

**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC**



REPORT

**WORKSHOP ON STRENGTHENING HEALTH INFORMATION SYSTEM
FOR MATERNAL AND CHILD CARE SERVICES
IN THE PACIFIC ISLAND COUNTRIES**

**Suva, Fiji
16-19 November 2004**

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January 2005**

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REPORT

**WORKSHOP ON STRENGTHENING HEALTH INFORMATION SYSTEM
FOR MATERNAL AND CHILD CARE SERVICES
IN THE PACIFIC ISLAND COUNTRIES**

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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NOTE

The views expressed in this report are those of the participants in the Workshop on Strengthening Health Information System for Maternal and Child Care Services in the Pacific Island Countries.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Workshop on Strengthening Health Information System for Maternal and Child Care Services in the Pacific Island Countries, which was held in Suva, Fiji from 16 to 19 November 2004.

SUMMARY

Recognizing the need for and value of improving maternal and child health, the international community has renewed its commitment to reducing maternal and child mortality, as reflected in the United Nations Millennium Declaration of 2000, endorsed by 149 Heads of State. Measuring maternal and child mortality, however, remains a challenge. In most priority countries, different vertical information systems record data on maternal and child health, but little information is used for supervision and decision-making because of the lack of capacity to interpret and utilize the data.

Application software for maternal and child health surveillance system has been developed with a standard list of indicators and a series of protocols for maternal and child health care. The software was pre-tested in Solomon Islands in 2003 to test its operational feasibility and to examine how the output could be used by programme managers.

Several island countries had expressed interest in using the system and it was hoped that the workshop would provide an opportunity for them to advocate the health surveillance system and use the application software to collect and promote the use of maternal and child health indicators for monitoring progress and performance assessment.

The objectives of the workshop were that, by the end of the workshop, the participants would have:

- (1) understood the need to improve quality of maternal and child care services;
- (2) been able to interpret and use information and evidence including Millennium Development Goals (MDG) indicators for service delivery;
- (3) become familiar with the reproductive health surveillance system (RHSS) software and its application for monitoring and surveillance purposes; and
- (4) shared experiences and taken action to improve countries' maternal and child information systems.

The workshop was well received and participants appreciated the systematic way the session was organized, especially the sharing of experiences and the gaining of new knowledge. The participants were exposed to the importance of using existing data to strengthen maternal and child health services. The user-friendly software was easy to operate. Several suggestions were made for its enhancement. It is hoped that the reproductive health surveillance system software can be adapted and used in different countries and that the common database developed can facilitate international comparison.

1. INTRODUCTION

Recognizing the need for and value of improving maternal and child health, the international community renewed its commitment to reducing maternal and child mortality, which is reflected in the United Nations Millennium Declaration of 2000, endorsed by 149 heads of States. Countries with a high mortality rate usually have neither an adequate system of civil registration nor the resources to rely on large-scale surveys as an alternative. Measuring maternal and child mortality is therefore a challenge. On the other hand, in most priority countries, different vertical information systems record data on maternal and child health, but little information is used for supervision and decision-making because of the lack of capacity to interpret and utilize data.

WHO, in collaboration with the United Nations Children's Fund (UNICEF), co-sponsored two workshops in 2001 and 2002 to assess problems related to maternal and child mortality in seven priority countries in the Region. The need for a monitoring system to track progress in service delivery and to collect information for programme assessment and planning was specifically recommended. Following that, application software for maternal and child health surveillance system was developed with a standard list of indicators and a series of protocols for maternal and child health care. The application software was used in Solomon Islands in 2003, upon the request of the Government, to test its operational feasibility and to examine how the output could be used by programme managers to supervise maternal and child health services and by decision-makers to determine which areas were in need of attention and to assess programme effectiveness. The system can systematically collate information on antenatal and postnatal care, complications during pregnancy or delivery, number of live births, and morbidity and mortality of mothers and infants. The system can instantly convert data into information to be used for case management, prioritize courses of action and monitor resource allocation and quality assessment.

During the pilot test, which was carried out at three levels, some revisions were made to standardize data entry on the coding sheets for antenatal and postnatal care, delivery and EPI services, resulting in improved data collection.

The World Bank and UNICEF have expressed their interest in supporting activities relating to this surveillance system for maternal and child health services.

Several island countries had expressed interest in using the system and hoped that the proposed workshop would provide an opportunity for them (1) to advocate the use of the health surveillance system and (2) to use the application software to collect and promote the use of maternal and child health indicators for monitoring progress and performance assessment.

This workshop provided an opportunity for participants to share experiences, and to learn and use the tool to monitor progress in maternal and child care services and overall programme performance.

1.1 Objectives

The objectives of the workshop were that, by the end of the workshop, the participants would have:

- (1) understood the need to improve quality of maternal and child care services;
- (2) been able to interpret and use information and evidence including Millennium Development Goals (MDG) indicators for service delivery;
- (3) become familiar with the reproductive health surveillance system (RHSS) software and its application for monitoring and surveillance purposes; and
- (4) shared experiences and taken action to improve countries' maternal and child information systems.

1.2 Participants and resource persons

Twenty-one participants from six the Pacific islands countries (Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu) were invited to the workshop.

Two observers and/or representatives from the Fiji Ministry of Health and International Planned Parenthood Federation were also to be invited to attend the workshop.

The secretariat consisted of the responsible officers from the WHO Regional Office for the Western Pacific (Reproductive Health and Health Information), the WHO Representative in the South Pacific and WHO Country Liaison Officers (WHO/Kiribati, WHO/Solomon Islands, and WHO/Tonga), the UNICEF Fiji Office and the United Nation Population Fund.

One consultant and two temporary advisers supported the workshop.

1.3 Organization

A pre-workshop preparatory meeting of resource persons was held at the workshop venue. The agenda and timetable were finalized, and the role of each resource person was clarified.

The first day was devoted to presentations, including an introduction to the workshop (Regional Adviser in Health Information); issues and challenges in reproductive health services and how to achieve the Millennium Development Goals and ICPD+10 (Regional Adviser for Reproductive Health; and the representative from UNICEF); introduction of Solomon Islands' experience in managing data collection, evaluation and the use of data (Dr J. Pikacha Director, Division of Reproductive Health, Ministry of Health, Solomon Islands; and the Regional Adviser in Reproductive Health); introduction of the surveillance system for maternal and child care services (Dr Zhu Li, Director, Institute of Reproductive and Child Health, Peking University, China). The installation of the software and database was also demonstrated.

The second day was devoted to presentations on the introduction of the software, data collection and coding sheets (Dr Zhu Li); practice on data entry and validation (Country Liaison Officer in Kiribati); data analysis and maternal and perinatal death case review (Dr Zhu Li); interpretation and use of results from the system (Dr Zhu Li; and Country Liaison Office in Solomon Islands), followed by exercises on data entry, group work to practice interpreting the tables, and discussions on coding sheets.

The third day was devoted to group presentations on the interpretation of results from the Solomon Island surveillance data and coding sheets. An Introduction to annual report writing (Dr Zhu Li) was followed by group practice on report preparation and report writing. At the end of the day each group presented their report.

The fourth day was used for group discussion of future plans and followed by group presentations of plans for next steps.

The Fiji National Center for Health Promotion provided the venue and facilities for the workshop.

1.4 Opening ceremony

The WHO Representative in the South Pacific delivered the opening remarks and opened the workshop. After welcoming the participants to the workshop, he referred to ICPD+10 and the United Nations Millennium Development Goals, of which reduction of maternal and child mortality is one of the major goals, as well as being a goal of several recent international conferences. He said that measuring mortality could sometimes be difficult and complex. Problems of underreporting and misclassification still remain a major problem for countries in building good information bases. Furthermore, the lack of capacity to interpret and use information for supervision and decision-making only reinforces the need to strengthen countries' maternal and child care surveillance systems.

He emphasized the importance of having an effective monitoring system for maternal and child health care services, good quality data for a good surveillance system, and managers well trained in using the information to identify what could be done to prevent unnecessary deaths. He pointed out that, following several maternal and child health workshops held in the Western Pacific Region in recent years, WHO, with help from the Institute of Reproductive and Child Health, Peking University, China, had developed application software to meet the needs of a monitoring system. This software had been tested in Solomon Islands in 2003. All participants would have a chance to learn from this practical experience during the workshop. He encouraged all participants to work hard and together to learn and share experiences with their colleagues from other countries. Finally, he thanked the Government of Fiji for hosting the workshop and the partner agencies for their support and contributions, and wished the participants a successful workshop.

Dr Thane Oke Kyaw-Myint, Project Officer Health, UNICEF Fiji Office, also made a speech at the opening ceremony. He expressed UNICEF's great interest in and support for the workshop.

2. PROCEEDINGS

A summary of the presentations and discussions are given in this section. Detailed presentation outlines can be requested from the Reproductive Health Focus of the WHO Western Pacific Regional Office. All participants obtained presentations and relevant documents on a CD-ROM containing the RHSS software and its user manual.

2.1 Workshop introduction

The WHO Regional Adviser in Health Information gave the background, objectives and programme activities of the workshop. He mentioned that, during the four-day workshop, all participants would be exposed to the issues and challenges facing maternal and child health programmes, progress made towards the Millennium Development Goals, and the need to set up effective surveillance systems. He hoped all participants, through presentation, exercise, and group discussions, would be able to understand the basic processes of maternal and child health surveillance and how to utilize surveillance data for maternal and child health services and to identify the critical factors influencing the success or failure of maternal and child health information systems. He also requested the participants to develop feasible and achievable action plans for their countries and take action when they returned home.

2.2 The Millennium Development Goals, ICPD+10 and the Organization's perspective

The WHO Regional Adviser in Reproductive Health, talked about how to achieve the MDG and ICPD+10 goals. She first reviewed the goals before raising the challenges faced in achieving them, including population growth rates exceeding the rate of economic expansion in the majority of Pacific island countries; young people accounting for a big proportion of the population; growing poverty, environmental degradation, rapid urbanization and rising social problems; and adolescent problems, teenage pregnancy, and unsafe sexual practices (STI/HIV/AIDS). She then stated the need to set up effective maternal and child health surveillance systems towards achieving the Millennium Development Goals and the current situation regarding maternal and child health information systems in the South Pacific area.

Maternal mortality reduction, infant mortality reduction and family planning services are very important indicators of public health, human rights and social development. It is important to understand the challenges and constraints of measuring the indicators; to give great attention and input to data collection, information analysis and interpretation; to develop different strategies and methods to obtain information on maternal mortality reduction; and to strengthen public health information systems. The major issues associated with maternal and child health information systems include limited resources, difficulty in collecting qualified data, and using information insufficiently and incompletely. The strategies to improve information systems include emphasizing the use of existing data; strengthening feedback, supervision and monitoring; adapting suitable software; and summarizing the experience and lessons learnt periodically and improving the system gradually. The Regional Adviser finally emphasized that a maternal and child health information system should be beneficial to three levels of the health care system: it should improve health workers' capacity in case management (professional incentive); provide managers with a tool/measure to carry out monitoring and supervision; and provide information for decision-makers (develop policies and strategies).

2.3 Solomon Islands' experience in managing a reproductive health information system

Dr Junilyn Pikacha, Director of Reproductive and Child Health Division, Ministry of Health, Solomon Islands, presented the history and experiences of Solomon Islands in reproductive health surveillance. In 1989, the Maternal and Child Health/Family Planning Division of the Ministry of Health was established and, in 1990, the Health Information System (HIS) project started. Since then, there have been attempts to use several forms to collect relevant data, but it has proved difficult to standardize information throughout the country. Data were collected from health service delivery points and different sections and agencies required different information – indicators of health. However, there were no data to be presented during regional meetings and during the period of ethnic tension in 1999. In 2001, Solomon Islands

requested WHO assistance and, early in 2002, Dr Zhu Li arrived. He developed the coding sheets and trained provincial managers in November 2002 in their use and the Reproductive Health Surveillance System (RHSS) software. Because of the lack of computers in provinces, the implementation was delayed and centralized data entry was used instead. In 2004, Dr Zhu Li's staff trained national and provincial managers on data analysis and annual report writing. The results from the surveillance data and the report provide a powerful advocacy tool for use with important key people in Solomon Islands.

Dr Pikacha presented a summary of the data analysis from the pilot sites (first phase), including a description of the characteristics of women and children, adverse outcomes, health care characteristics and identification of main health problems and risk factors. She also presented a national plan for improving maternal and child health care, as well as monitoring and evaluation. She finally shared with participants the lessons Solomon Islands had learned and the importance of: (1) the commitment of health workers at all levels; (2) a committed and dedicated team supporting the establishment and ongoing support to the data collection at national and provincial levels; (3) quality assurance of data – depends upon recording and reporting practices at service delivery points; (4) completeness in filling up the coding sheets according to instructions given; (5) integrating follow-up visits with other activities for sustainability and to minimize costs; (6) setting specific time to fill in coding sheets; and (7) backup IT and technicians in-country – often difficult to get prompt assistance when required from overseas.

The sharing of Solomon Islands' experience was highly appreciated by the workshop participants.

2.4 Surveillance system for maternal and child care services

Dr Zhu Li presented the basic principle and methodology of a maternal and child surveillance system. He defined maternal and child health surveillance as the ongoing and systematic collection, analysis and interpretation of maternal and child health data in the process of describing and monitoring maternal and child health events. The process of surveillance is a process of translating data into information. The purpose of surveillance is to identify priority health problems and their risk factors in a population; to assess health care performance problems; to develop new interventions and strategies; and to evaluate the effectiveness of interventions and strategies. Surveillance data should be used for case management by health care providers, for maternal and child health management by maternal and child health coordinators, for health resource allocation by health authorities, for economic development by policy-makers and for maternal and child health research by researchers. He finally reviewed the maternal and child health events and indicators to evaluate those events.

2.5 Installation of the software and database

Mr Hu Yousheng demonstrated the installation of the reproductive health surveillance system (RHSS 2004) step-by-step to the participants. The software was pre-installed on the computers for participants' use during the workshop.

2.6 Data collection, entry and analysis

Dr Zhu Li introduced the data collection instrument – the coding sheets. He first analysed the problems existing in the current maternal and child health data collection system. There are separate tools for different events, tools are kept at different places, there is no linkage between tools for woman or children and the data is not pre-coded, making computer entry difficult. The solution proposed is to develop one perinatal health coding sheet for one pregnancy, one child

health coding sheet for one child, to carefully choose items for coding sheets, and to use coding data from all existing tools, pre-coded for computer entry.

Two coding sheets have been developed by the Institute of Reproductive and Child Health (IRCH) to solve the problem mentioned above. A computer programme named "Reproductive Health Surveillance System (RHSS)" was developed for coding sheets data entry and back up. The WHO Country Liaison Officer in Kiribati instructed the participants on how to code data from the existing data collection tools and how to enter data from coding sheets into the computer using software. After the presentation, the participants practised data coding and data entry. Dr Zhu Li answered some questions raised by participants about the use of coding sheets and data entry. He mentioned that perinatal health coding sheet (PHCS) are only for pregnant mothers and child health coding sheet (CHCS) are only for children. The PHCS and CHCS are now working independently. If participants want to link them together, a unique ID number for mother and baby should be used, and every item in the PHCS and CHCS should be filled in. If data are not available, they should not leave a blank, but should select NA, otherwise the total number will not be correct. The PHCS and CHCS need to be checked for validity, completeness and logic before being entered into the computer, and every item in the PHCS and CHCS of RHSS should be entered or the total numbers will not be correct. Data entered should be checked against data on PHCS or CHCS before updating and checking data again from reports.

2.7 Interpretation and use of results from the system

Dr Zhu Li presented the methodology for surveillance data analysis and listed the main components as: (1) describing the characteristics of women and children: demographic, obstetrical and delivery (Method: frequency distribution); (2) describing adverse outcomes: mortality, morbidity (Method: frequency distribution); (3) describing characteristics of health care: antenatal care, delivery, postnatal care (Method: frequency distribution); (4) identifying priority health problems: MMR, PMR, IMR, NMR (Method: Observed/expected [risk ratio]); (5) identifying risk factors: demographic, obstetrical, antenatal care, delivery, postnatal care (Method: health problem distribution [risk ratio]); (6) assessing performance of health care: antenatal care, delivery, postnatal care (Method: difference - What should be done?/What is being done?); (7) maternal death case review ("Beyond the Number" - Telling the story of maternal death. Three levels (individual, family and community, health care delivery system and social system) should be evaluated on three aspects: knowledge and skill, attitude and resources.); and (8) data tabulation.

He demonstrated how to use RHSS to create 26 tables for surveillance data tabulation. The WHO Country Liaison Officer in Solomon Islands presented ways of interpreting the data obtained from the surveillance system. The 26 tables show: the total population of the area/zone; the total number of deliveries in different areas; the total number of live births; the total number of birth; type of delivery; place of delivery; who delivered the baby; the total number of mothers with four or more children; the total number of mothers delivered between 16-20 years of age; the total number of mothers delivered below the age of 16; the total number of mothers delivered over the age of 34; the total number of women in the CBA practising family planning; the family planning methods used and the age grouping; infant deaths; mortality and cause(s) of death; neonatal deaths (early/late); stillbirths; perinatal mortality rate; abortions; birthweight/prematurity; the total number of maternal deaths and causes; the maternal mortality ratio; antenatal care/postnatal visits; immunization; and breast-feeding. He reminded maternal and child health coordinator participants what information and/or data would be likely be collected/attained to help in planning a maternal and child health surveillance programme.

2.7 Discussion on the next steps

On the fourth day of the workshop, participants were grouped by country and, with help from the secretariat and resource persons, developed plans of action to strengthen their maternal and child health surveillance systems. The country plans were presented at the plenary session on the morning after group discussion. Each presentation was followed by a discussion. It was agreed that participants, after returning home, would finalize their country plans of action and report to their country Ministry of Health, and would also submit their plans to the WHO Western Pacific Regional Office. Dr Zhu Li provided his recommendations to the participants for conducting a pilot study of maternal and child health surveillance. He recommended that the pilot study should: start in a simple, easy and small way (SES principle); start from one area or hospital; count all pregnancies and all births; start from existing data from one year from one area or hospital; try to complete two circles: surveillance components and management components; generate and disseminate an annual report; pay attention to managers' capacity building: data collection capacity, computer capacity, data analysis and translation capacity and maternal and child health management capacity; build capacity through: see one, do one, teach one; organize a team consisting of the reproductive health director, coordinator, an epidemiologist, an obstetrician, a paediatrician, a nurse, a health statistician, an information technology technician, etc; summarize experience gained from the pilot study in a field operational manual and, after gaining experience, the pilot study could extend to cover more years' data retrospectively as well as data from more areas or hospitals.

2.8 Closing ceremony

Before the closing ceremony participants agreed on a set of conclusions and completed the workshop evaluation questionnaire.

Evaluation questionnaires were distributed to all participants. Ninety-five percent of the respondents noted that the workshop objectives had been met and that the venue facilities had been comfortable. Participants suggested another workshop should be held in one year for participants to exchange and share their experiences and improve their capacities. Most participants recommended that country governments, as well as WHO, The United Nations Population Fund (UNFPA) and UNICEF, should continue to support their country activities. The majority of the participants responded that WHO should provide the revised RHSS software to countries as soon as possible.

Mrs Sheila McCrae, UNFPA Representative in Fiji, gave the closing speech and said that the workshop marked an important milestone in the development of reproductive health information systems in the Pacific. She said UNFPA was committed to improving reproductive health information systems in the Pacific and would like to collaborate with the Pacific island countries, WHO and UNICEF in expanding the computerized reproductive health information system beyond Solomon Islands. She encouraged and recommended that phase 2 should include family planning data and other reproductive health information related to safe motherhood. The WHO Regional Adviser in Health Information closed the workshop on behalf the Regional Director. On behalf of the participants, Dr T. Fakakovikaetau from Tonga summarized the participants' opinions about the workshop and thanked all those who had contributed to its success.

3. CONCLUSIONS

- (1) The workshop was well received and participants appreciated the systematic way the session was organized, especially the sharing of experience and gaining new knowledge.
- (2) The participants were exposed to the importance of using existing data, which can be used to strengthen maternal and child health services.
- (3) The software was easy to operate and user-friendly. Several suggestions were made for its enhancement.
- (4) It is hoped that the RHSS software can be adapted and used by different countries and the common database developed can be used to facilitate international comparison.

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**WORKSHOP ON STRENGTHENING HEALTH INFORMATION SYSTEM
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INFORMATION BULLETIN NO. 2

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ENGLISH ONLY

AGENDA

- (1) Opening ceremony
- (2) Introduction of the workshop
- (3) The Millennium Development Goals, ICPD+10 and the Organizations' perspectives
- (4) Introduction of Solomon Islands' experience in managing reproductive health information system
- (5) Introduction of the surveillance system for maternal and child care services
- (6) Installation of the software and database
- (7) Data collection, entry and analysis
- (8) Interpretation and use of results from the system
- (9) Discussion on the next steps
- (10) Closing ceremony

