SMS Reporting Training

TOT

JUNE 2018

Objectives of the Training

- To orient participants on SMS real time reporting of data elements at health facility level.
- To build capacity of participants to cascade training on the SMS reporting system to State, LGA and health facilities.
- To build capacity of State and LGA level participants on how to configure user phone numbers and access the SMS platform.
- To train participants on how to monitor and provide feedback on RI performance using the SMS dashboard.

Expected Outcome

By the end of this training participants will be:

- Oriented on SMS real time reporting of data at health facility level.
- Able to cascade training on the SMS reporting system at the State and LGA levels.
- Configure user phone numbers and access the SMS platform.
- Monitor and give feedback on RI performance using the SMS dashboard.

Thank You

SMS Reporting Concept

Outline

- Overview of the Project
- Objectives
- Data flow structure
- Using SMS for data transmission
- Measuring performance
- Challenges
- Expectations
- Next steps

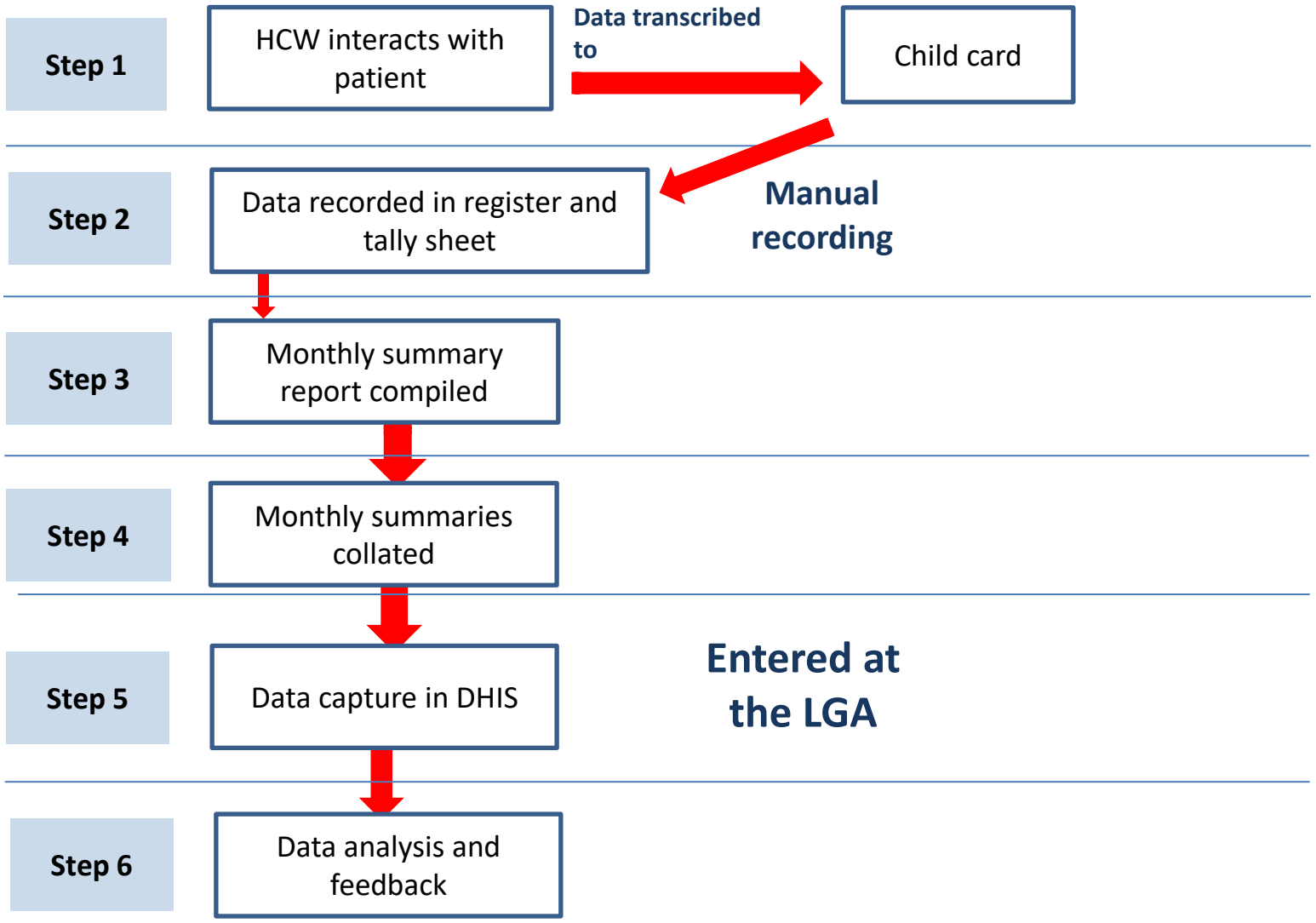
Overview of the Reporting Concept

- Dismal MICS/NICS 2016/17 RI coverage & data quality issues across the country:
  - National Penta 3 coverage of 33% as compared to 78% coverage on DHIS2 (2016)
- Executive Director NPHCDA, declared State of emergency in RI Programme
- National Emergency Routine Immunization Coordination Centre (NERICC) was established
- NERICC developed various quick-win strategies to support states to improve RI coverage in the country with emphasis on 18 priority States
  - Electronic data reporting using short message system(SMS) is one of the quick wins
  - The reporting system uses the SMS module on DHIS2 and the dashboard to receive reported data

Objective of SMS Reporting

- **Main Objective**
  - To improve quality of routine immunization report from health facilities using SMS gateway platform for transmitting RI data after every session
- **Specific Objective**
  - To transmit RI data using SMS gateway after every session
  - To improve data quality by providing timely review and feedback

Current HF RI data daily process



The proposed system bypasses the LGA level and sends RI data directly to the National SMS server immediately after an RI session

Current system

Level	Data flow	Timeline
Health facility 	Child register ↓ Tally sheet ↓	Immediately
	Monthly summary ↓	Month end
LGA 	DHIS2 portal *(entry through computers)*	By 15th of following month

SMS Reporting system

Level	Data flow	Timeline
Health facility 	Child register ↓ Tally sheet ↓ National SMS server *(via SMS using mobile phones)*	Immediately

Paper-based ↓ Electronic ↓

Key Points to Note

- Daily data capture **DOES NOT REPLACE** monthly DHIS2 reporting

- This process **DOES NOT REMOVE** the paper registers and summaries at the HF

Using SMS for RI data transmission

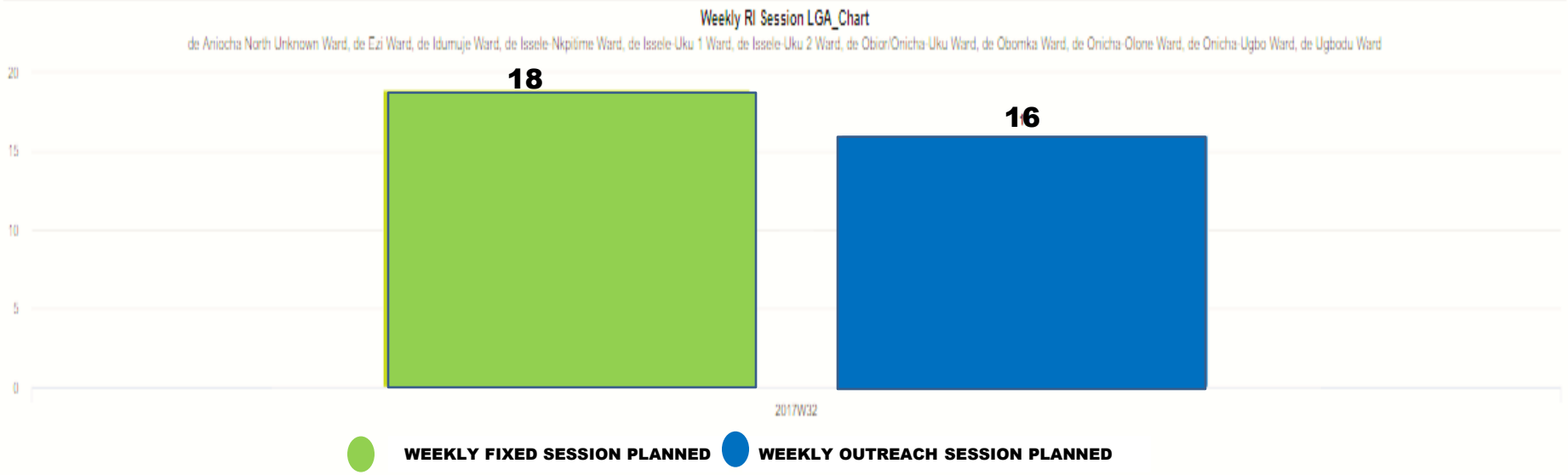
- Phones are configured for workers in the field for this purpose using HF name
- SMS is sent from the HWs phone to a central phone number (Gateway)
- SMS messages get to the server through the gateway
- The service is cost effective for data transmission
- Available from any location with GSM network for data transmission

Data to be captured

- Session Plan
  - Fixed / outreach
- Number of children immunized by session and antigen
- Vaccine utilized by session
  - Doses opened

SMS Reporting Dashboard

Remove | Resize | Explore | Share interpretation 0



Remove | Resize | Explore | Share interpretation 0

Weekly_RI_Session_Planned

Period	2017W32			
Organisation unit / Data	Weekly Fixed Sessions Planned	Health Facility Daily Routine Immunization Report (v2017) Actual reports	Weekly Outreach Session Planned	xx_(v2017) Actual reports
de Aniofu Health Post				
de Ezi Primary Health Centre	2		5	
de Idumuje Unor Primary Health Centre	9		7	
de Idumuje-Ugboko Primary Health Centre				
de Issele-Azagba Primary Health Care Centre				
de Issele-Nkpitime Primary Health Centre				
de Ogordo Primary Health Centre				
de St Michael's Clinic				

How will performance be monitored?

- Number of Planned and conducted Fixed sessions, by HFs, weekly.
- Number of Planned and conducted Outreach sessions, by HFs, weekly.
- Vaccine doses opened vs utilized by HFs, weekly.
- Also conduct data quality check (DHIS2 report vs SMS report) at the end of the month.
- National, State and LGA level focused dashboard for timely informed decisions in addressing observed gaps per RI session conducted.



Challenges from the Pilot

- Use of wrong and unconfigured phone numbers for reporting
- Wide disparity between monthly reports and daily reports
- Under reporting of sessions conducted by HFs
- Sub optimal supervision from LGA to HFs
- Limited use of SMS data for decision making at all levels

Expectations

1. SERICC/LERICC to review SMS dashboard weekly
2. Monthly LGA review meeting incorporating SMS dashboard on the agenda
3. Designated officer from the State to monitor the dashboard

Thank You

Daily Data Recording

Outline

- Recording of data at Health facility
  - Before session
  - During session
  - After session

Recording at Health Facility Level: New Client

Before the session

- Submit a correctly filled a vaccine requisition voucher at the LGA cold store to make vaccine request
- Record the doses of vaccine/devices received for the session in form VM 1A and VM 1B on

During Session

- Register the new child/client once in the child immunization register.
- Screen for age, the appropriate antigen and eligible dose for the child/client
- Fill all the information required in the register.
- Capture the precise address (street name and town/village) in the space provided in the register.
- Write down the date of the vaccination for the appropriate vaccine and doses due.
- Fill an immunization card (child health Card or Personal Health Card) for the new child/client .

Recording at Health Facility Level (2)

- Do not fill in the immunization record section of the cards until child is immunized.
- Send new child/client to the vaccinator.
- After each child/client is vaccinated, immediately tally under the appropriate column of age and antigen administered by crossing the zero(s) e.g. **ØØ**.
- Fill in the date/dose for each vaccine administered and the date for the subsequent dose(s) in the child/client's immunization card.
- Remind the parent/caregiver on the date, time and where to attend the next immunization session.
- The number of immunization visits remaining for the child.
- Possible AEFI and what to do when it occurs.

Summary of Steps for Recording at Health Facility Level (3)

Old Child/Client

- Using the number on the immunization card, locate child/clients name in the register
- Record date in the antigen/doses due column in the register and send to the vaccinator.
- In event patient did not come with the card, probe parent/caregiver for date of first visit, settlement and use date to trace name in register.
- Issue a new card if old one is lost and fill in dates for previously administered vaccines in the register

Child from another health facility

- Register client in Health Facility register
- Using the card insert dates in the register for previously administered vaccines.
- Send to the vaccinator.

Summary of Steps for Recording at Health Facility Level (4)

Immediately after the session ends

- Reconcile vaccinations in registers and tally sheet after each session
- Transfer the totals to the health facility summary form on the row corresponding to the session date
- Compare doses of vaccines/devices recorded in the VM1A/VM1B forms to summary of children immunized
- This process is done for every immunization session (Fixed or Outreach).
- At the end of the month the columns are summed up for all antigens doses and age group.
- The signature sections are entered by the appropriate authority.
- The original copy of the signed form is submitted to the LGA level

Thank you

Real Time Reporting Using SMS Platform

Outline

- Real Time Reporting
- Weekly reporting
- Daily reporting of fixed session
- Daily reporting of outreach session
- Data validation rules for real time reporting

Real Time Reporting Template

- Daily session data to be transmitted using SMS gateway platform
- Three (3) forms to be filled
  - Weekly reporting of planned sessions
  - Daily reporting of fixed session
  - Daily reporting of outreach session
- Forms already deployed on DHIS2 server attached to each health facility
- Phone numbers attached to each HF
- Data transmitted using SMS short codes

Weekly reporting of planned sessions

Three(3) things to note are;

- Data elements
- Data source
- Data transmission codes

Data element	Data Source	Code
Number of fixed sessions planned	HF Microplan	a
Number of outreach session planned	HF Microplan	b

Example of Weekly Reporting of Planned sessions

Data Element	Data source	Code	Data
Number of fixed sessions planned	HF Micropla n	a	2
Number of outreach sessions planned	HF Micropla n	b	1

WK a2 b1

Each health facility has been assigned a phone number through which the message gets to the DHIS2 database

Daily reporting of fixed and Outreach sessions

Three (3) things to note are;

- Data elements
- Data transmission codes
- Data source

Number of children vaccinated

Data Element	Data Source	Code
Number of children given BCG	HF Immunization Tally Sheet	a
Number of children given OPV 0	HF Immunization Tally Sheet	b
Number of children given Penta 1	HF Immunization Tally Sheet	c
Number of children given OPV 1	HF Immunization Tally Sheet	d
Number of children given Penta 2	HF Immunization Tally Sheet	e
Number of children given OPV 2	HF Immunization Tally Sheet	f
Number of children given Penta 3	HF Immunization Tally Sheet	g
Number of children given OPV 3	HF Immunization Tally Sheet	h
Number of children given IPV	HF Immunization Tally Sheet	i
Number of children given Measles	HF Immunization Tally Sheet	j

Doses Opened

Data Element	Data Source	Code
Number of BCG doses opened	VM1a	k
Number of OPV doses opened	VM1a	l
Number of Penta doses opened	VM1a	m
Number of IPV doses opened	VM1a	n
Number of Measles doses opened	VM1a	o
Any supervision visit received?	VM1a	p
Any vaccine stock out?	VM1a	q

Example of Daily Reporting of Fixed sessions

Data Element	Data source	Code	Data
Number of children given BCG	HF Immunization Tally Sheet	a	2
Number of children given OPV 0	HF Immunization Tally Sheet	b	2
Number of children given Penta 1	HF Immunization Tally Sheet	c	1
Number of children given OPV 1	HF Immunization Tally Sheet	d	1
Number of children given Penta 2	HF Immunization Tally Sheet	e	2
Number of children given OPV 2	HF Immunization Tally Sheet	f	2
Number of children given Penta 3	HF Immunization Tally Sheet	g	2
Number of children given OPV 3	HF Immunization Tally Sheet	h	1
Number of children given IPV	HF Immunization Tally Sheet	i	1
Number of children given Measles	HF Immunization Tally Sheet	j	3
Number of BCG doses opened	VM1a	k	20
Number of OPV doses opened	VM1a	l	20
Number of Penta doses opened	VM1a	m	10
Number of IPV doses opened	VM1a	n	10
Number of Measles doses opened	VM1a	o	10
Any supervision visit received?	VM1a	p	1
Any vaccine stock out?	VM1a	q	0

SMS to send is: FS a2 b2 c1 d1 e2 f2 g2 h1 i1 j3 k20 l20 m10 n10 o10 p1 q0

Example of Daily Reporting of Outreach sessions

Data Element	Data source	Code	Data
Number of children given BCG	HF Immunization Tally Sheet	a	3
Number of children given OPV 0	HF Immunization Tally Sheet	b	3
Number of children given Penta 1	HF Immunization Tally Sheet	c	0
Number of children given OPV 1	HF Immunization Tally Sheet	d	0
Number of children given Penta 2	HF Immunization Tally Sheet	e	2
Number of children given OPV 2	HF Immunization Tally Sheet	f	2
Number of children given Penta 3	HF Immunization Tally Sheet	g	1
Number of children given OPV 3	HF Immunization Tally Sheet	h	1
Number of children given IPV	HF Immunization Tally Sheet	i	1
Number of children given Measles	HF Immunization Tally Sheet	j	1
Number of BCG doses opened	VM1a	k	20
Number of OPV doses opened	VM1a	l	20
Number of Penta doses opened	VM1a	m	10
Number of IPV doses opened	VM1a	n	10
Number of Measles doses opened	VM1a	o	10
Any supervision visit received?	VM1a	p	0
Any vaccine stock out?	VM1a	q	0

SMS to send is: OS a3 b3 c0 d0 e2 f2 g1 h1 i1 j1 k20 l20 m10 n10 o10 p0 q0

Data Validation Rules for Real Time Reporting

SN	Data Validation Rule			Possible Action
1	Penta 1+Penta2 + Penta3	<=	Penta doses opened	Identify that all children tallied can be found in the child register
2	OPV0+OPV1+OPV2+ OPV3	<=	OPV doses opened	Identify that all children tallied can be found in the child register
2	Measles	<=	Measles doses opened	Identify that all children tallied can be found in the child register
3	Total number of fixed session conducted	=	Number of fixed session planned	Health facility to asked why session was missed
4	Total number of outreach session conducted	=	Number of outreach session planned	Health facility to asked why session was missed
5	Drop out	<	10%	Children missing session should be tracked
6	Total Number of children given either of Penta 1, Penta 2 or Penta 3 per session	=	Number of children given either of Penta 1, Penta 2 or Penta 3 reported at the end of the month	Data quality supportive supervision should be conducted to verify cause of discrepancy

Thank You

Roles and Responsibilities and NEXT STEPS

OUTLINE

- Review of Roles and Responsibilities in the SOP
- Timeline for Rollout in 18 States
- Configuring phone numbers from Health facility RI focal persons and system configuration at the LGAs by M&E
- State Training of Trainers
- LGA Cascade
- Roles and Responsibility

Roles and Responsibilities

- **Refer to SOP and take participants through the Roles and Responsibilities on the SOP (30 mins)**

Roles and Responsibilities at LGA

Activity	Responsible Person	Timeline
1. Retrieval of Health facility phone numbers	RIOs	Immediately
2. Phone number configuration	LGAM&E officer	Immediately
3. Review and Replacement of Phone numbers on the tracker as at when necessary	LGA M&E officer/RIO	Ongoing
4. Data analysis and feedback	RIOs/DPM LERICC	Weekly
5. Review of Dashboard and follow up with reporting	RIO/LERICC	Weekly

Note that the entire process is supported by partners at all levels

Timeline for Roll out in 18 States

Roll out of the project consists of three phases

Pilot launched in December 2017 to February 2018 in Nasarawa in 2 LGAs.

States already trained on SMS Reporting are Nasarawa, Adamawa, Katsina and Zamfara

Phase 1 States to implement now include Kebbi, Niger, Kaduna, Plateau, Taraba.

Phase 2 States to implement in June are Jigawa, Gombe, Bauchi, Kogi, Yobe, Kano, Sokoto, Bayelsa and Borno

24th May	28th May	30th May	4th June	6th June
National TOT SERICC Teams NERICC Teams Partners	**State TOT for 5 Phase 1 States** LGA Team including LIO, CCO, M&E and 2 RIOS per LGA	**LGA Cascade for Phase 1 States** RI focals Officer in Charge of Health Facilities Ward focal person	**State TOT for Phase 2 States** LGA Team including LIO, CCO, M&E and 2 RIOS per LGA	**LGA Cascade for Phase 2 States** RI focals Officer in Charge of Health Facilities Ward focal person

Retrieving phone numbers from Health facility RI focal persons and system configuration

- All Facilities offering RI in the State needs a phone number configured on the system
- All phone numbers of RI focal persons in all health facilities will be collected using the Retrieval template
- All phone numbers should be configured on the SMS project front end tracker@http://tracker.afenetnigeria.net/smsallna/?statex=317

State Training of Trainers

- The following should be trained at the State level on the 24th of May 2018
  - All SERICC members
  - HMIS Officer/ DPRS
  - LGA team including; LIO,CCO, M&E, and 2 RI Os

LGA Cascade

- A day training will be conducted at the LGA level for the following participants in each health facility;
  - 1 officer in charge
  - 1 RI focal

Thank You