Thank you for registering for MEASURE Evaluation's May 20 webinar, **"**Health Information System Strengthening to Promote Data Use: Lessons Learned from the Democratic Republic of the Congo." A recording of the webinar can be found here: https://www.measureevaluation.org/resources/webinars/health-information-system-strengthening-to-promote-data-use-lessons-learned-from-the-democratic-republic-of-the-congo

During the discussion portion of this webinar, we received several great questions. We have compiled them here with our responses.

Please contact us with any additional questions and be sure to take a look at the full versions of our reports, "Lessons in Health Information System Strengthening: What Worked in the Democratic Republic of the Congo," and "Mapping the Stages of MEASURE Evaluation's Data Use Continuum to DHIS 2: An Example from the Democratic Republic of the Congo."

You can also access more MEASURE Evaluation data demand and use resources , including guidance documents, training resources, and tools here: www.measureevaluation.org/our-work/data-demand-and-use

1. **What happened to the M&E advisors after the project ended? Were they absorbed by the health system in some sort or form**?

   Several staff joined projects with other implementing partners in the DRC, including the USAID-funded Integrated Health Project.

2. **Was the activity focused on malaria data only? Were malaria data collected and assessed separately from other data? what happened to other data quality and completeness?**

   The activities that were mentioned in this webinar were funded by the President's Malaria Initiative (PMI), and thus focused on malaria data quality in DHIS 2. DHIS 2 is an electronic health information platform with the capability to capture other types of data as well. While MEASURE Evaluation 's work focused on malaria data, there are other implementing partners in the DRC working on data quality for other types of data.

3. **How did you measure timeliness and completeness through the DHIS2? I know you mentioned through RDQA which can look at completeness, but what about timeliness?**

   Completeness and timeliness reports can be generated from the DHIS 2. Completeness reports will show how many data forms have been submitted by organization unit and period. These reports can also show which organization units in an area are reporting on time, and the percentage of timely reporting facilities in a given area. In the DHIS 2, the timeliness calculation is based on a system setting called 'Days after period end to qualify for timely data submission.'

4. **For the RDQA - did you select the same indicators each time? Or did these rotate? how did you select these?**

   The RDQA included the same indicators each time it was implemented. It included number of curative new cases, number of suspected malaria cases tested, number of confirmed simple malaria cases, and number of children receiving all vaccinations.

5. **Which indicators have been built in DHIS2?**

In the DRC, DHIS 2 includes a variety of indicators, including those for malaria, maternal and child health, family planning, pharmacy and laboratory commodities.

6. **How robust is the availability of human resources capable of undertaking these data management process, especially once the MEASURE Evaluation work ended?**

MEASURE Evaluation worked in collaboration with provincial and health zones team in order to transfer capacity so they will continue to support health facility-level providers. Based on RDQAs conducted from Centers of Excellence (COE) facilities and nearby non-COE facilities, The COE health facility staff have demonstrated increased capacity in data management, compared to staff in non-COE facilities in their geographic area.

7. **Quite a robust review mechanism with a variety of meetings that help ensure quality and performance. Any thoughts for sustainability of all those meetings? Or what will be the minimum that you believe are necessary to ensure quality but are also easier to continue with?**

Some things to consider in ensuring the quality and sustainability of data review meetings or data quality performance include: pre-allocated funds to support the meetings and essential materials/equipment, ensuring that staff are trained to and feel confident in reviewing and analyzing data, providing opportunities for refresher trainings on data analysis, and coordinating routine supervision visits and data quality assessments.

8. **Is DHIS 2, the same or functions the same as DATIM (portal for reporting HIV/TB MER indicators)?**

DHIS 2 is an electronic health management data platform that is used by multiple organizations and governments. In the DRC, the Ministry of Health has deployed the DHIS 2 as the national health management information system.   DATIM is a is a health information platform used by PEPFAR to capture monitoring, evaluation and reporting indicators for HIV/AIDS. DATIM is built on an adapted version of the DHIS 2 software. There are efforts in-country to align data and facilitate exchange between reporting data from the MoH instance of DHIS 2 and PEPFAR's DHIS 2 implementation.

9. **What is the importance of lessons learned in the current context of disease control programmes in the larger context? What would you prescribe that is very special about HIS in DRC?**

One unique approach that MEASURE Evaluation has implemented with the NMCP in the DRC is a decentralized approach to health information system strengthening. This includes dedicated resources and technical assistance to staff at the sub-national levels, including the provincial, health zone, and health facility levels.

Our findings and results from RDQAs demonstrate the success of the Centers of Excellence (COE) approach that has been implemented in 77 health facilities to date. Following a regional malaria meeting in Lubumbashi, DRC, where the COE approach was presented to attendees, the approach is being adapted and implemented in Madagascar, and the Mali Ministry of Health's National Malaria Control Program has also demonstrated intent to adapt the COE approach.

You can learn more about the DRC's implementation of the COE approach here: https://www.measureevaluation.org/resources/publications/fs-18-319a

10. **Did your training include RDQA? Do you have a standard training module for all 400+ you trained?**

RDQA was one of the topics covered in MEASURE Evaluation-supported trainings. A training curriculum was developed to train national, provincial, and health zone staff on RDQAs.

You can access user guidance and training curriculum materials for MEASURE Evaluations' data quality assessment tools, including RDQA, here:

https://www.measureevaluation.org/resources/tools/data-quality

11. **Are these results presented from the 9 PMI supported provinces only? Were the supervisory visits targeted on malaria treatment in PMI provinces or nationally?**

The provincial data is from the 9 PMI-supported provinces of Kasai Oriental, Haut Katanga, Haut Lomami, Tanganyika, Lualaba, Sankuru, Lomami, Kasai Central and Sud Kivu, which is where MEASURE Evaluation supported the rollout of DHIS 2 to the 178 health zones, and 77 health facilities.

The supervision visits were targeted on malaria data and service delivery/data quality decision making pertaining to malaria data. Supervision visits took place at the health zone and health facility levels.

12. **Re timeliness: DHIS 2 updates timeliness when data is resubmitted, so as facilities update their data in the months after, timeliness also updates. Did the team pull timeliness data at the same time every month? Because otherwise this number would change.**

Data was considered timely if it the previous month's data was submitted by the 7th of the following month.

13. **What happened after the project? Particularly with the COEs?**

Other implementing partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, have expressed interest in continuing and expanding the COE approach in DRC, with PMI support.

14. **Bulletins: how were the bulletins created? What was the dissemination plan for bulletins?**

MEASURE Evaluation and the NMCP had a technical exchange visit to Senegal to learn more about the Senegal MOH's approach to bulletins. After this we worked with the DRC NMCP to develop a final design, select indicators, and encode data from DHIS 2. The bulletins are disseminated electronically to stakeholders.