

**Title: Strengthening PMTCT Data Reporting and Use through Supportive Supervision and Routine Performance Evaluation: Experiences from Dedza and Ntcheu Districts, Malawi**

**Authors:** A. Yemaneberhan, Sue Willard, P.Mbetu, C. Chitsulo S. Nyirenda, M. Phiri, M. Gordon, F. Chibwandira, M. Eliya

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**Issues:** The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) was requested by the Ministry of Health (MOH) of Malawi to strengthen PMTCT services in Dedza and Ntcheu districts. A baseline assessment was conducted in August 2009 in 50 sites in the two districts. One area of weakness revealed by the assessment was inconsistency in data collection, reporting, and use: many sites were not reporting data, such as HIV counseling and testing uptake and maternal ARV uptake (e.g., only 29 out of 50 sites provided data to the MOH), were reporting incomplete data, or were not effectively using data for program evaluation and enhancement.

**Description:** EGPAF's Malawi program began conducting regular quarterly supportive supervision visits to all 50 sites of these two districts in October 2009 to address weaknesses in clinical service provision, data recording, reporting, and data use. During these visits, site-level data collection practices were reviewed by EGPAF technical officers. Additionally, EGPAF provided training to health-care providers on proper data collection processes and reporting. Each supportive supervision visit was followed by a meeting among the EGPAF technical team, Malawi MOH staff, district health management teams, and site-level coordinators and service providers to collectively review and analyze site level data.

Improvement plans were designed by the sites' health-care providers to address issues uncovered in the baseline assessment. EGPAF worked in close collaboration with district coordinators to further strengthen data collection processes to strengthen areas of weaknesses illustrated in the improvement plans.

**Lessons learnt:** Currently all 50 sites are reporting high-quality, complete and , accurate in a timely manner to the MOH on a quarterly basis. Improvements in data use to strengthen services have been noted in most areas such as increase of maternal ART uptake from 36% in 2009 to 62.3% in 2010. There is improved feeling of ownership of data collection and reporting among district health teams. Service providers are also motivated to share lessons learnt and discover effective ways of collecting and analyzing their data.

The feedback review meetings that follow supportive supervision visits have assisted service providers in evaluating their site performance in comparison with other nearby sites. Service providers coming from poor performing sites were given a chance to learn from other providers on how to improve services.

**Next steps:** There is a need to continue supporting the health facilities in the collection of accurate data, timely reporting, and data use. This experience should be shared with other

partners and nation MOH to scale up the initiative in the country. In addition to improving human resources for data recording and reporting, electronic data systems should be scaled up. National data quality control system should be established to assist in improving quality data and data use.