Africa Regional Workshop on Improving Routine Data for Child Health in National Health Information Systems

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In collaboration with

Ministry of Health

USAID

Maternal and Child Survival Program
Day 2: Data Collection and Use Approaches – Facility Level: specifically on new register books and new HMIS: Mozambique

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Background

• The Child primary health care (PHC) includes: IMCI, Child Health Consultation (*EPI and Nutrition program*), Child High Risk Clinic (*Malnutrition, Premature, twins, HIV exposed, etc.*)

• Child Health Consultation account for 80% of Health Care delivered at HF
  
  • Lack of standardized tools for data collection
  
  • Need for improved data collection, reporting and use
CH Registers Implementation Process

RMNCH Register Book Design

Implementation only of CH HIV* Register

Redesign/Review CH Registers SIS-MA

CH Register Piloting


* HIV exposed children/ high risk clinic
New CH registers: Pilot phase

- Start date: Jan 2017
- Locations: 4 provinces
  - 2 HF (rural and urban) per province
- Total: 8 HF
CH Register Books and Selected Indicators

- Nutritional Status indicators: Low weight, Exclusive breastfeeding <6m, #Vit.A supplementation, wasting
- # and % of children with Diarrhea, Pneumonia and Malaria treated
- # and % of cases referred to Referral Hospital for admission
Data collection: HF level
Data Flow

HF and District levels

SIS-MA Provincial/National Level
Proportion well-child visits by Age at 4 pilot HFs (Jan - May 2017*) (N=41,576)

0 - 5m: 13.2%
6 - 11m: 19.8%
12 - 23m: 13.6%
24 - 59m: 7.1%
Sample of Data Analysis and Use

New cases: N= 24,438 (Five months)

- Acute Malnutrition: 1.5%
- Malaria: 19.6%
- Acute Diarrhea: 28.6%
- Pneumonia: 38.0%

Disaggregated data or indicators can be used to identify Health Facilities or Communities that require special attention or support;
Challenges

• Improving data quality requires an intensive process:
  • Conduct regular supportive supervision at health facilities
  • Ensure timely monthly report and meetings for data discussion at district level
  • Conduct data validation exercises
  • Human Resources Shortage and Staff turnover
Way forward

• National wide implementation of the new child health and nutrition registers (Expected date February 2018)
• Integrate CH/nutrition data in the SIS-MA
• Ensure regular supervision and on-the-job training for health workers
• Perform regularly analysis and display key indicators in a dashboard
• Ensure feedback from national to subnational levels
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