

Status of Routine Health and Nutrition Systems: Uganda


24–27 October 2023
Kigali, Rwanda



Background

- Health Management Information System (HMIS) involves the collection, processing, storage, retrieval and dissemination of health information for decision-making
- HMIS provides information required for the planning, monitoring and evaluation of health programmes.
- The Uganda HMIS routinely collects data on ECD including (ANC coverage, Birth weight, Post natal Care, Nutrition and Immunization)

Uganda HMIS

- HMIS since 1980s
 - Manual District and National Aggregate Reporting 1980s and 1990s
 - Several paper tools reviews and updates aligned to government planning
 - Several electronic systems piloted and rolled out but not to scale
 - Epi Info District Aggregate Reporting (2003-2008)
 - Web-HMIS (2008-2009)
 - mTrac – Weekly SMS reporting (Dec,2011 – todate with support from DFID, UNICEF and WHO) integrated with DHIS2
 - DHIS2 HMIS reporting (Jan, 2011 - todate, with support from:- USG, UN Agencies and many other partners)
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Data Element in Uganda's HMIS for tracking Nurturing Care Implementation

| | INDICATOR | INDICATOR IN HMIS |
|---|--|---------------------------|
| | IMPACT LEVEL INDICATORS | |
| 1 | Maternal mortality ratio (MMR) | Institutional MMR |
| 2 | Under-five mortality rate (U5 MR) | Institutional U5 MR |
| 3 | Neonatal mortality rate (NMR) | Institutional NMR |
| 4 | Adolescent birth rate (Adol. BR) | |
| | GOOD HEALTH | |
| 1 | Coverage index of essential health services, including those for RMNCAH: Family planning, antenatal care, skilled birth attendance, breastfeeding, immunization, and childhood illnesses treatment. | |
| 2 | Proportion of women aged 15–49 who received four or more ANC visits | 4 th ANC proxy |
| 3 | Proportion of mothers and newborns who have postnatal care within two days of delivery | PNC Visits proxy |
| 4 | Percentage of children fully immunized | HF data is proxy |
| 5 | Proportion of children with suspected pneumonia taken to an appropriate health care provider Percentage of children with diarrhoea receiving oral rehydration salts (ORS) | denominator. |

| | ADEQUATE NUTRITION | |
|-----|--|------------------------------------|
| SNO | INDICATOR | FORM IN WHICH TRACKED IN HMIS |
| 1 | Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years old | Collected by data often incomplete |
| 2 | Prevalence of malnutrition (weight for height $>+2$ or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years old, by type (wasting or overweight) | Collected by data often incomplete |
| 3 | Prevalence of anaemia in women aged 15–49, disaggregated by age and pregnancy status | Not collected |
| 4 | Percentage of infants under 6 months old who are fed exclusively with breast milk | Not collected |
| 5 | Percentage of children aged 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (minimum acceptable diet) | Not collected |

RMNCAH Scorecard - Kamuli

| | Indicator | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 |
|----|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1 | % of ANC1 in 1st Trimester | 38.8% | 39.0% | 34.0% | 37.4% | 38.4% | 34.3% | 42.4% | 33.3% | 33.3% | 35.7% | 39.5% | 32.4% |
| 2 | % of ANC4 visits | 58.6% | 58.6% | 52.8% | 47.2% | 47.9% | 45.7% | 46.4% | 40.4% | 46.3% | 44.5% | 49.9% | 50.5% |
| 3 | Teenage girls aged 10-19 years Pregnancy Rate | 20.1% | 22.0% | 20.0% | 19.5% | 20.9% | 20.3% | 20.2% | 22.6% | 19.6% | 22.0% | 22.1% | 20.9% |
| 4 | % of Pregnant women getting IPT2 | 52% | 52% | 66% | 62% | 61% | 65% | 49% | 47% | 37% | 59% | 64% | 55% |
| 5 | % of pregnant women getting IPT3 | 52% | 52% | 49% | 41% | 43% | 45% | 32% | 27% | 29% | 42% | 38% | 32% |
| 6 | % of ANC1 mothers getting 30 tabs of Iron/Folic | 58.9% | 65.6% | 51.0% | 72.5% | 60.1% | 74.3% | 73.6% | 61.1% | 38.9% | 55.5% | 64.8% | 56.1% |
| 7 | % Deliveries in Unit | 81.2% | 78.5% | 69.9% | 77.7% | 63.2% | 67.9% | 67.0% | 59.1% | 64.2% | 65.9% | 61.5% | 60.1% |
| 8 | % of Deliveries in Unit- Live below 2.5kgs | 5.6% | 8.1% | 8.7% | 2.3% | 5.4% | 3.8% | 3.1% | 2.9% | 5.0% | 4.4% | 6.1% | 4.3% |
| 9 | % of Deliveries in Unit- Live <2.5kgs put on KMC | 51% | 20% | 31% | 81% | 69% | 51% | 56% | 63% | 44% | 73% | 37% | 38% |
| 10 | % of Postnatal mothers attending PNC 6wks | 60.6% | 53.8% | 43.6% | 92.7% | 47.7% | 40.8% | 55.5% | 46.9% | 44.8% | 47.7% | 54.0% | 47.7% |
| 11 | % of Mothers who received FP - Postpartum | 60.6% | 44.2% | 25.1% | 72.5% | 56.5% | 80.3% | 49.3% | 61.5% | 51.6% | 51.1% | 65.5% | 70.7% |
| 12 | % of children <1 years getting PCV3 | 84.4% | 77.9% | 80.5% | 78.2% | 88.9% | 83.6% | 126.4% | 104.2% | 101.6% | 97.2% | 99.3% | 139.5% |
| 13 | % of children <1 years getting DPT1 | 97.0% | 90.3% | 99.6% | 93.8% | 102.3% | 96.7% | 142.3% | 108.5% | 104.5% | 99.8% | 111.4% | 145.2% |
| 14 | DPT1 - DPT3 drop-out-rate | 13.0% | 25.3% | 18.0% | 15.3% | 11.0% | 8.5% | 12.0% | 3.7% | 4.6% | 2.2% | 10.5% | 4.0% |
| 15 | % of children <1 years getting MR-1 | 82.9% | 80.3% | 81.9% | 101.7% | 96.0% | 87.9% | 116.0% | 95.0% | 91.7% | 97.1% | 142.7% | 142.0% |
| 16 | % of children <1 years FULLY Immunized | 72.1% | 72.2% | 75.3% | 96.0% | 76.0% | 76.9% | 95.8% | 85.5% | 80.3% | 85.1% | 94.0% | 124.7% |
| 17 | % of HIV exposed babies getting 1st DNA/PCR within 18 months | 113.3% | 94.3% | 104.5% | 126.2% | 66.2% | 107.5% | 54.7% | 60.6% | 80.3% | 78.4% | 56.5% | 93.6% |
| 18 | % of HIV exposed babies getting 1st DNA/PCR within 2 mths of age | 44.8% | 42.7% | 50.0% | 47.4% | 32.7% | 42.2% | 28.4% | 33.0% | 36.1% | 39.6% | 34.6% | 38.5% |
| 19 | % of children <5yr attending OPD services | 187.0% | 133.4% | 142.2% | 116.4% | 121.7% | 123.3% | 112.2% | 85.4% | 72.0% | 140.6% | 139.4% | 128.6% |
| 20 | % of children <5 years screened for nutrition using MUAC in OPD | 48.9% | 47.0% | 63.6% | 48.2% | 49.6% | 56.9% | 50.0% | 49.6% | 52.0% | 46.1% | 48.4% | 51.2% |

Annual Health Sector Performance Report (AHSPR)

- This is prepared every financial yr – dedicated theme every year.
- Report on achievement based on the indicators at process, output, outcome and Impact to track the five-year health sector strategic plan.
- Disseminated at the Annual Joint Performance Review -players in the health sector: gov't, UN multi-laterals, donors, PNFP Civil Society etc involved
- Could be used to track the Strategic Actions to support Nurturing Care:
 - Lead and invest
 - Focus on families and their communities
 - Strengthen services
 - **Monitor progress**
 - Scale up and innovate



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

PROGRAM

27TH HEALTH SECTOR JOINT REVIEW
MISSION

**THEME: "STRENGTHENING EMERGENCY
AND CRITICAL CARE SERVICES AS A
CATALYST TO IMPROVING QUALITY OF
CARE IN UGANDA"**

Date: 17th to 18th NOVEMBER 2021

Key Success facilitators

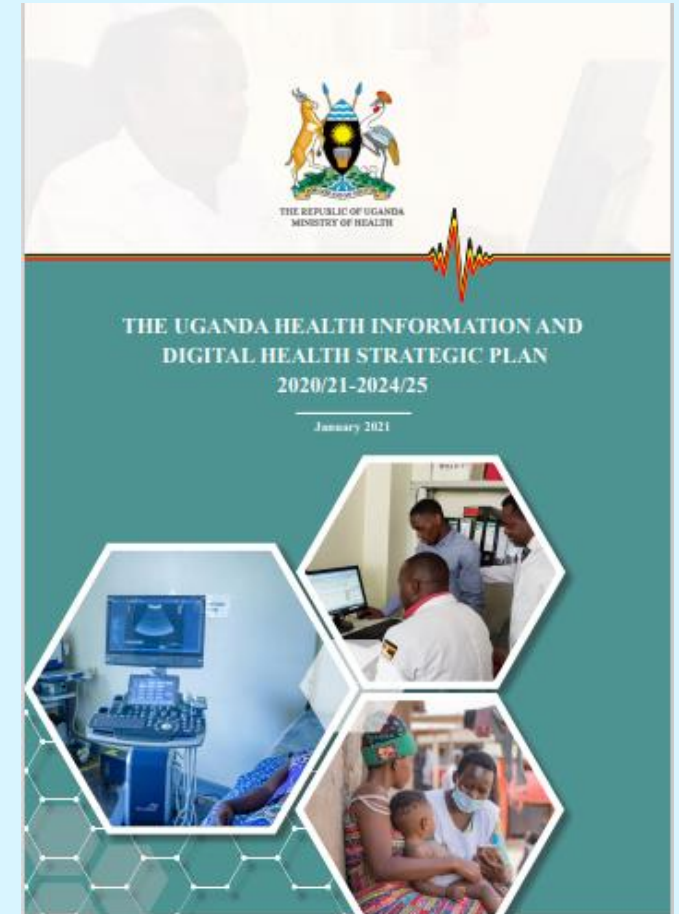
- Policies and Strategies
 - MoH Strategic Plan
 - The Uganda Health Information and Digital Health Strategic Plan
- Digitalisation of the HMIS (DHIS 2, EMR, ELMIS)
- Partner Support in printing and dissemination of data collection tools

Key challenges with routine information systems

- Investment to roll out
- Data quality issues
- Coverage: Most of the reporting is done in Public Facilities, with minimal or no reporting in Private facilities
- No reporting facilities

Efforts to strengthen routine information system to measure progress in ECD

- Digital transformation
- Regular Revision of the reporting tools and indicators offers an opportunity to improve and incorporate in ECD indicators
- DQAs to improve quality of reported data
- SOPs and Health worker training



What can be done moving forward

- Develop a set of indicators that can be tracked through the HMIS
- Given that ECD is implemented as a multectoral program , there is need to develop an intergrated monitoring platform tracting implementation across all sectors

Conclusion

The HMIS is a critical source of data for monitoring implementation of ECD in the Health sector. There is need to develop a set of indicators to be tracked and to routinely improve quality of data reported

Thank you

