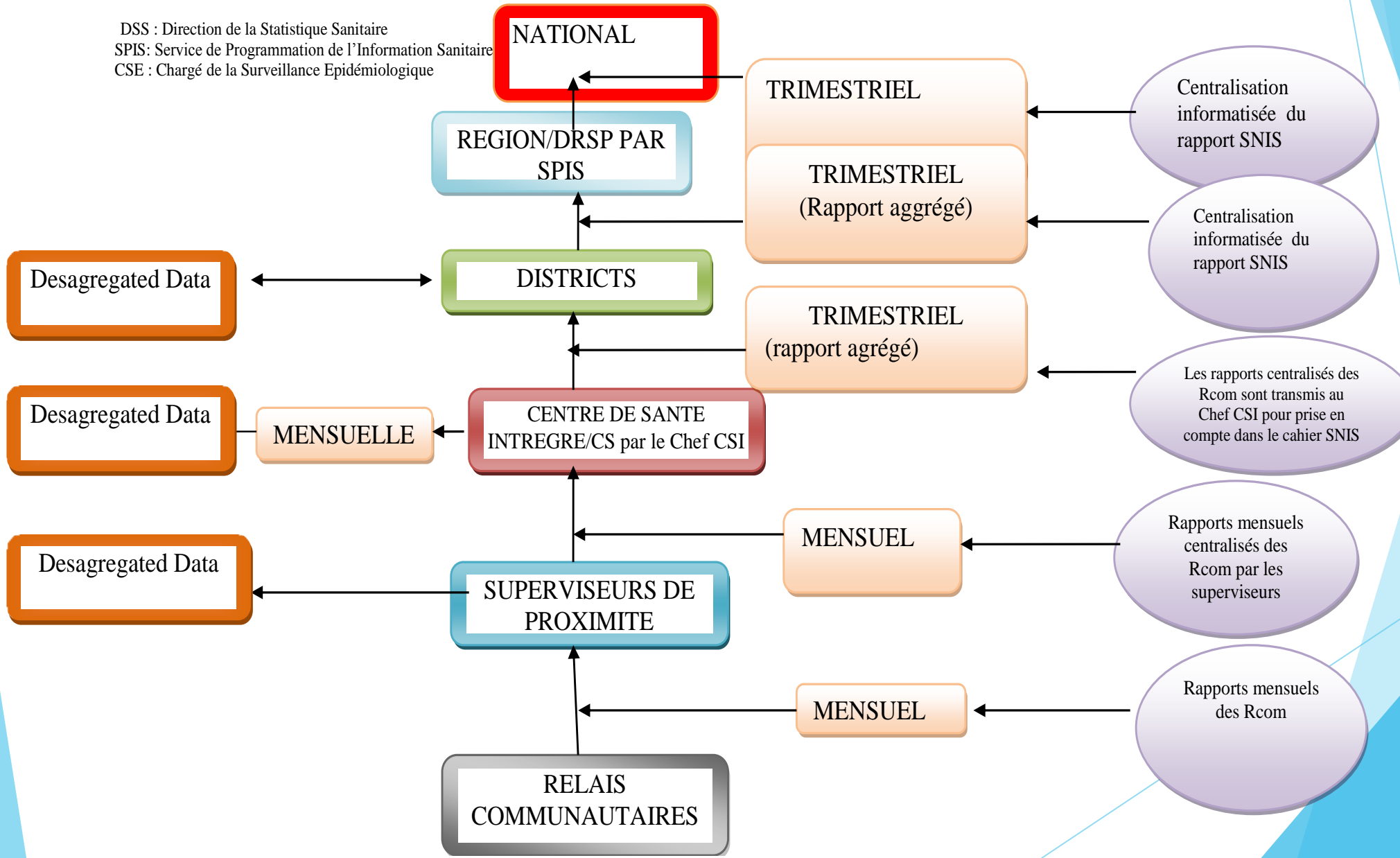




# Integrating ICCM in NHIS NIGER

# iCCM data in routine data flow

DSS : Direction de la Statistique Sanitaire  
SPIS: Service de Programmation de l'Information Sanitaire  
CSE : Chargé de la Surveillance Epidémiologique



# iCCM routine data collect

## *Data collect tools:*

- Are from NHIS but there are parallel tools of partners
- Use at all the level of HS
- Tools adapted for relays com
- Annual SMART / KAP survey

## *Challenges*

- Availability of tools depends on partners funding
- Is not used by all the partners
- Does not include all basic data

### Systeme National d'Information Sanitaire

BP 13.378, Niamey / NIGER

Tél. (227) 20. 72.45.96

Site Web : [www.snis.cermes.net](http://www.snis.cermes.net)

Direction Régionale de la Santé Publique de :		Mois :	
District Sanitaire de :		Année :	
CSI de :		Code CSI :	<input type="text"/>
Case de Santé de :			
Village de :			
Nom et prénom du RCom :			

# iCCM routine data analysis

## **Data analysis of iCCM indicators** *Impact (coverage), output and activities indicators*

- *1. On availability of the tools and quality of data (tools, validation of data)*
- *2. Indicateurs related to care service (use rate, frequentation)*
- *3. Incidence rate by disease*
- *4. Quality of service: (continued use)*
- *5. referral indicators (P)*

# iCCM routine data analysis

***Data analysis of iCCM indicators:*** *Impact (coverage), output and activities indicators*

- Related to % of children treated for fever, diarrhea, pneumonia, for hypothermia, (NB less than 2500 g at birth), umbilical cord treated, Breastfeeding, malnutrition and related to PLW/AIDS, FP, malaria test, ACT T3, LLIMN, EPI
- Related to intrants: shortage in tools, Essentials drugs
- Impact: village coverage, vitamin A supplementation coverage
- Knowledge and use of KFP

# iCCM routine data analysis

## *Challenges - analysis*

- Aggregated data only available from HD to central level
- No reliable archiving at community level for even short term: MnE weakness
- DHIS2 in very early stage

# iCCM routine data -practical use

## *Practical use*

- Some indicators are proposed to be disaggregated in the guidelines for national HMIS indicators but many are not available for HP and HC in current annual statistical reports, annual execution rapport of HDP
- Contribute to Monitoring of performance are done using all the data but are still limited and funded only by Unicef
- Contribute to Dashboard of HC
- Reporting

## *Challenge*

- Delay in access to data for decisions
- Weak reliability
- Few indicators on relay com iCCM

# iCCM routine data-promising practice

## *Promising practice*

- Georeferenced census of service delivery sites (health centre, health post/ASC, and relais) + spatial analysis for planification (survey data)
- M Health (pilot use for nutrition data, iCCM project...)
- DHIS2
- Full integration and use of data and indicators of com Relay

## *Challenge*

- High cost of DHIS2
- Network reliability and internet



## Way forward

- The reform of NHIS is underway but the process is slow...but promising
- Several tools developed for the registration of cases, data collection, supplies by *relay* are already available
- Full integration and use of data and indicators of com Relay
- Reinforce M-Health transmission of data

*Thanks for you attention*

