



COMMUNITY HEALTH UNIT HEALTH INFORMATION SYSTEMS (CHIS) CHAI

PROVINCE:	HANZS	
DIVISION:	RABERA	
SUB-LOCATI	ON: JRAFHS	

DISTRICT	KURIX-WEST
LOCATION	Buginhe West
Name of CU:	IRAHA

**MOH 516** 

Indicator	No	Indicator	No	
Number of villages	10	Total women 15-49 years	1003	
Number of Faugebolds	740	Total children 0- 6 months	91	
Number of households	140.70	Total children under one years old	269	
Total population	747R	Total children under five	398	
Number of household not treating	20	years old	204	
water	Ø	girls ( 13-24 yr)	287	
Number of individuals not using the		Total adolescent and youth-	320	
Number of household without hand	25	boys (1)	107	
washing facilities e.g. louky the	16	elde		

Number of latrines

## Child Health Analytics and Dashboards in HMIS September 20, 2017

ISIKIMYE

OR RATI TA MARA 19 BA 18

ATAFUNGWA MIAKA 15

AU ZAIDI.



## Commonality



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#### WHO Health App

The WHO Health App provides reference data standards for routine facility reporting systems.



## Analysis of facility data: Guidance outline



## Structure

- Introduction to data: context for analysis
- Indicators: definitions, numerator, denominator
- Data quality: process for assessing data quality metrics (5 domains)
- Core analysis: recommended visualizations and interpretations
- Data limitations: common pitfalls of interpretation and use
- Practical assignments: exercises to practice new skills

<u>**Guiding Principles</u>: SIMPLICITY** and **CONSISTENCY** of analytic processes across modules (i.e. programs) reduces overall burden and resource allocation for capacity building.</u>

# Data Quality

Domain	Data quality metric	Frequency
Completeness and timeliness	Completeness and timeliness of reporting (reporting form/data set completeness)	Monthly, annually
	Completeness of indicator data (data element completeness)	Monthly, annually
Internal consistency	Presence of outliers.	Monthly, annually
	Consistency over time, i.e. plausibility of reported values compared to previous reporting.	Monthly, annually
	Consistency between indicators, i.e. negative dropout rates.	Annually
External consistency with other data sources	Consistency between routinely reported data and population-based surveys.	Annually
External comparison of population data	Consistency between the population data used for calculating immunisation coverages and other sources of population estimates.	Annually

# Visualizations: Data Quality

• **Outliers** become more apparent by "drilling down" in data



## Visualizations: Facility-level

## Cascade / Sequence

- Emphasizes that a sequence of services is needed to achieve desired impacts.
  - Preventive,
  - Curative,
  - Operational
- (2+ indicators, 1 location, 1+ time period)



■Q1 ■Q2



#### Preventive: Routine Care for Children



## Visualizations: Facility-level

### Trend analysis

- View indicator(s) over time in a specific facility.
- Potential use: Deeper dive into indicators identified in Cascade
- (1+ indicators, 1 location, 2+ time period)





## Visualizations: District- or National-level

### In addition to Cascade and Trend use

Geographic distribution: (1 indicator (?), 2+ locations, 1 time)

e.g. Referred children reaching higher level care

MAP





#### LIST / BAR CHART

## Visualizations: Combine on Screen



## Visualizations: District- or National-level

In addition to Cascade, Trend, and Geographic: use

Scorecards: (2+ indicators, 2+ locations, 1 time period)

Country		Newborn Health			Child Health		Nutrition	
		% Proportion		Postnatal			U5 Vitamin A	
		of children	% facilities	visit within 2	% no	Under 1	(campaign) /	
		initiated on	providing	wks of	stockouts of	children fully	U5 Vitamin	Low
District	Region	ARTs	KMC	delivery	antibiotics	immunized	A (routine)	birthweight
Malawi		91%	35%	24%	88%	61%	96N 41N	5%
Balaka	South East	100%	25%	39%		71%	97N	6%
Blantyre	South West	48%	35%	18%	87%	65%	95N (95	4%
Chikwawa	South West	83%	7%	23%	92%	95%	34N 364	4%
Chiradzulu	South West	100%	27%	39%	69%	64%	92%	7%
Chitipa	North	67%	89%	19%	94%	59%	935 035	4%
Dedza	Central We	75%	8%	21%	88%	73%	97% 62%	5%
Dowa	Central Eas	38%	100%	25%	86%	67%	98N 29N	6%
Karonga	North	33%	29%	20%	98%	69%	94%	6%
Kasungu	Central Eas	88%	18%	19%	86%	61%	97% 72%	4%
Likoma	North	0%	33%	44%		66%	98N	12%
Lilongwe	Central We	94%	23%	21%	92%	57%	97N	5%
Machinga	South East	85%	67%	44%	80%	71%	97N	5%
Mangochi	South East	72%	14%	22%	68%	64%	96N 00%	6%
Mchinji	Central We	100%	8%	25%	82%	56%	918 129	5%
Mulanje	South East	77%	16%	35%	89%	74%	38N 62%	7%
Mwanza	South West	1	50%	18%	64%	44%	88N (22%)	6%
Mzimba	North	87%	17%	24%	96%	55%	98% 42%	5%
Neno	South West	96%	13%	30%	92%	77%	89%	9%
Nkhata Bay	North	100%	18%	9%		41%	95N	10%
Nkhotakota	Central Eas	100%	100%	4%		14%	92N	6%
Nsanje	South West	100%	40%	42%	83%	76%	SIN	6%
Ntcheu	Central We	76%	13%	27%		74%	SIN S2K	4%
Ntchisi	Central Eas	100%	9%	25%		66%	918	6%
Phalombe	South East	100%	58%	34%		76%	93%	7%
Rumphi	North	80%	67%	57%	90%	63%	94% (2%)	5%
Salima	Central Eas	89%	31%	38%	88%	68%	92%	6%
Thyolo	South West	100%	100%	16%	84%	59%	98%	7%
Zomba	South East	0044	226/	5.79/	0.000	0.94/	96%	

## Visualizations: Summary

Туре	Facility	District / National	Locations (disaggregated)	Indicators	Time Periods
Cascade	V	V	1	+++	1(+)
Trend	V	V	1	1(+)	+++
Geographic		V	+++	1(+)	1
Scorecard		V	+++	+++	1

## **Outstanding Questions**

- Indicators: What Child Health indicators should be tracked in routine HMIS?
- **Input:** Who can reflect / input on indicator development?
- Individual-level: Indicators for aggregate versus individual-level data collection?
- **Nutrition:** Should Nutrition be a separate module?
- **Overlap:** Linkages with other modules Mortality, HIV, Malaria, Immunization, etc.

### Through Learning and Adaptation, we can reach our goals.



## **THANK YOU**