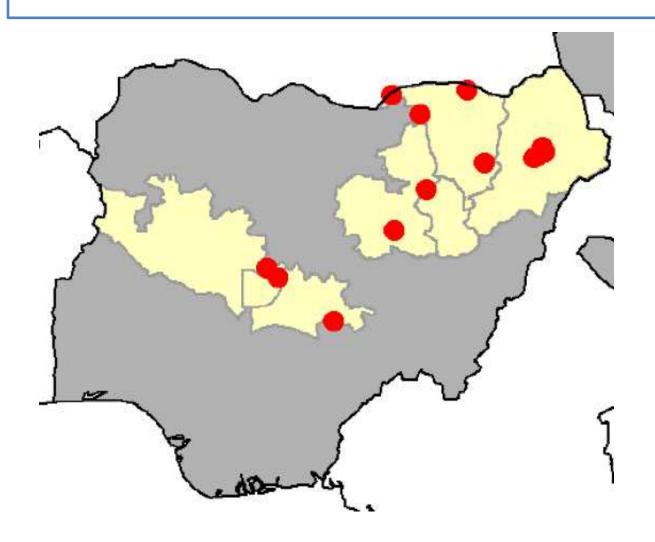
# Using Mobile Phones to Capture Polio Data

Lot Quality Assurance Sampling with Magpi and ESRI ArcGIS

# Polio In Nigeria



**2013 :** 22/31

cases worldwide

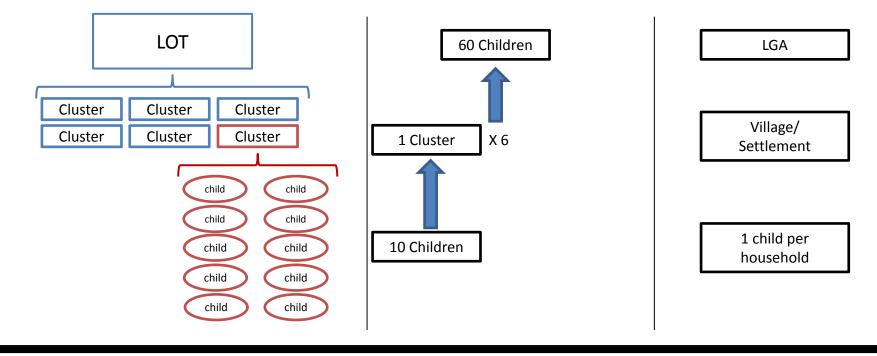
**2012:** 

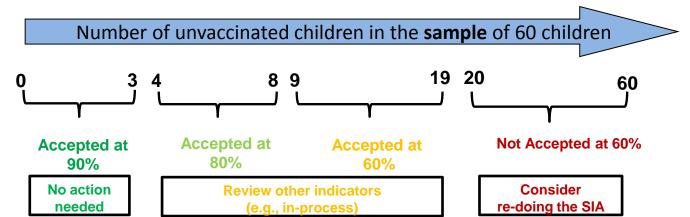
122/223 cases worldwide

## Lot Quality Assurance Sampling (LQAS)

- To combat continued transmission in Nigeria,
   GPEI introduced LQAS
- LQAS = sampling methodology used to classify geographical areas (lots) at "acceptable" or "not acceptable" levels of vaccination coverage.
- LQAS also used to assess campaign quality in Pakistan, DRC, Chad, and Afghanistan.

# Lot Quality Assurance Sampling (GPEI LQAS Guideline)





# Conducting an LQAS Survey

Q1 Province:											
Q2 District: Q3 Lot Number: [] (1 Q4 EPI Cluster Number: [] Q6 Cluster Number: [] Q6 EPI Cluster Ages C	(1-6)										
Q7 Name of Surveyor. Q8 Date:		¥0.				Signa	tar_				
	OPV Va	ccima	tion	3500	113						
		1	1 2	Chil	dren.	samp 5	ed in	the 7	cluste 8	9	10
Q12 Total No. children (0-39 months) live in this	Number	-	-	3		-			0		10
household Q13 Aux	15 -1 -2 50	-	-	-	-	-	-	-	-	-	₩
Q14 Ses	Months (8-59) M-Male F-Fernale				H			Н			$\vdash$
Q15 Is finger marked for OPV?	Y=Yes N=No										
Q16 State reason if finger is not marked	M*household not visited N=Child Absent O=Non Compliance P*Newborn Q=Steep Sick R=Refusal										
Total number of chi	ildren vaccinated (finger ildren unvaccinated (not cify how the first household	fings	rma	rked		2-110	d any	diffic	ulties		

- Formerly on Paper
- Surveyor travels to assigned village
- Randomly selects 10 children per village to survey
- Checks fingermark for polio vaccination
- Reports data to state level → federal level for analysis
- Surveys could take 10 hours to complete and 2-3 weeks to compile data

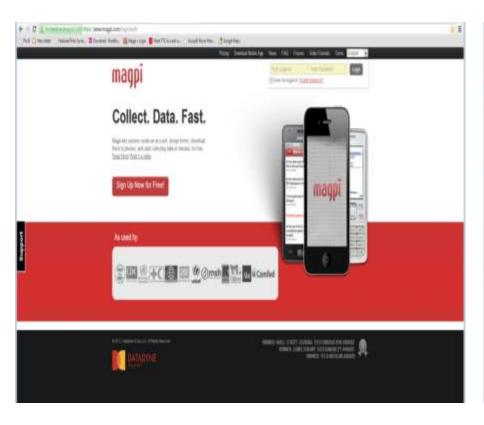
## Adaptation of Mobile Phones

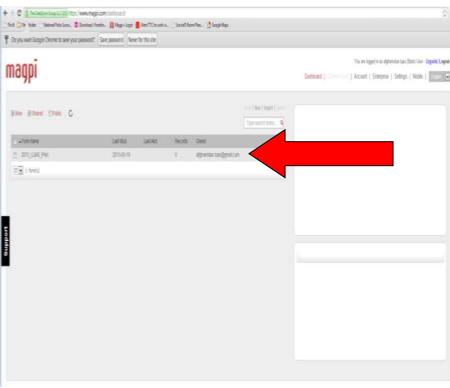
- Introduction of mobile phones for collecting and transmitting LQAS data in 2011
- Magpi Data collection application on Android phones
- Improved collection, transfer, and analysis in four main ways
  - Fewer errors
  - Faster data collection
  - Faster data transmission
  - Faster data analysis

# Magpi Online - Forms

## Signing in to Magpi.com

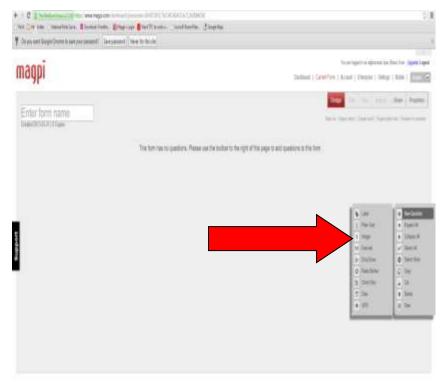
- 1. Sign in to your Magpi account at <a href="http://www.Magpi.com">http://www.Magpi.com</a>
- 2. Select "New" to create a new, unique form





# Creating Forms in Magpi

#### Choose the type of question

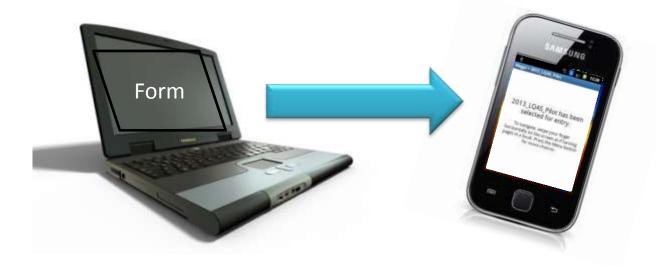


#### 9 types of questions

Label	Information questions/instructions
Plain text	Response in text
Integer	Response is integer
Decimal	Response can be decimal
Drop down	One option multi choice
Radio button	Yes/no multi choice
Check box	All that apply multi choice
Date	Response is date
GPS	Response is GPS coordinates

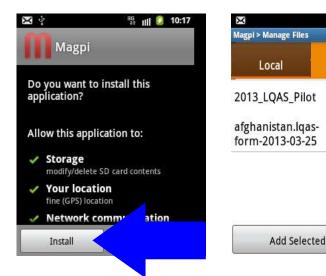
## Form Adjustment

- Basic skip logic, constraints, calculations
- Question language and type can be changed
- Question order can be changed
- Current development of "push" feature

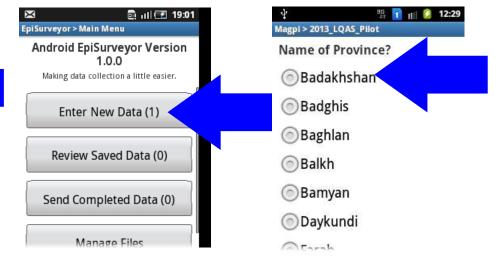


# Magpi on Mobile Phones

# Installing Magpi and Completing Forms







Install the application (via internet or USB transfer)

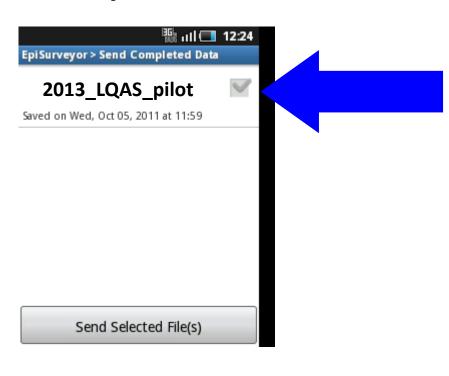
Load the form to the phone

Choose the form to fill out

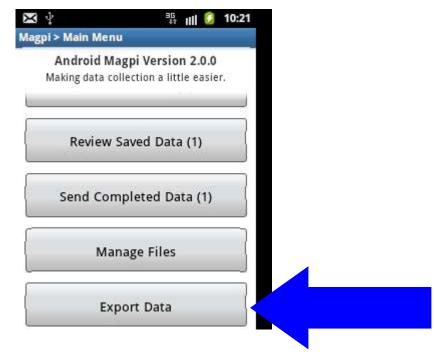
Complete the survey on the phone

# Sending Data to Server

#### **Directly From Phone**



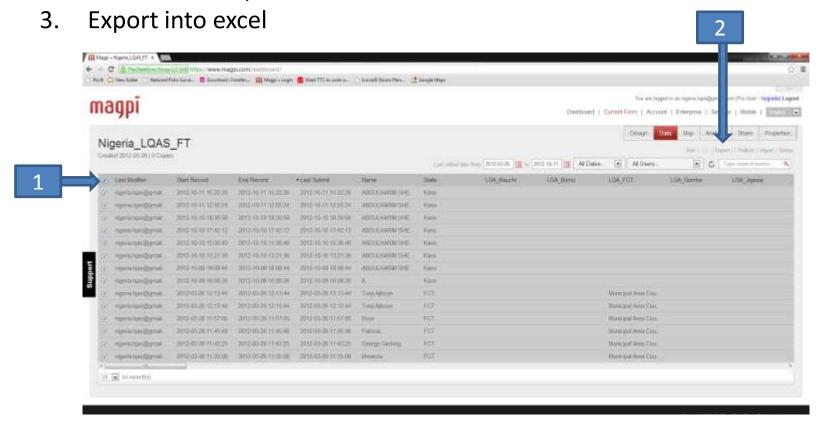
#### Through phone's SD card



# Magpi Online - Data

### **Exporting Data from Web to Computer**

- 1. Click on the boxes to the left of the data you want to export
- 2. Click on the export data link



The file should appear on your screen or in your computer downloads file

# Using Magpi in the field Nigeria Pilot

Global Polio Eradication Initiative Lot Quality Assurance Sampling

### Pilot

Phone application: Magpi, March 2011

• Study area: four states (FCT, Kaduna, Kano and

Zamfara)



### **Pilot**

- **Results:** 90% (24/27) of LGAs reported by the end of the survey
- Results: all results came in faster on mobile phones than on paper (average 2-4 days vs. 2-3 weeks with then paper form).
- Outcome: The initiative has since been scaledup to include 120 phones in all 10 high-risk northern states.

# Process of Initiating Mobile Phone Program

- 1. Procurement of Android phones
- 2. Preparation of training materials and user manuals
- 3. Creation of forms online unique to each country
- Discussion with local data team and staff members
- 5. Training of local supervisors and surveyors
- 6. Pilot study to test implementation
- 7. Scale-up when requested

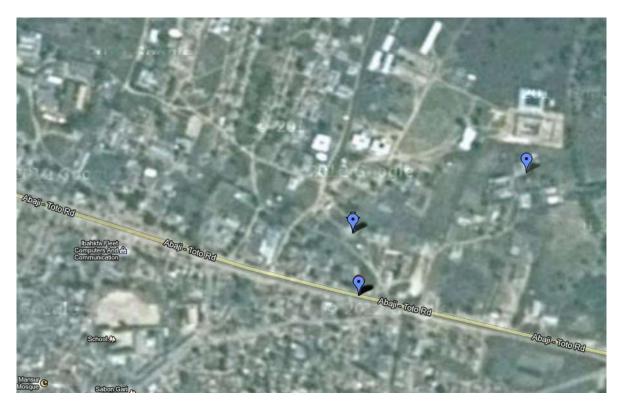
## Mapping LQAS Results

- Benefit of mobile phone use = addition of GPS points to surveys
- To visualize LQAS data in a geographic way, we use ESRI ArcGIS mapping software to identify areas of need in three different ways:
  - 1. Movement within the cluster for surveyor accountability
  - 2. At cluster level for classification of cluster based on unvaccinated children
  - 3. At LGA level for overall coverage quality at lot/administrative action level

#### Movement within cluster

3 GPS points within the cluster (10 children) to measure surveyor movement in the field for accountability

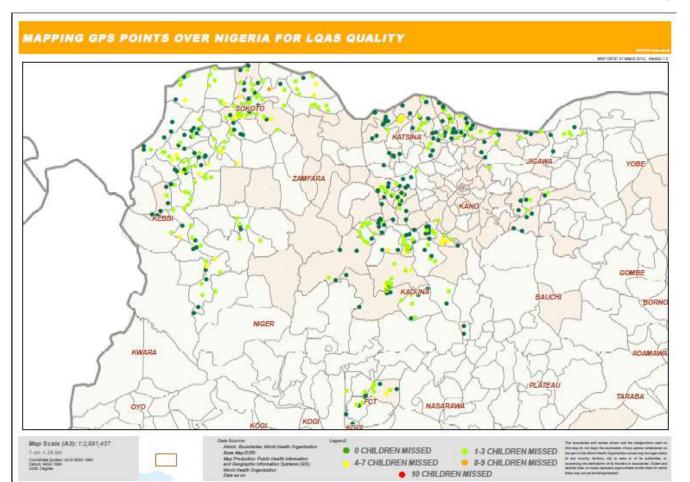
Can be done in google maps for country office / local supervisors (as below)



## At cluster level – national view

1 GPS point at cluster level to demonstrate the number of unvaccinated children per cluster in five levels of classification:

0, 1-3, 4-7, 8-9 and 10 children unvaccinated out of 10 children surveyed.

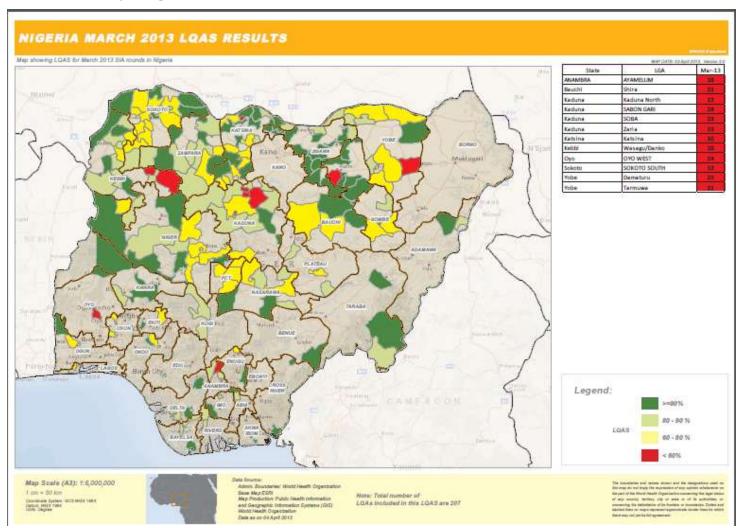


### At cluster level – state view

#### MAPPING GPS POINTS OVER NIGERIA FOR LOAS QUALITY MAPOARS OF March 2013 Terrore 1.6 Starting Settlement Classification. FCT Municipal Area Council Kabusa Pyskaca Keduna igoti Rigara Makers by makabarta KEBB! KATSWA Kedune ippi Histo Hura KANO Keduna Zirta **GYALLESU** LOW-COST A. ZAMFARA Kadana Ges Kidanban Biamawa bi TUKUR-TUKUR CAYIN MAI NASARA **Kadona Zata** Kedens koo Karoli LAYER MAI NASARA kora PONTACOST A Kadana kara Awa Sashan Sinksi **Kackung Born Districts** House makbara Kaduna kora Unipwar liman Nari Kirdana kara pai distant. Keduru Katura Norti Kaso Jargon Daura Kateina Katsina **Khada I** NOR-Re Kebina Katrina Yannu I Mananawa 1 Kateina Kateina Cobas II Kofar manusa B Kateina Kateina Gabas I Yar adjul 4 Kataina Kataina Varrena I Tudan Yanihidda C Katsina Katsina Armes 5 Tuduri Linidda C2 Katsina Katsina Shirk of I Hamon kowit Kateina Kotsina Clabus W Yan dad-Ketsty Your Yaut south Wall D G tratale KADUNA Mebbs Dom side A Yasan Vasat cerebral Katibi Shanga 58906 Ushagi BAUCH Nychol Krkn/Desse Duhain mari Fanu Watth Magaii A Takamawa Yanma Jakon Migrei B Strya Ath Gatta Fiti Katabi Jwgs Ketti **Birnin Kettis** Kardi Rungan dali rugar futari Kiddi Birman Kebbi Zwini Yánnhawa kwartagi sand sabba Romo sark Rijya Schoto Tarrespect Bagita Maradu Kaneuri NIGER Sokoto Shagari Lambers Cidan bunga Tambuled Jobo kagan Barkini PLATEAU Solicito Robah Hunya Shiyar saiyyadawa Oumpi Clumbs shoot sarres Sokoto South Coop C. Shryor Name Www.wier Circlan Name Climat Name Sakoto South Risks A Marris Isaniya Sokoto North Magain Rof A Stanks Turky S7 Donko Sokoto. School Kware Harva ali Oidan gahasi Solution Tangaza KiHuru KHUN FOT Sokoto Cudu Kafen saki Clarin matern Sokoto Kware Soban bies Tungar madaga NASARAWA Sokoto Sabon Brei Kalgo Tradividance Sokoto Coranyo Офинур Abuja area Sokoto Dation Birm Кирма Shryar Saltio Rat A Map Scale (A3): 1.1,263,010 Admit Boundaries More Health Departments O CHILDREN MISSED 1-3 CHILDREN MISSED Dinas May 6'2007 the part of the death Start! Standard concerning he had noted Continue Subset SCE 8952 9844 Subset, 8952 7884 May Productive Falls much belonging 4-7 CHILDREN MISSED B-9 CHILDREN MISSED Concerning the derivations of its Nomen's of Jesus derivatives. Theire and and Geographic Information Systems (IDS): Horiz Health Organization 10 CHILDREN MISSED

#### At LGA level

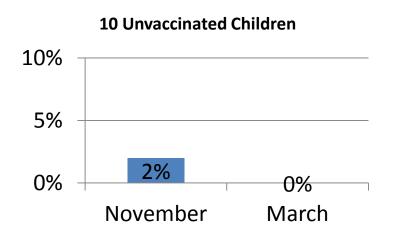
Mapping at the LGA level to see overall coverage quality at the administrative/programmatic action level

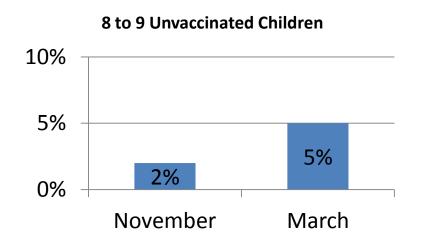


## Campaign Trends Through Mapping

#### Need to know:

 is program missing entire settlements or only children within settlements?





#### **Conclusion:**

- Suggests entire settlements are not being missed, but rather vaccination performance remains weak.
- Main Challenge = increase coverage within the settlements

## Campaign Trends Through Mapping

10 unvaccinated children						
Nove	mber	March				
State	LGA	State	LGA			
Kaduna	Birnin gwari					

8-9 unvaccinated children						
November		March				
State	LGA	State	LGA			
Kaduna	Lere	Bauchi	Shira			
Katsina	Kankia	Kaduna	Soba			
Sokoto	Dange Shuni	Kaduna	Zaria			
		Katsina	Katsina			
		Sokoto	Tambuwal			

#### Geographic Distribution:

 9 different LGAs, but only 4 northern states. Indicating local issues within a relatively small geographic area

### Conclusion

- Using mobile phones has good implications for field level data collection and transmission
- Has been welcomed by countries Nigeria,
   Pakistan, Afghanistan
- Magpi has good support network, but we do encounter some issues in terms of sending and exporting data
- Use of GPS is great bonus to the program for geographically identifying program trends

# **Backup Slides**

# **Process of LQAS Round**

Day	Action
After LQAS completed → week before vaccination campaign	Phones are held at the Lot level or Federal Level
Week before campaign	Phones are distributed to the lot level supervisors and then to LQAS surveyors
Week before campaign	New surveyors must be trained on mobile phone use
Week before/during campaign	Test data is sent from states to ensure forms and phones are working correctly
Over 2-4 days, 1 day after campaign is completed	Surveyors conduct data collection on mobile phones over period of 1-2 days
During LQAS (2-4 day period)	Preferably, after each form is completed (1 cluster = 10 children), surveyor sends data to central server
End of LQAS collection day	Any unsent data collated and sent from local / state office
During LQAS / final day of LQAS	Data is exported from Magpi server site and cleaned
1 week after LQAS completed	Data is compiled with paper data
1-2 weeks after LQAS completed	Analysis is conducted and sent to all levels of organization

Areas that still require extra time – paper based