DAY 2 SUMMARY

Africa Regional Workshop on improving routine data for Child Health in National Health Information Systems.

September 19-22, 2017

Johannesburg, Republic of South Africa.

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**World Health Organization**

Summary of the 1st Day

There were four sessions

1. Workshop Official Opening and Framing, included purpose, scope, objectives and presentation of the agenda and elements of programming.

2. Child Health and Nutrition Data Elements and Indicators.

3. Using child health and nutrition data elements and indicators.

4. Country work to improve measurement of child Health and Nutrition.

Key points

- Data is Valuable and Power-important for planning, choice of investment and evaluation of systems and programs

- Consider MDGs unfinished agenda, SDGs agenda, EWEC, GAVI, GFATM, PMI, PEPFAR and others before you come out with data elements and indicators. The child should be considered-0 up to 19 years(CRC). Approach: Universality, Life Course Approach, Equity…

- There is changing epidemiology but Child mortality has not decreased to the desired level.

- Data should be of good quality, secure, available, accessible and indicators should have clear denominators.

- Also consider reporting burden, involvement of HWs in developing indicators, Early Childhood Development period, investing in measurements.

- RMNCAH score cards, collaborative, guidelines, quality of care, Training and harmonization of indicators.

Life Course Approach- Indicators for each stage of life
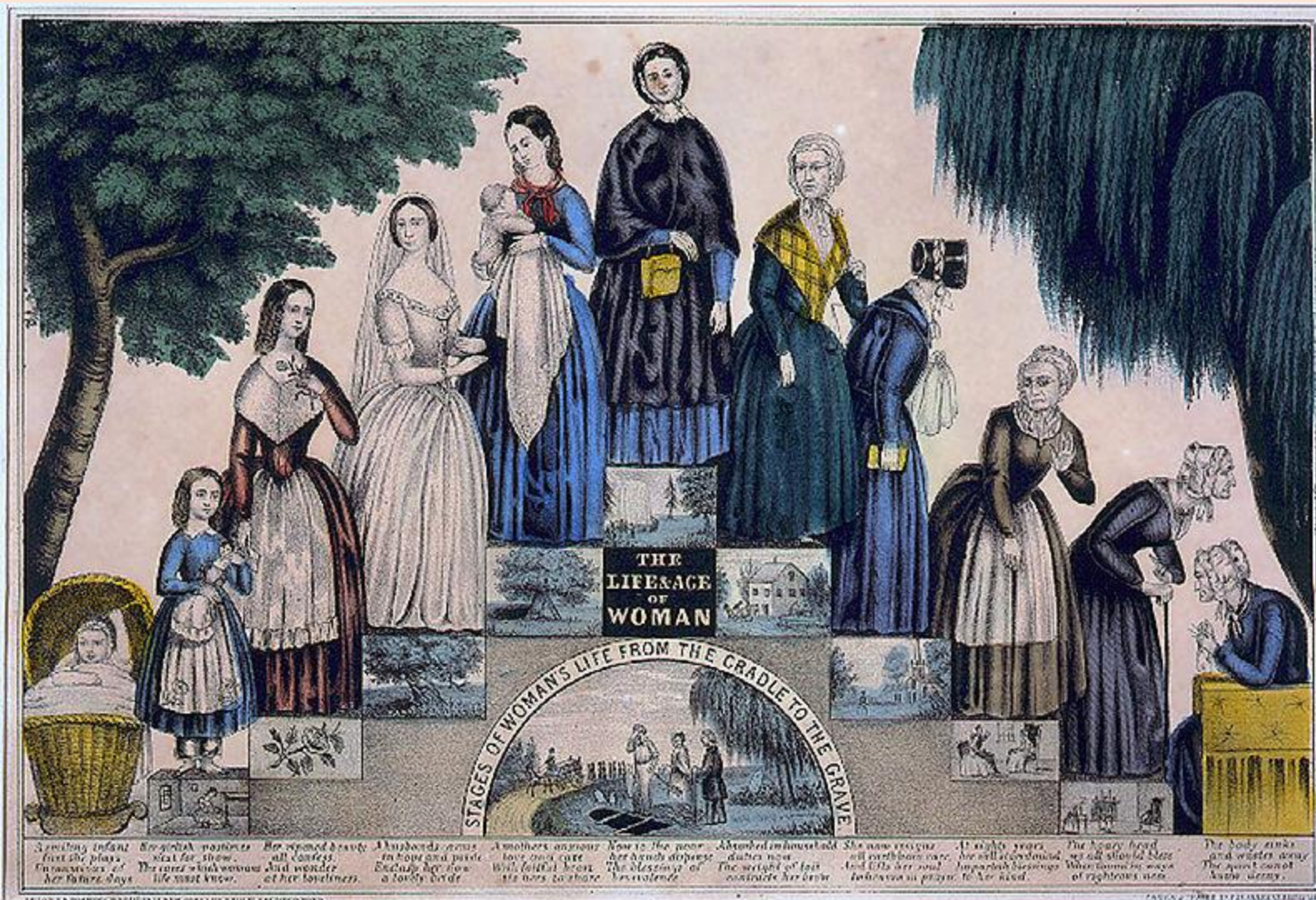
Group Work Reports for Day 1

- **Nigeria:** Reported fragmentation of HMIS, the need to <u>harmonize indicators</u>, recommended more stakeholders involvement and development of an Child health and Nutrition <u>Score Card.</u>

- **Mozambique:** Plans to accelerate the advocacy for the approval of new registers, emphasized the need to <u>review childhealth indicators</u> and establish Working Group for Child health and Nutrition.

- **Ethiopia:** Underlined the Importance of data, gave examples of challenges-<u>integration</u> of data from different programs, different implementation, reporting modes, nutrition related indicators not captured, data utilization and quality.

- **Democratic Republic of Congo** -Utilization of information, Quality of Data.

- **Uganda:** Track or map indicators and how they align, Review of indicators

Session One: National and subnational HIS strengthening

Measure HIS strengthening model and best practices considerations

- Dereck: Provided an overview of the HIS strengthening. He described various areas of HIS model-enabling environment, Information Generation, Information products, HIS Management, data management, human element, data use and quality, contextual factors.

- Thabiso: Provided the South African example: It included components such as Data quality, Policy documents, management structures for health data/information, data sources, data management-DHIS, information products and data use.

Community HIS Model

- Dawne: Presented the definition, Model- Similar to Derecks plus data design, CBIS components-Enabling environment, information generation, system performance, CBIS stakeholders

Questions and Answers

- Tombi-Overburdening health workers and <u>households</u>

- Gbenga- Mechanism for assessing data from communities, to rule out dirty data-LQAS

- Were – Integrating data from different sources, avoiding duplication.

Session 2: Enabling Environment: Governance and coordination for less fragmented National and sub national HIS.

Interoperability and the integration systems

- Vikas:- Provided definition of interoperability, discussed how it can support decision making. Examples were provided.

- Marcos Mzeru:- improving Interoperability-currently we have a system for everything but cannot effectively communicate across systems.

- Hamis:- Example Tanzania implementation-how do we harmonize? Model, task teams to implement model, project team structures, the process of engagement, future use-data sharing,eRegisters and client feedback, dashboards at hospital.

- Anuraj Shankar:- Provided information on Evolution of mHealth approaches for frontline workers, Open SRP and its technical framework, community health concepts, Indonesia Example:-to share information, deals with challenges of duplication, providing continuum of care through sharing information, head hand and heart scores.

Questions and Answers

- How can we apply this?, Do we need Road To Child Health Card anymore? RTC can be made alive has be Data driven RTC.

- Birth notification and interoperability.

- What do we do with confidentiality? Home-based Records- very important, needs for standards.

- Facial identification Use has the potential.

Session 2: Enabling Environment II <u>PANEL</u>

Challenges in fragmentation related to data collection and management

- Sara-USAID receives funds which are usually ear marked and thus we ask for specific reports, we need quality data, innovative investments- contributes to fragmentation.

- Emmanuel Meribole: Data from private sector- Its not easy to get data from them. We include them in the Technical Working Groups, Private sector submits to LGAs, Regulatory Bodies- Renewal/Registration Linked to data submission; **Logistics Information System is different from HMIS**

- DRC-AUDRY- There is a reporting structure, Data capture is mostly paper based, there are monthly reports, the HQ receives many reports, this where you need help with analysis.

- Uganda-Robert: No fragmentation in Uganda-Fragmentation and parallel reporting must be distinguished. He said it is difficult to decentralize electronic based tools but paper based are there, official is DHiS2. challenges: Obtaining Data from private sector-good lessons from Nigeria with regulatory process. **We have integrated the stock systems**

- Anuraj: Fragmentation is here to stay, Need to create capacity to adapt, there will be no perfect systems but we can still work within the fragmentation and get what is useful or not- its like Jazz, onep in mind that, "Todays solutions are tomorrows problems" We must learn to adapt.

- **Questions and Answers**
  - Living goods- Likes Nigeria's contribution, what about the PS procures?
  - Were: Have you captured any routine data. Facility based-paper or digital- linked to regulatoy- we can do better.
  - Emmanuel-How does Nokia, iPhone, Sumsung, BT talk to each other? Different systems but talking to each other!
  - Comments: CHWs for different programs addressing the same household, Pressure on households

Session 3: Information Generation for Child Health and Nutrition in National and Subnational HIS.

Approaches to data collection at the facility level.

- Mozambique:-Marta: Provided the Background to child PHC, There has been RMNCH Register Book Design, Some registers exist HIV Register, Reviewed and piloted in 2017 in 8 Hfs-nutrition, Diarrhoea, Pneumonia, Malaria Tx, Gave an example of Data Flow- **HF, Paper, Phone, Electronic at Province or National; disaggregated data-morbidity data, visits**. Challenges-Process is Intensive, HR are required….

- Zimbabwe: Leocardia: IMNCI Register introduction: What is IMNCI? Gaps- No standard documentation, Developed register, Pre-Tested- Useful-well organized, comprehensive, flow of information good, Advocacy, Adopted and used.

- Burkina Faso: Guillaume: IMCI tool- Digitalization of IMCI consultation- Requires Tablet and Server. Implemented in Burkina Faso and Mali.

- **Questions and Answers.**
  - How much does the IMCI consultation tool cost?
  - Why do we still have paper registers when IMCI was introduced along time ago?
  - What is the nature of the Register? Is it an improved Chart Booklet case recording form?.
  - In Mozambique, What level is the validation?
  - Should we restrict our data elements and indicators to Children < 5 years of Age?

Session 3: Information Generation for Child Health and Nutrition in National and Subnational HIS.

Data Management and Analysis Approaches.

- DRC-Salomon- Provided Country statistics and health system, DHIS2-started 2010, total coverage 2016, Implementation process- learning by Trial and Error, DHIS2 is SUPPORTED BY PARTNERS, Challenges: availability, stable internet, quality of data.

- Nigeria- Meribole-PROCESSES AND ISSUES- many actors in health, agreed on DHIS2, guided by a policy, standard operating Procedure-2014 and the NHact 2014, **DPRS secretariat**, expandable , web based: Indicator list from programs, EPI and IDSR have their own modules, quarterly review of data, DQA, QC/Validation, Aggregation, Analysis, DQ Reviews, Use; Standard reporting and data management timelines; Data Locking, processing and publishing; Challenges:- Timeliness, completeness, mismatches, infrastructure, insufficient, Coordination, power.: Improve- ownership, governance, primary data entry capacity.

- WHO-Ben- Need for Visualization: Trend Analysis, geographic distribution, combinations, score cards.

- Questions and Answers
  - Has DHIS2 been well received by the clinicians?
 - How many indicators are you collecting. **233-Nigeria; 218-DRC**

Session 4: Country Work to work to improve measurement of child-health and nutrition

- Data Elements and Indicators or other priorities.

- Key Next steps or actions

- Timeline

- Lead agencies responsible for implementation(Please be specific)….For coordination(DPRS) or program responsible for program implementation(FHD)

- Anticipated Support needed **or**…Resources needed?

- Country Context
  - Current Efforts(3-5)
  - Challenges

- Country Action Plans
  - Annual Plans?
  - For MCSP or FMOH/MOH?-**Country delegations** do not constitute and are not mandated to make national action plans.?
  - Should we just make **Recommendations** for improving DHIS2 or HMIS or **Next Steps**?
  - What Follow-up mechanism?

Thank You for Dinner
Quality of health care/Who is a child?
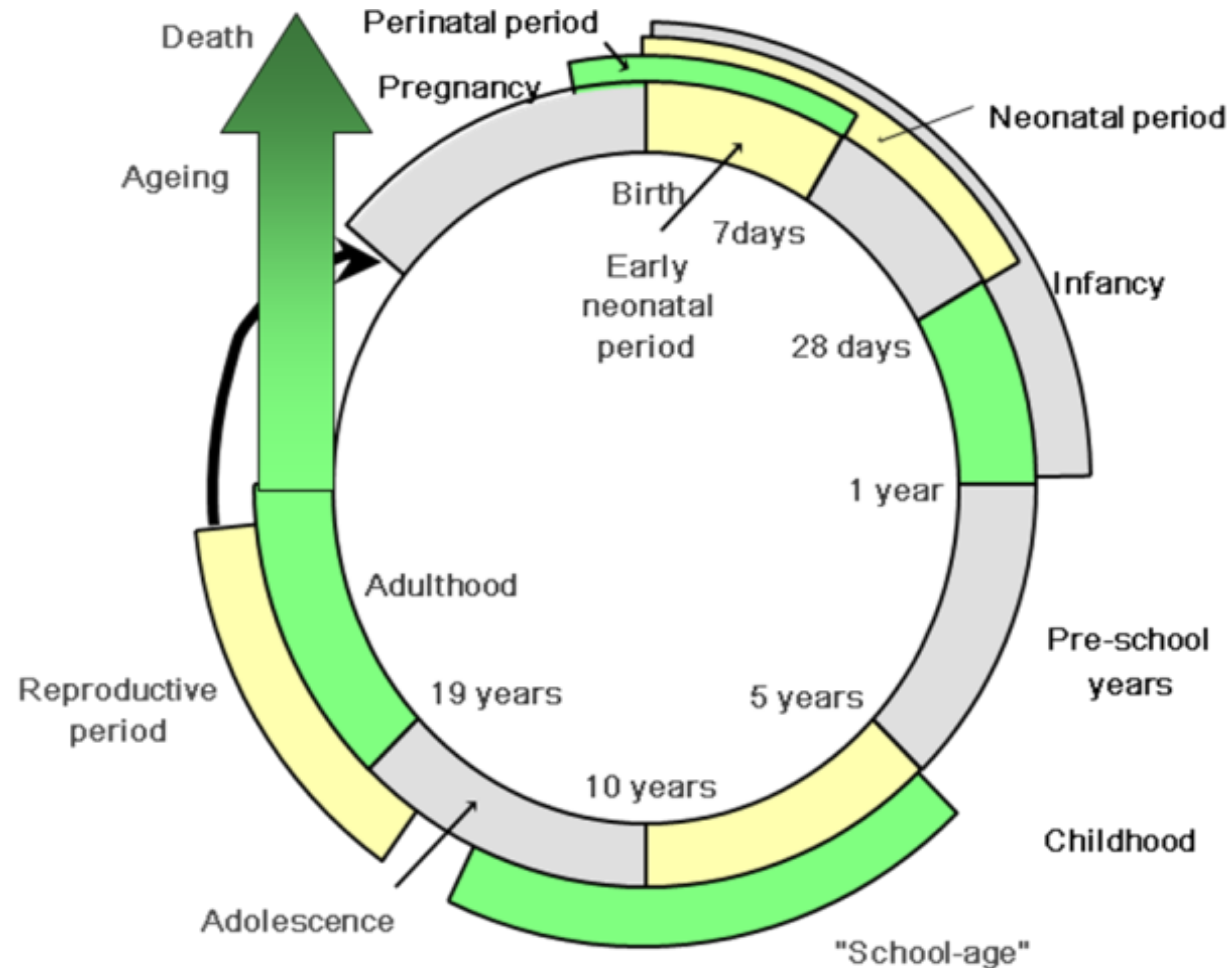
In Summary-Key Words so far heard…….

- Data
- Information
- Valuable data
- Alignment
- Changing Epidemiology
- Child Mortality
- Indicators
- Denominators
- Harmonization
- Score Cards
- Fragmentation
- Integration
- Quality

- Data/Information utilization
- HIS Models
- Duplication
- Interoperability
- Coordination
- Private Sector
- Regulatory Bodies
- Registers
- Digitalization
- Visualization
- Systems
- Failure Space
- Child health Redesign