

Introduction to Health Facility Data

Strengthening Analysis and Use of Routine Health Facility Data
for Maternal, Newborn, Child, and Adolescent Health

August 1, 2024

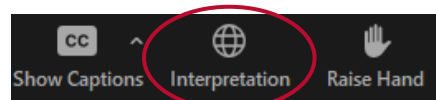


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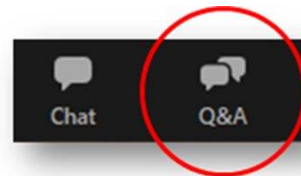


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- Please access the interpretation channel and choose English or French audio.

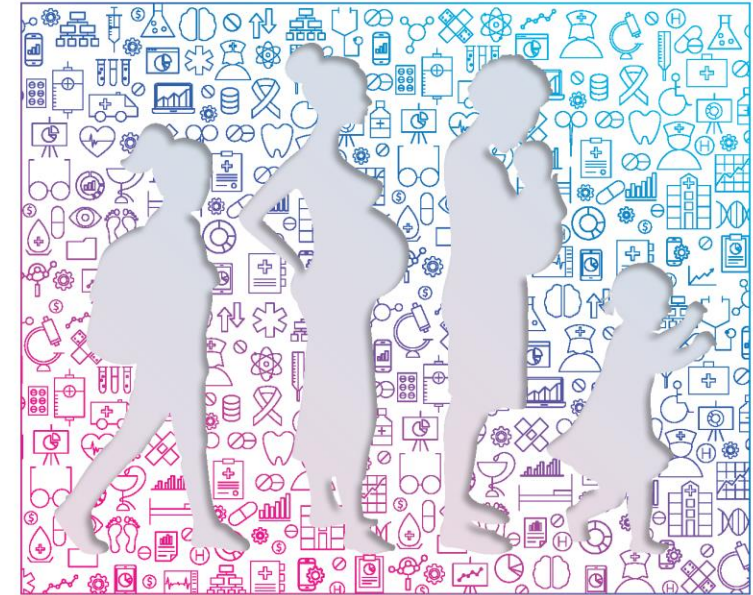


- Please submit your questions for the presenters in the Q&A box. Presenters will either reply to you via text in the Q&A box or will answer your question during the Q&A discussion portion of the webinar.



Series Overview

- Training of trainers (ToT) on strengthening data use and analysis.
- Based on World Health Organization (WHO) guidance *Analysis and use of health facility data: Guidance for maternal, newborn, child and adolescent health programme managers.*



Analysis and use of health facility data

Guidance for maternal, newborn,
child and adolescent health
programme managers

Series Overview

Each session in the webinar series will:

- Introduce key concepts related to analysis and use of routine data.
- Feature examples from MOMENTUM awards.
- Highlight tools and resources to support technical assistance activities.

Date	Session
August 1	Introduction to Health Facility Data
August 13	Data Quality
September 5	Data Triangulation and Analysis
September 12	Data Interpretation and Use for Decision-Making
September 26	Bonus Session: Data Viz

Today's Presenters



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MOMENTUM Overview



- Scale and sustain access to and use of evidence-based, quality maternal, newborn and child health, family planning and reproductive health (MNCH/FP/RH) care.
- Improve, institutionalize, measure, and document local capacity to deliver evidence-based, quality MNCH/FP/RH care.
- Increase adaptive learning and use of evidence among partner country technical leaders.
- Encourage innovative collaboration between MNCH/FP/RH care and other sectors.

Toolkit Relevance to MOMENTUM and USAID

Problem Statements

- Lack of global consensus on priority routine maternal and child health (MCH) indicators to monitor through national routine health information systems (RHIS).
- Need for improvement in data competencies of intended data users at multiple levels of the health system, including competencies in data analysis, visualization, interpretation, and use.

Value of the Resources

- This WHO global good helps to address the above gaps through a catalogue of recommended indicators, analysis guidance, and data use capacity-building materials.
- Availability of the right high-quality MCH data at the appropriate time and place for use by decision-makers who are ready to take action is essential for accelerating progress towards USAID's prevention of child and maternal deaths (PCMD) goals.

Session Objectives

- Provide orientation to the WHO guidance & companion resources and key indicators for maternal, newborn, child, and adolescent health (MNCAH) using routine health facility data.
- Present and discuss real-world examples of how colleagues with the MOMENTUM Integrated Health Resilience (MIHR) project worked with the Ministry of Health (MoH) in Niger to promote and advocate for maternal health indicator inclusion in the routine health information system.
- Outline key tools and resources for supporting work to promote the use of routine health facility data for MNCAH.



Types of Health Data

ROUTINE

Routine Data

- Health facility service utilization and delivery data.
 - Health management information system (HMIS).
- Commodity stock data.
 - Logistics management information system (LMIS).
- Surveillance data.
- Community-based data.
 - Community health information system (CHIS).
- Civil registration and vital statistics (CRVS).

Administrative Data

- Human resources.
- Financing and health expenditures.

NON-ROUTINE

Health Facility Assessments

- WHO Harmonized Health Facility Assessment (HHFA).
- Service Provision Assessments (SPA).

Population and Household Surveys

- Demographic and health surveys (DHS).
- UNICEF Multiple Indicator Cluster Surveys (MICS).
- Malaria Indicator Surveys (MIS).
- AIDS Indicator Survey (AIS).

Modeled Estimates

- Mortality (UN inter-agency estimates, e.g., IGME, MMEIG), pre-term birth estimates, etc.

Spotlight on Routine Health Facility Data

- Routine health facility data represent services provided or utilized at clinics, hospitals, and other health service delivery points at the time that services are provided.
- The system of regular recording, reporting, analysis, and presentation of health facility data is known as the **routine health information system (RHIS)**.¹

Advantages

- Reported at regular, more frequent intervals.
 - Can provide data in a timely manner.
 - Can be used to monitor trends over time.
- High geographic granularity (subnational, facility, geo-referenced, etc. data).
- Customizable configuration enables calculation of indicators to fit use cases (e.g., facility- vs. population-based denominators).

Limitations

- Data often limited to facility-based interventions.
 - Can also exclude data from private sector facilities.
- Difficult to understand demand side of health service utilization (knowledge, attitudes, behaviors, etc.).
- Quality concerns (under/over counting/reporting, denominators).

¹ World Health Organization. (2008). *Toolkit on monitoring health systems strengthening. Health information systems.*

Uses of Routine Health Facility Data

- Widely used for **national and subnational health sector reviews and planning**.
- They form the **basis of national reports of health statistics** and reviews of health system performance.
- They are used to **assess health programs** at all levels of the health system.
- They can be used to **measure levels, study trends, and assess inequalities between key populations** for a range of standard health indicators related to service delivery and utilization, leading diagnoses, and health outcomes among patients and clients.
- Routine data can be used to **estimate coverage of interventions at population level** for some MNCAH indicators.
- Routine data are **used as input data for data modeling**, including for estimating population denominator data for many MNCAH indicators.





Orientation to WHO Guidance and Companion Resources

WHO Toolkit for Routine Health Information Systems Data

Standards for Measurement and Analysis



Integrated Health Services Analysis



Programme specific Guidance



Training materials

Electronic, automated packages for facility data e.g. DHIS2

Toolkit Supporting Materials

Presentation Materials



Exercises



Facilitator Guide



Toolkit Supporting Materials

Presentation Materials



1. Health information system: Types and sources of health data
2. Routine health facility data indicators for MNCAH
3. Data quality considerations for MNCAH managers
4. Data triangulation: Using multiple sources of MNCAH data together
5. Analysis visualization and interpretation of MNCAH data
6. Data communication products for MNCAH
7. Using MNCAH data for decision-making



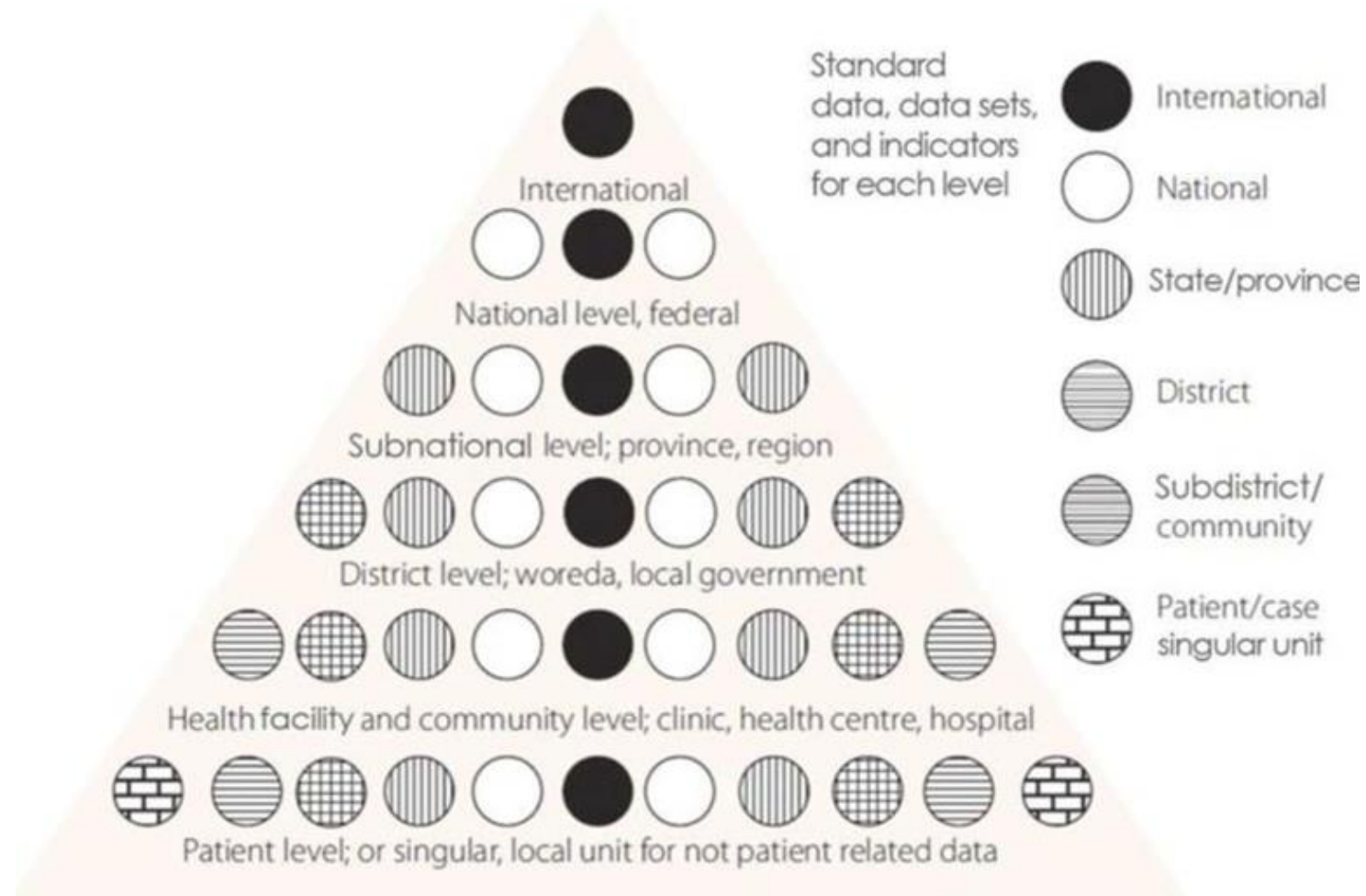
Presentation #1

Health Information System: Types and Sources of Health Data

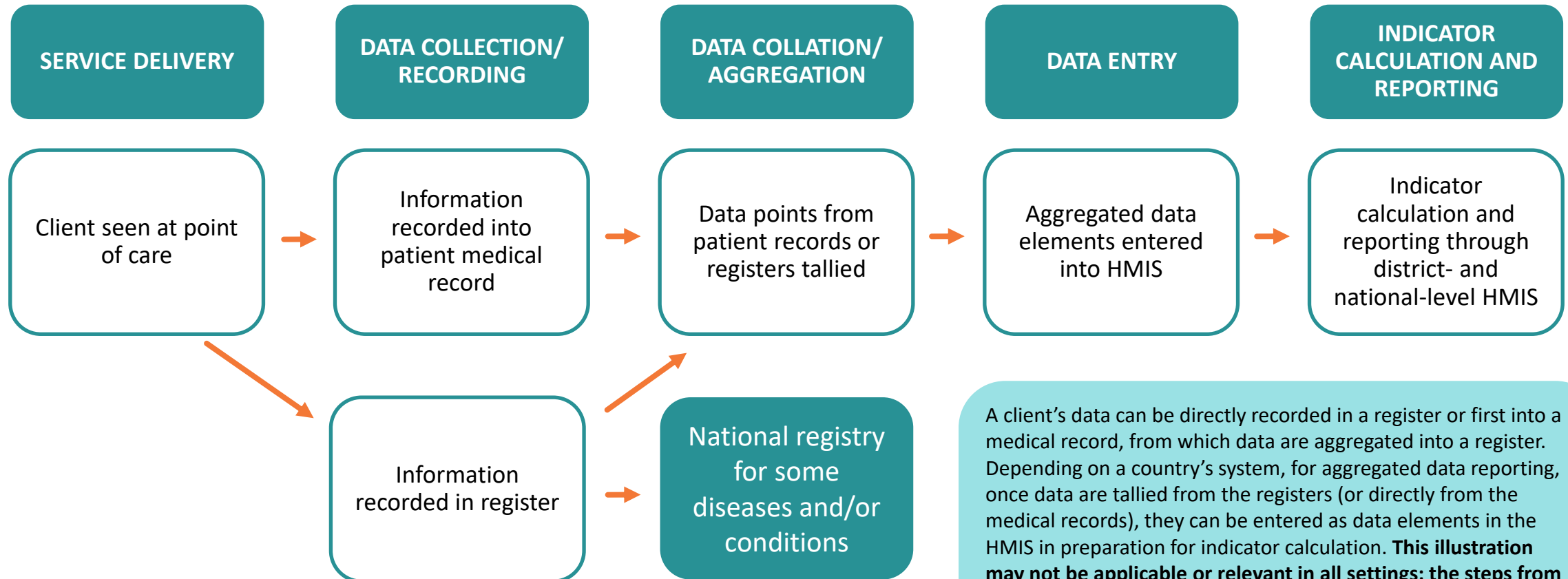
Objectives of Presentation #1

- Review key types and sources of health data, including differences, advantages and limitations.
- Outline key sources of data for MNCAH.
- Provide background on what is meant by "routine health information system" and why it is important.
- Review types of health facility data collection and reporting tools and forms.
- Introduce how raw data and data elements become useable information.

Collection and Reporting of Routine Data



Example of Data Flow Through the RHIS

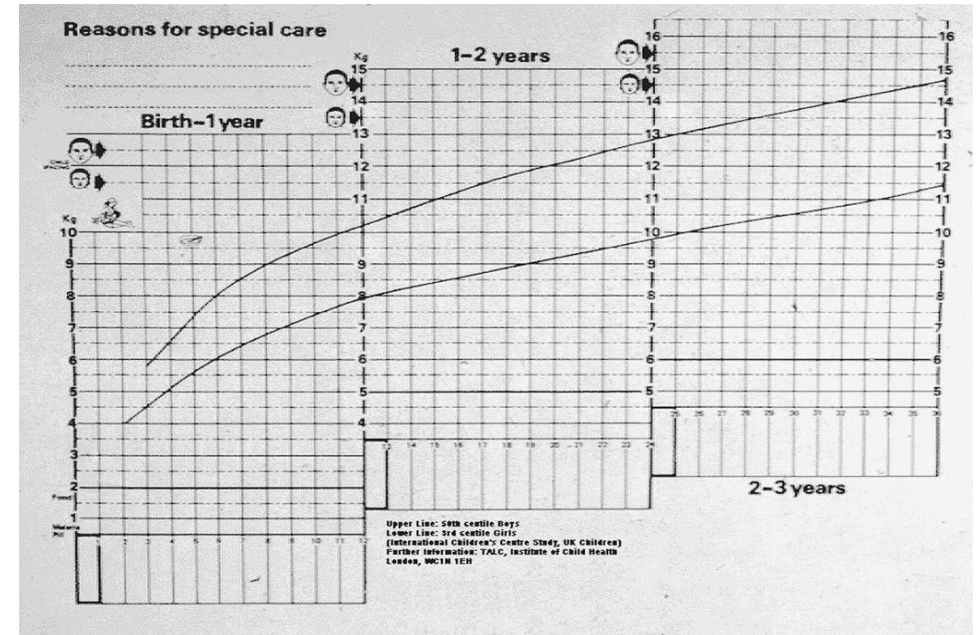


A client's data can be directly recorded in a register or first into a medical record, from which data are aggregated into a register. Depending on a country's system, for aggregated data reporting, once data are tallied from the registers (or directly from the medical records), they can be entered as data elements in the HMIS in preparation for indicator calculation. **This illustration may not be applicable or relevant in all settings; the steps from service delivery to routine health indicator reporting vary by national/subnational/facility systems.**

Tools and Forms Used for RHIS Data Collection and Recording

Patient or Client Data Collection Tools (Individual Records)

- Individual patient or client records (including electronic records), prescription cards, patient files, immunization cards.



Health Facility Data Collection Tools

- Registries, tally sheets, logbooks, stock/supply files, financial ledgers.

ANTENATAL, DELIVERY REGISTER																		
SERIAL NO	NAME	HOME ADDRESS	AGE	# OF CHILD LIVING	LMP	1st ANC	WEIGHT	HB	URINE	WR	TET TOX	DATE OF ANC				RISK FACTORS	DELIVERY PLAN	TRANS
												2nd	3rd	4th	5th			
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Data Collation and Aggregation

Where data are searched, gathered and presented in a report-based, summarized format, such as:

- Summary in tabular form.
- Graph.
- Dashboard.
- Information board at community level.

Frequency could be:

- Weekly.
- Monthly.
- Quarterly.
- Semi-annually.
- Annually.

Fiscal Year: 2010/2011 Hospital/Health Centre
Health Management Information Quarterly Report HMIS-15

Indic. no.	Data Elements (DE)	Month			Quarterly Total
		July	August	Sept	
39	Number of pregnant women starting antenatal care during their first trimester	4	5	3	
40	Total number of new antenatal attendees	171	167	172	
40	Total antenatal visits	408	399	493	
41	Number of deliveries attended by skilled health personnel	234	249	268	
42	Number of women with obstetric complications treated at obstetric care facility	8	18	24	
43	Number of caesarean sections	17	15	13	
44	Total number of live births	242	241	291	
44	Number of babies born with weight less than 2500g	18	18	13	
45	Number of abortion complications treated	15	19	16	
46	Number of eclampsia cases treated	0	0	0	
47	Number of Postpartum haemorrhage (PPH) cases treated	2	2	7	
48	Number of sepsis cases treated	2	1	0	
49	Number of pregnant women treated for severe anaemia	3	3	1	
51	Number of newborn treated for complications	5	6	11	
52	Number of postpartum care within 2 weeks of delivery	201	99	114	
Family Planning					
53a	Number of persons receiving 3-months supply of condoms	35	22	2	
b	Number of persons receiving 3 months supply of oral pills	223	241	17	
c	Number of persons receiving Depo-Provera	0	0	917	
d	Number of persons receiving Norplant	75	1	14	
e	Number of persons receiving IUCD	0	0	0	
f	Number of persons receiving Sterilization method of FP	0	0	0	
Child Health					
55	Number of full immunized under 1 children	129	125	132	
56	Number of under one children given BCG	214	262	275	
56	Number of under one children given Pentavalent-III	119	141	96	
56	Number of under one children given Polio-III	120	140	101	
56	Number of under one children given Measles 1 st doses at 9 months	121	125	132	
57	Number of Vitamin A doses given to 6-59 months population	120	179	129	
62	Number of under-weight in under-fives attending clinic	24	17	14	

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Data Elements to Indicators

Data Elements and Data

A data element is a recorded event. Data represent an aggregation of data elements, in the form of numbers, characters, and images.



Information

Data are organized with reference to a context, which gives data meaning.



Knowledge

When information is analyzed, communicated, and acted upon, it becomes knowledge.

Resource Spotlight

MEASURE Evaluation's Routine Health Information System Curriculum

The image displays a collage of curriculum cover pages for 'Routine Health Information Systems: A Curriculum on Basic Concepts and Practice'. The covers are arranged in a staggered, overlapping fashion. The top-most cover is for 'MODULE 1: Health Systems and Health Information Systems' with the title 'Introduction to RHIS'. Below it are covers for 'MODULE 2: Indicators and Data Collection and Reporting', including 'SESSION 1: Indicators' and 'SESSION 2: Data Collection and Reporting Tools'. Each cover features the title, a URL for the complete curriculum, and logos for the following organizations: USAID (From the American People), World Health Organization, MEASURE Evaluation, Public Health Foundation of India, AEGES, and UiO (University of Oslo). The bottom-most cover also includes logos for The University of Queensland and Instituto Nacional de Salud Pública.

ROUTINE HEALTH INFORMATION SYSTEMS
A Curriculum on Basic Concepts and Practice

MODULE 1:
Health Systems and Health Information Systems

Introduction to RHIS

The complete RHIS curriculum is available here:
<https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum>

ROUTINE HEALTH INFORMATION SYSTEMS
A Curriculum on Basic Concepts and Practice

MODULE 2:
Indicators and Data Collection and Reporting

SESSION 1:
Indicators

The complete RHIS curriculum is available here:
<https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum>

ROUTINE HEALTH INFORMATION SYSTEMS
A Curriculum on Basic Concepts and Practice

MODULE 2:
Indicators and Data Collection and Reporting

SESSION 2:
Data Collection and Reporting Tools

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Instituto Nacional de Salud Pública



Presentation #2

Routine Health Facility Data Indicators for Maternal, Newborn, Child, and Adolescent Health

Objectives of Presentation #2

- Provide overview of global status of key indicators on MNCAH and background on global initiatives toward reducing preventable mortality and improving health across MNCAH.
- Introduce the MNCAH module of the WHO Toolkit on RHIS Data.
- Review recommended indicators for monitoring through routine health information systems from the WHO guidance *Analysis and use of health facility data: Guidance for MNCAH programme managers*.
- Consider how MNCAH indicators/data elements from WHO toolkit can be incorporated into national RHIS.

MNCAH Indicators Overview

Indicators are grouped into:

- Contacts with health facilities across MNCAH.
- Content of care during antenatal, childbirth, and postnatal periods.
- Specific interventions during childhood and adolescence.
- Institutional MNCAH mortality and stillbirths.

For each indicator, a definition, computation (numerator/denominator), and suggested disaggregation are provided.

Alignment with relevant indicators from other WHO RHIS toolkit program modules.



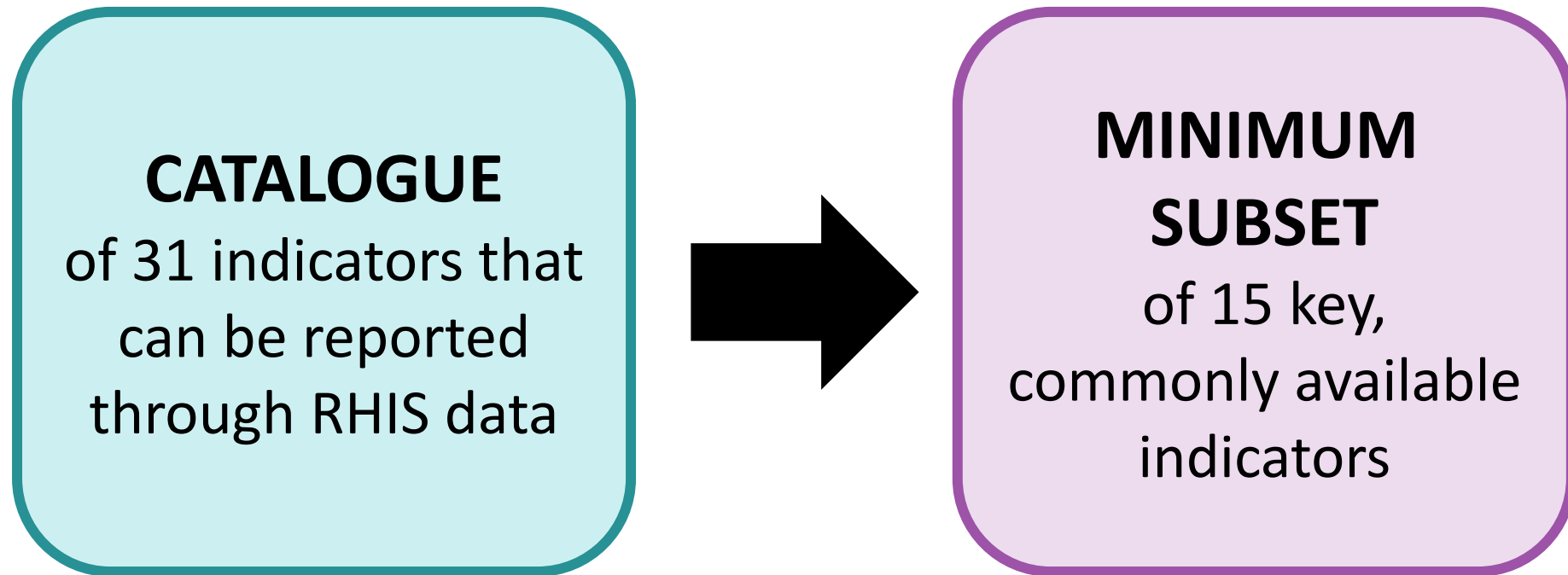
Guiding Principles for MNCAH Indicators (1/2)

- **Indicators are applicable to women, newborns, children, and adolescents seeking care in health facilities:** Indicators in the document are applicable to women, newborns, children and adolescents who seek or receive care at a health facility.
- **Indicators measure evidence-based practices and interventions:** Indicators in the document are adapted from evidence-based guidelines and recommendations.
- **Indicators are relevant across all levels of the health system:** Indicators in the document are relevant for all levels of the health system, from the lowest-level health facility to subnational (i.e., second administrative), national, and global levels.
- **Indicators are based on aggregated facility-based data:** The document focuses on aggregate data rather than individual patient-based longitudinal data.

Guiding Principles for MNCAH Indicators (2/2)

- **Denominators recommended for the indicators tend to be facility based:** The document focuses primarily on information collected from health facilities; however, for some indicators it is also possible to calculate values that are more representative of the general population. As such, the default denominator provided for most indicators in this document are facility-based denominators, but population-based denominators have also been suggested where relevant.
- **Relevance and reporting feasibility of indicators should be considered over time:** Some indicators in the document may not be relevant in all settings or feasible for routine reporting through current health information system configurations. However, they serve to monitor utilization or provision of facility-based services for women, newborns, children, and adolescents, including key interventions recommended for these populations through WHO guidelines, and should be considered for future updates of data collection and reporting tools and/or information systems.
- **Disaggregation of indicators is recommended:** Within the list of indicators are recommended disaggregation categories (e.g., age, sex, etc.), which may not be currently feasible for all settings depending on whether data collection tools, registers, and social or political context allow for indicators to be reported or calculated this way. If it is not currently possible to disaggregate the indicators as recommended, these suggestions can help to guide future revision of data collection tools and systems (e.g., registers, electronic health management information systems, etc.)

Catalogue of MNCAH Indicators

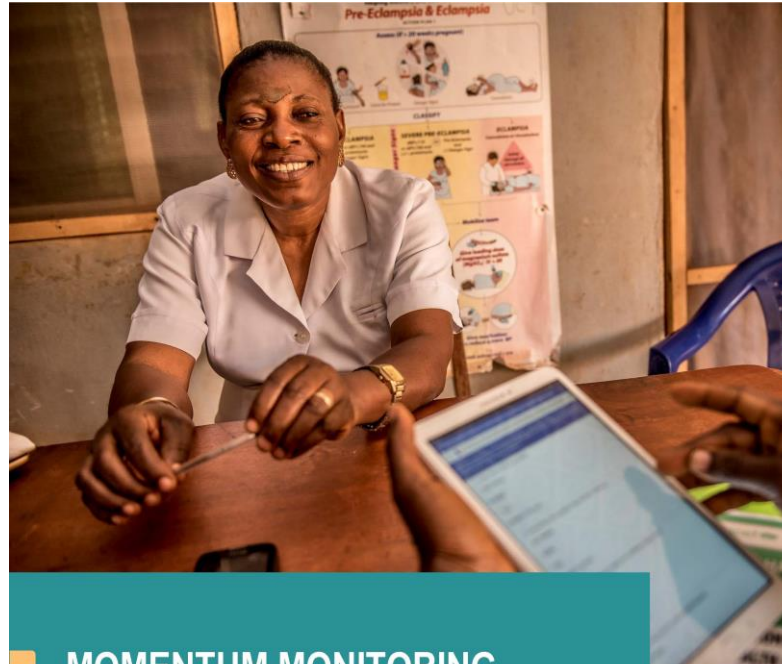


Minimum Subset of Indicators

1	Antenatal care contact(s) in a facility Proportion of pregnant women with an ANC contact in a facility, by contact (e.g. ANC1, ANC4+, ANC8+)
2	Antiretroviral therapy (ART) coverage in pregnant women* Proportion of HIV+ pregnant women who received ART during pregnancy and/or at labour and delivery
3	Facility births Proportion of women who gave birth in a health facility
4	Caesarean sections Proportion of deliveries in health facilities by caesarean section
5	Low birthweight Proportion of live births in facilities with birthweight <2500 g
6	Early initiation of breastfeeding Proportion of live births in facilities put to the breast within one hour of birth
7	Postnatal care for women Proportion of women receiving PNC in a facility within a specified time period after delivery
8	Postnatal care for newborns Proportion of newborns receiving PNC in a facility within a specified time period after delivery
9	Diphtheria, tetanus toxoid and pertussis vaccination –3rd dose Proportion of target population of children who have received 3 doses of the combined DTP vaccine
10	Growth monitoring: anthropometric status of children Proportion of children measured in a facility who are underweight/overweight/obese and/or stunted and/or wasted (by each anthropometric status)
11	Acute respiratory infection (ARI) consultation Total number of children presenting to a health facility with any sign of ARI
12	Human papillomavirus (HPV) vaccination programme coverage –last dose Proportion of target population who received the last dose of the HPV vaccine
13	Contraceptive commodity distribution Number of clients who accept contraceptives in facilities
14	Institutional MNCAH mortality and stillbirths Institutional maternal, newborn, child and adolescent mortality and stillbirths (by population group)
15	Completeness of facility reporting Proportion of expected facility reports that are actually received

Resource Spotlight

MOMENTUM Monitoring, Evaluation, and Learning Framework



**MOMENTUM MONITORING,
EVALUATION, AND LEARNING
FRAMEWORK**

How can countries integrate relevant indicators from the WHO toolkit for RHIS into national systems? (1/2)

1. Review the indicators from the WHO guidance against the MNCAH indicators currently reported through the national RHIS.

- Note the numerator and denominator used to generate these indicators in the national RHIS.
- Note any similar or proxy indicators currently reported through the national RHIS (including numerator and denominator).

2. Review the data collection and reporting forms/tools where these data elements are captured.

- If the indicators or data elements are not already reported in the RHIS, are they captured through registers, patient records, or otherwise?
- Through which register(s) are the data elements reported?

3. Assess which indicators could or should be added to the RHIS.

- Which indicators are relevant and high priority to the country?
- How could they be added to the national RHIS indicator catalogue?

How can countries integrate relevant indicators from the WHO toolkit for RHIS into national systems? (2/2)

If the indicator is not currently reported in the national RHIS, but data elements (numerators, denominators) to calculate them are reported:

Discuss with responsible MoH officer if the indicators could be calculated/reported from the existing data elements or identify when the national RHIS indicator catalogue will next be updated and request to add them then.

If the indicator or specific data elements are not currently reported in RHIS but are captured in existing tools (e.g., facility registers, patient records, etc.):

Assess whether these data elements could be aggregated from the existing data/tools for inclusion in and reporting through the RHIS. Discuss the process to do this with responsible MoH officers.

If the data elements are not captured in existing collection tools:

Determine when facility registers, patient records/forms, etc. will next be updated and discuss with responsible offices how to add these elements to the tools for eventual reporting through RHIS.

Questions?

MIHR's Strategy for the Early Distribution of Misoprostol for the Prevention of Postpartum Hemorrhage

Opportunity to Introduce Uterotonics and Misoprostol Indicators Into the National HMIS System

YAHAYA Zakou – SPM/MIHR Niger

June 2024



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Agenda

- I. Introduction
- II. MIHR Interventions
- III. Results and Lessons Learned
- IV. Challenges
- V. MIHR's Advocacy Approach



I. Introduction

- 2018: WHO recommendations on the use of uterotonics:
 - Misoprostol is one of the essential drugs used to prevent postpartum hemorrhage (PPH).
 - Oral misoprostol is recommended for use in health care facilities to prevent PPH in settings where oxytocin is not available.
 - Community health workers and lay health workers can use misoprostol to prevent PPH in settings where qualified health personnel are not present to administer injectable uterotonics.
- Challenges associated with early distribution of misoprostol for home delivery:
 - Medication misuse—premature intake, use to induce abortion, lack of ability to diagnose multiple pregnancy.
 - Misoprostol not registered for use in the country.
 - Lack of guidelines and training for health care providers (HCPs).
 - Limited knowledge at the community level about misoprostol, its importance, and how to use it.

Introduction (Cont.)

- In Niger, 63% of women give birth at home without the assistance of a skilled attendant (2022).¹
- Only 32% of pregnant women make at least four prenatal visits (2022).¹
- Postpartum hemorrhage accounts for 6.7% of maternal deaths (2022).¹



¹ [Niger Statistic Annuaire 2022.](#)

Introduction (Cont.)

- Rumors/incomplete information on the appropriate use of misoprostol.
 - Mothers confuse misoprostol and sulfadoxine with other commodities.
 - Caregivers' doubts about patients' ability to keep medication safe and take it at the right time.
 - Supply does not seem to be a problem, although this depends on the donors.
- Religious, cultural, and social norms contribute significantly to poor indicators.
 - The situation could be exacerbated by the current situation in Niger, with the coup d'état in July 2023.
 - USAID MIHR supported DSME to train and advocate to health workers and stakeholders for the distribution of misoprostol for home use.

II. MIHR Interventions

- Training of 92 health professionals from two regions, four health districts covering 71 health facilities.
- Training organized in each district was led by DSME staff with support from the MIHR team.
- Training health care providers (HCPs) to organize ongoing awareness sessions at the facility level.
- Continuous data collection at health facility level (challenges) outside DHIS2.



HCP training on early misoprostol distribution in Dosso.

II. MIHR Interventions (Cont.)

- Health workers began distribution in several health facilities after this intervention.
- Setting up data collection tools in health facilities.
- Support for the implementation of distribution plans by target ISCs.
- Training (June 2024) of 24 Tibiri health workers who have not yet started distribution.



Training of HCPs on the advance distribution of misoprostol in Tahoua.

II. MIHR Interventions (Cont.)

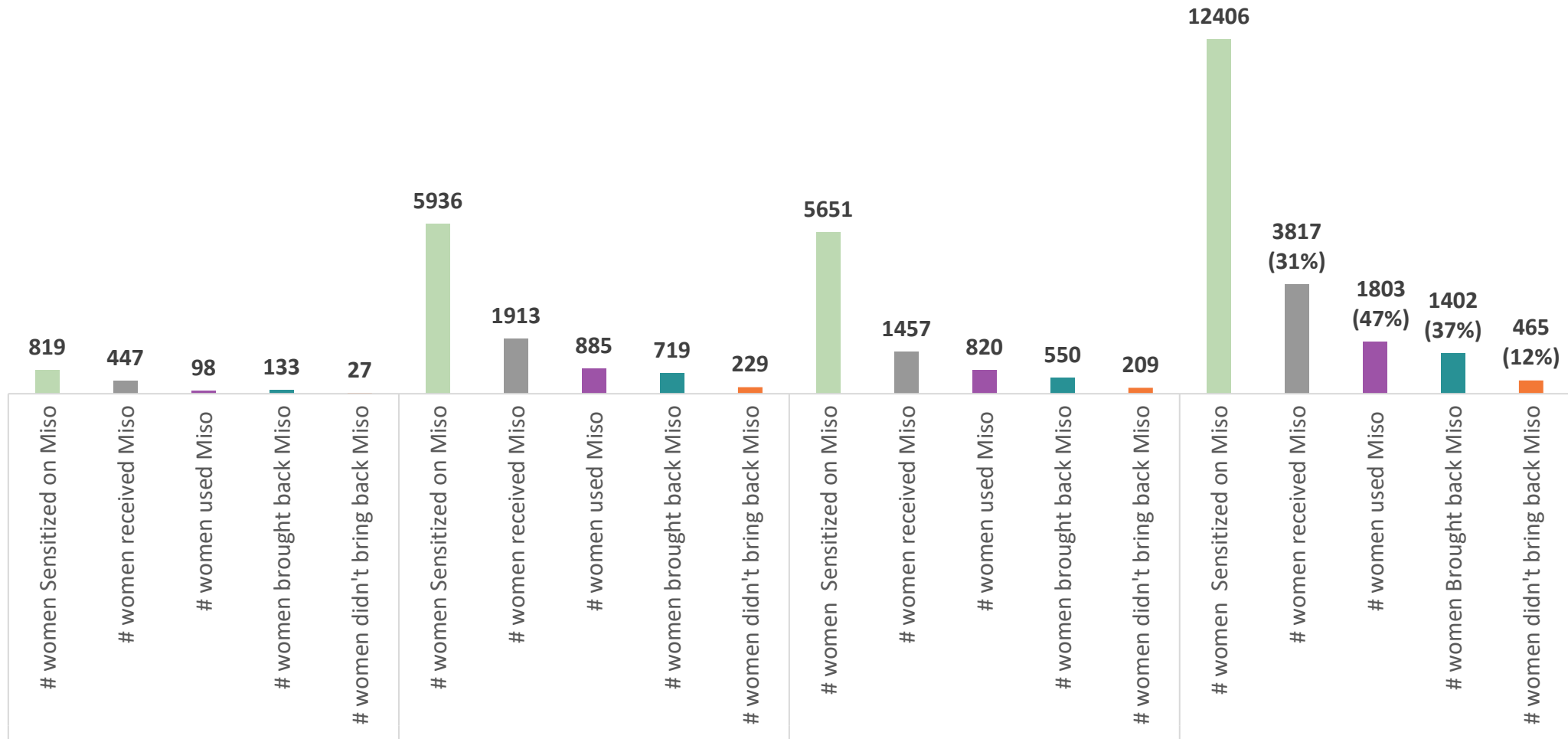
- Support for demand creation in a health care facility and community level and provision of community actions.
- Mobilization and training of community health workers, peer-to-peer awareness-raising with community health workers, integration of mother leaders in misoprostol awareness-raising.
- This will help the community and pregnant women to know the importance of misoprostol and where and when to obtain misoprostol for use during a home birth.



III. Results and Lessons Learned

Use of Misoprostol in the Dosso and Tahoua Regions

Misoprostol Data — April–December 2023, N=71HFs



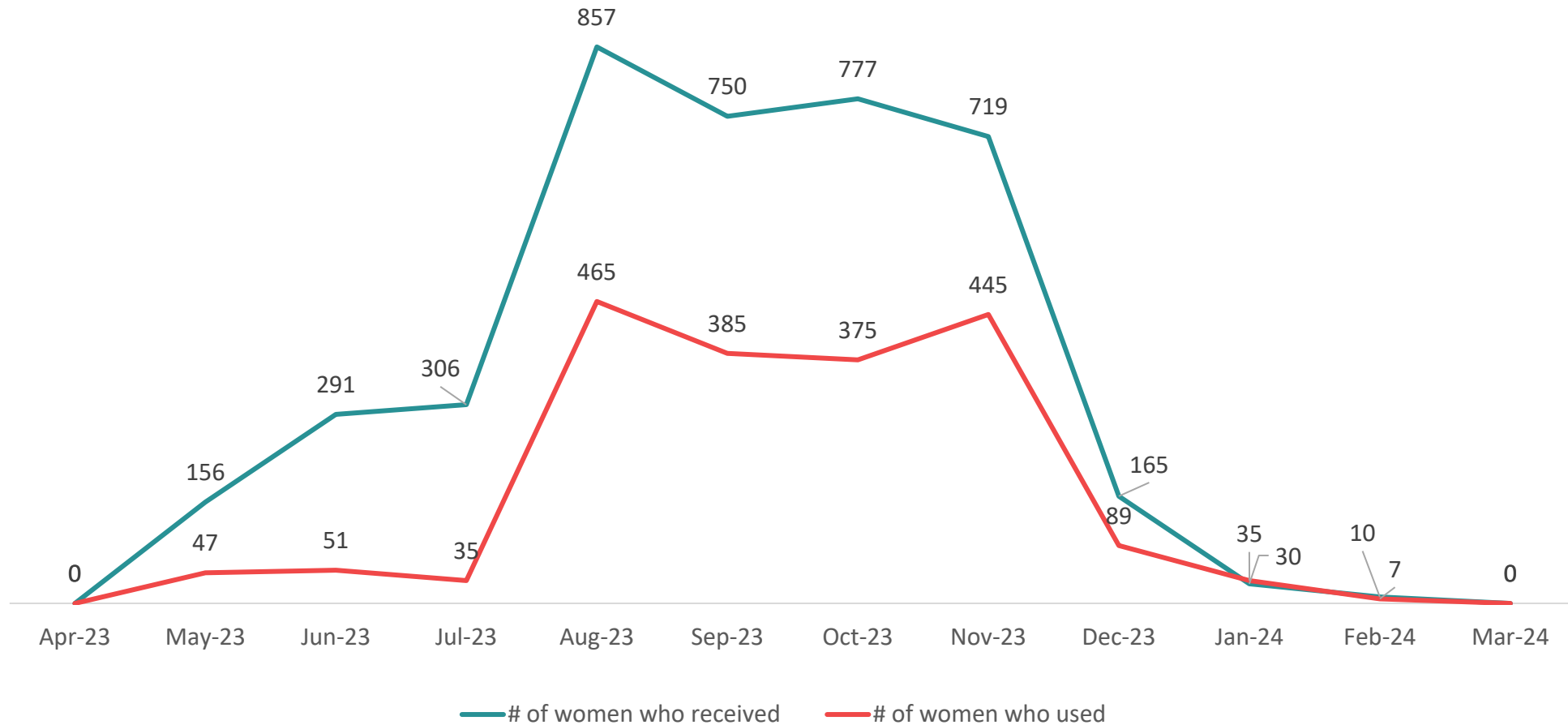
Lessons Learned

- The involvement of MSP/P/AS actors at all levels (DRSP, DSME and district) facilitated the implementation of misoprostol distribution for home use.
- The absence of misoprostol data in the DHIS2:
 - Has a negative impact on data completeness and timeliness.
 - Makes it difficult to monitor the distribution and use of misoprostol in the community.
- Advocacy at various levels and the active involvement of the CHISU project made it easier to obtain the department of health's agreement in principle to integrate the new data into DHIS2.
- The closure of borders following the coup d'état of July 2024 had a negative impact on the availability of products at health facilities, particularly misoprostol, leading to a drastic drop in the distribution of this commodity.



Distribution Trends in the Two Regions (Dosso and Tahoua)

The effect of stockout at the start of MIHR's misoprostol activities in the two regions in May and December



IV. Challenges

- Reduced commodity availability post-coup, leading to stockouts of misoprostol.
- Misoprostol distribution monitoring indicators not available in the DHIS2 platform.
 - Regular data capture of misoprostol indicators would allow easy access for stakeholders and regular monitoring of its proper use.
- Data collection by district focal points using the indicator framework.
 - Inconsistent and time-consuming process for service providers, making it difficult to obtain timely and complete data.
- At the institutional level, awareness-raising tools need to be updated, and training materials for health workers are being updated.



V. MIHR's Advocacy Approach for DHIS2 Integration

Engage the District and DRSP

Advocacy and meeting with the DRSP to show the scope and necessity of having uterotonics in the DHIS2, including misoprostol.

Gather their opinions on the procedure for ensuring data collection; gather the DRSP's recommendations.

Engage Other Partners and USAID

Coordination meetings with partners, in particular CHISU, for a single voice.

To comply with the procedure to be followed to have the data in DHIS2.

List Update

List update of misoprostol indicators to be integrated and sharing with the DOH so that these indicators can be taken into account in the DHIS2 platform.

DHIS2 Integration Follow-up

Implementation follow-up/ integration of misoprostol data into DHIS2.

MIHR's Advocacy Approach for DHIS2 Integration

Results Meeting With DRSP

- Demonstrate that data collection is not effective in ISCs.
- Gather their opinions on the procedure for ensuring data collection.
- Illustrate why collection is not effective (one of the reasons is the absence of data in DHIS2).
- Gather recommendations from the DRSP (the main one is to work with the DOH to ensure that the data is taken into account in the DHIS2).
- Engage them in PPH prevention and management.

CHISU Meeting Results

- Discuss with CHISU to compile list of indicators to be integrated into DHIS2, including misoprostol.
- Decide on a single point of contact to discuss the issue of data integration.
- Regular follow-up meetings (MEL MIHR/MEL CHISU).
- Meeting with DOH and agreement in principle to integrate data into DHIS2.

V. a. Misoprostol Indicators

- Number of pregnant women who became aware of the use of misoprostol during a home birth.
- Number of misoprostol tablets dispensed per month.
- Number of pregnant women who received misoprostol.
- Number of women who gave birth at home and used misoprostol.
- Number of women who gave birth and returned misoprostol to the health facility.
- Number of women who gave birth but did not return the misoprostol to the health facility.

V. a. Indicators

Indicators	Numerator	Denominator	Verification sources
Number of pregnant women who have been informed about the use of Misoprostol during a home birth	Number of pregnant women who have undergone CPN3 sensitized	Number of pregnant women who have undergone CPN3	IEC CSI report summary sheets CSI tracking sheet
Number of Misoprostol tablets dispensed per month	Number of Misoprostol dispensed for PPH prevention	SO	ANC Register CSI tracking sheet
Number of pregnant women who received misoprostol for PPH prevention	Number of pregnant women who received miso as part of PPH prevention	SO	CSI report summary sheets
Number of women who gave birth at home and used misoprostol	Number of women who gave birth at home	Number of women who gave birth at home and used miso to prevent PPH	Rcom tracking sheet CSI tracking sheet
Number of women who gave birth but did not return the misoprostol to the health facility	Number of women who gave birth and did not return the commodity		Rcom tracking sheet CSI tracking sheet

Questions?



Next Session

Data Quality

August 13, 8:00 - 9:30AM EDT

THANK YOU

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