

Bottleneck Analysis, a programmatic approach an entry point to improve the quality of Monitoring System at decentralized level – example of Anambra State Nigeria Health Management and Information System

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Issue:

Nigeria that accounts for 32% of the 80% global unmet PMTCT needs and more than 20% of newly infected children has committed to elimination of MTCT of HIV by 2015. The attainment of the ambitious goals would therefore require exceptional action and a shift in programming methods and processes.

Kaduna and Anambra were chosen for piloting data driven planning. The bottlenecks analysis approach (BNA) that seeks to use evidence for planning and monitoring results routine data from HMIS and other reliable data sources as surveys for successful data driven planning processes was adopted to measure the impact of programmes implementation.

Because of lack of quality data to plan, monitor and evaluate high impact interventions due of HIMS weaknesses, Bottlenecks analysis process led to assess and improve M&E system at state and decentralized level (Local Government Areas).

Description:

Several methods to assess quality, capacity and use of data were applied such as: Data triangulation using SACA, SHMIS databases and MICS data to validate routine data, Questionnaire completed by State HMIS managers were used to assess SHMIS components, Participatory stakeholder data review was conducted to validate routine data completeness and quality.

Results showed missing data related to supply side and private sector interventions, existence of parallel monitoring mechanism at LGA level between HMIS and state AIDS control, low capacity and motivation of M&E officer and lack of data analysis and use for planning and dialogue between stakeholders.

Lessons learnt:

- Bottlenecks analysis is approach planning of Primary health care interventions but also a strong entry point to strengthen M&E at decentralized level
- BNA contributes to improve quality and accuracy of data
- Data collection, analysis, and application are an integral part of evidence based planning and monitoring for improved performance. Decentralizing these processes

will enable data driven dialogue between stakeholders and thereby strengthening state HMIS M&E systems.

Next steps:

Accountability mechanisms should be defined at all levels to ensure the most appropriate use of available resources such that programme performance indicators are institutionalized thus:

- Periodic MNCH/HIV/PMTCT aligned with integrated PHC review meetings for DPP and progress monitoring.
- Regular supervision and performance assessments by State/LGA management teams.
- Periodic reports on planned activities, expenditures, service delivery and overall performance at the health facilities.
- Periodic community/stakeholder consultations
- Innovative mechanisms for motivation at all levels

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