

THE KUUNIKA PROJECT

DATA FOR ACTION

-  Increasing supply of health data
-  Increasing demand for health data
-  Improving data governance

Why invest in better health data?

HIV is the leading cause of death in Malawi

1 in 10 Malawians are living with HIV



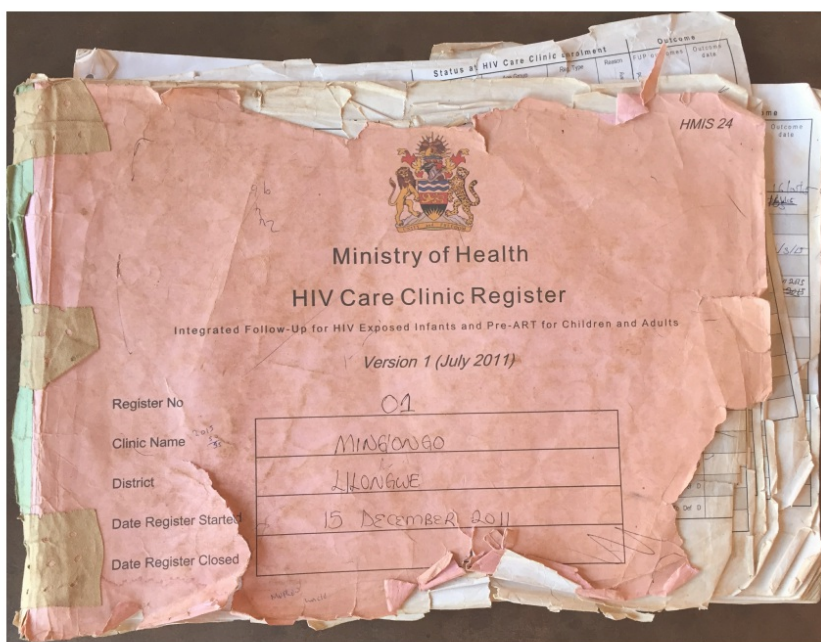
The Bill and Melinda Gates Foundation is supporting Malawi's effort to foster a culture of data use

Donor funding for health - including HIV - in Malawi is diminishing

Malawi must invest optimally to maximize health benefits with existing resources

To address inefficiencies, we must understand performance and cost drivers, and improve service quality

Using HIV as the project's first use case, the ultimate goal is leveraging investments for the broader health system



Data systems are functional but fragmented, preventing clinicians and decision-makers from using data fully to improve service quality and make optimal use of limited resources

How will this project improve data for decision-making?



SUPPLY



DEMAND



By linking key data systems with a central data repository

Automating routine data exchange between district and national systems

Promoting data exchange among variety of HIV stakeholders

By improving data quality and completeness

Improving exchange between paper-based and electronic data collection systems

By building capacity to interpret data

Embedding training on analytic tools within existing processes and meetings

Mentoring identified champions on using data for program improvement

By incentivizing data use

Piloting, evaluating, and scaling up select innovative approaches, including results-based financing and non-financial incentives

77 out of **773**

Number of public health facilities currently using electronic medical records

Data Systems: Functional but Fragmented

Electronic Health Information System (HIS) Landscape for HIV/AIDS in Malawi



Note: Systems represented include only those that are nationally implemented or operated as of June 2016, does not include localized pilot systems
¹ Only system used at community level; not currently used for HIV/AIDS commodities

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How is a culture of data use created?



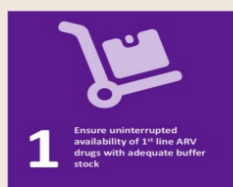
When data systems provide the right data for routine use



When decision-makers have been trained on data analysis and interpretation



PROGRAM IMPROVEMENT GOALS



Ensure uninterrupted availability of 1st line ARV drugs with adequate buffer stock



Improve identification of HIV-positives through HIV testing, including testing coverage, quality assurance, and yield



Improve linkage of identified HIV-positives with treatment programs



Improve retention of HIV-positives on ART, and improve suppression of viral loads



Improve uptake of voluntary male medical circumcision



Improve identification, linkage, and lifelong retention in treatment of HIV-positive mother and baby pairs



Ensure that resources are targeted to high-burden and high-transmission geographical areas and populations



Improve routine program performance monitoring at community, facility, district, and national levels with associated targets and a remediation process for identified gaps



Ensure routine monitoring of program allocative and technical efficiency with clearly defined boundaries, goals

When and how will the project be implemented?

INCEPTION

Nov 2015-Sep 2016



ACTIVITIES

- ◆ Establish Project Management Team within MoH
- ◆ Identification of implementation partners
- ◆ Develop results framework
- ◆ Develop implementation plan
- ◆ Establish governance structures
- ◆ Define monitoring and evaluation plan
- ◆ Define stakeholder roles and responsibilities

PHASE1 (ROLL-OUT)

Oct 2016-Sep 2018

ACTIVITIES

- ◆ Build relationships with beneficiaries by disseminating Kuunika approaches to target groups
- ◆ Roll-out project activities to five districts with the greatest burden of HIV and AIDS
- ◆ Build and pilot novel approaches to increasing supply and demand for data
- ◆ Strengthen health information exchange services
- ◆ Build and implement a standards-based interoperability layer
- ◆ Build capacity to improve service delivery, data quality, and use
- ◆ Strengthen existing national EMR and expand scope to additional facilities
- ◆ Develop and implement mobile-based solutions for the community level

PHASE2

Oct 2018-Mar 2020

ACTIVITIES

- ◆ Incorporate lessons learned from Phase 2 pilots
- ◆ Roll out project activities at facility- and district-levels in an additional five, high HIV burden districts
- ◆ Continue national and district level activities from Phase 1, including training, system integration and improvements to data utilization
- ◆ Institutionalize best practices
- ◆ Finalize phase-out and sustainability strategies

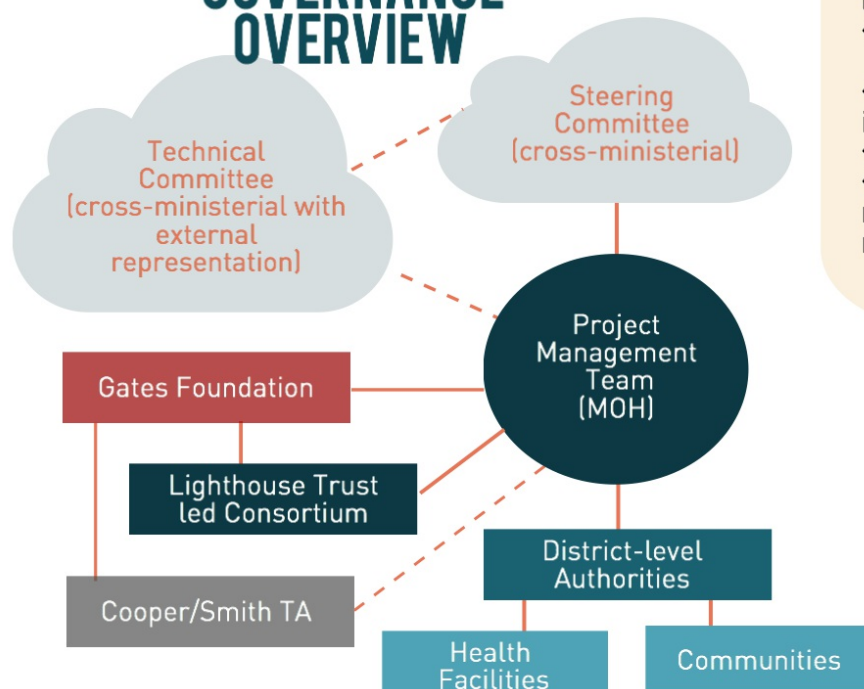
PHASE3

April 2020-Sept 2020

ACTIVITIES

- ◆ Synthesize evidence for intervention effectiveness
- ◆ Generate and share input costs for various interventions with key stakeholders
- ◆ Build strategic partnerships for sustainability of interventions
- ◆ Complete transfer of interventions to GoM
- ◆ Final report completed, including recommendations to replicate successes and results from independent evaluation

PROJECT GOVERNANCE OVERVIEW



For more information, please contact info@kuunikaproject.mw