development partners and stakeholders offered an opportunity for coordination, collaboration and avoidance of duplication.
- Between November 8-19, 2021, the senior project manager (SPM) from MSI home office visited the E4H project following approval from USAID. The purpose of the visit was to review project operational practices and address necessary improvements. During this time, the SPM provided oversight of project operations and worked with relevant staff on MSI's financial and administrative systems and procedures. In addition, the SPM provided technical assistance to the finance and operations team and conducted spot checks to ensure compliance with MSI and USAID policies and regulations.

ACTIVITIES PLANNED FOR NEXT QUARTER

The following general and objective-specific activities are planned for January 1 through March 31, 2022:

GENERAL

- Continue to monitor the COVID-19 situation in Zambia, ensure adherence to the GRZ COVID-19 guidelines, and review the office working arrangements when necessary.

OBJECTIVE 1: HIGH-QUALITY, TIMELY, AND ACCESSIBLE HMIS DATA

RESULT 1.1: IMPROVED HMIS POLICIES AND STANDARDS

Result 1.1.1: HMIS Rapid Assessment and Findings Report

- Support coordination of the HMIS TWG/CoP and continue engaging the MoH and donor community in supporting the implementation of recommendations from the HMIS Rapid Assessment and findings report.
- Assess the COVID-19 systems, forms, servers, processes, and document requirements to recover data, report consistently and share data; design interventions and a detailed plan of action to promote coordination and harmonization of data agreed to by all stakeholders.

Result 1.1.2: HMIS Strategic Plan

- Follow up with MoH on finalization of the draft National Health Strategic Plan 2022-2026.

Result 1.1.3: Strengthened National-level HMIS Capacity

- Provide orientation and support the use of the MoH help desk at lower levels (at HFs and DHOs) of the system to provide responsive service support.
- Pilot web-based Performance Assessment (PA) tool and assess HMIS data use in planning or/and decision making
- Promote data use (through use of standard DHIS2 dashboard on performance) during facility, district, and provincial planning meetings.
- Carry out monthly data reviews and provide feedback, build discussion forums to improve COVID-19 data quality.

RESULT 1.2: STRENGTHENED HMIS CAPACITY OF HEALTH SECTOR STAFF

Result 1.2.1 Revised HMIS Pre-curriculum

- Support implementation of the revised nursing curriculum diploma in training institutions across the four E4H supported provinces.
- Develop specific COVID-19 related procedures, evaluations, case studies and student handbook sections for inclusion in all curricula.

Result 1.2.2: Capacity Building for MoH Staff at the Sub-national Level

- Continue to conduct DHIS2 HF data entry and analytics training.
- Revise 2014 MoH DQA guidelines
- Develop a comprehensive data quality plan at the national, provincial, and district levels based on SOPs.

RESULT 1.3: IMPROVED HMIS SYSTEMS FOR ANALYZING AND AGGREGATING HEALTH DATA

Result 1.3.1: Strengthened DHIS2 Platform

- Launch and work with the MOH to standardize the MFL across all data platforms
- Support MoH with operationalization of the COVID-19 certification system

Result 1.3.2: Improved Malaria Surveillance and Reporting

- Piloting of the MRRS as the harmonized, primary source of national malaria data
- Continue providing technical support and back-end use for malaria case-based investigations
- Participate in Technical Working Group meetings (SMEOR, Vector Control and Case management) to support implementation of malarial prevention interventions.

Result 1.3.3: Dashboards and Supplementary Tools

- Align dashboards with reporting requirements for both the MoH and NMEC.
- Conduct analytics through standard dashboards for performance assessment.
- Conduct training on data analysis tools, dashboards, and reporting formats for both the MoH and NMEC.
- Support the institutionalization of programmatic data reviews at all levels per HMIS policy.
- Using current available tools, develop dashboards for COVID-19 for each level of health service and management: Community, HF, DHO management and programs.

Result 1.3.4 Strengthened Interoperability of HMIS

- On-board Interoperability Specialist to lead interoperability strategy and action.
- Define standards for interoperable data exchange.
- Develop the interoperability workplan for data exchange based on the review of other systems.
- Design and implement interoperability of all COVID-19 systems (client management, ZNPHI, Community, Travel, and vaccinations) with other notifiable diseases and the main HMIS/Datawarehouse.

OBJECTIVE 2: BUILDING CAPACITY FOR THE ZAMBIAN RESEARCH COMMUNITY (ON HOLD)

- No activities are planned for this coming quarter as this objective is on hold.

OBJECTIVE 3: EXPANDING THE EVIDENCE BASE FOR HEALTH

RESULT 3.1: EXPANDED USAID HEALTH EVIDENCE BASE

Result 3.1.1: Operations Research, Special Studies, and Big Data Analyses

- Complete a deep dive and quarterly analysis of FH indicators.
- Develop HIV cascade dashboards, Pre-Site Analysis, KPI Scorecard.

Result 3.1.2: Strengthened USAID and IP M&E capacity

- Create USAID IP MECOP online Knowledge Sharing Portal.
- Maintain data analytics platform, metadata configuration, and other enhancements.

Result 3.1.3: USAID M&E Division Supported

- Provide support to USAID for data analysis and visualization needs related to ESVs and BOB monthly reports.
- Support PMI/Zambia quarterly reporting on the M-DIVE platform
- Strengthen malaria surveillance, reporting, and overall data management in the Nchelenge District.
- Support USAID Health Office in prioritizing data sharing from IPs and ensure that COVID-19 systems used by IPs respond to the COVID-19 surveillance system.

PHOTOS FROM FIELD ACTIVITIES



Handover ceremony of 900 tablets to ZNPHI. The ceremony was held at ZNPHI offices,

In the photo, left to right: Gift Sitenge – E4H, Snr Advisor – Knowledge Management, Data Demand and Use (KM/DDU); Celia Kakande – E4H, Chief of Party, Prof. Victor Mukonka – ZNPHI, Director General; Ms. Mazyanga – ZNPHI, Cluster Head for Communication, Information and Research



Malaria program review field validation at Kasanda Health Centre in Kabwe, Central Province



E4H field office team with the MSI home office senior program manager, Naeem Rasooly, during his field visit to Zambia.