Ministry of Health

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

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In collaboration with

USAID FROM THE AMERICAN PEOPLE

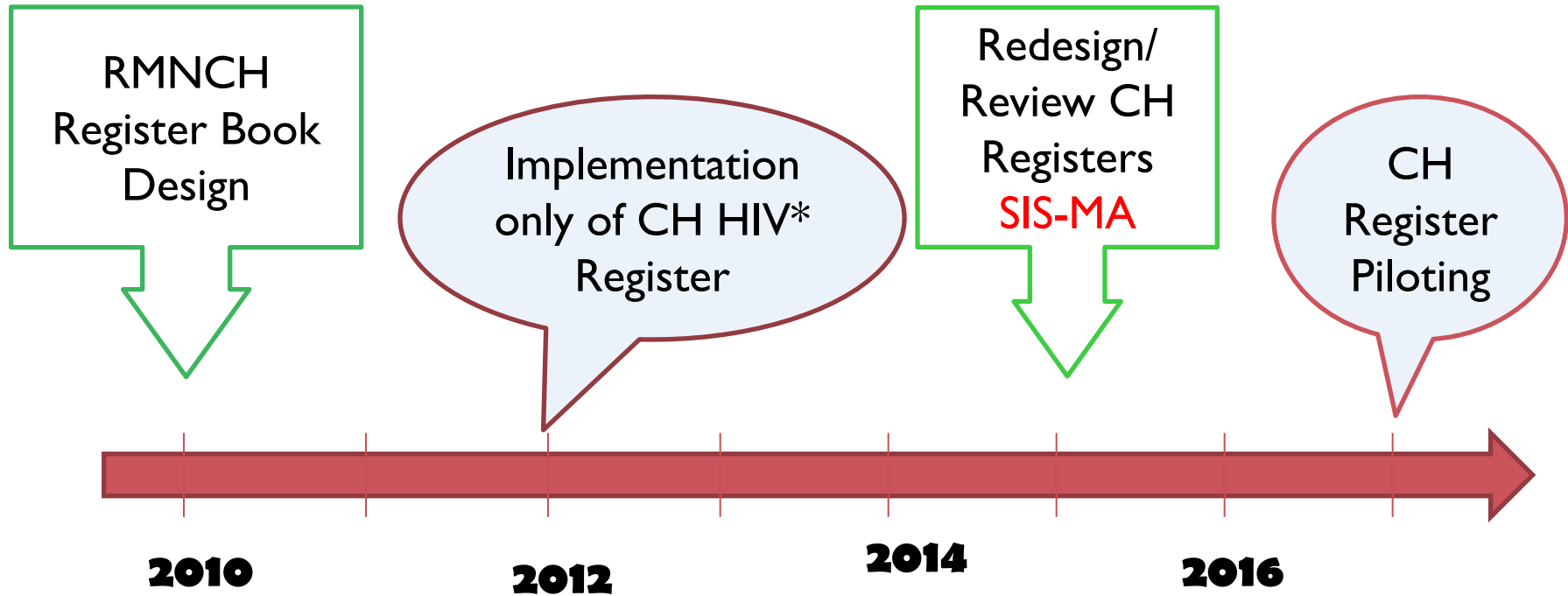Maternal and Child Survival Program

Ministry of Health

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

MARTA CHEMANE, NP

MCSP / Mozambique

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

2010   2012   2014   2016

*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

REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE

CCS__ Criança
LIVRO
CONSULT

DISTRITO:_____
PROVÍNCIA: _____
UNIDADE SANITÁRIA:_____

REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE

CCD__ Criança
LIVRO DE REGISTO DA
CONSULTA DA CRIANÇA DOENTE

DISTRITO:_____
PROVÍNC _____
UNIDADE SANITÁRIA:_____ ____/____/____

Data de início do livro

Mod. SIS B07

✓ 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
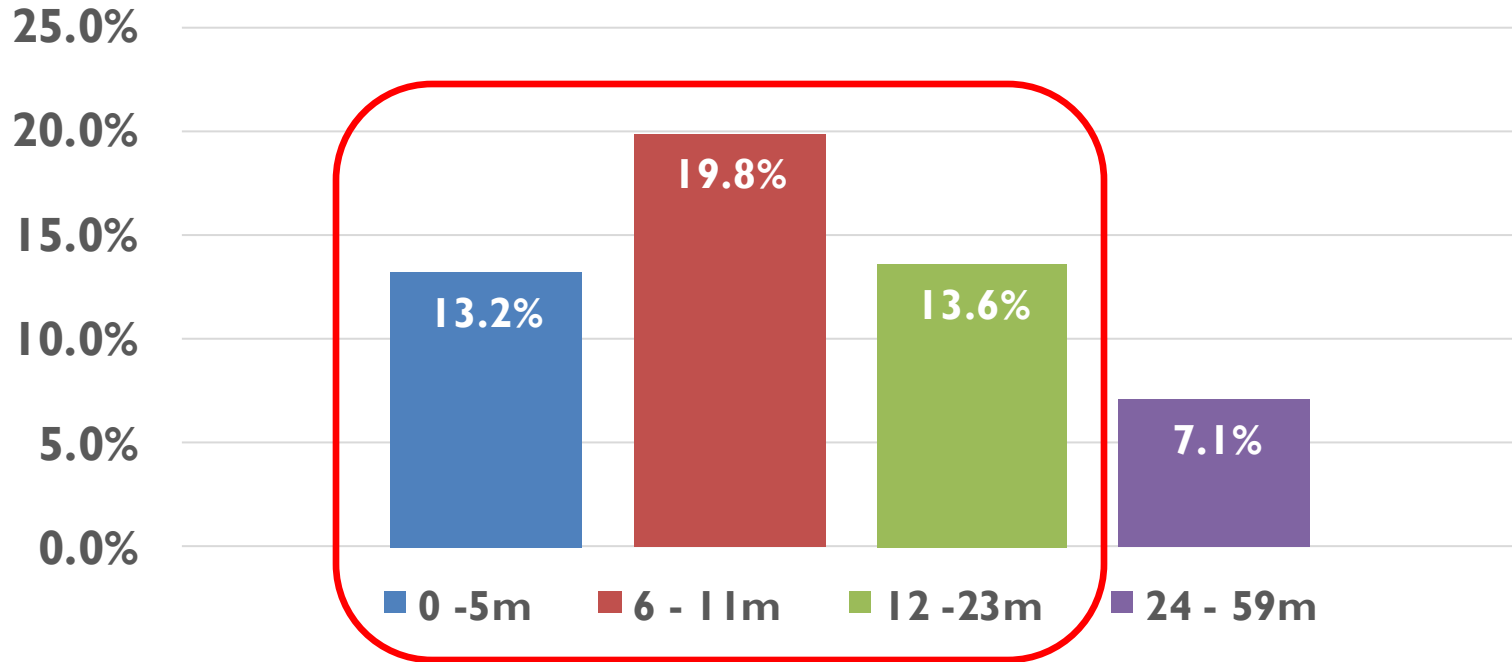
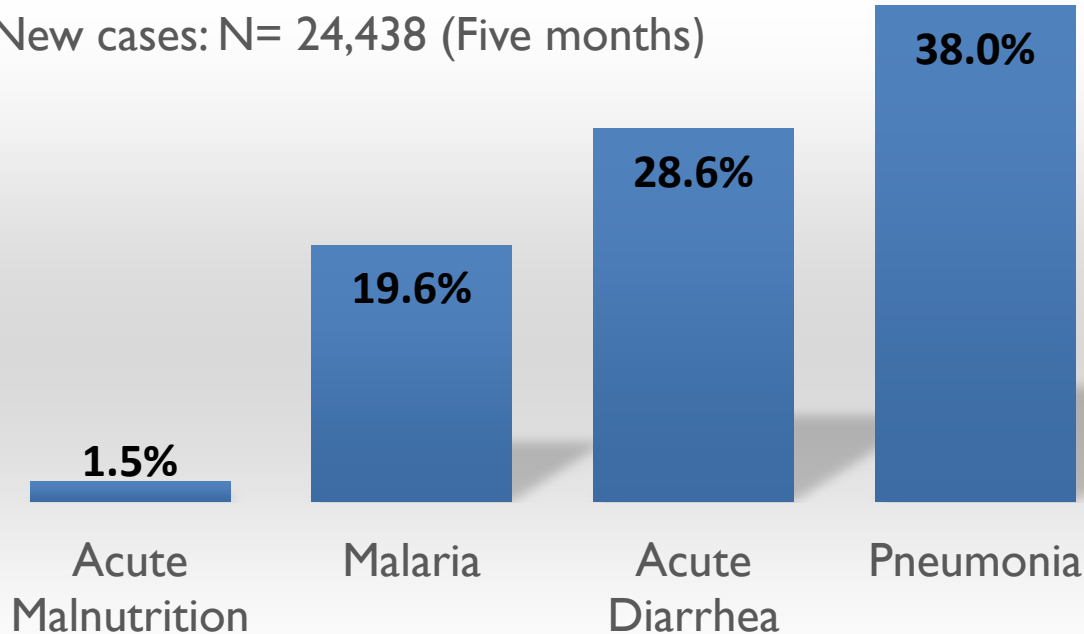# Data collection: HF level

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)

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

OBRIGADO