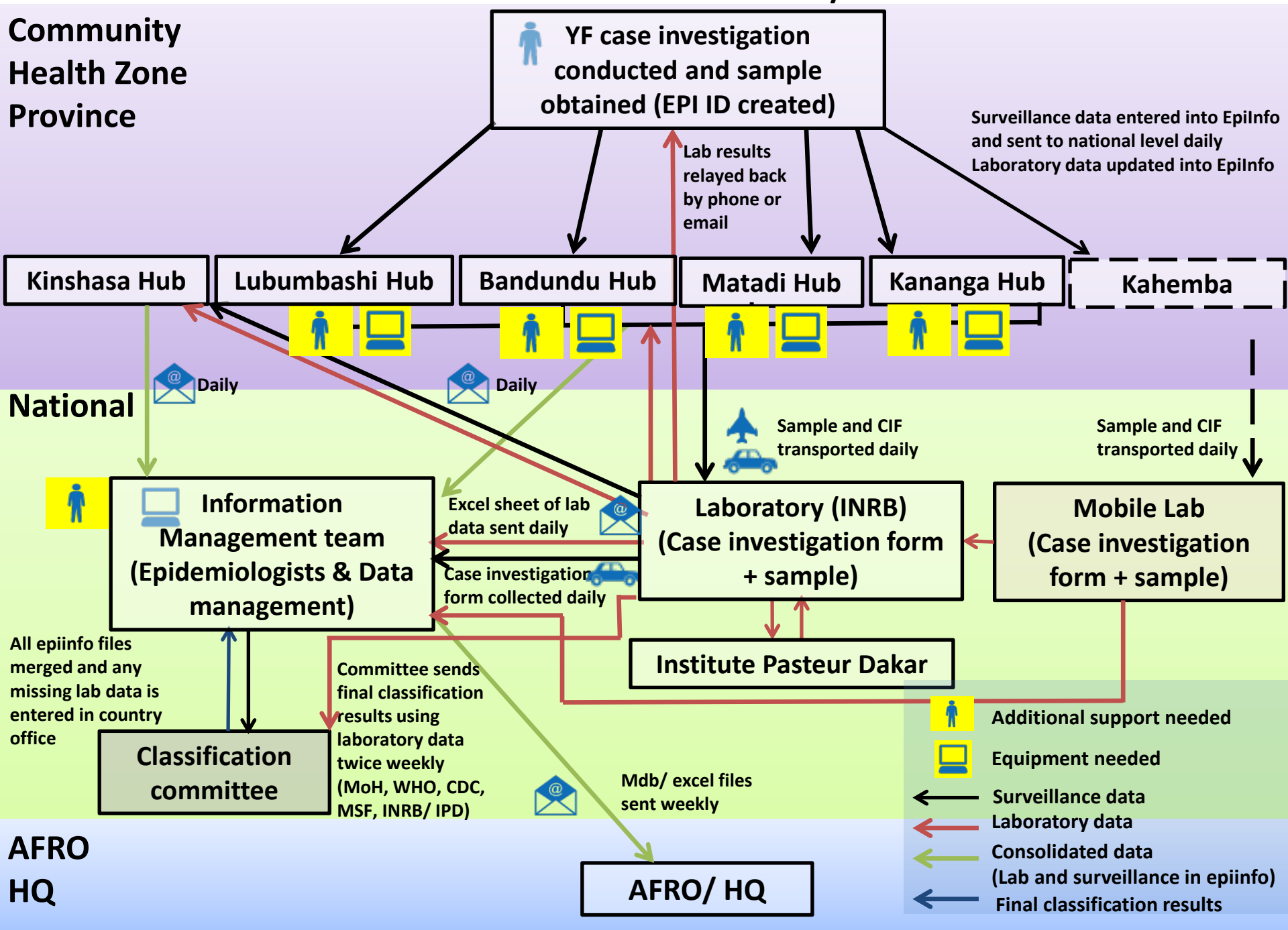
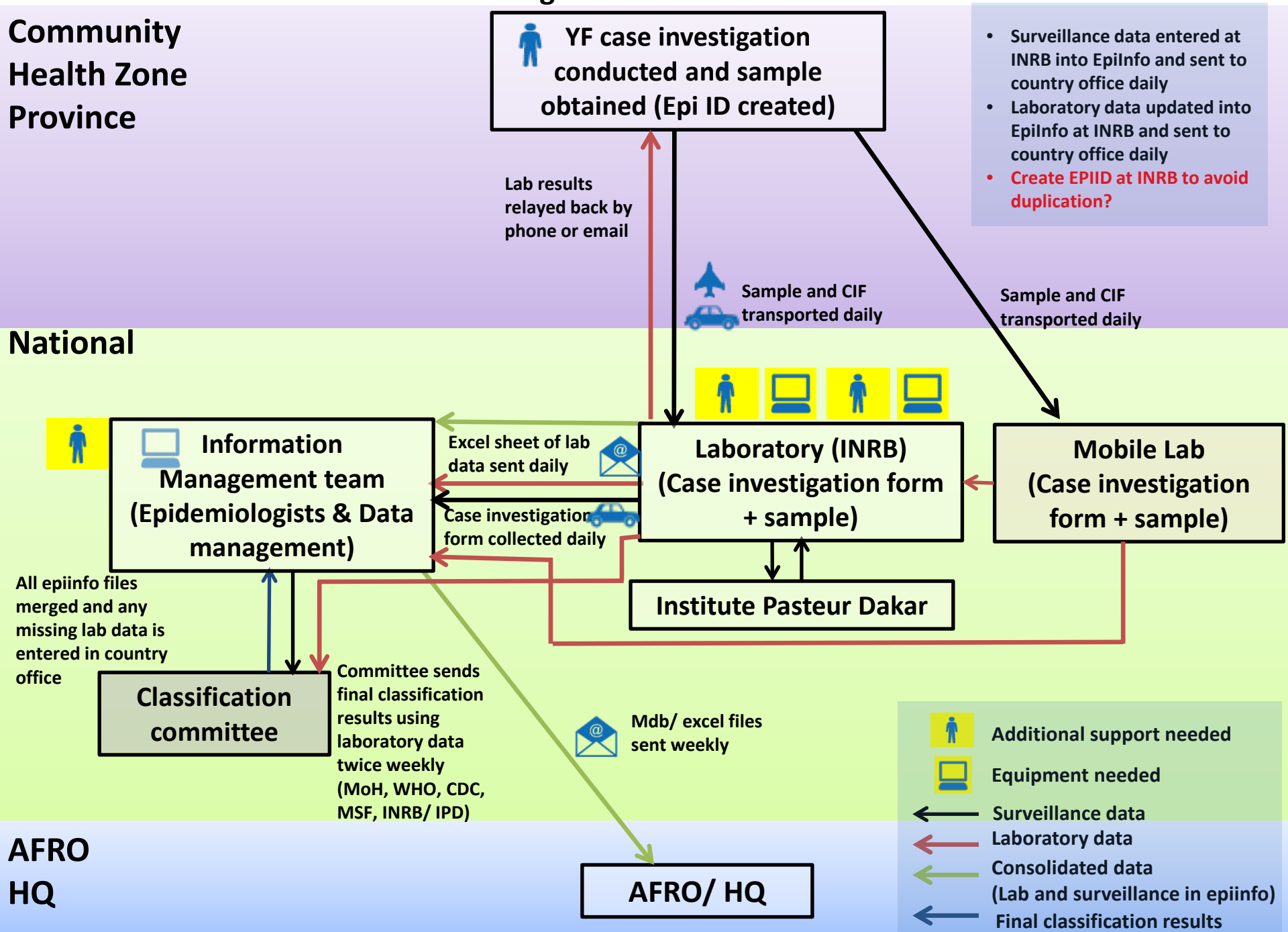
1. DRC: Yellow Fever data flow – Decentralisation of data entry

16 August 2016



2. DRC: Yellow Fever data flow – entering all information at INRB

16 August 2016



- Surveillance data entered at INRB into EpiInfo and sent to country office daily
- Laboratory data updated into EpiInfo at INRB and sent to country office daily
- Create EPIID at INRB to avoid duplication?

Data		Decentralisation of data entry (with WHO/ MoH person placed in WHO sub-offices)	Entering all data at INRB (with WHO / MoH person placed at INRB)
Flow	**Pro**	• Reduced delay in receiving data as data entry occurs closer to the site of investigation • Epi ID can be created at hub level to reduce duplication • Could be a more sustainable option for the longer-term	• One consolidated file can be sent from INRB daily as opposed to multiple • CIF and sample are received together and entered into same location • Flow of lab data has been established between mobile lab is sent to INRB daily
	Con	• Data comes from 6 separate sites and needs to be merged • Managing and consolidating entered data from 6 sites can be difficult • Internet connectivity for sending of data may be limited at remote sites • Sample data and CIF data are entered in two different locations	• May be a delay in receiving CIF and sample depending on distance of site of investigation from national level
Quality	**Pro**	• Easier to verify missing information as each site can obtain individual data easier • Established focal points responsible for following up information on the area they are allocated to	• Data entry will be fairly consistent as data entry staff will be sitting in same location • Data entry staff will see more variability around data and have a wider breadth of skills to account for it which may result in cleaner consolidated dataset • With CIF and sample received together, Data Manager can ensure consistency between patient IDs and laboratory sample IDs between EpiInfo database and laboratory database. • Epi ID can be created my data manager at lab to reduce application
	Con	• Data entry clerks at various locations may result in inconsistencies during data input • Merging data at national level each day leaves more chances for merging errors	• Verifying information is more difficult as data entry does not have direct access to the site
Timeliness	**Pro**	• Entered data can be sent for consolidation at the end of each day	• Data will automatically be consolidated at end of each day as it will be located in one site • Data entry staff will be more efficient (i.e., time spent per form) as they will constantly be working on larger amounts of data
	Con	• Delays in consolidating data as there may be a delay in data from 6 sites • Some sites may not see as much data as others and therefore staff may be underutilized • Higher likelihood of technology issues at an individual site which will delay data acquisition	• There may be a delay in receiving the CIF from the local level due to transit delays, etc.

	Decentralisation of data entry	Entering all data at INRB
Training	4 additional people to be hired and trained (1 person at each additional site)	2 people, already employed and need minimal training
Equipment	All equipment needs to be purchased if not already available at the WHO sub-office Equipment required: • 4 laptops • 4 internet dongles	All equipment can be repurposed (does not need to be purchased) Equipment required: • 2 laptops • 2 internet dongles
Cost	Wages: • 4 staff (one at each site) Equipment: • 4 laptops • 4 internet dongles	Wages: • No additional wages (2 people can be utilized from another section) Equipment: • No additional equipment (2 repurposed laptops, and dongles)
Time to implementation	• > 3 weeks (initiation of implementation would occur after the vaccination campaign)	• As soon as possible (requires collaboration with INRB)