



envision
a world free of NTDs



M&E Roundtable

via webinar on

DAILY DATA REPORTING AND USE

February 6, 2018

FACILITATORS:

Dr. Mawo Fall, Resident Program Advisor, RTI International Senegal – Dakar, Senegal

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Agenda



- Introductions
- Overview of ENVISION's Community of Practice
- Sharing Senegal's experience with Daily Data Reporting and Use
- Group discussion

Introductions



Click here to mute and unmute yourself



The screenshot shows the audio control interface for a GoToWebinar session. At the top, it says 'Audio' and 'Sound Check' with a signal strength indicator. Below this, there are two radio buttons: 'Computer audio' (selected) and 'Phone call'. Under 'Computer audio', there are two dropdown menus: 'Microphone (Plantronics .Audio...)' and 'Speakers (Plantronics .Audio 4...'. A 'Talking: Kaleigh R.' indicator is present. Below that is a 'Questions' section with a text input field containing 'The roundtable is about to start!' and a 'Send' button. At the bottom, it displays 'Practice session for daily reporting' and 'Webinar ID: 115-316-723', along with the GoToWebinar logo.



NTD practitioners coming together to learn from one another

Community members:

- NTD programme staff from MoH's in USAID-supported countries
- ENVISION & END in Africa in-country and headquarter staff
- USAID

Events to come together:

- Roundtables on technical topics (via webinar or phone)
- Open discussions on ENVISION's new online forum
- Other activities and interactions
- (English and French)

Community OF PRACTICE Online Forum

An online discussion platform to share NTD questions, experiences and knowledge

What can I do on the forum?

- Start any NTD-related discussions you'd like
- Ask any questions to other members
- Answer any questions posted by other members
- Make a suggestion for any events or other ideas for the Community

Join your NTD peers at

<https://ntdenvision.ning.com/>





Senegal's Experience with Daily Data Reporting and Use

Daily data reporting and use during an MDA in Senegal to facilitate effective feedback and drive action

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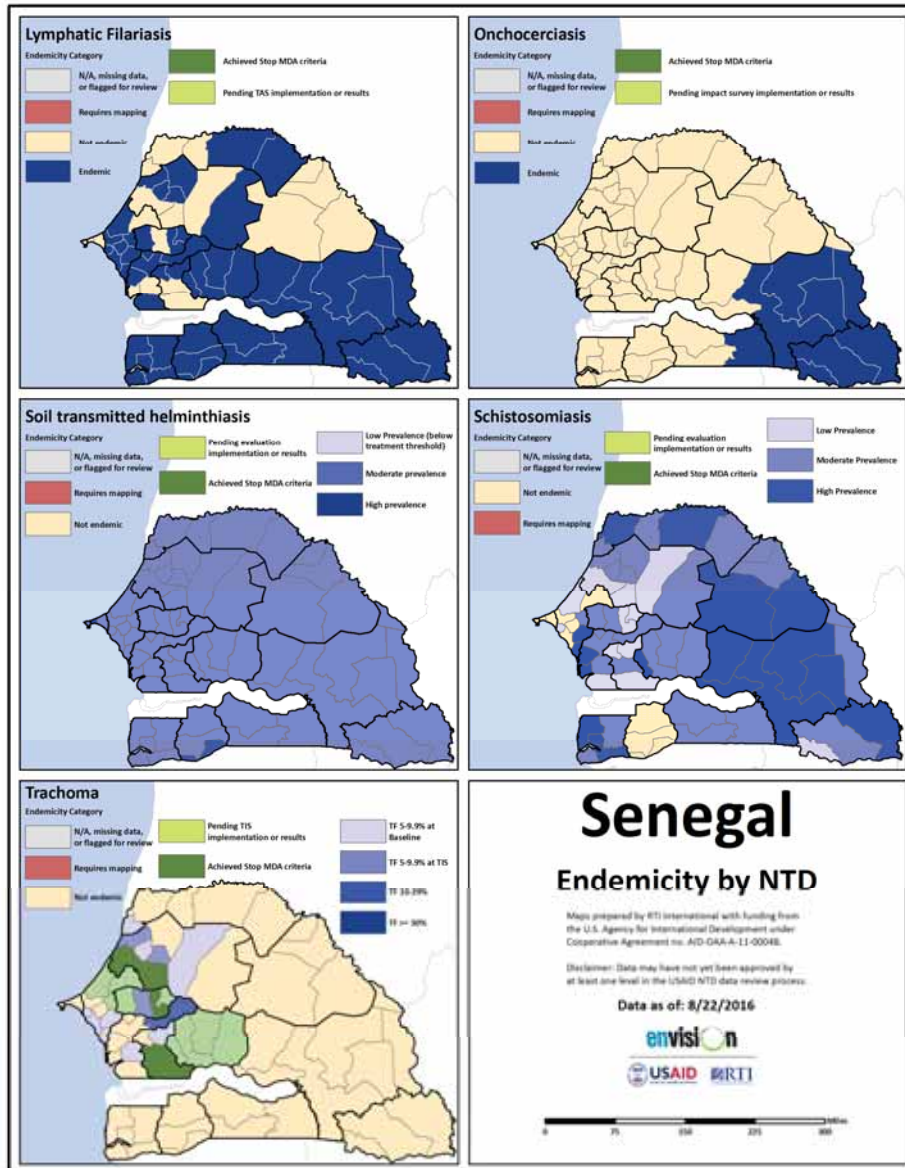
Acknowledgements



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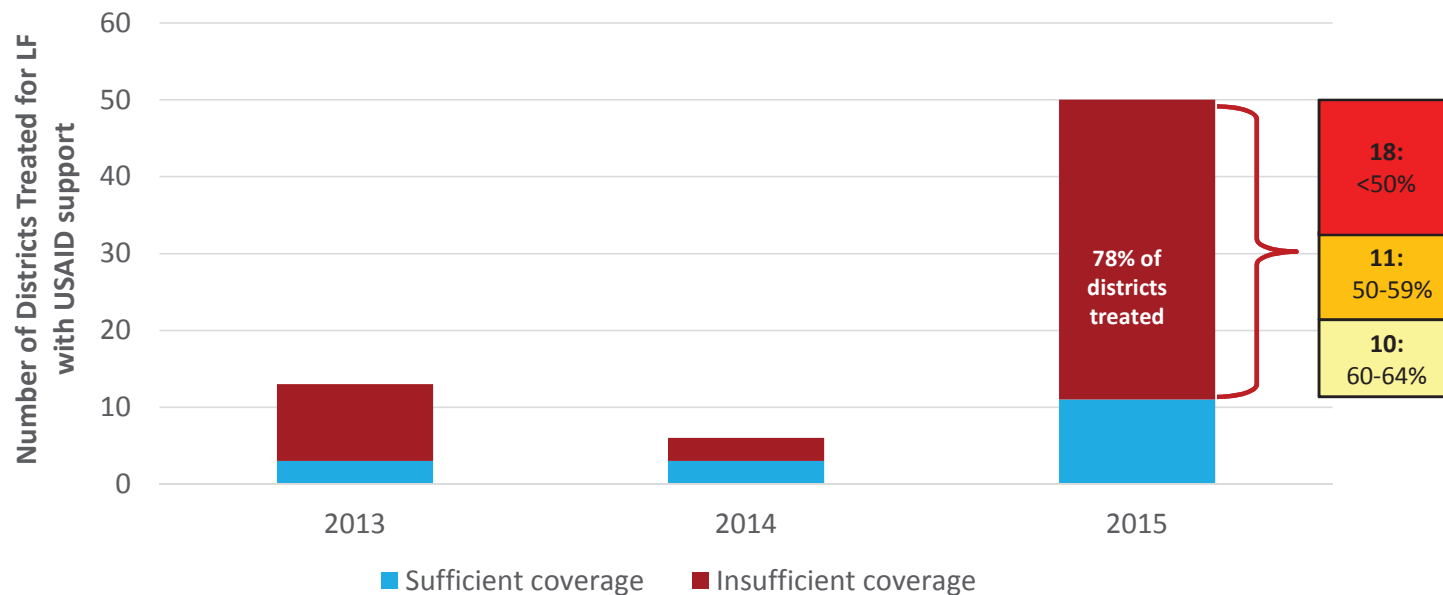




Disease Profile

NTD	# of districts	# ever endemic
LF	76	50
OV		8
SCH		57
STH		76
Trachoma		19

Not meeting LF coverage targets (<65%)



→ Additional MDA rounds necessary to reach elimination

New Intervention Package in USAID-supported Districts

Greater emphasis on detailed and **participatory micro- and central-level planning**

More intensive **social mobilization**

Increased ratio of distributors to households

Adding **more days** of distribution

Increased **supportive supervision**

Embedding staff in regional MOH offices to provide additional support

Increased budget for implementation

Standardized training across all levels with specific NTD manual

More involvement of MOH and **senior officials** in MDA Launch Day

Improved **management tools**

Strengthened real-time daily data reporting and action

Real-Time Daily Reporting and Action

GOAL:

Take corrective action during the MDA to ensure sufficient coverage is met

BY:

Getting a **measure** during MDA of whether coverage targets are being reached and an **understanding** of issues that need immediate resolution



Process

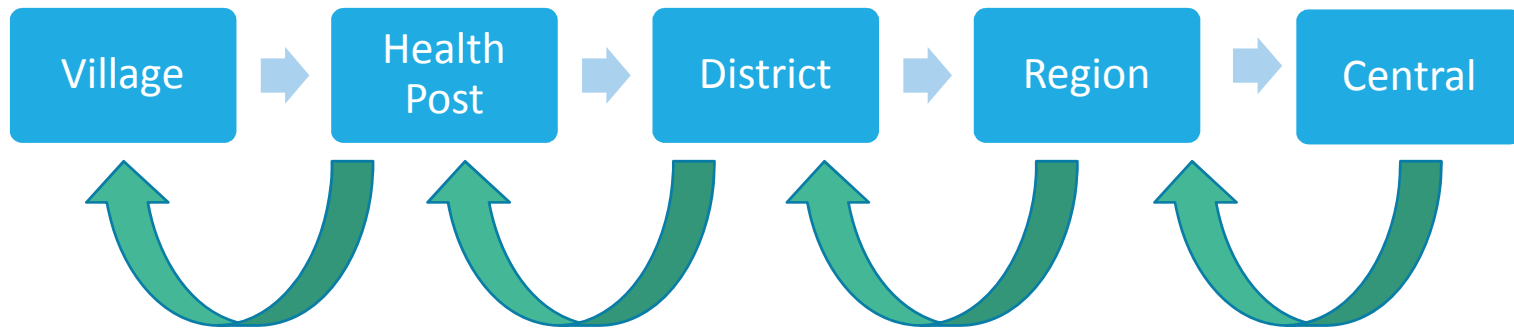












Feedback on the activities and coverage is provided daily.

What information is transmitted?

Région Médicale		Region 1							
District Sanitaire de:		District A							
Période :		DU 17 AU 21/05/2017							
MAQUETTE DE COLLECTE DES DONNEES FLIONCHO									
		POSTE DE		Health Post 1-A					
Jours	Taille	MASC		FEM		TOTAL Traitées	Cprimé administrés		Nombre Villages Traités
		5 à 14 ans	≥15ans	5-14 ans	≥15ans		ALB	IVM	
	≥ 159 cm	35	67	3	104	209	209	836	
J-3	90-119cm	316	15	353	6	690	690	690	6
	120-140 cm	197	10	249	5	461	461	922	
	141-158 cm	84	102	132	224	542	542	1626	
	≥ 159 cm	16	242	8	394	660	660	2640	
	Totaux/âge	613	369	742	629	2353	2353	5878	
Totaux/genre	982		1,371						
J-4	90-119cm	117	0	123	11	251	251	251	2
	120-140 cm	64	52	122	29	267	267	534	
	141-158 cm	82	110	86	113	391	391	1173	
	≥ 159 cm	0	125	83	151	359	359	1436	
	Totaux/âge	263	287	414	304	1268	1268	3394	
Totaux/genre	550		718						
J-5	90-119cm	3	0	0	0	3	3	3	3
	120-140 cm	10	0	5	5	26	20	40	
	141-158 cm	0	30	0	7	37	37	111	
	≥ 159 cm	0	61	0	43	104	104	416	
	Totaux/âge	13	91	5	55	164	164	570	
Totaux/genre	104		60						
J-6	90-119cm	61	0	97	0	158	158	158	
	120-140 cm	26	8	109	13	156	156	312	
	141-158 cm	87	93	77	147	404	404	1212	
	≥ 159 cm	9	75	59	79	222	222	888	
	Totaux/âge	183	176	342	239	940	940	2570	
Totaux/genre	359		581						
Synthèse	90-119cm	825	41	889	78	1,833	1,833	1,833	17
	120-140 cm	466	74	718	95	1,353	1,353	2,706	
	141-158 cm	330	348	441	686	1,805	1,805	5,415	
	≥ 159 cm	68	687	159	952	1,866	1,866	7,464	
	Totaux/âge	1,689	1,150	2,207	1,811	6,857	6,857	17,418	

Number of **persons treated** daily by disease in each health post

- Age and sex break-downs

Number of **drugs administered**

Number of **villages treated**

What information is transmitted?

Région Médicale: Region 1
 District Sanitaire de: District A
 Période: DU 17 AU 21/05/2017

MAQUETTE DE COLLECTE DES DONNEES FL/ONCHO
 POSTE DE SANTE: Health Post 1-A

Jours	Taille	MASC		FEM		TOTAL Traitées	Cprimé administrés		Nombre Villages Traités
		5 à 14 ans	≥15ans	5-14 ans	≥15ans		ALB	IVM	
J-1	90-119cm	153	4	104	20	281	281	281	4
	120-140 cm	74	4	87	3	168	168	336	
	141-158 cm	23	7	20	69	119	119	357	
	≥ 159 cm	35	67	3	104	209	209	836	
	Totaux/âge	285	82	214	196	777	777	1810	
Totaux/genre	367		410						
J-2	90-119cm	175	22	212	41	450	450	450	5
	120-140 cm	95	0	146	40	281	281	562	
	141-158 cm	54	6	126	126	312	312	936	
	≥ 159 cm	8	117	6	181	312	312	1248	
	Totaux/âge	332	145	490	388	1355	1355	3196	
Totaux/genre	477		878						
J-3	90-119cm	316	15	353	6	690	690	690	6
	120-140 cm	197	10	249	5	461	461	922	
	141-158 cm	84	102	132	224	542	542	1626	
	≥ 159 cm	16	242	8	394	660	660	2640	
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	≥ 159 cm	0	61	0	43	104	104	416	
	Totaux/âge	13	91	5	55	164	164	570	
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J-6	90-119cm	61	0	97	0	158	158	158	
	120-140 cm	26	8	109	13	156	156	312	
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	141-158 cm	330	348	441	686	1,805	1,805	5,415	
	≥ 159 cm	68	687	159	952	1,866	1,866	7,464	
	Totaux/âge	1,689	1,150	2,207	1,811	6,857	6,857	17,418	

Number of **persons treated** daily by disease in each health post

- Age and sex break-downs

Number of **drugs administered**

Number of **villages treated**

What information is analyzed?

Geographic coverage:

- # geographic units treated / # targeted
 - Villages
 - Health posts
 - Districts

Therapeutic/Programmatic coverage:

- # persons treated / # targeted

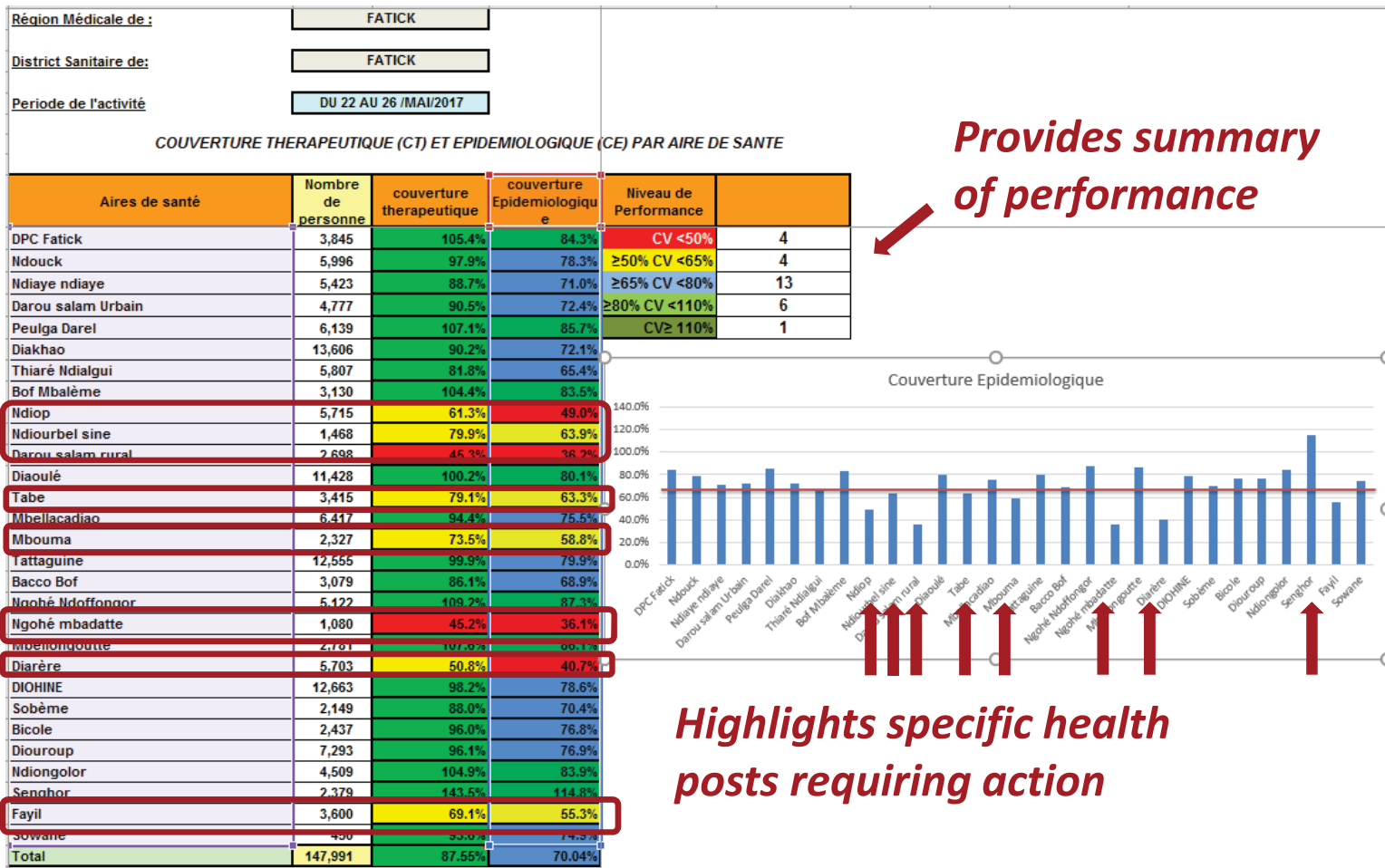
Epidemiological coverage:

- # persons treated / # persons at-risk

Which districts / health posts are not achieving sufficient coverage?



Output from Daily Reporting Form



Daily Reported Coverage in Bignona District: Improvements from Day 3 to Day 5

Aires de santé	Nombre de personnes traitées	couverture thérapeutique	couverture Epidémiologique	Niveau de Performance	
AMA	1,951	45.6%	35.5%	CV <50%	31
BADIONCOTO	2,401	33.1%	26.5%	≥50% CV <65%	5
BADIOURE	1,908	37.7%	30.2%	≥65% CV <80%	0
BAILA	1,474	49.3%	39.4%	≥80% CV <110%	0
BALANDINE	110	5.8%	4.6%	CV ≥ 110%	0
BOURECK	382	20.9%	16.7%		
BOUGOUTOUB	403	20.8%	16.7%		
CENTRE DE SANTE	2,185	16.6%	13.3%		
COUBALAN	868	25.1%	20.1%		
COUBANAO	2,483	57.9%	46.3%		
DIACOYE BANGUA	99	14.6%	11.7%		
DIAMAYE	1,210	54.4%	43.5%		
DIOCADOU	181	21.1%	16.9%		
DIONDJI	900	22.6%	18.0%		
DJIBIDONE	1,095	34.8%	27.9%		
DJILONGUIA	225	27.8%	22.2%		
KAGHAROU	821	59.3%	47.6%		
MAMPALAGO	1,145	51.3%	41.0%		
MANGOULENE	659	26.7%	21.4%		
MANGUILINE	1,205	28.1%	22.5%		
MEDIEGUE	642	28.0%	22.4%		
NIAMONE	1,011	46.9%	37.6%		
NIANDANE	453	31.2%	25.0%		
NIANKITE	460	54.4%	43.6%		
OULAMPANE	1,767	59.6%	47.7%		
OUONCK	328	7.2%	5.7%		
SILINKINE	756	33.7%	27.0%		
SINDIALON	979	45.2%	36.2%		
SINDIAN	3,235	48.4%	38.7%		
SOUDA	1,550	68.2%	54.5%		
SOUTOU	640	78.7%	63.0%		
SUELLE	1,003	67.3%	53.8%		
TENDEME	828	53.6%	42.9%		
TENGHORI ARRONDISSEMENT	2,011	64.1%	51.3%		
TENGHORI TRANSGAMBIENNE	5,766	48.6%	38.9%		
TOBOR	2,809	66.2%	53.0%		
Total	45,943	38.63%	30.91%		

Day 3: 30.91% epi coverage,
36/36 HPs with insufficient coverage

Aires de santé	Nombre de personnes	couverture thérapeutique	couverture Epidémiologique	Niveau de Performance	
AMA	2,832	89.8%	71.7%	CV <50%	3
BADIONCOTO	6,908	98.4%	78.3%	≥50% CV <65%	7
BADIOURE	6,656	111.8%	88.4%	≥65% CV <80%	15
BAILA	3,355	112.1%	88.7%	≥80% CV <110%	9
BALANDINE	1,028	54.2%	43.4%	CV ≥ 110%	1
BOURECK	1,194	65.2%	52.2%		
BOUGOUTOUB	1,695	87.1%	69.7%		
CENTRE DE SANTE	11,214	85.4%	68.4%		
COUBALAN	2,712	78.4%	62.7%		
COUBANAO	3,717	86.6%	69.3%		
DIACOYE BANGUA	425	62.7%	50.2%		
DIAMAYE	2,248	101.0%	80.5%		
DIOCADOU	241	28.1%	22.5%		
DIONDJI	4,318	100.7%	88.6%		
DJIBIDONE	2,788	88.7%	70.9%		
DJILONGUIA	644	67.2%	53.8%		
KAGHAROU	972	70.2%	56.2%		
MAMPALAGO	2,022	90.6%	72.5%		
MANGOULENE	1,290	52.3%	41.8%		
MANGUILINE	3,264	76.8%	60.8%		
MEDIEGUE	1,554	67.7%	54.1%		
NIAMONE	3,344	166.3%	124.2%		
NIANDANE	1,428	98.3%	78.7%		
NIANKITE	687	81.3%	66.6%		
OULAMPANE	3,549	119.7%	95.8%		
OUONCK	3,989	87.9%	68.6%		
SILINKINE	2,838	99.9%	72.7%		
SINDIALON	2,948	136.2%	109.6%		
SINDIAN	5,471	81.9%	65.5%		
SOUDA	1,876	86.9%	69.5%		
SOUTOU	915	112.5%	90.8%		
SUELLE	1,634	109.6%	87.7%		
TENDEME	1,612	104.3%	83.4%		
TENGHORI ARRONDISSEMENT	2,757	87.9%	70.2%		
TENGHORI TRANSGAMBIENNE	11,502	97.8%	77.6%		
TOBOR	4,454	105.0%	84.8%		
Total	109,267	91.88%	73.50%		

Day 5: 73.50% epi coverage,
10/36 HPs with insufficient coverage

Using Data for Corrective Action

2 debriefings:

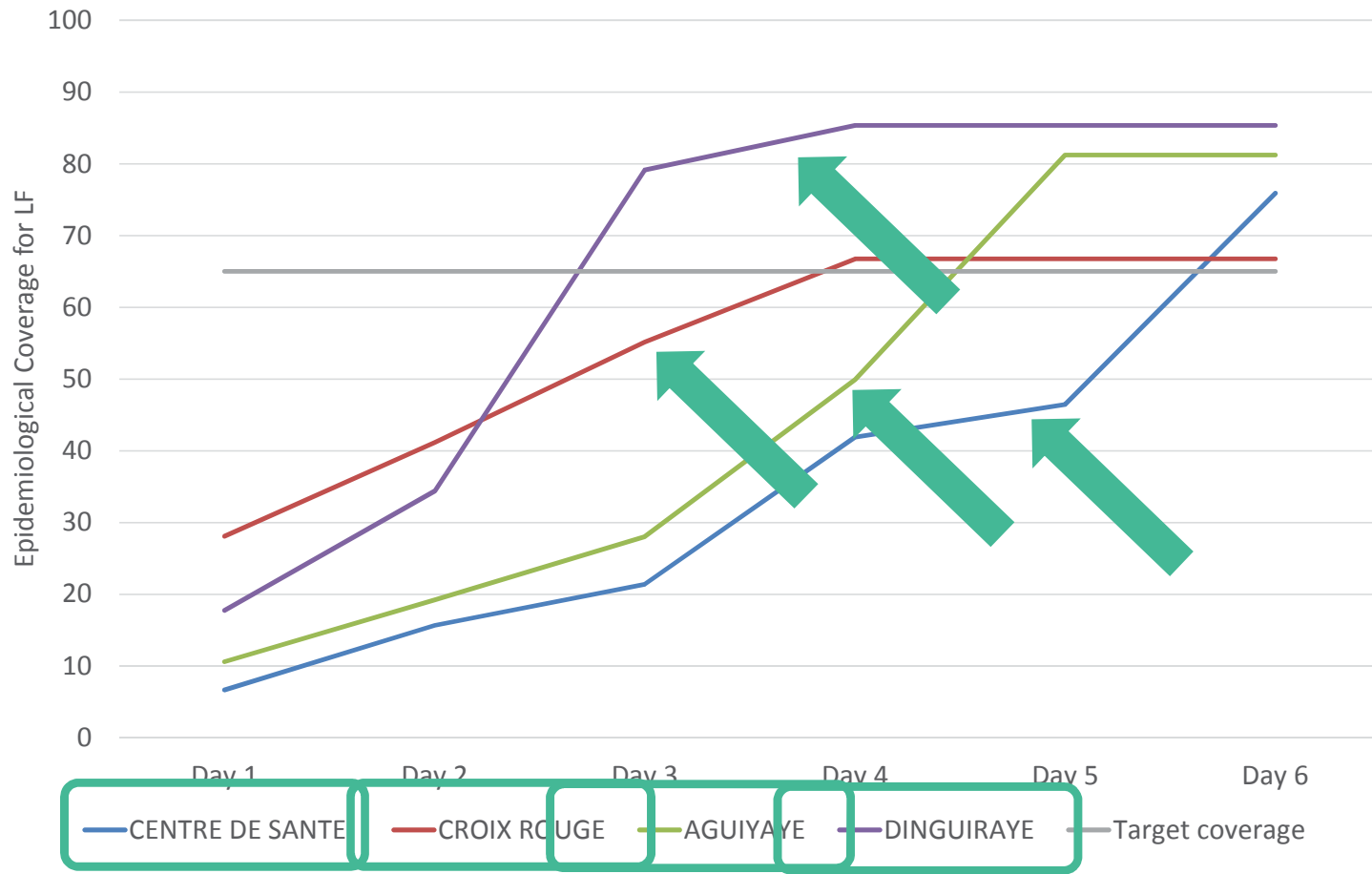
- Regional and district staff
- District and health post staff

Flag health posts that aren't performing

Take **corrective action**: e.g.

- Strengthen sensitization of MDA among population
 - E.g., Increase number of town criers, adjust town criers' messages to address refusals
- Increase the number of drug distributors
- Change distribution strategy
 - e.g., change from fixed post to door-to-door
- Increase supervision
- Call higher-level MOH to sensitize about need to reach objective

Daily Epidemiological Coverage for LF MDA, by Health Post:
Illustrative Examples



Challenges to real-time data reporting

Distance between some villages to health post, and some health posts to district

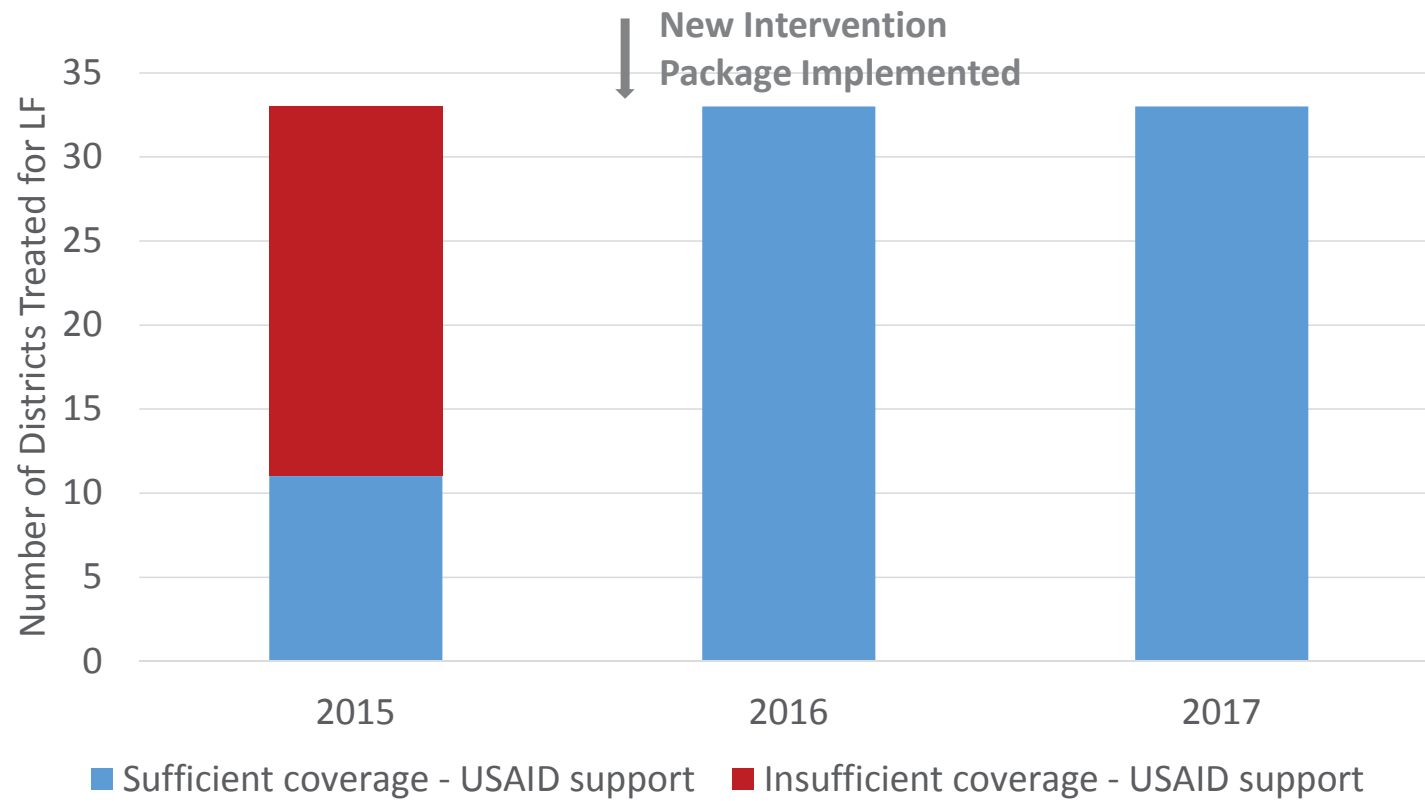
Limited internet access to electronically transmit data at sub-district levels

Substantial level of effort required daily for duration of MDA at multiple sites throughout the country

Increased budget required to implement

Need to have **capacity** to act on data

Substantial improvements in meeting coverage targets for USAID-supported LF MDA after implementation of new intervention package



Conclusions

Daily data reporting in Senegal enables the national program to:

Learn what is working and what is not

Adapt activities to take corrective action during the MDA

Accelerate towards elimination through maximizing resources

Questions for Discussion



1. **When** are the data reported to the district and national level in your country? Isn't it too late when you discover at day 5, or after the MDA is completed, that your coverage is not sufficient?
2. How can we **get information** to both decision-makers and implementers **in time** to take corrective action while the MDA is ongoing?
3. How can/does your country use data during the MDA to ensure high coverage?
4. What **challenges** does/would your country face with daily reporting and use? What are the **barriers** that you see to rolling this out in your country?
5. Do you think this is a **tool/process that you can use** in your country? Do the internal data flow processes allow you to have an estimation of the performance on a daily basis?



We'll continue this discussion on the

Community **Online Forum**
OF PRACTICE

You're invited: <https://ntdenvision.ning.com/>



M&E Roundtable

via webinar on

DAILY DATA REPORTING AND USE

Thank you for your participation!

