



# Rwanda data availability: Denominator data, data for planning and strengthening health information systems

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**CHIC SPC Symposium** 

HPV Vaccination Programs: From Pre-introduction Planning to Restoration and Sustainability

24 – 25 Sept 2022 – Addis Ababa, Ethiopia



- I. Overview on health information system
- II. Rwanda health structure
- III. Data collection, storage and reporting mechanism
- IV. Data for planning and strengthening health information systems
- V. HPV denominator and vaccine delivery strategies
- VI. HPV achieved coverage
- VII. Data management
- VIII.Implementation of HPV Vaccination
- IX. Implementation
- X. Decision Making
- XI. Sustainability

### III. Data collection, storage and reporting mechanism



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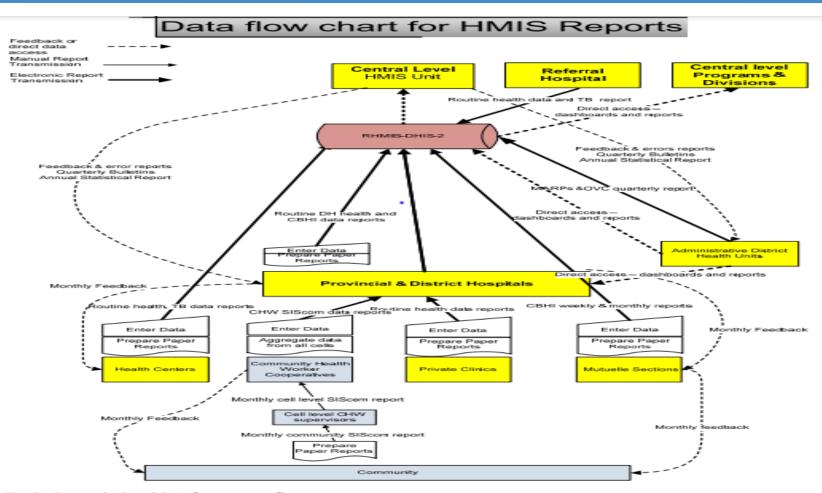


Fig 2: Rwanda health information flow

Rwanda HMIS System Documentation



- **≻**Registers
- ➤ Reporting forms (Caneva) through HMIS
- ➤ Database for information management **DHIS2-HMIS** (Unique username and password, personal Dashboard)

# RI DATA REPORTING FORM



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XIII. Vaccination				
A	Vaccine Antigen/Item distributed	0 -11 Months	≥1 Year	
1	BCG			
2	Polio-Zero (P0)			
3	Polio-1 (OPV1)			
4	Polio-2 (OPV2)			
5	Polio-3 (OPV3)			
6	IPV			
7	DTP-HepB-Hib1			
8	DTP-HepB-Hib2			
9	DTP-HepB-Hib3			
10	Pneumococus 1			
11	Pneumococus 2			
12	Pneumococus 3			
13	Rotavirus 1			
14	Rotavirus 2			
15	Measles&Rubella (MR)1			
16	Insecticide Impregnated bed nets distributed to children			
B. Vaccines for other age groups				

Measles & Rubella (MR) 2

17

HPV 1

HPV 2

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16 Months +

15 Months

12 years

### IV. Data for planning and strengthening health information systems



MOH/ EPI has adopted to link all information of civil registration with vaccination information
have a unique identification of children across programs/ systems
Minimize workload and typing errors in EPI tracker child registration
Easily find child identification
Provide denominators/ targets of vaccination coverage

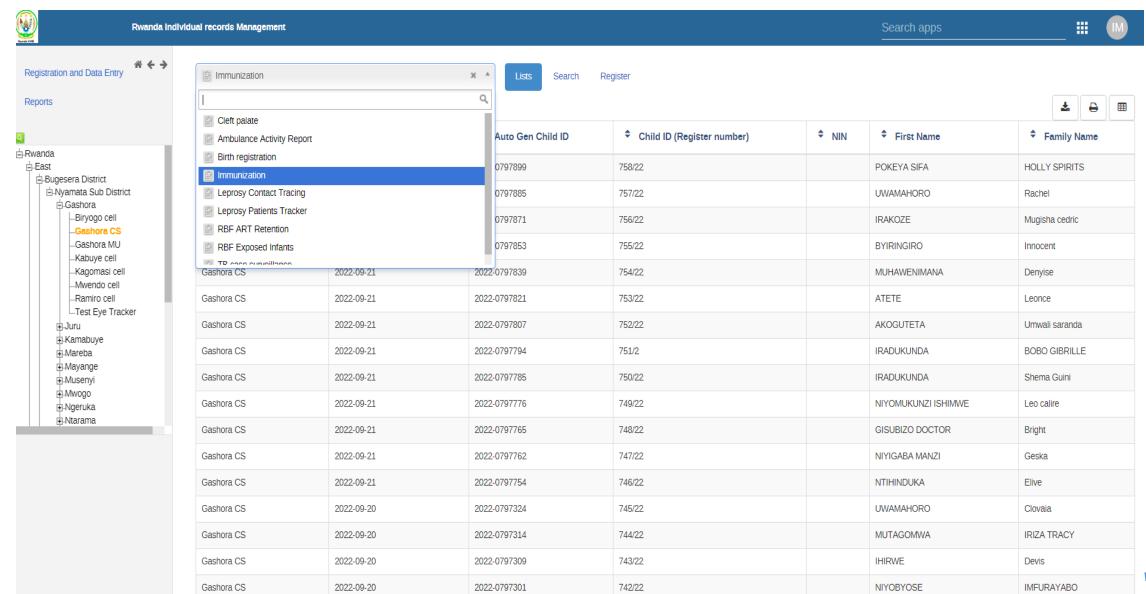
- Establishment of individual record digitalization

  (Immunization e-tracker system) through DHIS-2 from January 2020.
- ➤ Integration of HPV in
  Immunization e-tracker system
  starting this year 2022.

#### Immunization individual record



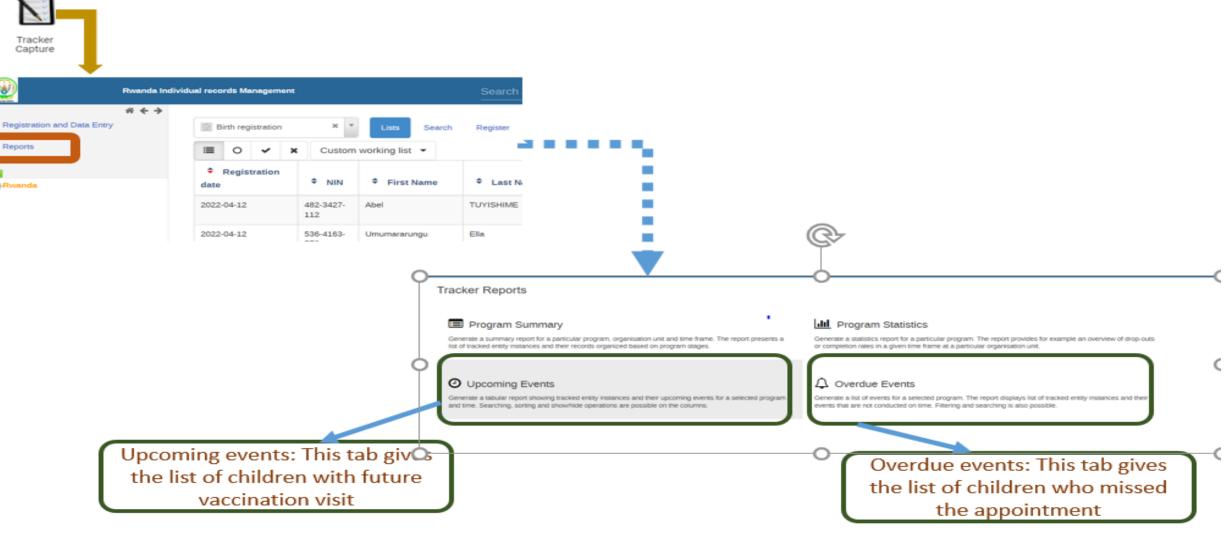
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# Immunization individual record (Con't)



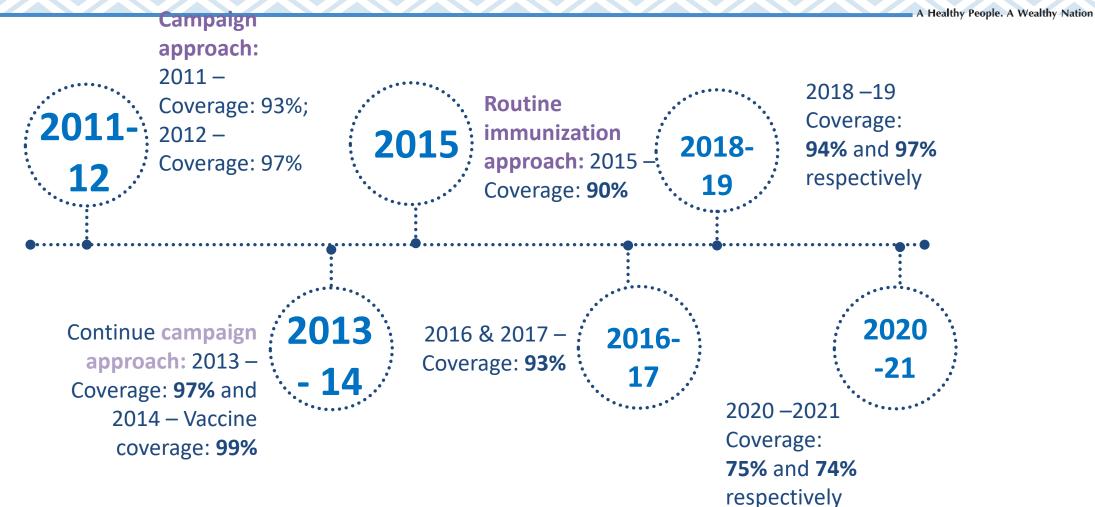




- School based approach to deliver HPV vaccine
  - ✓ 2011-2014: Vaccination targeting grades
  - ✓ 2015 to date: vaccination targeting single age group (12 year girls)
- HCs enroll targeted girls to be vaccinated prior the vaccines supply from CL to DHs (Denominator at HC)
- Out of school girls or girls who miss doses in school, they are vaccinated in health facilities
- 2015: HPV Vaccine forecasting: done every year based on RPH Census 2012: Population projection (Girls 12 age)
- A 2020 publication indicated that over 1.1 million girls received the first dose of HPV vaccine from 2011-2018, corresponding to 98% of the eligible target (Sayinzoga, Umulisa, et al. 2020)

# VI. RWANDA HPV VACCINE INTRODUCTION TIMELINE AND ACHIEVED COVERAGE





## VII. DATA MANAGEMENT



- ➤ Standard Operating Procedures for Management of Routine
- Health Information for HC and DH
- ➤ RHMIS Documentation: The Data Collection, Reporting, and Management System
- ➤ Data Validation and Verification Procedure Manuel
- >DQA (Recounting from the register vs reported)

#### VIII. Implementation of HPV Vaccination

- Community engagement
- Perspectives of different stakeholders
  - ✓ Adolescents' perspectives
  - ✓ Teachers' perspectives
  - ✓ Parents' Perspectives
  - ✓ Nurses' Perspectives
  - ✓ Community Health Care Workers' Perspective
- Partnerships and Collaboration
  - ✓ Strong collaboration with partners
  - ✓ Strong interdepartmental collaboration
  - ✓ Strong coordination between the EPI unit at the national level, District Hospitals, Health
  - Centers, teachers, and CHWs
  - ✓ Involvement of local leaders for community mobilization
  - ✓ Strong partnership and communication support from RHCC and Urunana DC
  - ✓ Involvement of CHWs and community members at all stages

#### IX. Decision Making

- Leadership from the highest level- First Lady at vaccine launch,
   Ministerial level commitment
- GAVI committed to support HPV vaccine beyond the first three years
- Use of data from Rwandan cancer registry from a local tertiary care hospital supported decision-making
- Use of global evidence of vaccine efficacy and cost-effectiveness convinced decision-makers
- Cold chain capacity updated to support several new vaccine introductions
- Strong collaboration and support from partners through the TWG headed by MCCH

### X. Sustainability

- Commitment: Government leadership
- ➤ Collaboration: Ministry of Health, finance, education, Gender and Family Promotion and Imbuto foundation
- ➤Ownership of the program by health facilities/local leaders and full involvement of the leaders in charge of education
- >Increase the awareness of the beneficiaries
- ➤ Need of further building a resilient vaccination programme (experience of Covid-19 pandemic and changes in school calendar)
- Integration in routine immunization
- Coordinated Health systems

