



**USAID**  
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**M**aternal and Child  
Survival Program



# **What Data Do National Health Management Information Systems (HMIS) Include? A Review of Child Health and Nutrition Data Elements**

**Wednesday, October 3, 2018  
9:00-10:30 a.m. EDT**

# Introduction

- MCSP works at the country and global levels to improve reproductive, maternal, newborn and child health (RMNCH) and nutrition services
- *Measurement and Data Use for Action and Accountability* is a key MCSP learning theme
- MCSP undertook this review to better understand the content of routine HMIS across USAID-supported countries
- In Sustainable Development Goal (SDG) era, importance of routine systems emphasized\*



Photo credit: Kate Holt/MCSP.Accra, Ghana 2017

\**The Roadmap for Health Measurement and Accountability, 2015*  
([http://www.who.int/hrh/documents/roadmap4health\\_measurement\\_account/en/](http://www.who.int/hrh/documents/roadmap4health_measurement_account/en/))

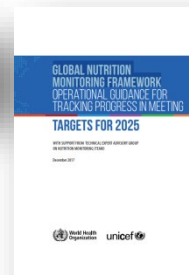
# Many initiatives and investments related to child health and nutrition and metrics in the SDG era

## Initiatives related to child health and nutrition

- Every Woman, Every Child
- A Promise Renewed
- The Global Strategy for Women's, Children's and Adolescent's Health
- Scaling Up Nutrition Movement
- Standards for improving the quality of care for children and young adolescents in health facilities
- Every Newborn Action Plan
- Every Breath Counts
- Global Breastfeeding Collective

## Metrics initiatives

- Health Data Collaborative
- WHO Global Reference List of 100 Core Health Indicators
- Countdown to 2030
- MONITOR
- Child Health Accountability Tracking group (CHAT)
- Global nutrition monitoring framework
- WHO/UNICEF Technical expert advisory group on nutrition monitoring (TEAM)



# Webinar outline and speakers

- **Introduction**

- Michel Pacqué, MCSP Child Health Team lead

- **Overview**

- Jeniece Alvey, Nutrition Advisor, Bureau for Global Health, Office of Maternal and Child Health and Nutrition

- **Background and Methods**

- Emily Stammer, MCSP Research, Monitoring and Evaluation Advisor

- **Results and Summary**

- Kate Gilroy, MCSP Senior Measurement, Monitoring, Evaluation and Learning Technical Advisor

- **Q&A**

- Dyness Kasungami, Senior Child Health Advisor



*Photo credit: Karen Kasmauski/MCSP.  
Wandi Village, Nigeria 2018*

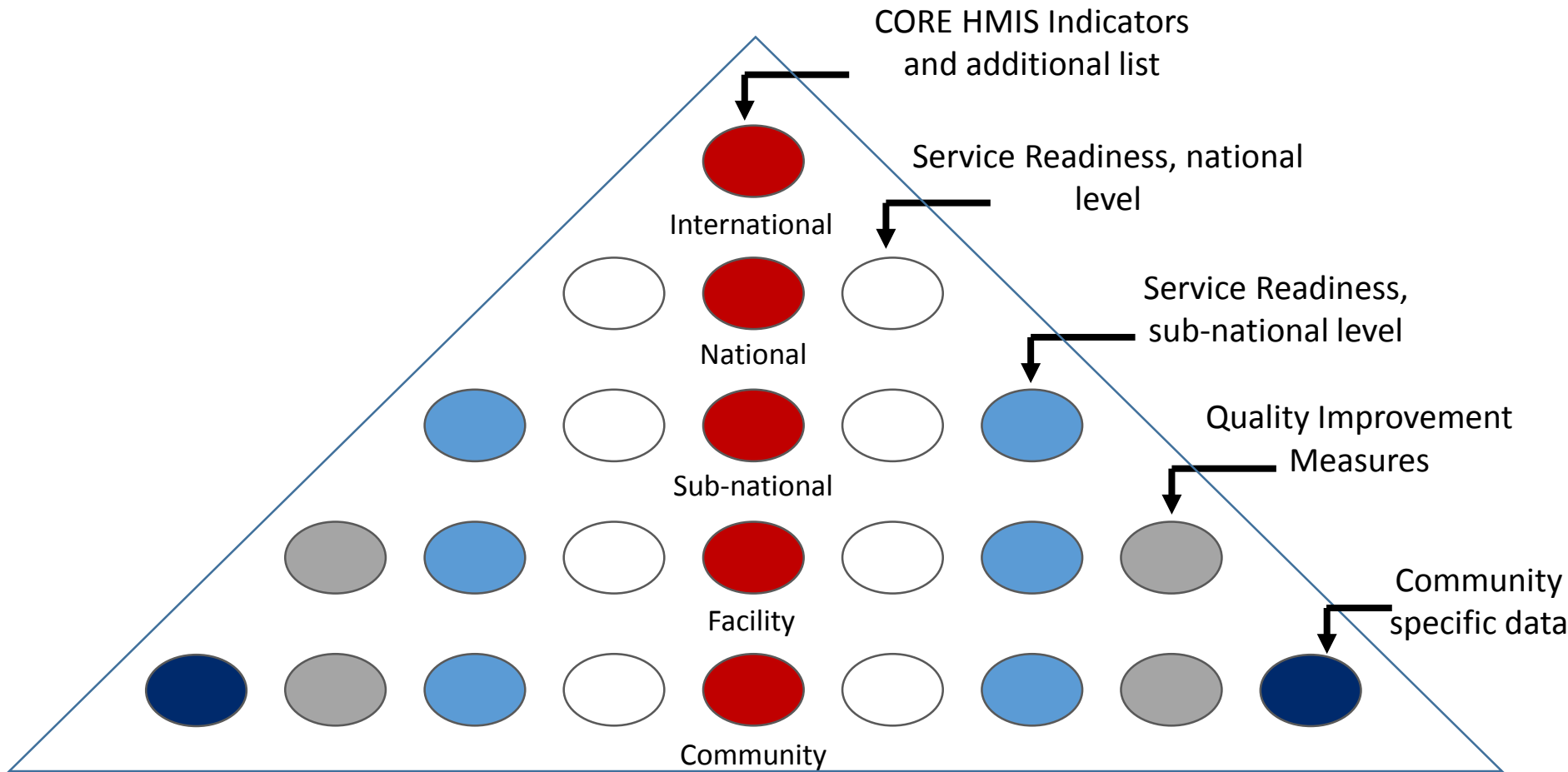
# Overview

- USAID supports scaling-up high impact interventions for women and children and focuses efforts in 25 priority countries
- Global initiatives and agencies recognize the importance of tracking progress for child health and nutrition on a routine basis
- Global consensus on indicator guidance requires a better understanding of key data elements in existing systems
- USAID asked MCSP to undertake this work due to the program's engagement at the global level and in 26 countries



*Photo credit: Kate Holt/MCSP. Buchanan, Liberia 2016*

# Health Systems Data Flow and Data Needs





## Background and Methods

*Photo credit: Karen Kasmauski/MCSP and Jhpiego. Port de Paix, Haiti 2017*

# Background

## Health Management Information Systems (HMIS)

- Collect data and provide information about service delivery on a routine basis for program management, monitoring, reporting, etc
- Country-level HMIS indicators and structures vary greatly

## International guidance on child health and nutrition indicators

- Extensive guidance on impact, coverage and quality\* measures
- Limited current guidance on routinely collected indicators at facility level HMIS



*Photo credit: Alan Gichigi/MCSP. Kisumu, Kenya 2016.*



# Objectives of the review

- Document the data elements related to child health and nutrition in national HMIS
- Identify common data elements/indicators and gaps at the facility and community levels across countries
- Better target technical assistance to countries to improve routine child health and nutrition indicators and data capture, monitoring and use
- Inform any global recommendations or guidance for child health and nutrition HMIS data/indicators

# Scope of review - I

- Technical scope
  - **Child health**, including prevention and management of child illness
  - **Child nutrition**, including malnutrition prevention, screening and management
  - Excludes immunization and HIV/AIDS
  - Children aged 0-59 months of age
- Health system levels
  - **Primary health center-** based services
  - **Community-** based services



Photo credit: Kate Holt/MCSP. Tshopo, DRC 2017

# Scope of review - 2

- 
- Afghanistan
  - Bangladesh
  - Burma
  - DRC
  - Ethiopia
  - Ghana
  - Haiti
  - India
  - Kenya
  - Liberia
  - Madagascar
  - Malawi
  - Mali
  - Mozambique
  - Nepal
  - Nigeria
  - Pakistan
  - Rwanda
  - Tanzania
  - Uganda
  - Zambia
  - Namibia
  - Zimbabwe

*Senegal & Indonesia – still under review*

# Background in numbers

**25** countries

**228** data elements

**9** languages

**280+** forms reviewed



*Photo credit: Daniel Hernández-Salazar, George Washington University, Guatemala*

# Steps in review - I

- Select data elements for review
  - Review of international child health & nutrition indicator guidance – SDG, WHO, GAPPD, USAID, PMI, Countdown to 2015/30, iCCM, etc
  - Review of clinical guidance/algorithms (e.g. Integrated Management of Child Illness (IMCI))
  - Define list of data elements for extraction related to recommended indicators, services and algorithms
  - Internal and USAID review
- Request, collect and catalogue forms from 25 countries

Community Level	Facility Level
Sick child recording form / client form	Sick child recording form / client form
Register (s)	Registers (outpatient department (OPD), well child, nutrition, logistics, etc)
Community health worker (CHW)/community summary form	Facility summary form

➔ Also collected child cards, supervision forms, household registers, etc from some countries ➔ not currently included in review











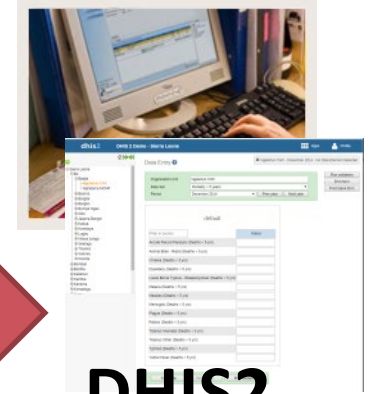
# Types of forms and common data flows

Sick child/client recording forms

Registers

Summary forms

Facility

DHIS2

**CB-HMIS data flow example: Nigeria**

**Specific projects / Under revision at national level**



Community

# Steps in the review - 2

- Use standardized data abstraction template to conduct review

Country	Source Indicator	Source Indicator	Source Indicator	Source Indicator	Data Element	Child recording form	Form/register Response Type	Notes on CHW Client Form	CHW Register	Register Response Type	CHW Summary Form	Summary Form Response Type	Notes on CHW Summary Form	Child Health Card (Patient Kept)	Facility Child Recordin Form	Facility Register	Register Response Type	Which Register	Notes on disaggregation/ot hr in register	Facility Summary Form	Facility Summary Form Response Type	Notes on Disaggregation other for facilit summary form	
Madagascar					Estimated population in district							Count Value											
					Estimated population in health facility catchment area							Count Value											
					Estimated population in CCM target areas							Count Value											
					Estimated population of children US in district							Count Value											
					Estimated population of children US in health facility catchment area							Count Value											
					Estimated population of children US in CCM target areas							Count Value											
					Sign - Fever		Checkmark			Checkmark		Count Value											Details of how CSE secondary form
					Sign - Cough		Checkmark			Checkmark		Count Value											
					Sign - Diarrhea		Checkmark			Checkmark		Count Value											
					Vomit - vomiting		Checkmark			Checkmark		Count Value											
					Severe complicated measles		Checkmark			Checkmark		Count Value											
					Not able to drink/food/fluid		Checkmark			Checkmark		Count Value											
					Convulsions		Checkmark			Checkmark		Count Value											
					Severe pneumonia (Not specified)		Checkmark			Checkmark		Count Value											
					Difficulty breathing		Checkmark			Checkmark		Count Value											
					Chest indrawing		Checkmark			Checkmark		Count Value											
					Stridor/wheezing		Checkmark			Checkmark		Count Value											
					Severe dehydration		Checkmark			Checkmark		Count Value											
					Severe red eye disease		Checkmark			Checkmark		Count Value											
					Severe anaemia		Checkmark			Checkmark		Count Value											Details of how CSE secondary form
					Palmar Pallor		Checkmark			Checkmark		Count Value											
					Lethargy / very weak		Checkmark			Checkmark		Count Value											
					Any danger sign		Checkmark			Checkmark		Count Value											
					Child referred		Checkmark			Checkmark		Count Value											
					Reason for referral (to facility/higher facility)		Checkmark			Checkmark		Count Value											
					Preferential treatment		Checkmark			Checkmark		Count Value											
					Child referred from CHW seen at facility		Checkmark			Checkmark		Count Value											
					Counter-referral from facility		Checkmark			Checkmark		Count Value											
					Follow-up visit performed by CHW		Checkmark			Checkmark		Count Value											
					Child with RDT/microscopy test (6-59m)		Checkmark			Checkmark		Count Value											
					Child with positive RDT/microscopy result (6-59m)		Checkmark			Checkmark		Count Value											
					Child received 1st line antimalarial		Checkmark			Checkmark		Count Value											
					Dose, frequency & duration of antimalarial prescription		Checkmark			Checkmark		Count Value											
					Child US slept under ITN		Checkmark			Checkmark		Count Value											
					Child's HH has ITN		Checkmark			Checkmark		Count Value											
					Child with RDT+ treated		Checkmark			Checkmark		Count Value											
					Child classified with pneumonia		Checkmark			Checkmark		Count Value											
					Elevated Respiratory rate		Checkmark			Checkmark		Count Value											
					Child's respiratory rate		Checkmark			Checkmark		Count Value											
					Child with pneumonia classification prescribed antibiotic		Checkmark			Checkmark		Count Value											
					No pneumonia - cough/cold only		Checkmark			Checkmark		Count Value											
					Dose, frequency & duration of antibiotic prescription		Checkmark			Checkmark		Count Value											
					Child with diarrhea classification		Checkmark			Checkmark		Count Value											
					Duration of diarrhea		Checkmark			Checkmark		Count Value											
					Blood in stool / Dysentery		Checkmark			Checkmark		Count Value											
					Child given zinc		Checkmark			Checkmark		Count Value											
					Child given ORS		Checkmark			Checkmark		Count Value											
					Child "treated" for diarrhea		Checkmark			Checkmark		Count Value											
					Child given antibiotic for dysentery		Checkmark			Checkmark		Count Value											
					Child with diarrhea given increased fluids		Checkmark			Checkmark		Count Value											
					Child with diarrhea given continued feeding		Checkmark			Checkmark		Count Value											
					Counseling to give sick child continued feeding		Checkmark			Checkmark		Count Value											
					Counseling to give sick child increased fluids		Checkmark			Checkmark		Count Value											
					Counseling caregiver on danger signs (vomit everything, convulsions, lethargy, not able to drink)		Checkmark			Checkmark		Count Value											
					Counseling on dose, frequency & duration of antibiotic		Checkmark			Checkmark		Count Value											
					Counseling on dose, frequency & duration of antimalarial		Checkmark			Checkmark		Count Value											
					Vaccination card/history checked (for sick child)		Checkmark			Checkmark		Count Value											

- Perform quality checks on form classification and data element extraction
- Continue follow-up for missing forms and further extraction




## Selected Findings





























































































*Photo credit: Karen Kasmauski/MCSP. Kogi State, Nigeria 2018*

# Pneumonia: Classification/cases and treatment of children under-five

## Key:

 In register or sick child recording form

 In summary form

	Child classified with pneumonia/Number of pneumonia cases		Pneumonia treated with antibiotic or Amox/Number of pneumonia cases treated with antibiotic or Amox	
	Community	Facility	Community	Facility
Afghanistan	 	 	 	
Bangladesh	 			
Burma	*			
DRC	 			
Ethiopia				
Ghana			 	
Haiti	 	 		
India	 			
Kenya			 	
Liberia	 	 		 
Madagascar	 		 	
Malawi	 			
Mali	 			
Mozambique	 	 	 	 
Namibia	*			
Nepal	 	 	 	
Nigeria	 		 	
Pakistan	 			
Rwanda		 	 	
Tanzania				
Uganda				
Zambia	 		 	
Zimbabwe	*			

*\*Pneumonia treatment not policy at community level*

# Eight different definitions for pneumonia

Variations	Examples
1. Suspected Pneumonia	Nigeria-c
2. Pneumonia	DRC-c&f, Liberia-f, Tanzania-f, Madagascar-c&f
3. Acute Lower Respiratory Infection (ALRI)	Mali-f
4. Acute Respiratory Infection (ARI)	Haiti-c&f, Pakistan-c, Nepal-c, Afghanistan-c
5. Fast breathing	Ghana-c, Malawi-c
6. Fast breathing/pneumonia	Liberia-c, Uganda-c
7. Cough and fast breathing	Kenya-c
8. Cough and respiratory problems	Pakistan-c

c=community    f=facility    c&f=community and facility

## Eight different definitions for pneumonia

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6. Fast breathing/pneumonia	Liberia-c, Uganda-c
7. Cough and fast breathing	Kenya-c
8. Cough and fast breathing	Kenya-c

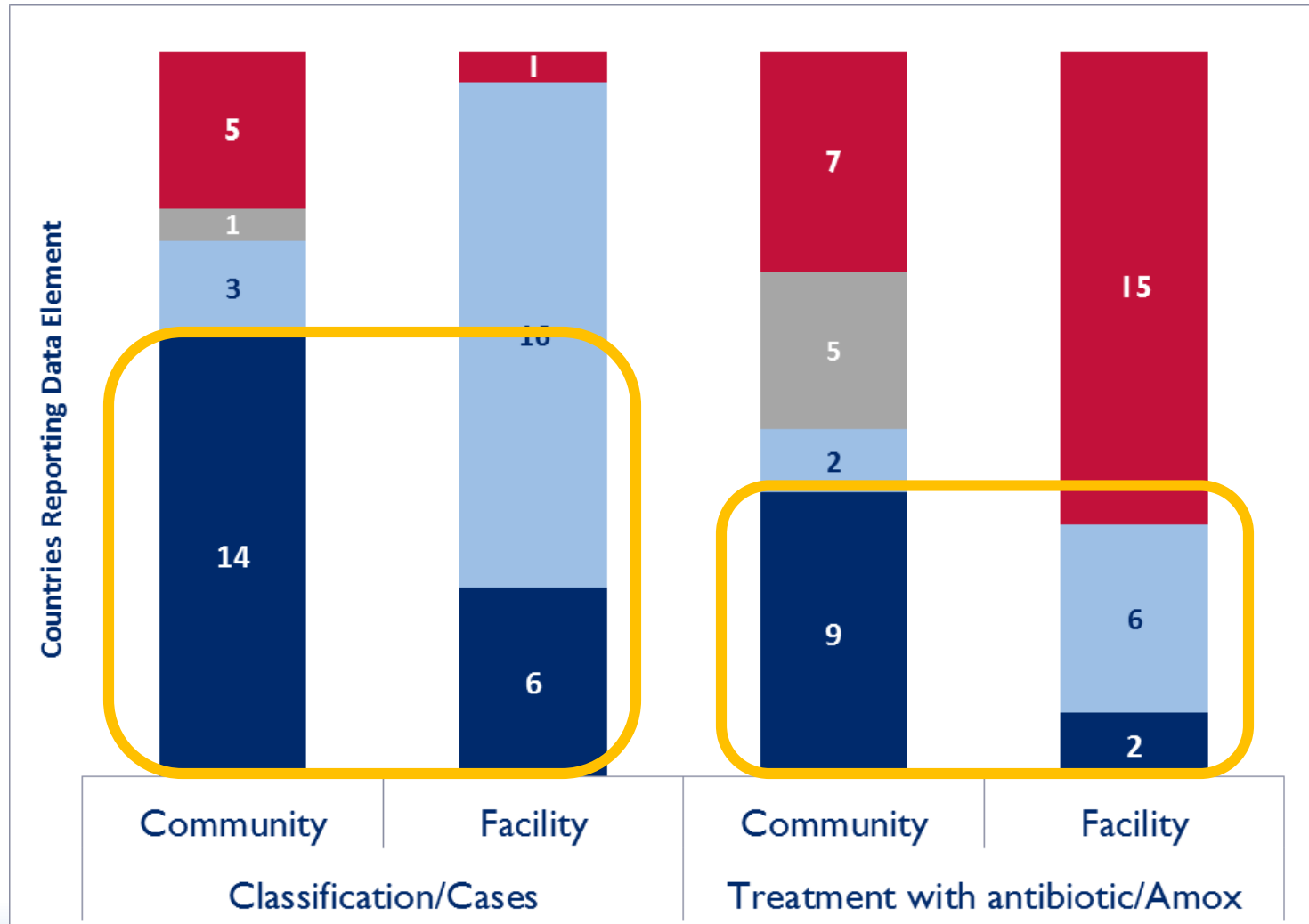
Difficult to compare pneumonia cases consistently across countries and sometimes even within countries

# Pneumonia

How many cases of pneumonia in children U5 are seen?

How many cases of pneumonia in children U5 are treated with antibiotics?

- Key:**
- Not collected
  - In register or child form only
  - In summary form only
  - In both summary form and register/child form



*U5: Under five years of age  
Amox: Amoxicillin*

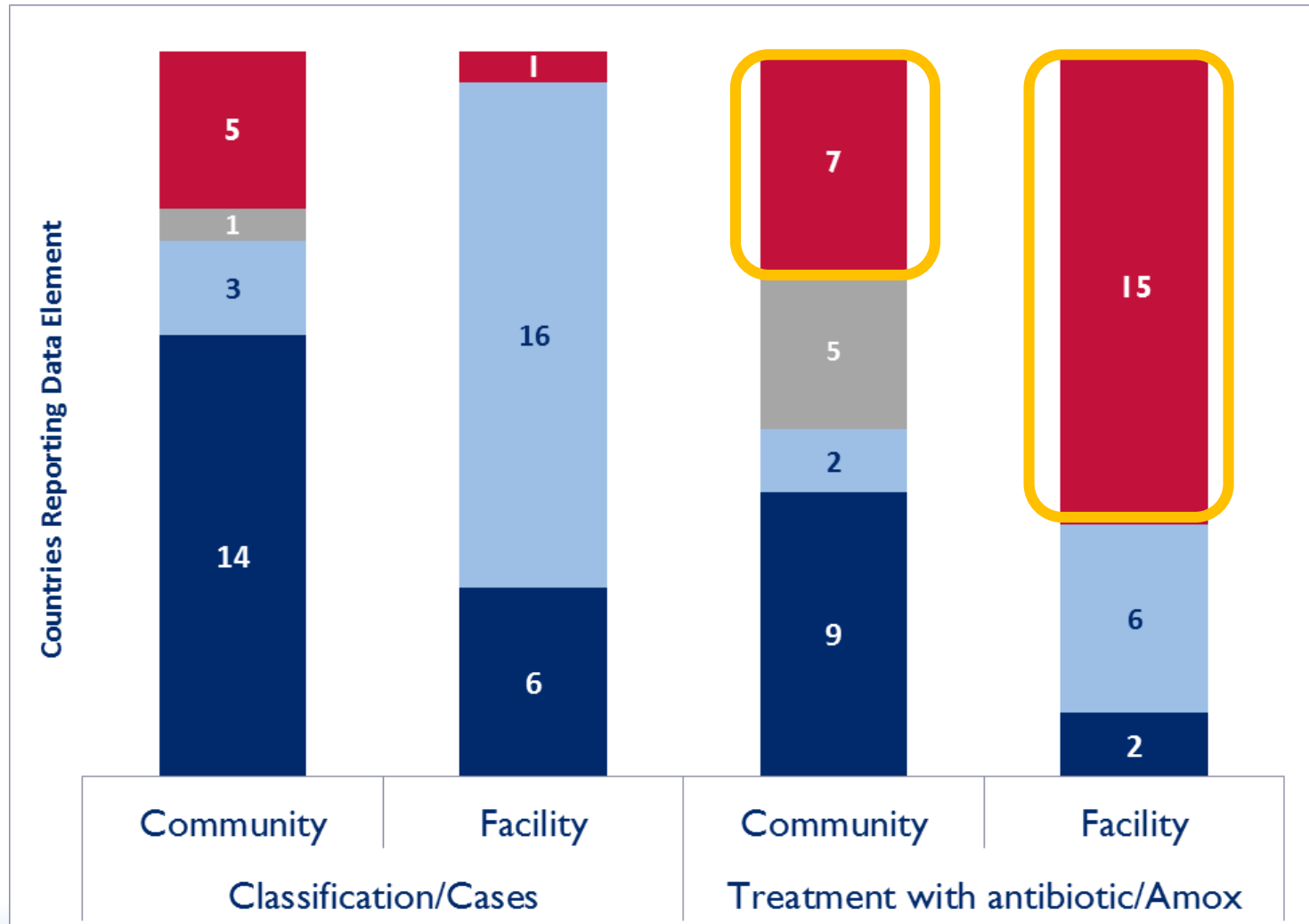


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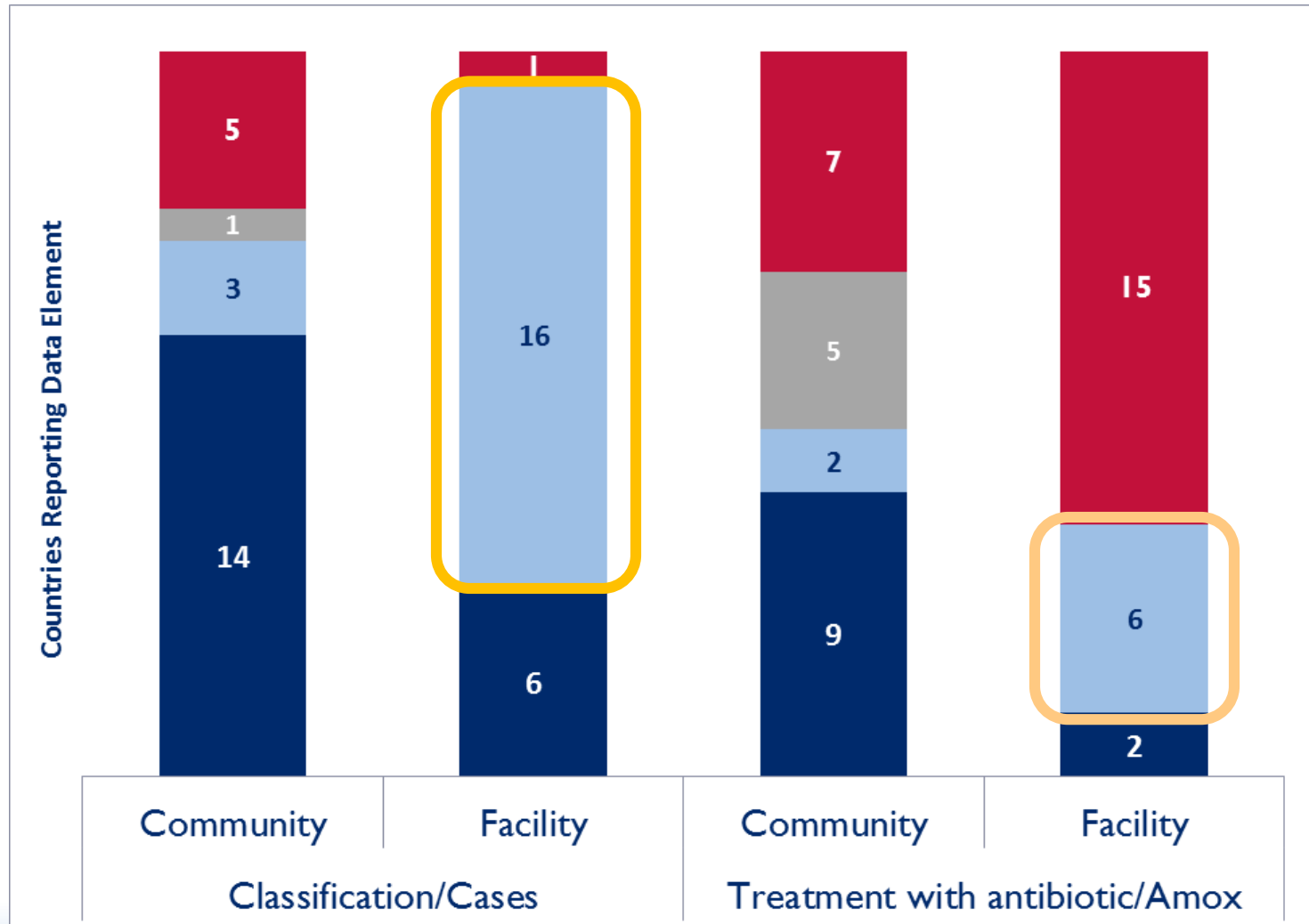
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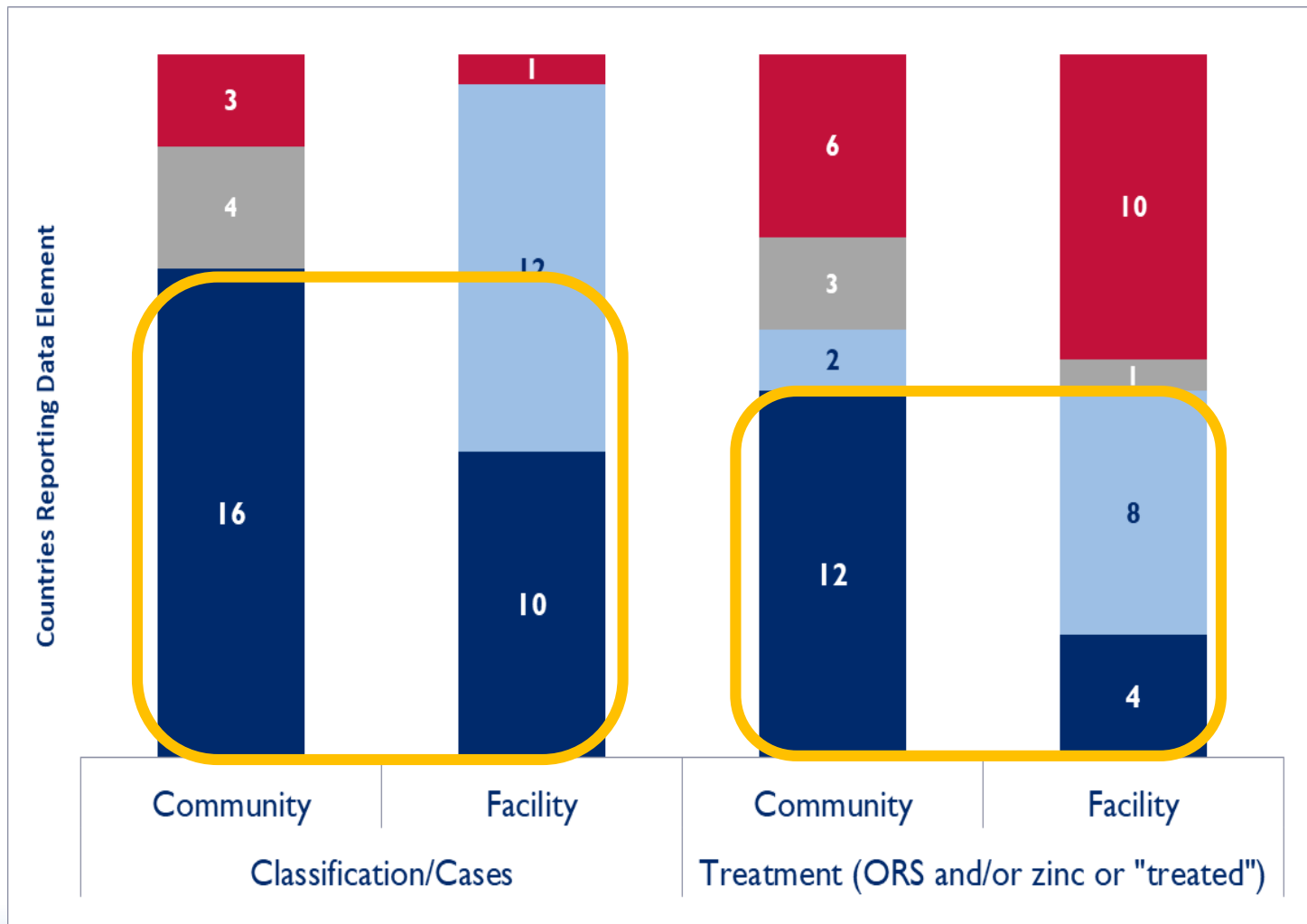
# Diarrhea

How many cases of diarrhea in children U5 are seen?

How many cases of diarrhea in children U5 are treated?

**Key:**

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U5: Under five years of age  
ORS: Oral Rehydration Salts

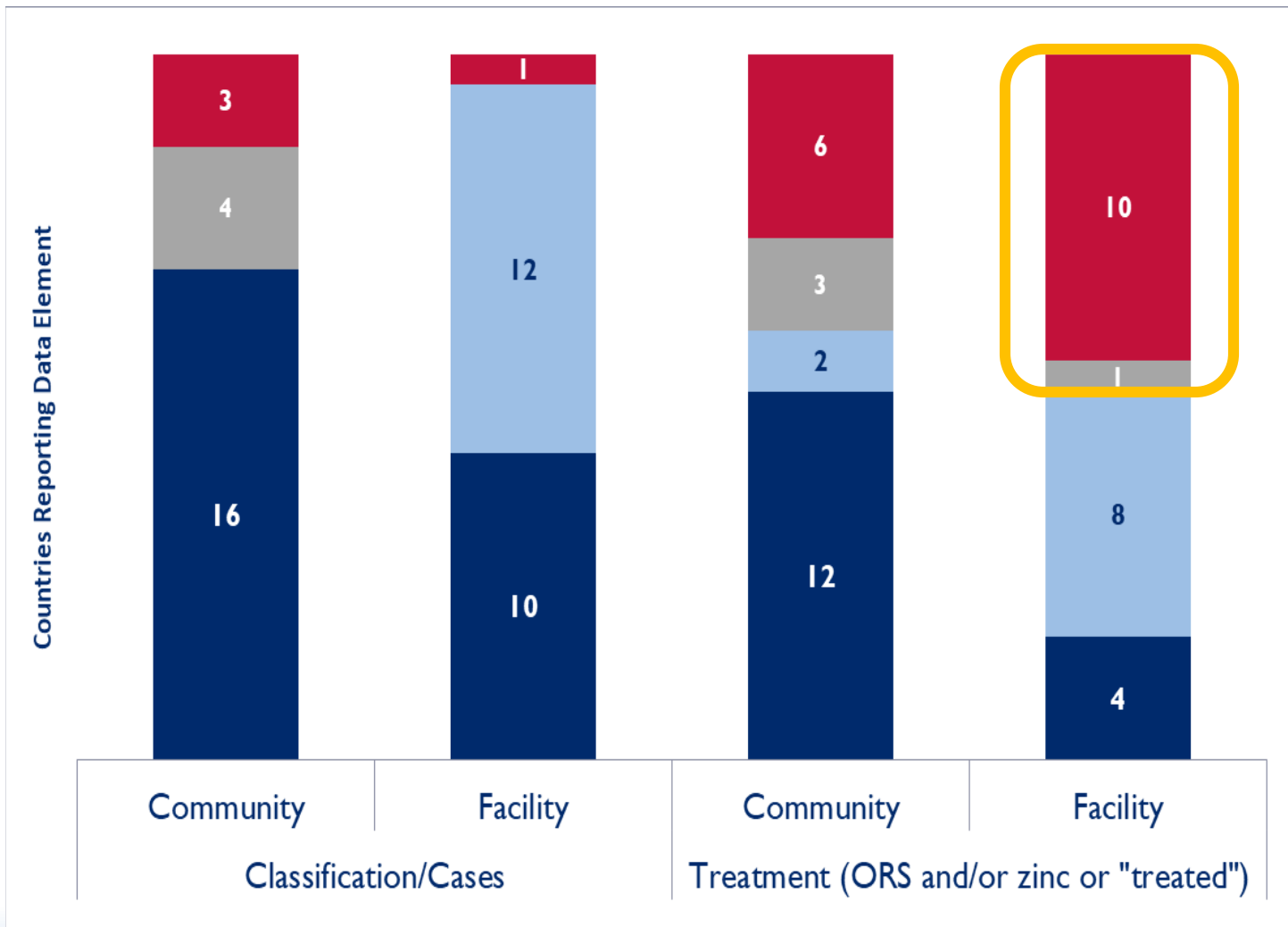
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# Diarrhea

## How do countries capture U5 diarrhea treatment?

Treatment Data Element	Community	Facility
No aggregate reporting on diarrhea treatment	9	11
<b>Diarrhea “treatment” categories</b>		
ORS Disaggregated	6	5
Zinc Disaggregated	5	3
ORS/Zinc	2	2
ORS & Zinc	7	5
Diarrhea “treated”	6	4

*U5: Under five years of age  
ORS: Oral Rehydration Salts*

# Fever/malaria

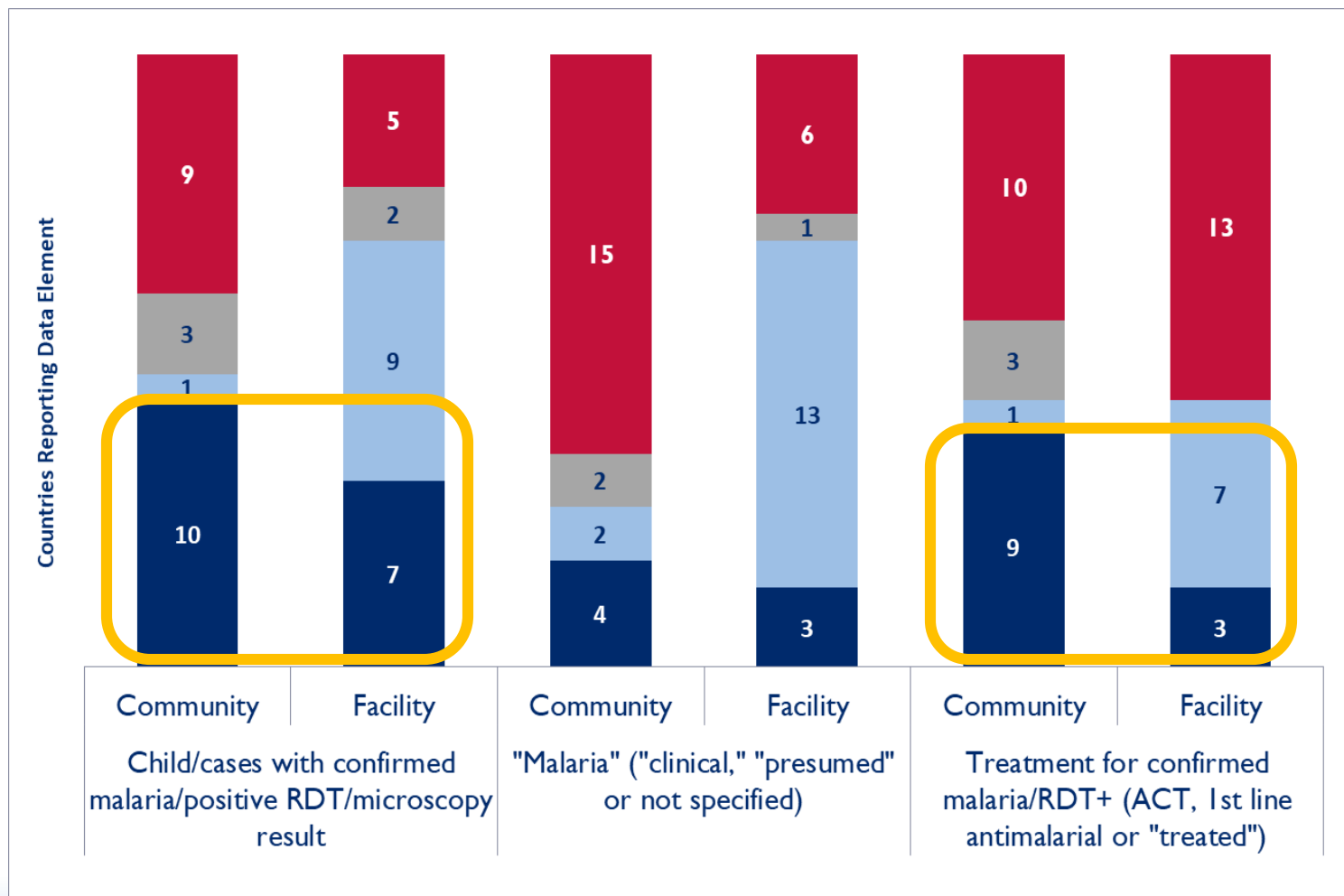
How many U5 cases have RDT confirmed malaria?

How many U5 cases are diagnosed with clinical malaria?

How many under-five RDT+ cases are treated with an ACT?

## Key:

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U5: Under five years of age; ACT: Artemisinin Combination Therapy; RDT : Rapid Diagnostic Test

**NOTE:** Most malaria data elements collected for children 6-59 months, but some countries collect for children <5 years of age or aged 0-59 months

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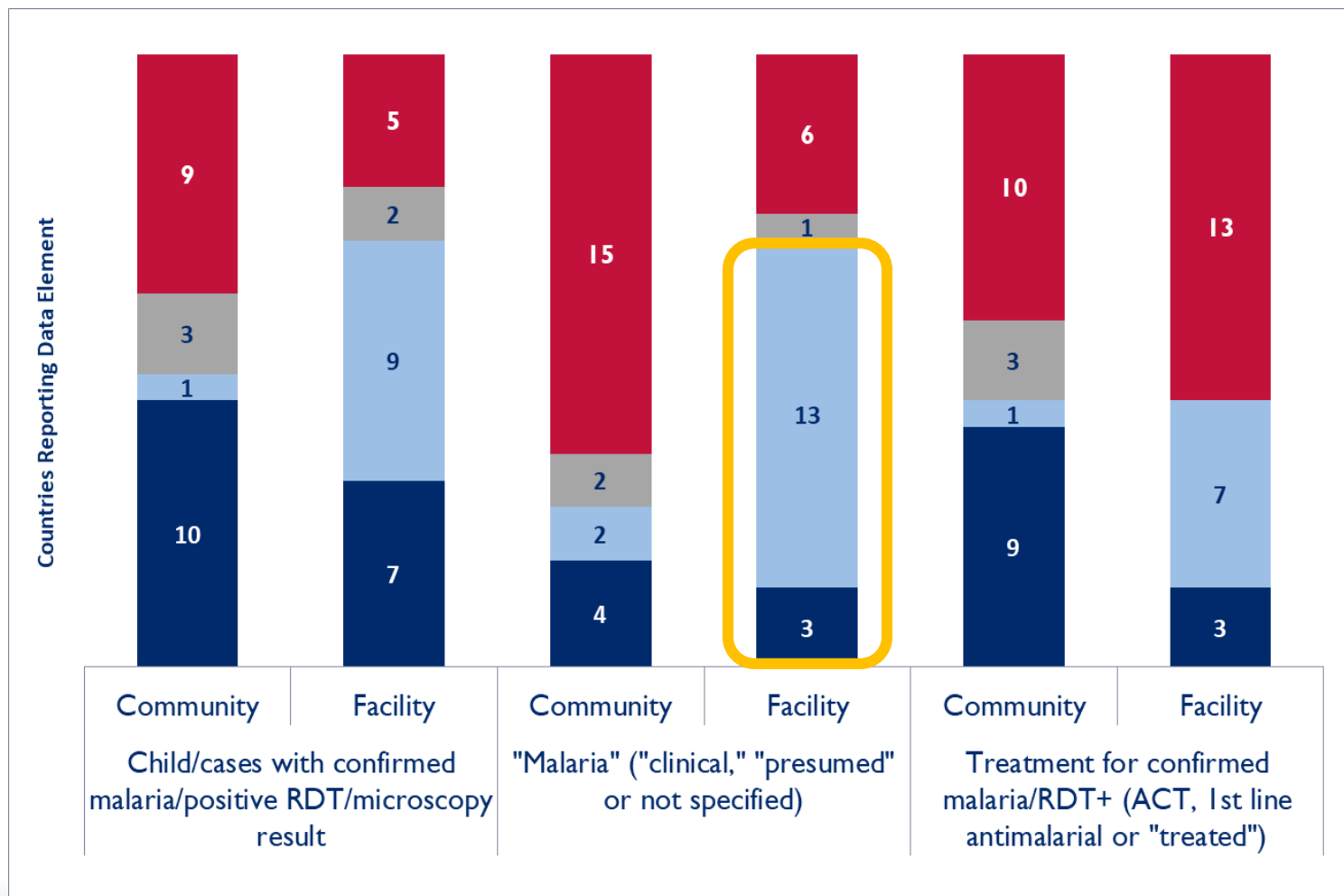
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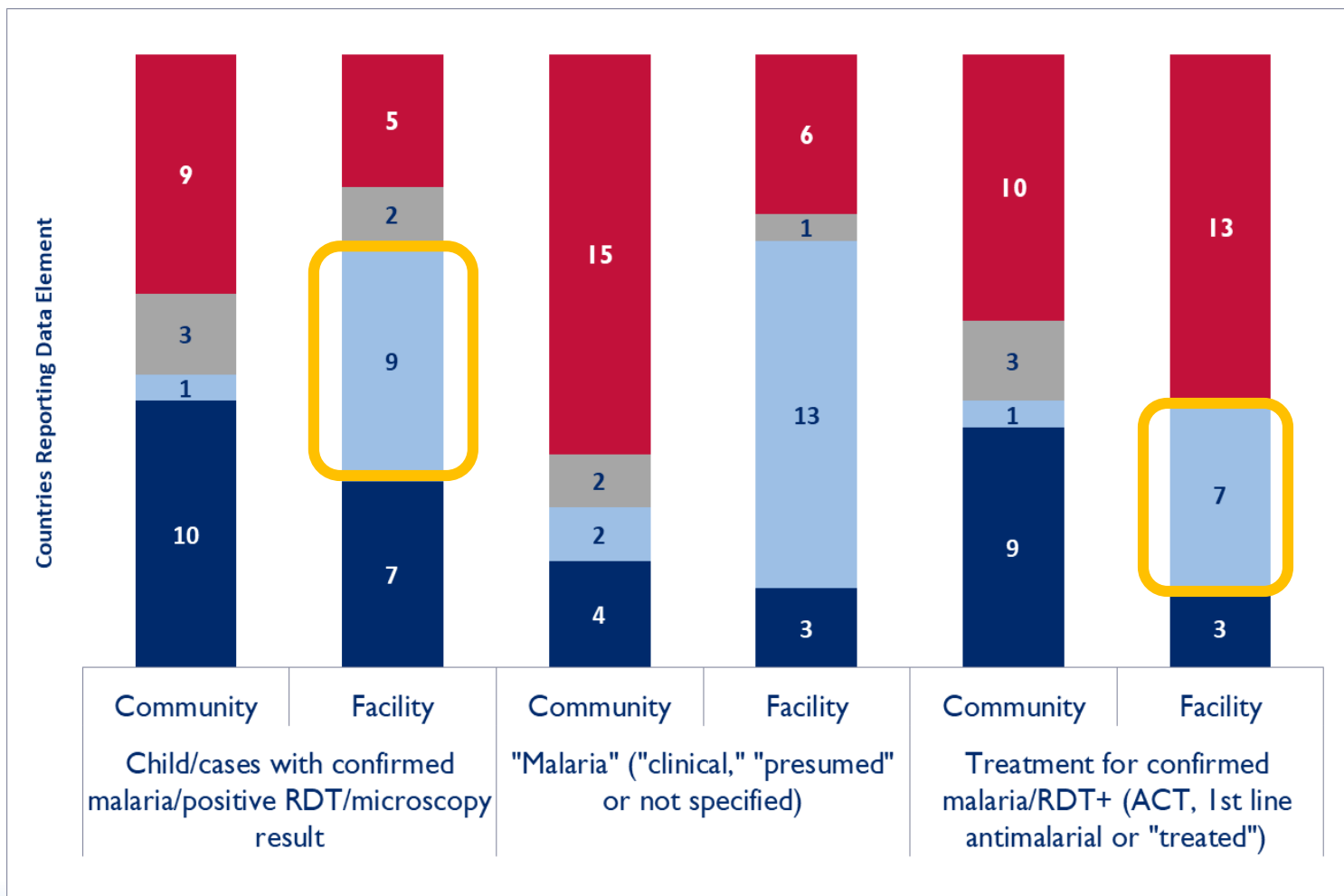
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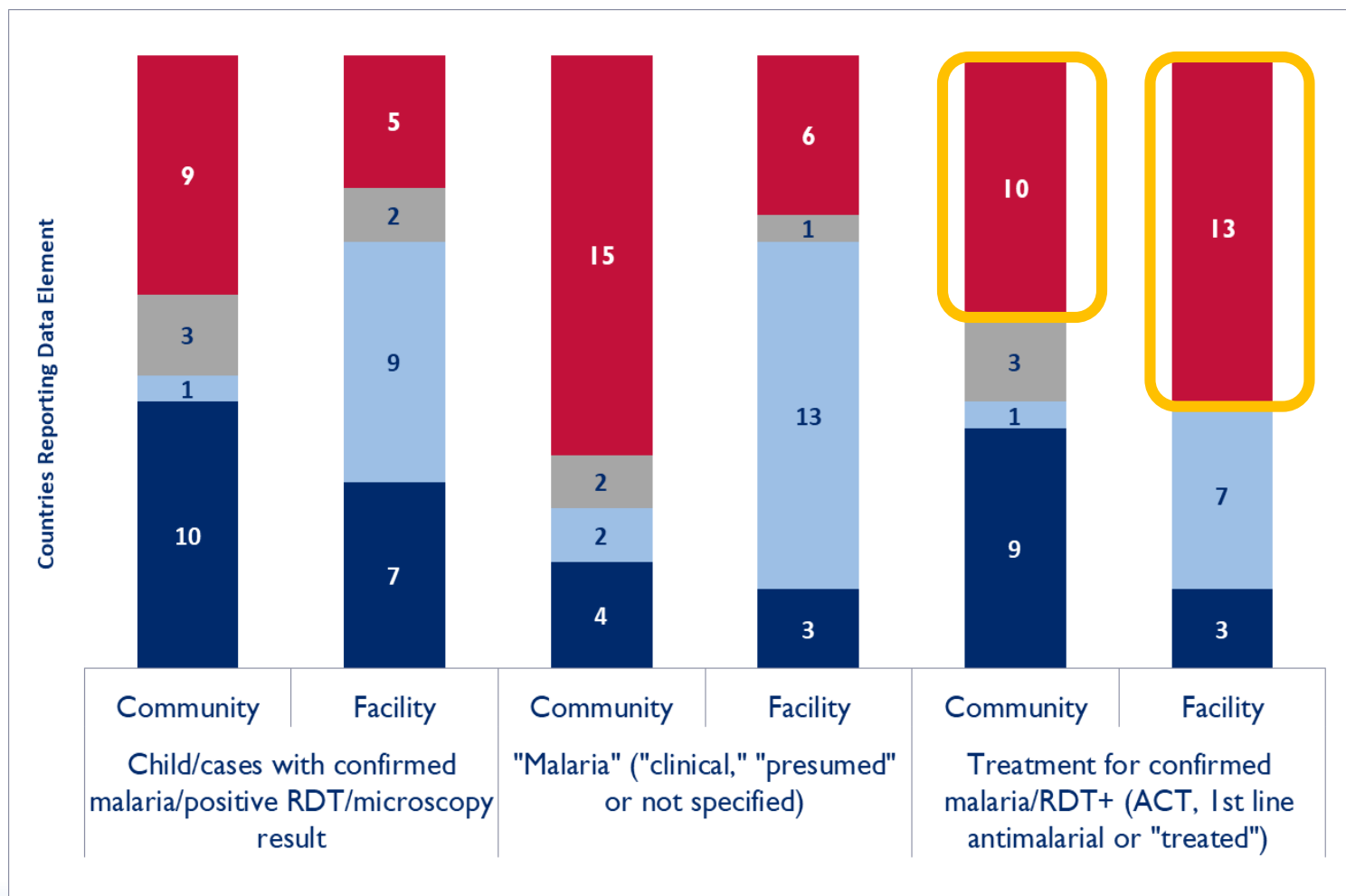
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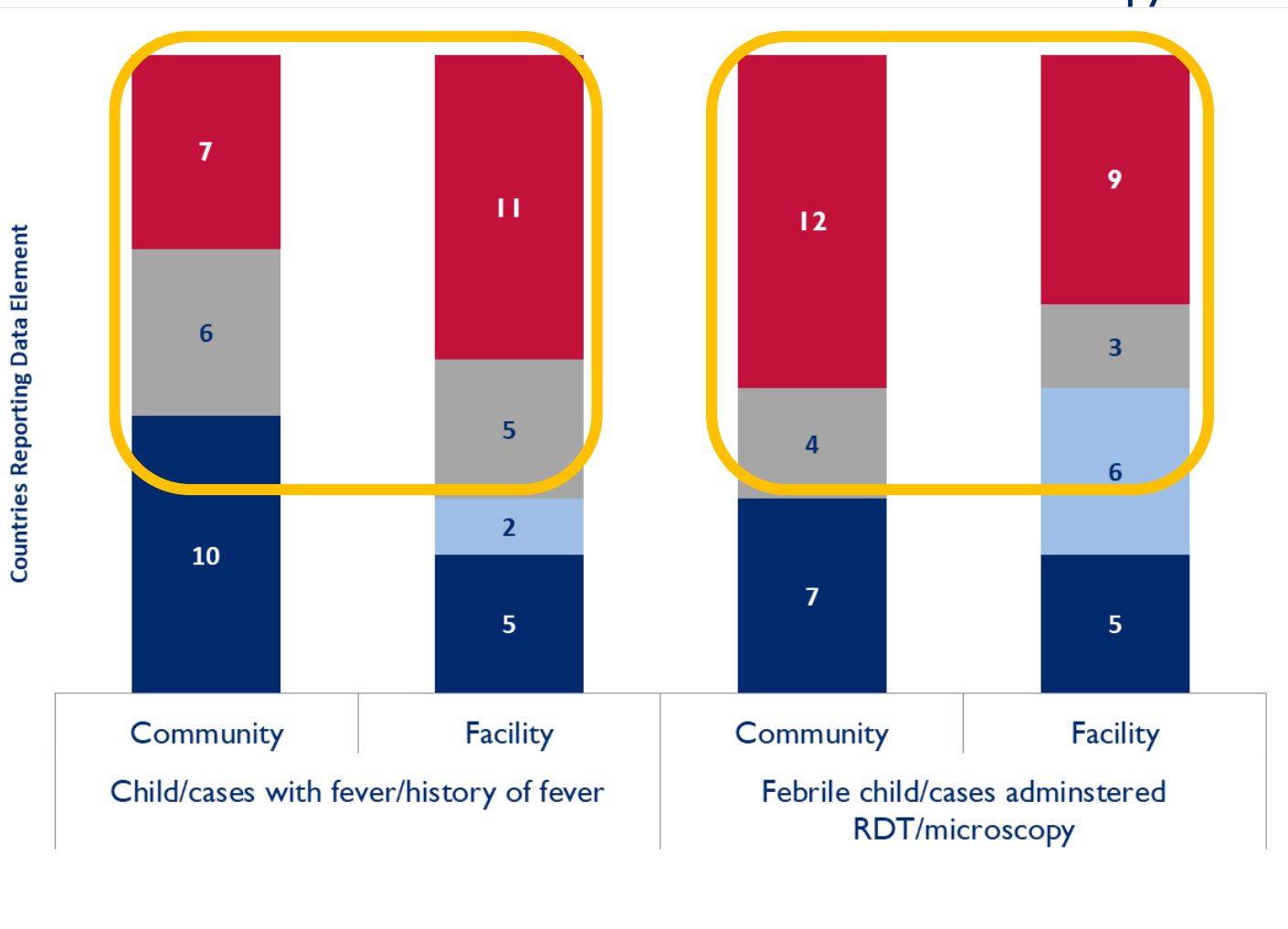
# Fever/malaria

How many febrile under-five cases are seen?

How many under-five cases are administered an RDT/microscopy?

## Key:

- Not collected
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- In summary form only
- In both summary form and register/child form



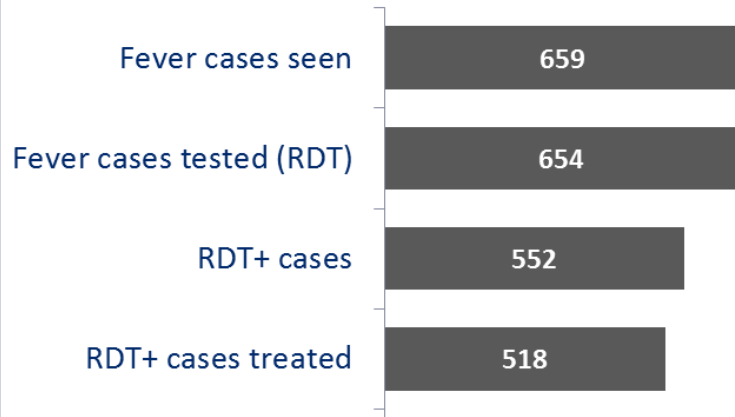
RDT – Rapid Diagnostic Test

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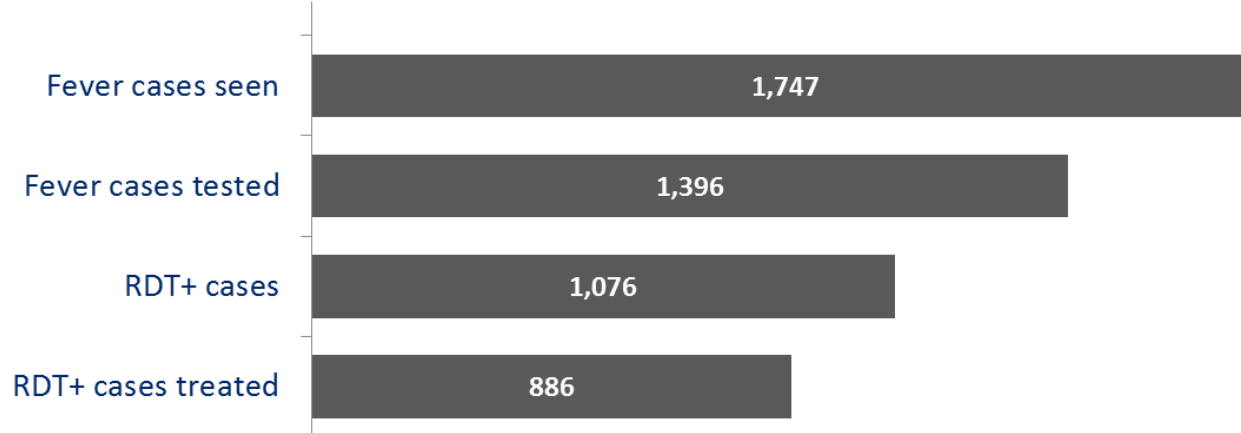
# Example of a district-level dashboard using fever/malaria process and outcome data elements

## Example district level monthly dashboard: Case management of malaria in children under-five years of age

### Community level (40 CHWs)



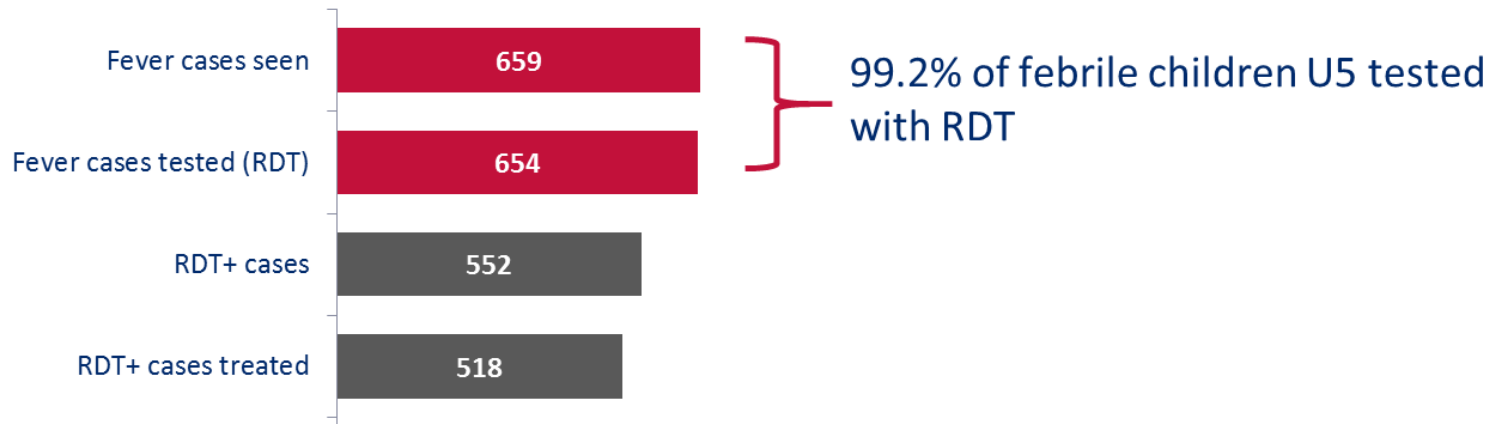
### Facility level (25 primary facilities)



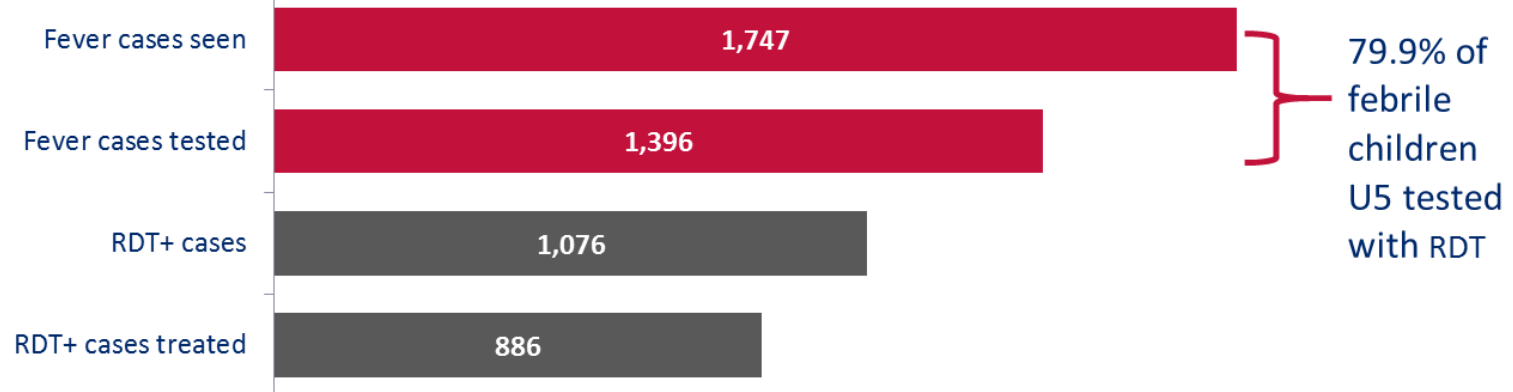
# What percent of fever cases in children under-five were tested with an RDT?

Example district level monthly dashboard: Case management of malaria in children under-five years of age

## Community level (40 CHWs)



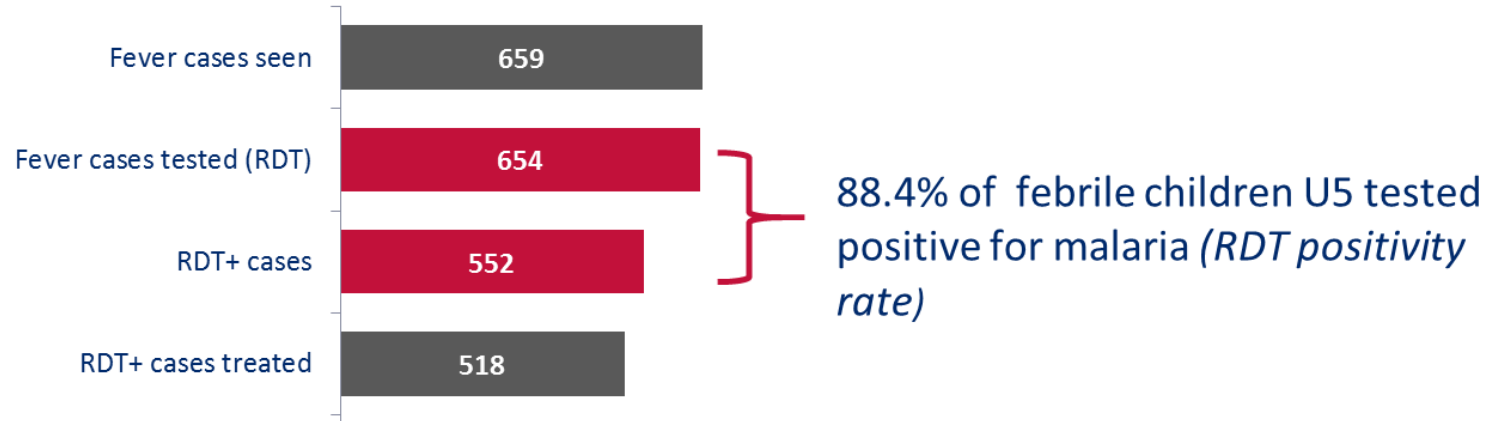
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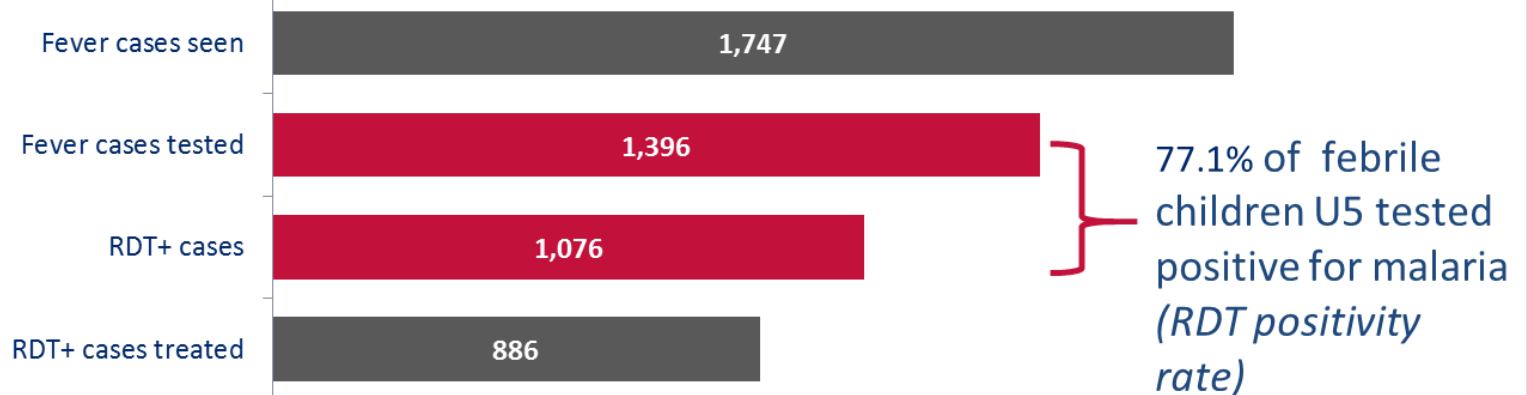
# What percent of tested fever cases in children under-five are positive for malaria (RDT positivity rate)?

## Example district level monthly dashboard: Case management of malaria in children under-five years of age

### Community level (40 CHWs)



### Facility level (25 primary facilities)

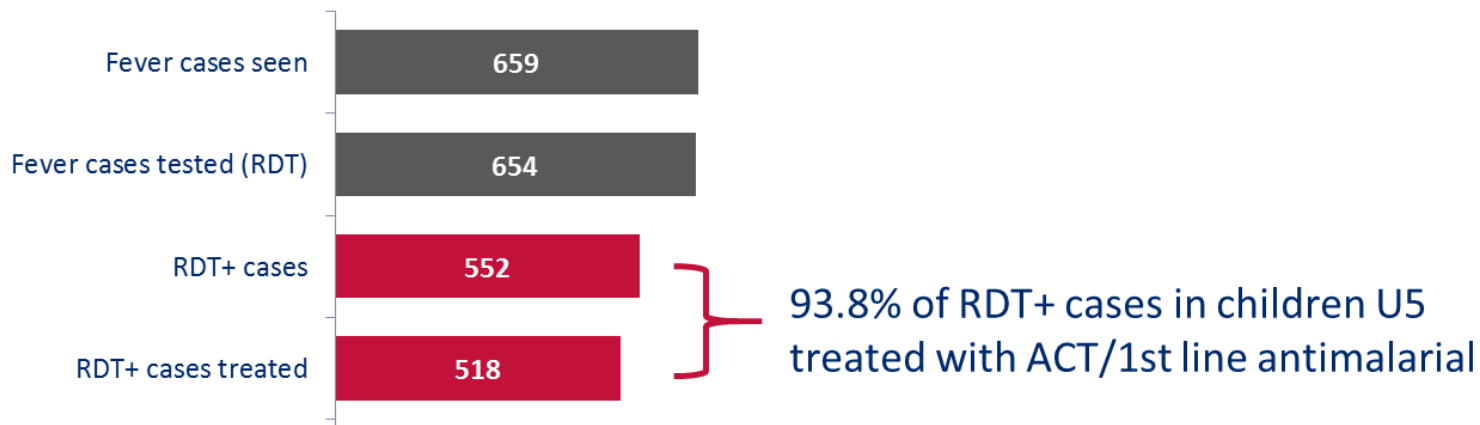


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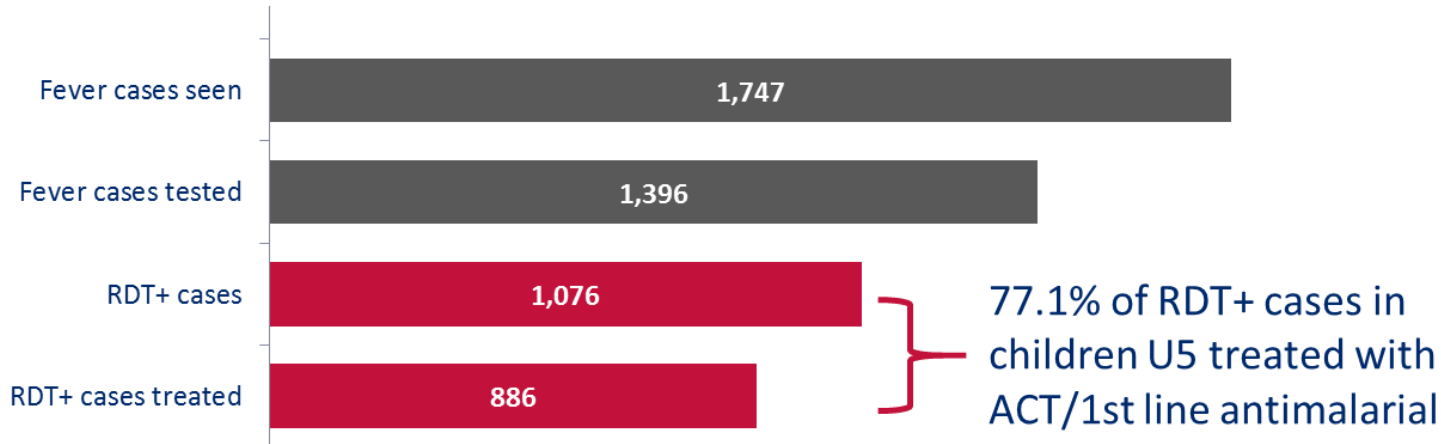
# What percent of RDT+ cases in children under-five are treated with an ACT/I<sup>st</sup> line antimalarial?

Example district level monthly dashboard: Case management of malaria in children under-five years of age

## Community level (40 CHWs)

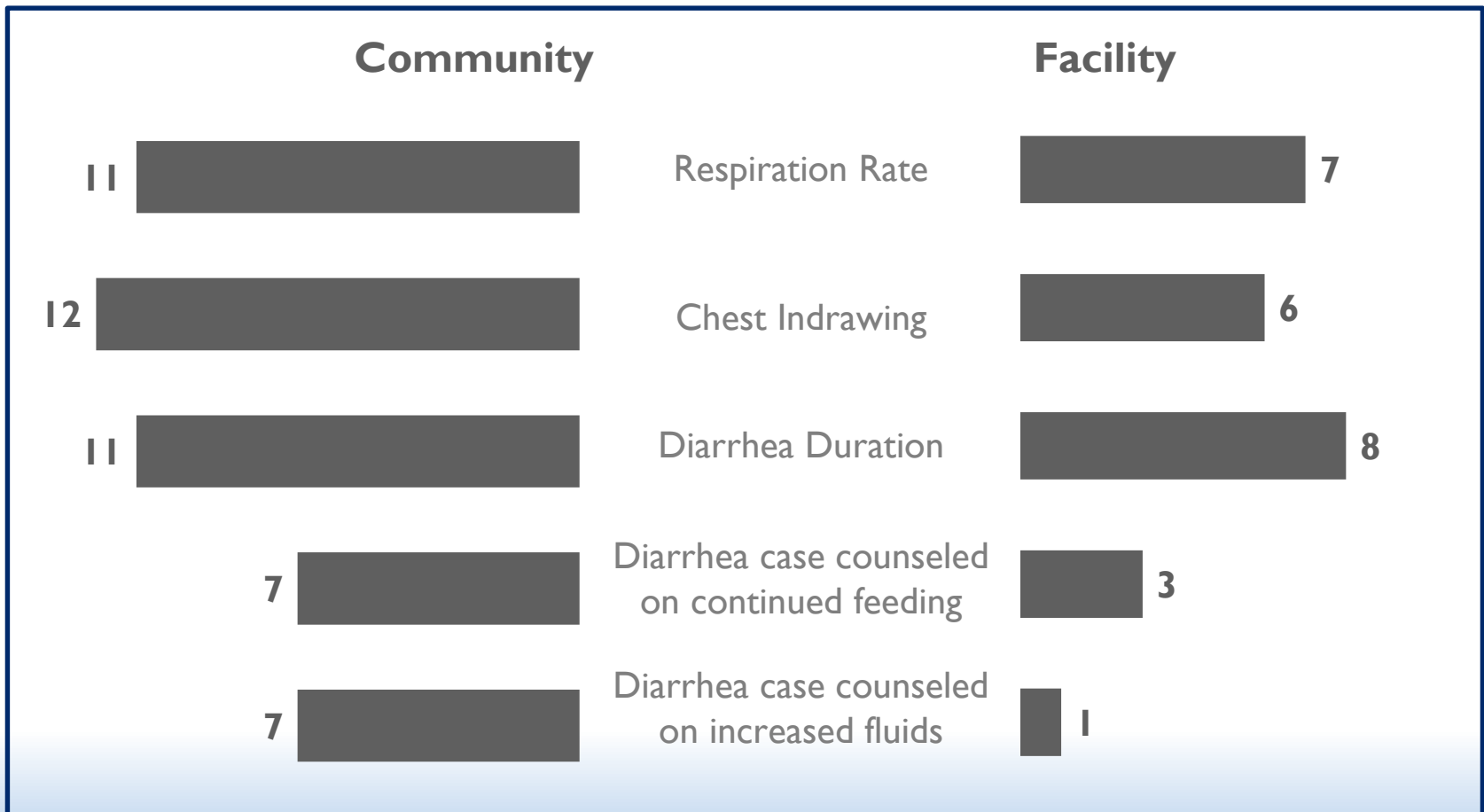


## Facility level (25 primary facilities)



# What assessment and counseling steps are community and facility-based workers completing when managing a sick child?

Number of countries (out of 23) with data element in their registers or sick child forms





# What danger signs are community and facility-based workers assessing when managing a sick child?

Number of countries (out of 23) with data element in their registers or sick child forms



# Job aids to monitor sick child management processes

REGISTRE DES ENFANTS AGE DE 2 MOIS ET 5 ANS

Date	Nom Enfant		Age en mois	Poids	NC	AC	Plaintes actuelles	EVALUATION (cochez le signe présent, écrivez ou cochez si nécessaire) et CLASSIFICATION									
	N° d'ordre	Adresse (secteur/Cellule/Village)						Sexe	Taille y°	Signes Généraux de Danger	Toux et/ou Difficultés Respiratoires	Diarrhée	Fièvre	Rougeole	Problèmes d'Oreille	Anémie	État Nutritionnel
								<input type="checkbox"/> Incapable de boire ou de prendre le sein <input type="checkbox"/> Vomité tout <input type="checkbox"/> Antécédents de convulsions <input type="checkbox"/> Léthargique/ Inconscient	<input type="checkbox"/> Oui <input type="checkbox"/> Non, ___ jours - Respirations par ___/minute <input type="checkbox"/> Respiration rapide	<input type="checkbox"/> Oui <input type="checkbox"/> Non, ___ jours Diarrhée durant 14 jrs ou plus ou au cours de 3 derniers mois <input type="checkbox"/> Sang dans les selles <input type="checkbox"/> Léthargique/ Inconscient <input type="checkbox"/> Agité/ Irritable	<input type="checkbox"/> Oui <input type="checkbox"/> Non, ___ jours Si fièvre depuis 7 jours, et présente tous les jours <input type="checkbox"/> Lignes peu abondantes ou coca-cola <input type="checkbox"/> Hémorragies spontanées	<input type="checkbox"/> Enflure généralisée et un des signes suivants: <input type="checkbox"/> Olloux, <input type="checkbox"/> Olyeux rouges, <input type="checkbox"/> Décollement nasal → <b>Rougeole?</b> <input type="checkbox"/> Oui <input type="checkbox"/> Non Si isolations: <input type="checkbox"/> Conjonctives douloureuses <input type="checkbox"/> Ophtalmes étendus? <input type="checkbox"/> Opacité de la cornée ou aux yeux	Actuel: <input type="checkbox"/> Oui <input type="checkbox"/> Non Passé: <input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/> Douleur d'oreille <input type="checkbox"/> Écoulement d'oreille depuis ___ jours <input type="checkbox"/> Douleur à la pression du tragus <input type="checkbox"/> Gonflement douloureux derrière l'oreille	Pâleur palmaire <input type="checkbox"/> Sévère <input type="checkbox"/> Légère <input type="checkbox"/> Absente (pas de pâleur) MjAC _____ <input type="checkbox"/> <115mm <input type="checkbox"/> Entre 115 et 125mm <input type="checkbox"/> >125mm Taille: _____ Poids: _____ DPT < -3DS <input type="checkbox"/> TAge < -3DS DPT entre -2 et -3DS <input type="checkbox"/> TAge entre -2 et -3DS DPT > -2DS <input type="checkbox"/> TAge > -2DS	Oedème des deux pieds? <input type="checkbox"/> Oui, <input type="checkbox"/> Non Signe de Gwail? <input type="checkbox"/> Oui, <input type="checkbox"/> Non MjAC _____ <input type="checkbox"/> <115mm <input type="checkbox"/> Entre 115 et 125mm <input type="checkbox"/> >125mm Taille: _____ Poids: _____ DPT < -3DS <input type="checkbox"/> TAge < -3DS DPT entre -2 et -3DS <input type="checkbox"/> TAge entre -2 et -3DS DPT > -2DS <input type="checkbox"/> TAge > -2DS	Sérologie de l'herpès: <input type="checkbox"/> (+), <input type="checkbox"/> (-), <input type="checkbox"/> Non disponible Si positive, enfant > 18 mois? <input type="checkbox"/> Oui, <input type="checkbox"/> Non -PCR de confirmation: <input type="checkbox"/> (+), <input type="checkbox"/> (-), <input type="checkbox"/> Non disponible Sérologie prééternelle: <input type="checkbox"/> (+), <input type="checkbox"/> (-), <input type="checkbox"/> Non disponible <input type="checkbox"/> Pneumonie actuelle <input type="checkbox"/> Diarrhée persistante actuelle ou dans les 3 mois <input type="checkbox"/> Écoulement d'oreille actuel ou dans le passé <input type="checkbox"/> Malnutrition <input type="checkbox"/> Tuberculose <input type="checkbox"/> Onglions sur deux aires ou plus <input type="checkbox"/> Muguet buccal <input type="checkbox"/> Gonflement des parotides	Contact avec TB? <input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/> Toux depuis 14 jours ou plus <input type="checkbox"/> Fièvre depuis 14 jours ou plus <input type="checkbox"/> Perte de poids ou pas de gain pondérale → <b>Risque de TB: <input type="checkbox"/> Haut, <input type="checkbox"/> Faible</b> <input type="checkbox"/> Toux depuis 14 jours ou plus malgré traitement <input type="checkbox"/> Amoxicilline pdt 5 jrs <input type="checkbox"/> Fièvre depuis 14 jours ou plus malgré traitement <input type="checkbox"/> Anomy pdt 5 jrs, (GE-) et absence d'autres causes Sérologie WH: <input type="checkbox"/> (+), <input type="checkbox"/> (-), <input type="checkbox"/> Non disponible <input type="checkbox"/> TB Pulmonaire Radiologiquement Confirmé <input type="checkbox"/> TB Pulmonaire Cliniquement Diagnostiqué <input type="checkbox"/> Exposition à la TB <input type="checkbox"/> TB Possible <input type="checkbox"/> TB Peu Probable

Prise en Charge Intégrée des Maladies de l'Enfant dans la Communauté  
 FICHE INDIVIDUELLE DE PRISE EN CHARGE COMMUNAUTAIRE DE L'ENFANT MALADE DE 0 à 59 mois

### 1. INFORMATIONS GENERALES

N° Fiche : \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ DPS : \_\_\_\_\_ ZS : \_\_\_\_\_ AS : \_\_\_\_\_  
 Site de Soins de : \_\_\_\_\_ Nom de la mère/Gardien : \_\_\_\_\_ Adresse/Village : \_\_\_\_\_

### 2. IDENTIFICATION DE L'ENFANT MALADE

Noms de l'enfant : \_\_\_\_\_ Age : \_\_\_\_ ans / \_\_\_\_ mois / \_\_\_\_ jours Poids : \_\_\_\_ Kg / \_\_\_\_ gr  
 Sexe :  M  F Etat nutritionnel  Vert  Jaune  Rouge Enregistré Etat Civil  NON  OUI

### 3. PLAINTES (COCHER NON SI ABSENCE SIGNE ET OUI SI PRESENCE SIGNE)

Plainte	Depuis combien de temps	Traitement reçu à domicile
Fièvre	<input type="checkbox"/> NON <input type="checkbox"/> OUI _____ Jours	_____
Diarrhée	<input type="checkbox"/> NON <input type="checkbox"/> OUI _____ Jours	_____
Toux ou rhume	<input type="checkbox"/> NON <input type="checkbox"/> OUI _____ Jours	_____
Autres signes (à spécifier) : _____ Jours		

### 4. SIGNES D'ORIENTATION A RECHERCHER/DEMANDER SYSTEMATIQUEMENT SI OUI, ORIENTER (Aller au N°11)

#### A. SIGNES GENERAUX DE DANGER

Incapable de boire ou de têter	<input type="checkbox"/> NON <input type="checkbox"/> OUI	A convulsé ou convulse	<input type="checkbox"/> NON <input type="checkbox"/> OUI
Vomité tout ce qu'il consomme	<input type="checkbox"/> NON <input type="checkbox"/> OUI	Inconscient ou ne répond pas aux stimuli externes	<input type="checkbox"/> NON <input type="checkbox"/> OUI

#### B. SIGNES D'ALERTE ET DE GRAVITE

Moins de 2 mois	<input type="checkbox"/> NON <input type="checkbox"/> OUI	Pâleur palmaire	<input type="checkbox"/> NON <input type="checkbox"/> OUI
Etat nutritionnel ROUGE	<input type="checkbox"/> NON <input type="checkbox"/> OUI	Souvent malade	<input type="checkbox"/> NON <input type="checkbox"/> OUI
Maladie qui dure 14 jours ou plus, ou fièvre qui dure 7jrs ou plus	<input type="checkbox"/> NON <input type="checkbox"/> OUI	Très affaibli	<input type="checkbox"/> NON <input type="checkbox"/> OUI
Respiration difficile avec tirage sous costal grave ou sifflement	<input type="checkbox"/> NON <input type="checkbox"/> OUI	Devient plus malade malgré les soins adéquats à domicile	<input type="checkbox"/> NON <input type="checkbox"/> OUI

### Form for Under Fives (Form 1A) Job Aid (v.1, p.1)

March 2015

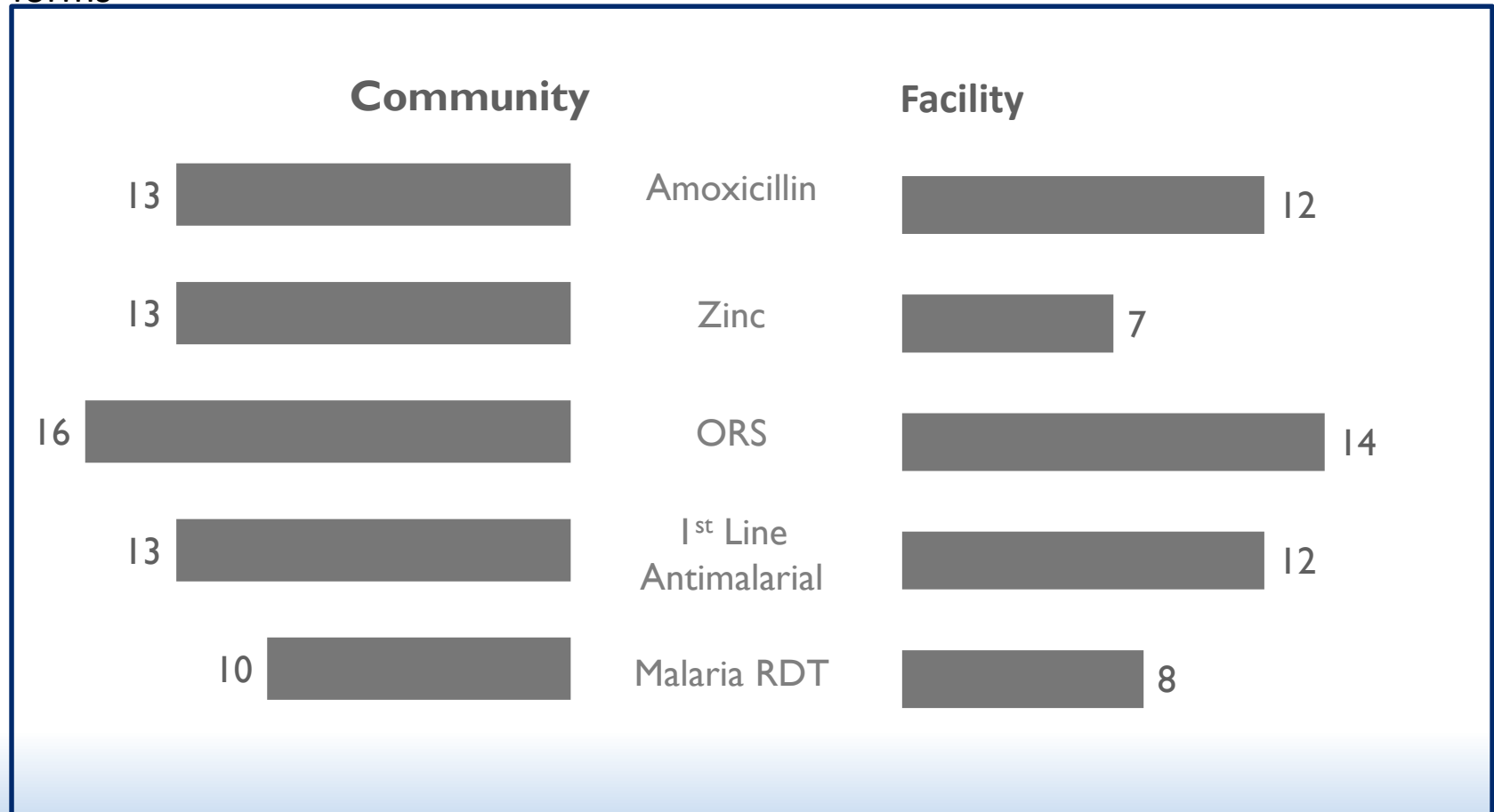
Information recorded  
 Name of the village clinic  
 Name of the group village head (GVH) area in which the village clinic is located  
 Name of the traditional authority (TA) in which the village clinic is located  
 Name of the district in which the village clinic is located  
 Number of people who live in the village clinic catchment area

Data Field	Information recorded
Month & Year	Month & Year of the report
HSA name	Name of the HSA
Date of reporting	Date on which the reporting form was completed
Do you stay in the catchment area	Yes/ If the HSA lives in the catchment area No/ If the HSA does not live in the catchment area
Nearest Health facility	Name of the health facility to which the HSA submits Form 1A

CM Cases report summary											
New cases	Referrals with danger signs				Referrals made because of Drug stockout				Deaths		
	2-4 months	5-35 months	36-59 months	TOTAL	2-4 months	5-35 months	36-59 months	TOTAL	2-4 months	5-35 months	36-59 months
# with fever	Add all new cases of fever	# with fever who had danger sign and were referred	# with fever who were referred due to danger sign	Add all fever referrals due to danger sign	Shaded	# with fever referred due to mRDT stockout	Add all fever referrals due to mRDT stockout	Shaded	# with fever who died within 7 days of being treated at a village clinic	Add all deaths treated for fever	
# with positive mRDT	Add all new cases of positive mRDT	Shaded	Shaded	Shaded	Shaded	# with fever referred due to LA 6x2 stockout	# with fever referred due to LA 6x2 stockout	Add all fever referrals due to LA stockouts	Shaded	# with positive mRDT who died within 7 days of being treated with LA at a village clinic	Add all deaths treated for positive mRDT
# with negative mRDT	Add all new cases of negative mRDT	Shaded	Shaded	Shaded	Shaded						
12-59 months	TOTAL	2-11 months	12-59 months	TOTAL	2-11 months	12-59 months	TOTAL	TOTAL	2-11 months	12-59 months	TOTAL
# with diarrhoea	Add all new cases of diarrhoea	# with diarrhoea and danger sign who were referred	# with diarrhoea referrals due to danger sign	Add all diarrhoea referrals due to danger sign	# with diarrhoea referred due to ORS stockout. (Referrals due to zinc stockout are not recorded.)	# with diarrhoea referred due to ORS stockout	Add all diarrhoea referrals due to ORS stockout	# with diarrhoea who died within 7 days of being treated with ORS and zinc at a village clinic	Add all deaths treated for diarrhoea		
# with cough & respiratory rate ≥ 40bpm	Add all new cases of fast breathing	# with cough & respiratory rate ≥ 50bpm who were referred due to danger sign	# with cough & respiratory rate ≥ 50bpm who were referred due to danger sign	Add all fast breathing referrals due to danger sign	# with cough & respiratory rate ≥ 40bpm referred due to Amoxicillin stockout	# with cough & respiratory rate ≥ 40bpm referred due to Amoxicillin stockout	Add all fast breathing referrals due to Amoxicillin stockout	# with cough & respiratory rate ≥ 50bpm who died within 7 days of being treated with Amoxicillin at a village clinic	# with cough & respiratory rate ≥ 40bpm who died within 7 days of being treated with Amoxicillin at a village clinic	Add all deaths treated for fast breathing	
# with red eye	Add all new cases of red eye	# with red eye who were referred due to danger sign	# with red eye who were referred due to danger sign	Add all red eye referrals due to danger sign	# with red eye referred due to eye ointment stockout	# with red eye referred due to eye ointment stockout	Add all red eye referrals due to eye ointment stockout	# with red eye who died within 7 days of being treated with eye ointment at a village clinic	Add all deaths treated for red eye		
# with score or swelling were referred	Add all new cases of malnutrition	# with yellow or red MJAC score or swelling of both feet who were referred	# with yellow or red MJAC score or swelling of both feet who were referred	Leave blank	Leave blank			Blank	Blank		
# with palmar pallor	Add all new cases of palmar pallor	# with palmar pallor who were referred	# with palmar pallor who were referred	Leave blank	Leave blank			Leave blank	Leave blank		

# What stocks do CHWs and facilities have to manage sick children?

Number of countries (out of 23) with data elements related to stocks in their summary forms



*ORS: Oral Rehydration Salts; RDT : Rapid Diagnostic Test*

# Illness prevention

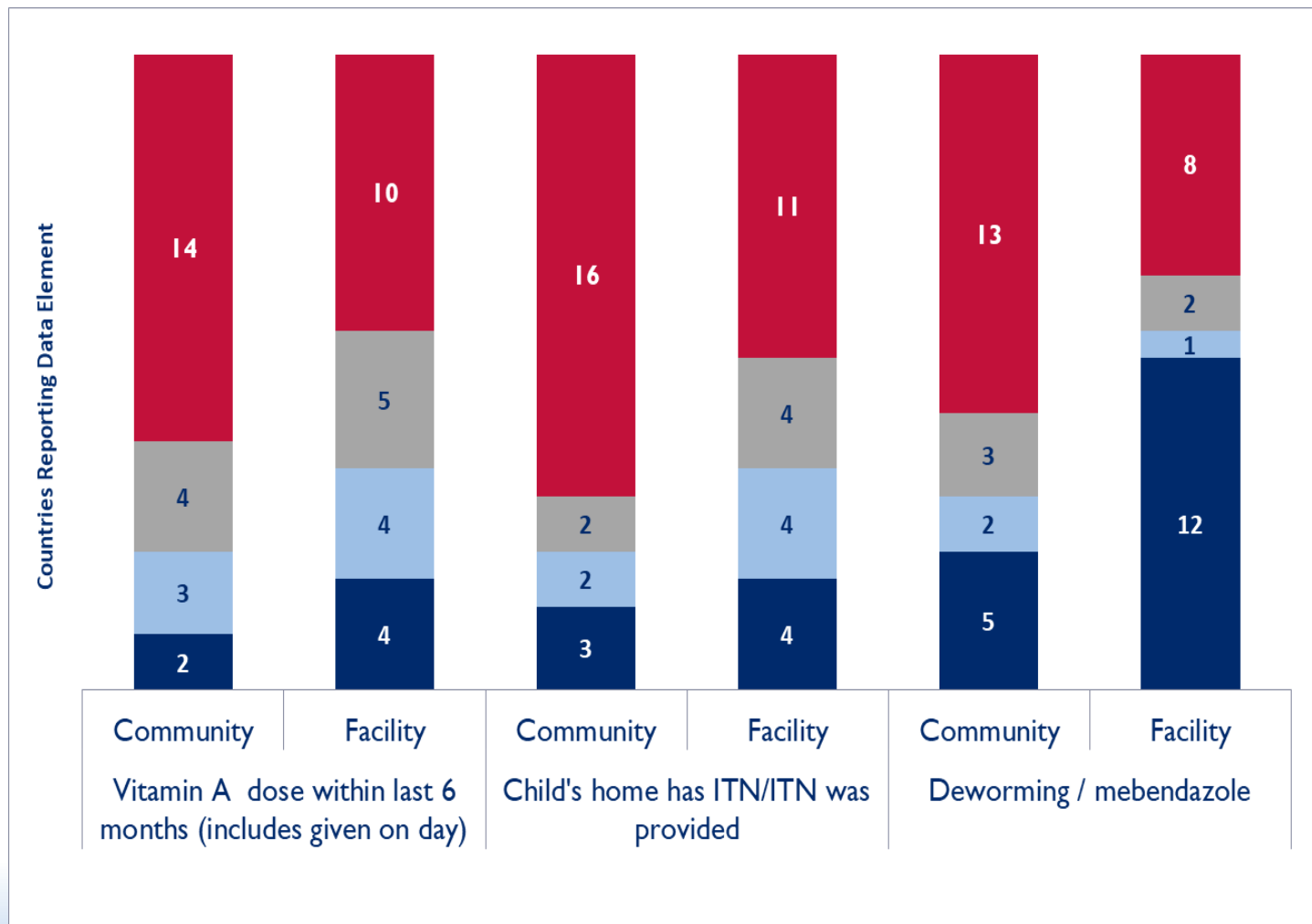
How many children U5 received vitamin A in the last 6 months?

How many children U5 have an ITN in their home?

How many children U5 received deworming medication?

## Key:

- Not collected
- In register or child form only
- In summary form only
- In both summary form and register/child form



U5: Under five years of age; ITN : Insecticide Treated Net

# Malnutrition

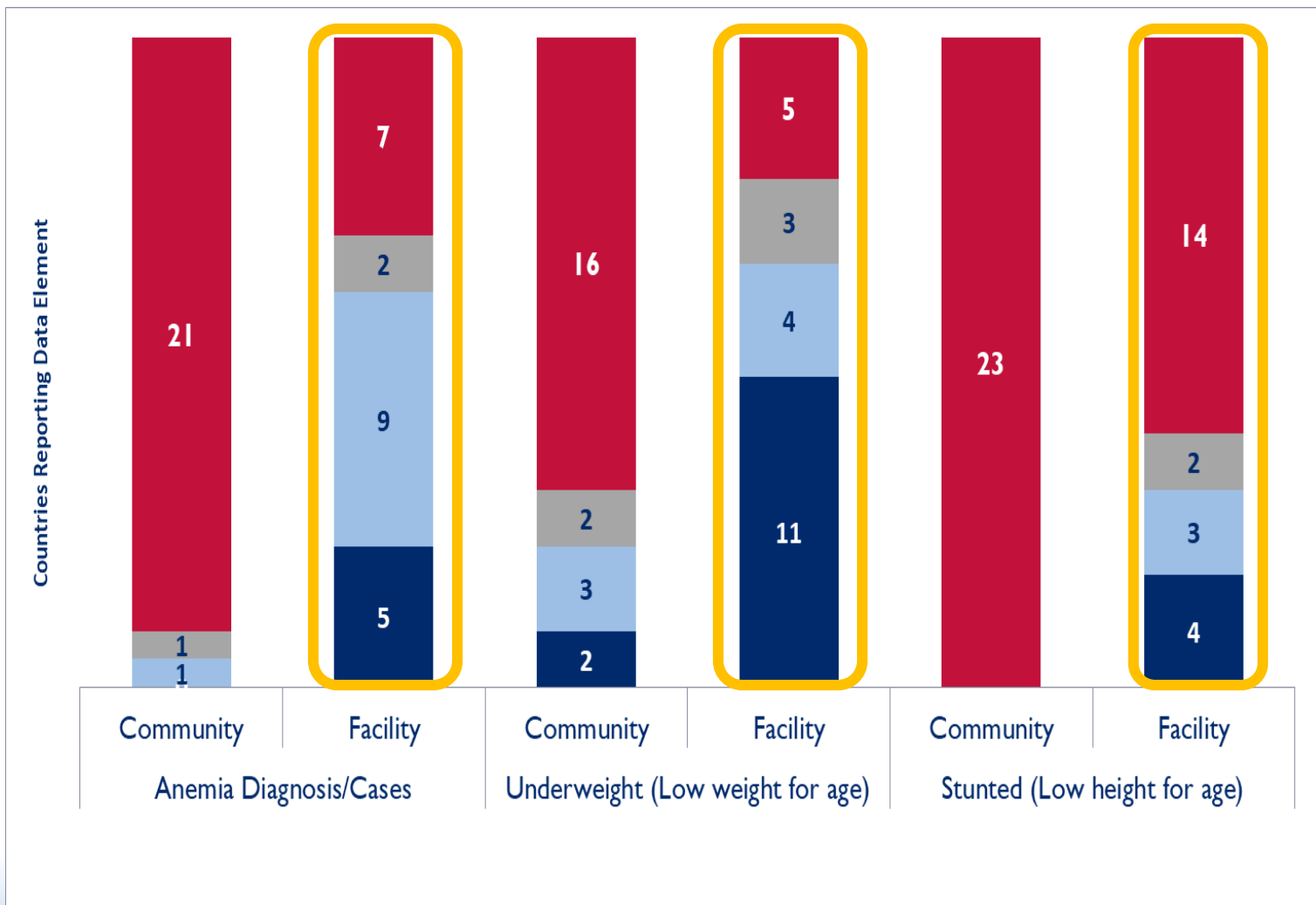
How many U5 children are diagnosed with anemia?

How many U5 children are underweight?

How many U5 children are stunted?

## Key:

- Not collected
- In register or child form only
- In summary form only
- In both summary form and register/child form



# Malnutrition

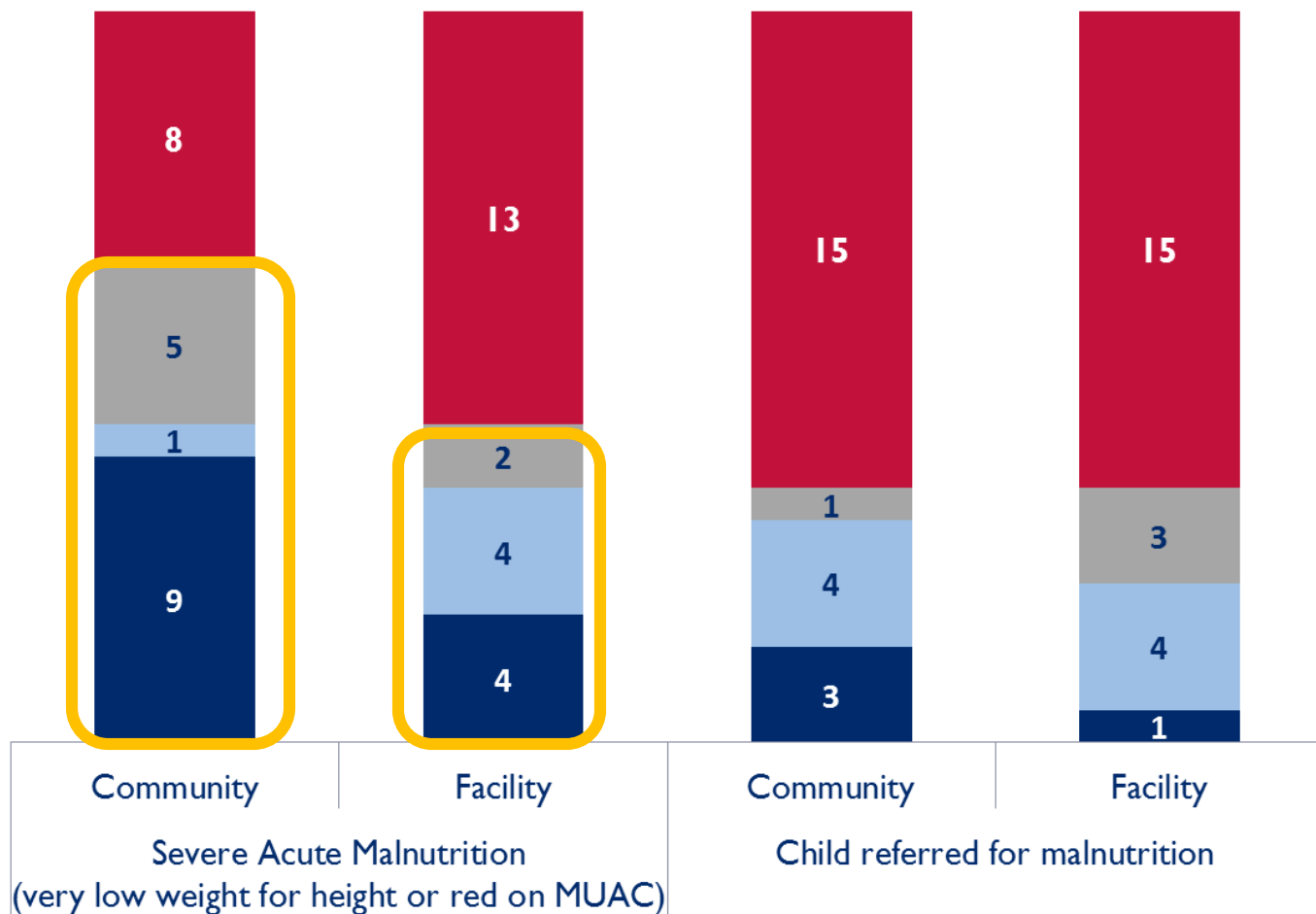
How many children U5 have severe acute malnutrition?

How many children U5 are referred for management of malnutrition

**Key:**

- Not collected
- In register or child form only
- In summary form only
- In both summary form and register/child form

Countries Reporting Data Element



*U5: Under five years of age ; MUAC: mid-upper arm circumference*

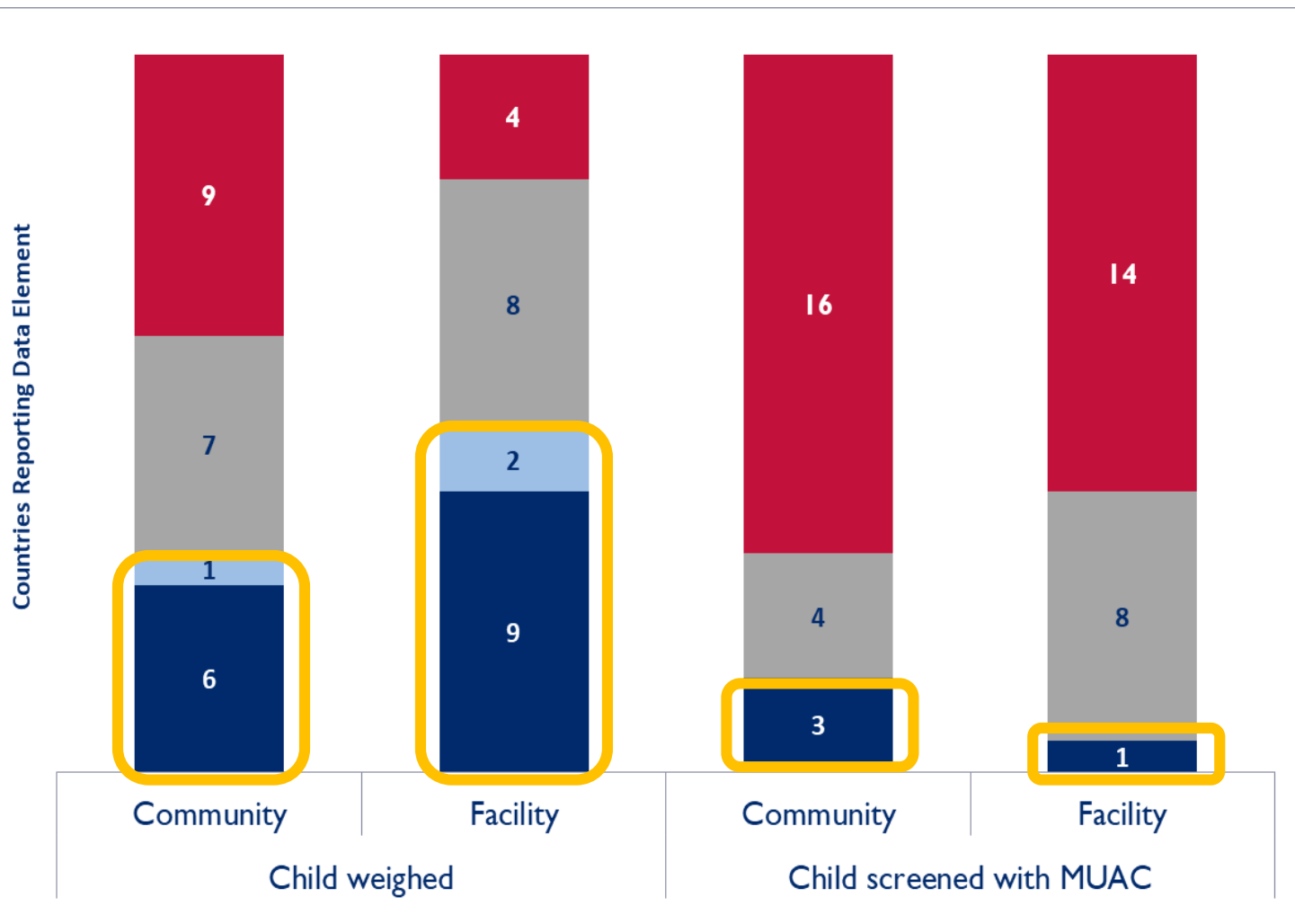
# Malnutrition

How many children U5 are weighed?

How many children U5 are screened for malnutrition with a MUAC?

## Key:

- Not collected
- In register or child form only
- In summary form only
- In both summary form and register/child form



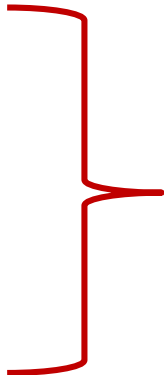
U5: Under five years of age ; MUAC: mid-upper arm circumference

# Importance of screening data element

Number of children with severe acute malnutrition (SAM) ( $MUAC < 110 \text{ mm}$ )

---

Child screened with MUAC



% children 0-5 yrs. of age screened with SAM



# Importance of screening data element

Number of children with severe acute malnutrition (SAM) ( $MUAC < 110 \text{ mm}$ )

---

**Child screened with MUAC**

---

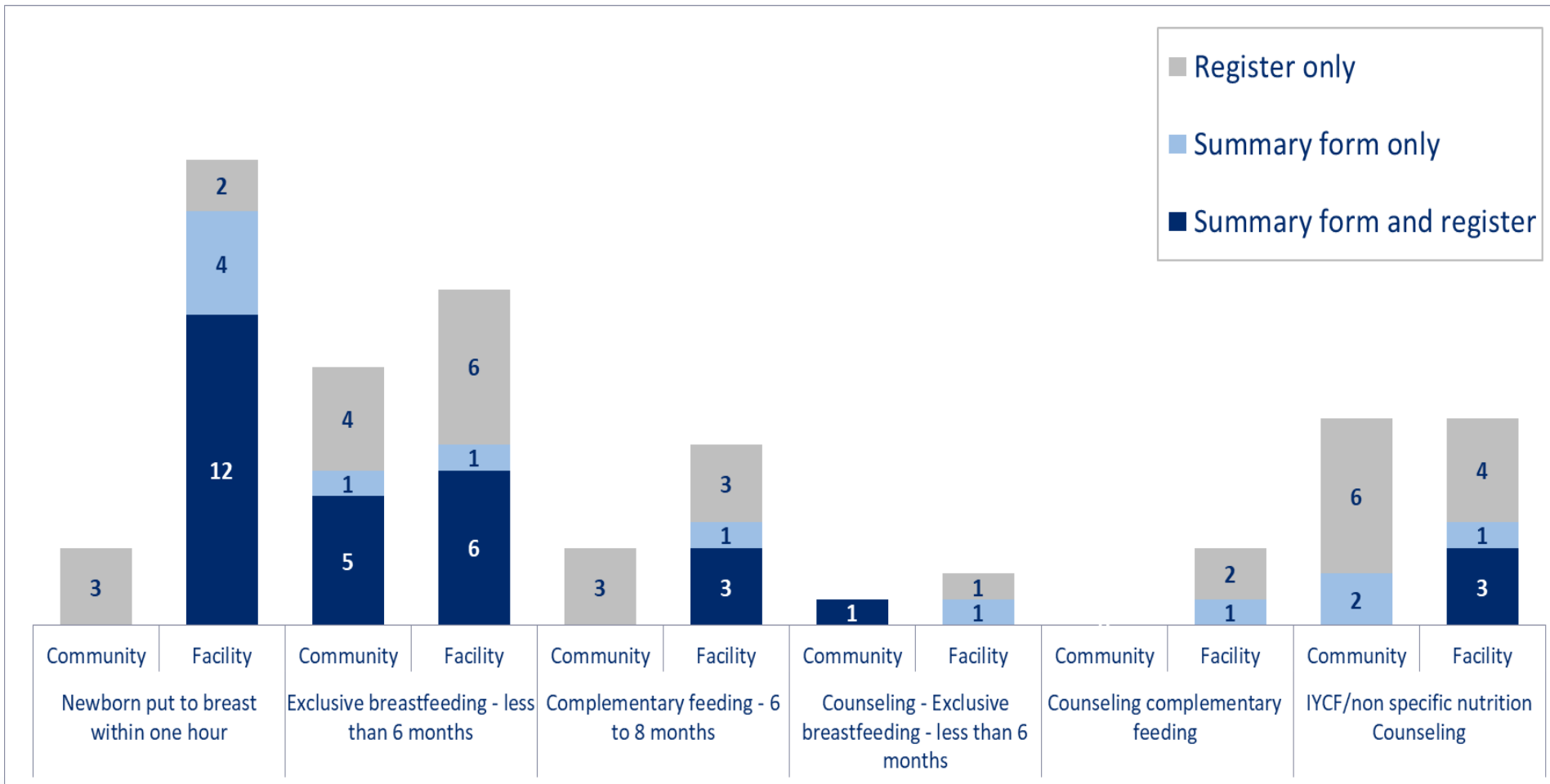
Number of children seen

% children 0-5 yrs. of age screened with SAM

% of children 0-5 yrs of age screened for malnutrition

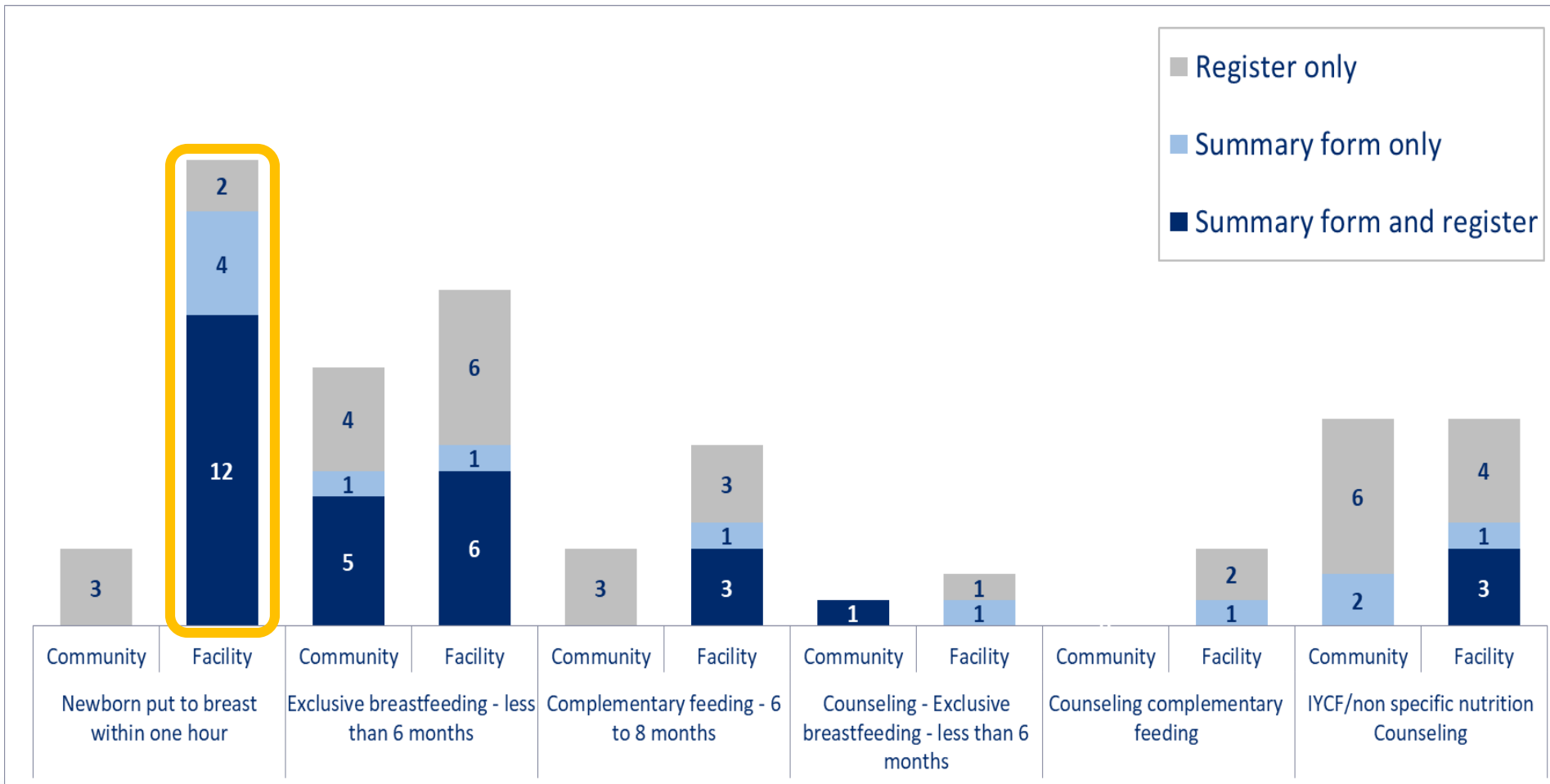
# What are caretakers' nutrition practices?

## What nutrition counseling steps are health workers completing?



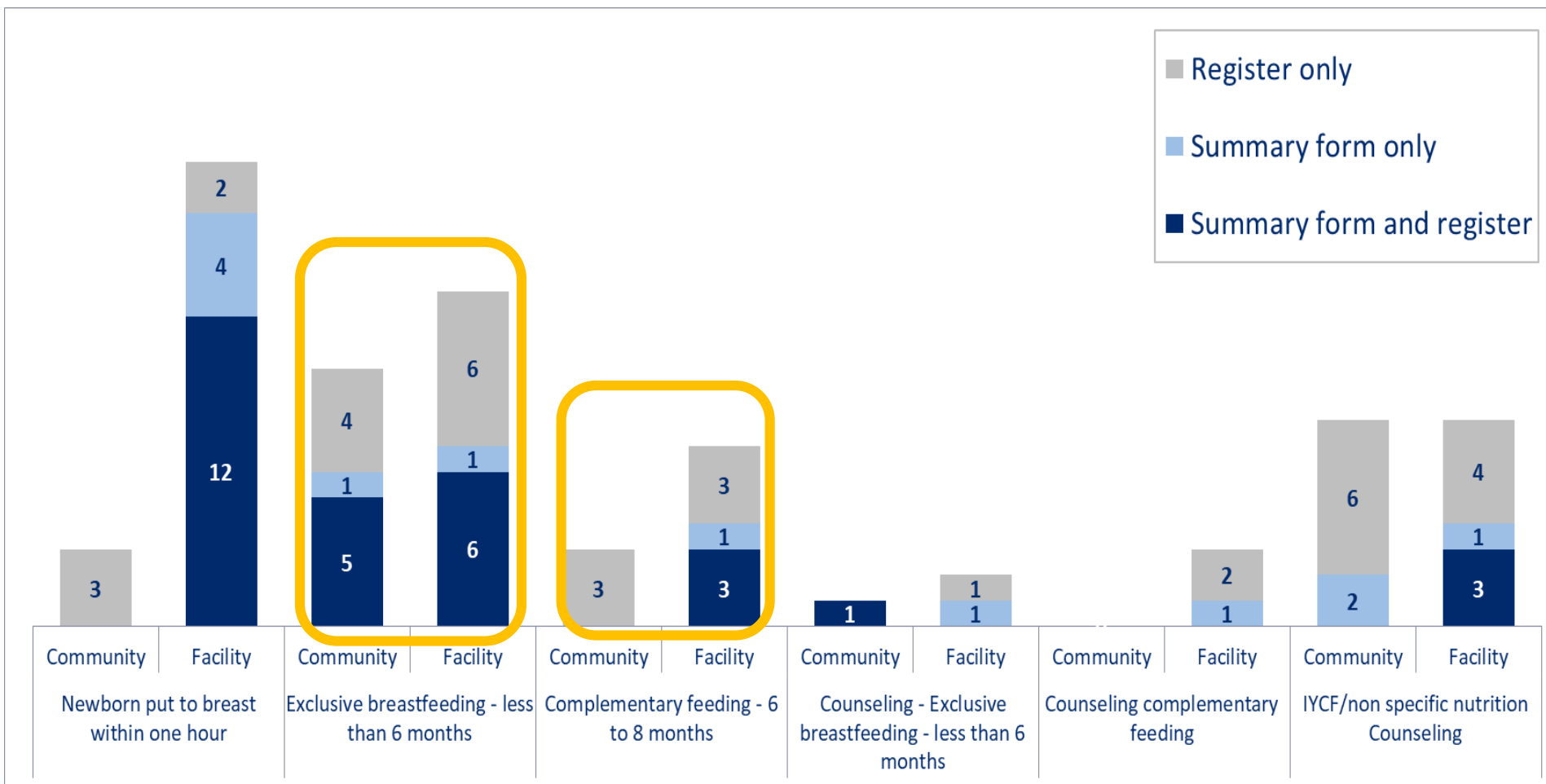
# What are caretakers' nutrition practices?

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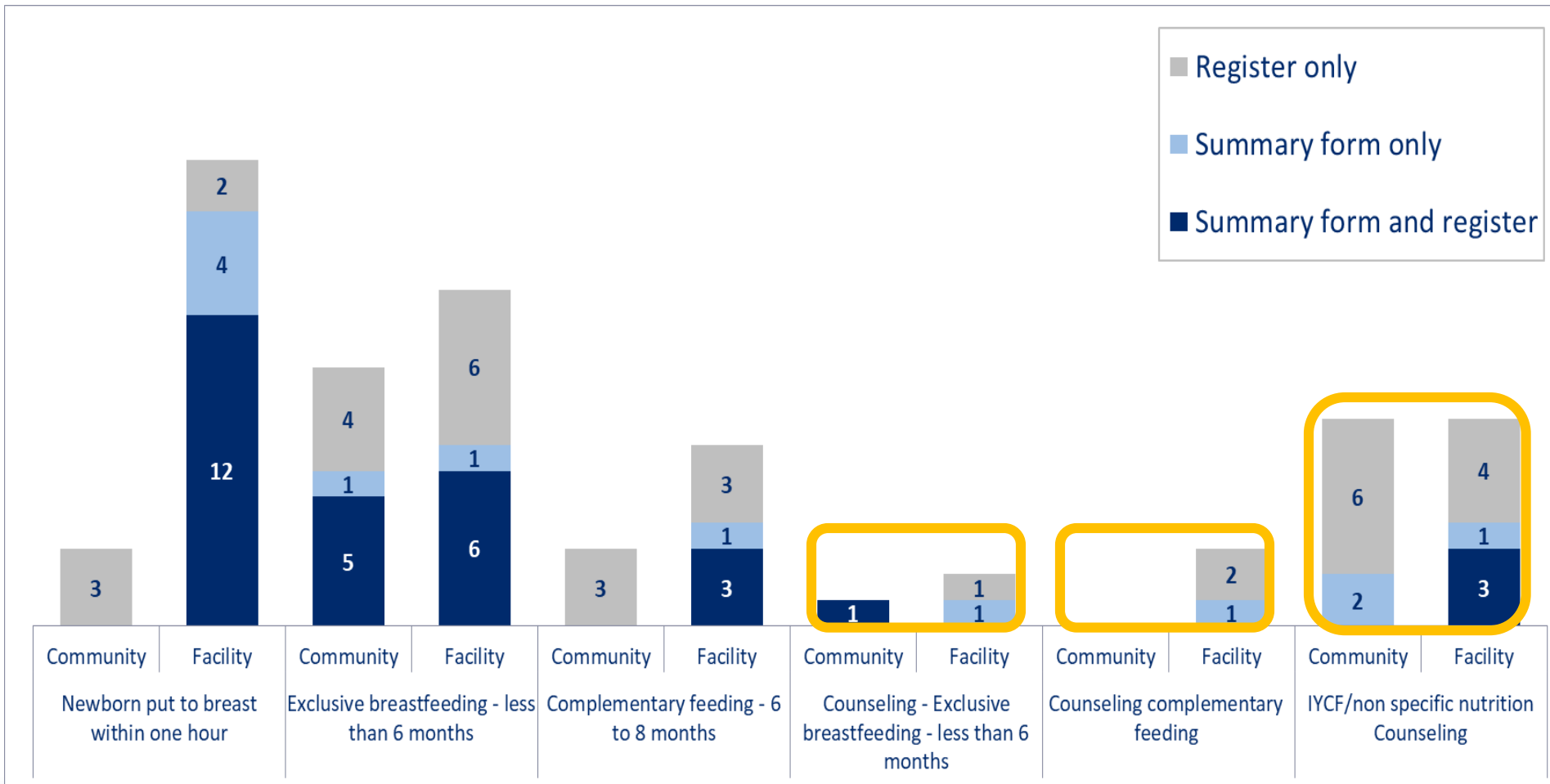
# What are caretakers' nutrition practices?

## What nutrition counseling steps are health workers completing?



# What are caretakers' nutrition practices?

## What nutrition counseling steps are health workers completing?



# Examples of Infant and Young Child Feeding practices and counseling data elements

Zimbabwe U5  
IMCI register

METHOD OF FEEDING		
45. Breast feeding	46. Complementary feeding	47. # of feeds in 24 hours?

Kenya CHW  
summary form

			No. of mothers with new-borns counselled Exclusive Breast Feeding (EBF)
--	--	--	---

Ghana PNC  
register

<b>Exclusive breastfeeding (Y/N)*</b>

Bangladesh facility  
summary form

4	Number of children 0-6 months
5	Number of mothers with children 0-6 months counseled on exclusive breastfeeding
6	Number of children 7-12 months
7	Number of mothers with children 7-12 months counseled on complementary feeding



# Summary

# Overview of findings

- Many countries can report on high priority indicators
- Gaps remain in data elements, especially for treatments
- Non-standard or ambiguous terminology and definitions of data elements across levels and forms
- Disconnect between registers (source data) and summary forms can affect data quality
- Data elements in registers can be used to monitor processes, but often missing
- Job aids with algorithms can document important elements to monitor processes



*Photo credit: Karen Kasmauski/MCSP. Brickaville, Madagascar 2018*



# Strengths and limitations of the review

## **Strengths**

- Reviewed large number of data elements in many countries across child health and nutrition
- Can inform HMIS revisions at country level
- Can inform global level metrics initiatives, such as Child Health Accountability Tracking (CHAT) and Every Breath Counts

# Strengths and limitations of the review

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- Can inform HMIS revisions at country level
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## Limitations

- Some data elements may be collected in other registers or forms that were not reviewed
- Only included nationally endorsed forms, but these may not be used in every facility or in private sector
- Ongoing HMIS updates at country level means forms become outdated
- Did not include any information on data quality or completeness

# The way forward

- Global and country level consensus is needed about what priority data should be collected and available at each level of the HMIS for data use
- Strategic investments are needed to ensure priority data elements and indicators are captured and used in national HMIS



*Photo credit: Kate Holt/MCSP. Nondwe Iganga, Uganda 2017*

# Acknowledgements

**MCSP Washington, DC:** : Kate Gilroy, Elizabeth Hourani, Tamah Kamlen, Dyness Kasungami, Justine Kavale, Sarah Lackert, Michel Pacqué, Zeenat Patel, Serge Raharison and Emily Stammer

**MCSP country staff who shared forms and answered questions**

**Ministry of Health and other partners who shared forms and answered questions**

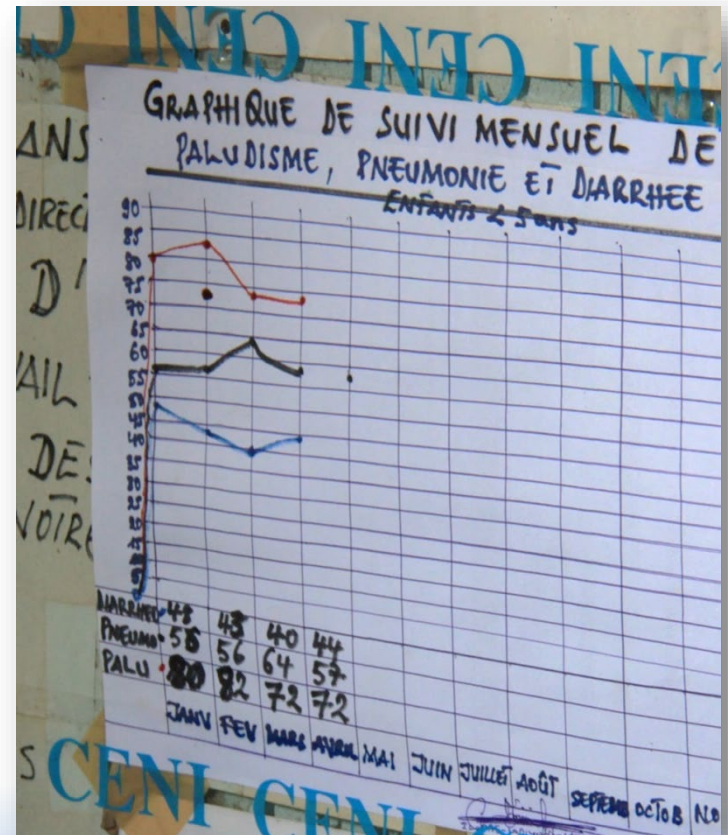
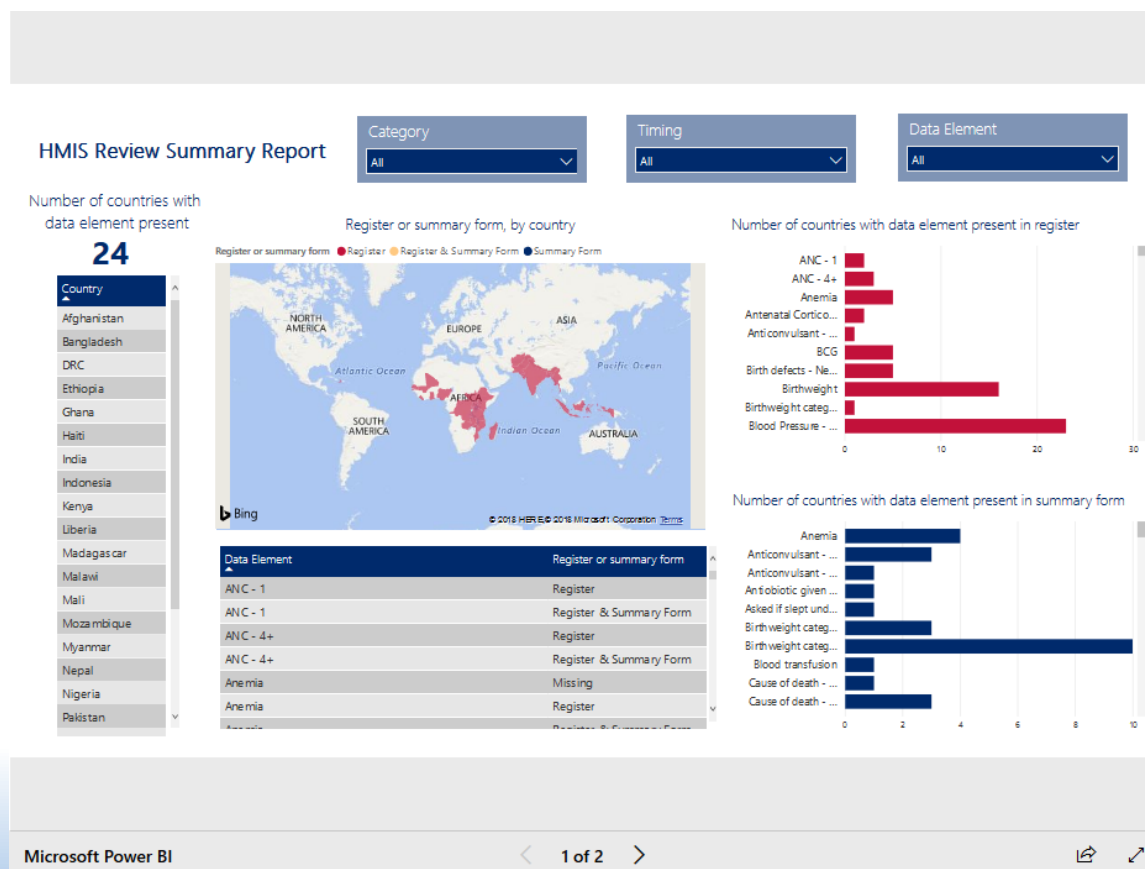


Photo credit: Michel Pacqué /MCSP.  
Tshopo, DRC 2018

# For the MNH review report and dashboard and forthcoming reports:

<https://www.mcsprogram.org/resource/hmis-review/>



Questions?



For more information, please visit  
**[www.mcspprogram.org](http://www.mcspprogram.org)**

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