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**QWeCI**

**Quantifying Weather and Climate Impacts on Health in Developing Countries**

**Deliverable 5.1f: MT of Near-Real Time Disease Incidence in Health Clinics**

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**Lead contractor:** UNIMA  
**Coordinator of deliverable:** UNIMA  
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Dissemination Level		
PU	Public	PU
PP	Restricted to other programme participants (including the Commission Services)	
RE	Restricted to a group specified by the consortium (including the Commission Services)	
CO	Confidential, only for members of the consortium (including the Commission Services)	

## Data management at the district level

DHIS 2 is a web-based tool for the “collection, validation, analysis, and presentation of aggregate statistical data, tailored to integrated health information management activities. The server is hosted by the College of Medicine in Blantyre. For Malawi, the DHIS 2 allows districts (typically the HMIS Officer and assistant or programme coordinator) to capture data and analyze the data for local consumption.

### Routine Health Data

Routine data is collected at regular intervals (predominantly on a monthly basis) through mechanisms designed to meet predictable information needs. For example, data is collected on number of patients coming to OPD on a particular day, number of vaccinations given, number of deliveries taking place. Data collection can be daily, weekly, monthly or annually. As one of strategies to improve health information system in Malawi, the Ministry of Health has rolled out DHIS2 country wide as a tool to improve quality of health data for informed decision making. However due to lack of connectivity, lack of resources, and lack of infrastructure, the online system is only accessed at the District health office where data analysis and aggregation is usually done. The primary health centers, which are the sources of the data usually have no connectivity. As a result, data flows in hard copies from the facility to the district office.

### Data Usage

The principal mechanism for data use is the monthly data review meeting at the health facility and the quarterly data review meeting at the district and zone levels.

The statistical clerk prepares a report for a particular program which is sent to the DHO by road. Improving the quality of health data is one of the main strategies of all health information systems (HIS) however it has been a difficult scenario in developing countries whereby the Primary Health Care (PHC) is constrained with scarce resources which are inadequately allocated and used. In line with this, rural segments of the community have less access to information necessary for informed decision making. While the policies and guidelines for a functioning Health Information Management System are in place, the actual system does not always follow these standard operating procedures. Data collection and reporting tools are not always available and/or understood by the staff using these tools. Data analysis and use is not widespread.

### Wireless Link

The wireless network would allow data capturing and reporting in real time, improving the quality and timeliness of the submitted data. The implementation of Wireless link to the health facilities in Mangochi through the QWECI project would provide the potential to reach out to rural health centers where there is no existing technologies for data transmission relating to routing health data particularly Malaria. The objective was to adapt the wireless link to enable health facility workers in rural communities to register information timely to a central database hosted at the College of Medicine and to evaluate the use of the link bases on its effectiveness in data collection, reporting, accessibility and utilization.

Data would be collected from St-Martins, Mpondas and Koche Health Center in Mangochi