Week 2 Community assignment Simon Aabalekuu

Step 1. Select a country for this assignment.

I have selected Ghana, My home country and where I am working.

Step 2. Join the WhatsApp group for this country.

Joined, SCHOLAR-Ghana

Step 3. Identify the questions you want to answer about data flow, data tools, and the performance of your country’s monitoring system.

**1.How does data flow?**

Data is generated at the service delivery point such as vaccination centers or outreach points where children are registered and vaccinated and continues the process till 5years. The data generated is been collated on monthly basis and transmitted to the District health administration (DHA) to the Regional health administration to the National Health Service and finally to the World Health Organization.

**2. What different reporting procedure/channels exist and what are the requirements for timeliness and reporting frequencies?**

Every vaccination center or health center have a focal person for vaccination and he/she is responsible for data collection and reporting from the health center to the district to the region to the national. Reporting of vaccination data to the next level is monthly. 5th of every ensuing month, the vaccination/health centers report to the DHA and the DHA also report to the Region on the 15th and 25th Region to National EPI.

**3. Who first collects the data, prepares paper reports, enters data into electronic systems, receives and reviews reports?**

Ghana have a proper electronic data system known as DHIMS (district health information management system) for all service deliveries including immunization data, all health facilities use excel sheets (All formats are provided by National EPI programme), and each facility have their own vaccine registers in the facility. In every month, the Health information Officer collects these reports from other health facilities by hard copy, email and enters in the DHIMS.

**4. What measures and procedures are in place for data verification, cleaning and feedback?**

When the report is received by the Health information Officer, then the report is reviewed and feedback sends to the facility focal person for the necessary corrections.

**5. What action is taken if data seems to be wrong?**

The Health information Officer/Manager at the district, regional and national review the data from health facilities, if any missing or wrongly entered data is detected immediate contact is made to the respective health facilities data focal persons for explanation and clarification.

**Who are relevant players/stakeholders at each level? What do they do with the data (for example, collect, enter into electronic system, analyze, use to make decisions, etc.)?**

The key players at the health facilities include the community health nurses and Field technicians-disease control who generates the data, the In-charges at the various health facilities and the health information officers. When it comes to the DHA, the Director of health service, the District health information Officer, the public health nurse and the disease control officer are the key the stakeholders and same at the national. When data are collected, they are analyzed and interpret and decision made (to allocate resources, improve coverage) to strengthen the service.

**Step 4. Identify and collect relevant background documents and other sources of information for your selected country.**

The relevant background documents required in the National programe (EPI/VPD review, GHS-annual performance report, EPI Fact sheet, Ghana demographic and health survey (GDHS) data)

**Step 5. Share the most useful resources you find in our Scholar community SHARES.**

Done

**Step 6. Perform a rapid review of these sources and evidence for data flow, tools, and performance of your country’s monitoring system.**

The EPI/VPD review and the GDHS survey is the latest review done in Ghana. This shows that data flow is from lower level (health centers, DHA and Region) to National level on monthly bases. Monitoring is from the national level to the regional level to the district level and then to all the health facilities level. The monitoring has a gap as it’s not done regularly. Supportive supervision is not done so frequently due to financial and human resource challenges. Even though they are challenges in monitoring, the regional and national do its best to reach every district and health centers at least twice in a year.

**Step 7. Summarize the quality of the available evidence.**

Denominator issues are always there. Therefore, to improve the quality of data it needs an electronic data system to be connected with birth register.

**Step 8. Describe the data flow of your country.**

Data flow from lower level (island health center) to respective Atoll Hospital level and from the atoll hospital level to Nation EPI program. In each level its being reviewed by a supervisor and feedback given to the data manager.

Step 9. Make a SWOT analysis.

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| **Strengths*** Qualified / dedicated public health staff at all levels of service delivery.
* High immunization coverage
* Free immunization services with WHO pre-qualified vaccine.
* Availability of Service in all communities due to community based planning and health services (CHPS).
* Internet service availability (data issues notifies and discussed via whatAsspp, telegram.
 | **Weakness*** Conflicting programe for few staff
* In adequate Staff in all levels performing too many tasks.
* Lack of motivation of staff
* In adequate financing for immunization awareness programes.
* Poor internet service in some areas-districts and regions
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| **Opportunities**- Availability of DHIMS to facilitate data reporting, transmitting and monitoring of irregularities.- Availability of social media (WhatsApp, face book, telegram) to disseminate information- Public demand for vaccine | **Threats**- Anti-vaccine groups, which may lead to re-emerge of deadly diseases which are being eradicated / eliminated and not to be seen in the community at present.- Missing children as immigration/migration is very high.  |

**Step 10. Summarize what you learned from all of the other steps.**

The service coverage data in my country is electronically managed. Health Information Officers are in every facility who collect and enter the data in to the DHIMS which is access at regional and national level. Missing data and inaccurate data is communicated by the Center for health information management (CHIM) to the lower levels.

The country needs to improve its population issues to avoid unrealistic target projection for immunization services. Quarterly and monthly data validation and cleaning need to be enhanced to improve on data.