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**7.1.13**

The complete RHIS curriculum is available here: <https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum>

**CASE STUDY ON RHIS GOVERNANCE IN MALAWI**

* Read the case study on RHIS Governance in Malawi (15 minutes).
* Be prepared to answer the following questions:
  + What governance structure was established and for what purposes?
  + What are the strengths of such an arrangement?
  + What are the challenges of this governance structure and how can they be mitigated?
  + What alternative arrangements can the participants suggest in lieu of the governance structure presented?

**Case Study: RHIS Governance in Malawi**

Any efforts undertaken to bridge existing data systems/streams, improve efficiency in collection and reporting, or implement measures to address critical data gaps should be couched in the political and regulatory framework. Alignment with the overarching strategic vision will improve coordination, increase sustainability, and maximize investment potential. Data structures and relevant polices are briefly described below.

According to the “State of M&E in Malawi” report, published in 2014, the Ministry of Finance, Economic Planning and Development (MoFEPD), via the M&E Division, is the custodian of the National M&E Master Plan and sets policies and procedures that govern the development of data systems. Other key actors are:

* The **Office of President and Cabinet (OPC)**, which enforces performance of public sector agencies and their M&E plans
* The **National Statistics Office (NSO)**, which assists sector ministries create and operationalize statistical registers and is responsible for executing surveys
* The **Ministry of Local Government and Rural Development (MLGRD)**, which is tasked with building M&E capacity of local councils
* The **Department of Human Resources and Development**, which provides staffing for M&E and planning positions
* The **District Councils (DC)**, who prepare and implement district M&E work plans and manage district data banks
* **Sector ministries/public sector agencies**, which act as secretariat to technical working groups, prepare and operationalize sector M&E frameworks and work plans, and collect data based on sector priorities

Within this regulatory framework, the Ministry of Health in Malawi has developed a number of internal policies and guidelines for M&E systems, the most recent and relevant to this analysis being the Malawi National Health Information Policy 2015. Key elements of the policy include a mandate that all program and partners that wish to collect health data will utilize a central data repository (HMIS) and the appointment of the Central Monitoring and Evaluation Division (CMED) as coordinator for data collection, consolidation, analysis, and dissemination. The policy also calls for the establishment of a health information technical working group that will oversee the design, development, and operation of all health information systems.

National HMIS

CMED has selected DHIS 2 as the preferred platform for the national HMIS and is in the process of developing standard operating procedures for integration and interoperability of subsystems. In the role of coordinator, CMED has also been working with program area representatives for some time to integrate paper-based and parallel streams of data collection and reporting into the national HMIS. This includes the build-out of forms to accommodate first a core set of agreed-upon core national indicators, followed by program-specific indicators as time and DHIS 2 developer resources allow.

Of note, donors often maintain their own policies and systems with respect to data collection and reporting, yet are still required to report on national and program-specific indicators. These additional, parallel streams often result in duplicative reporting to meet requirements for various authorities and funders.

M&E Task Force

Following the Measurement and Accountability for Results in Health (MA4H) Summit and subsequent mission to assist Malawi outline plans to operationalize the Roadmap and 5-Point Call to Action, terms of reference for an M&E task force were proposed and approved by the Secretary for Health. The task force will seek to accelerate progress toward a unified M&E system and coordinate investment across donors to maximize efficiency and reduce duplication. The terms indicate the task force would be housed within the health information technical working group.

Of note, funding to support the Task Force Secretariat has been requested from the World Bank, yet not approved as of this writing.

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