

SURVIVE and THRIVE

Transforming care for every
small and sick newborn



IMPROVING AVAILABILITY AND QUALITY OF ROUTINE DATA FOR NEWBORNS: MALAWI'S EXPERIENCE WITH KANGAROO MOTHER CARE

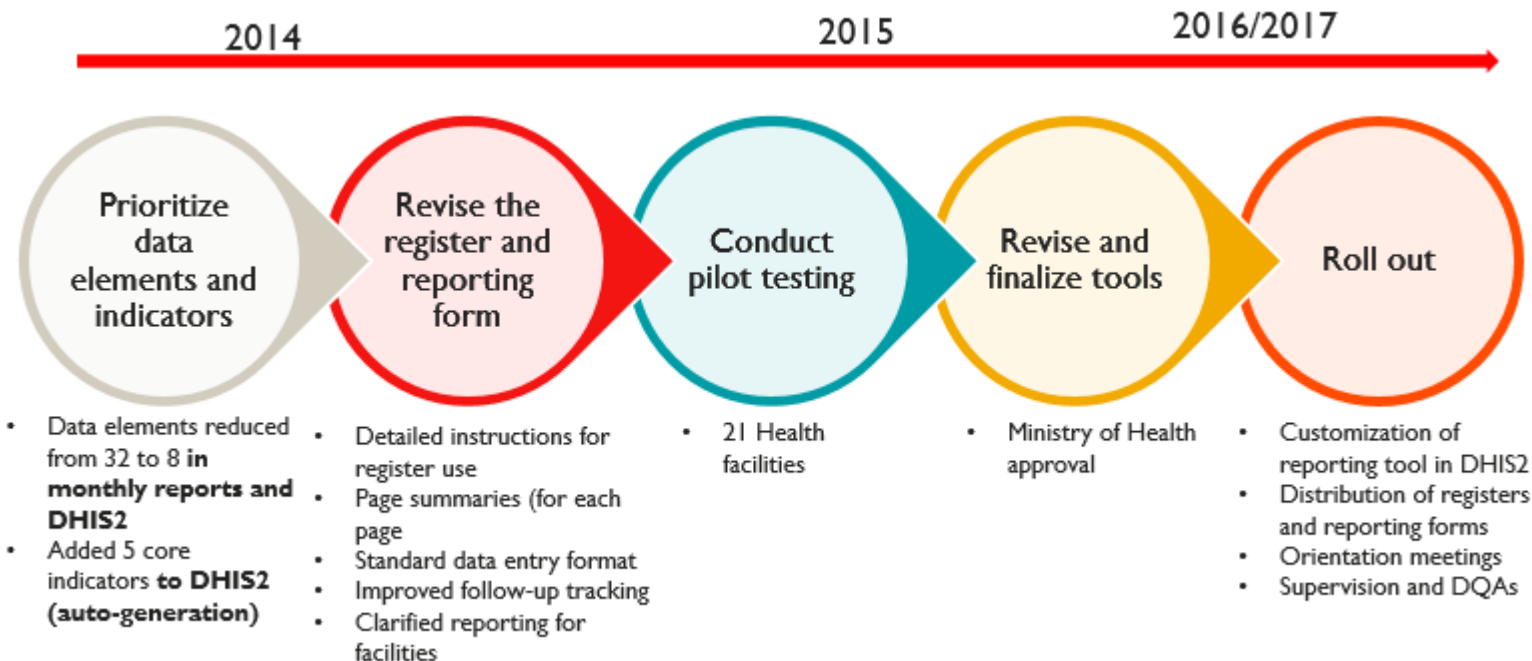


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Background – KMC in Malawi

- 1/3 newborn deaths from direct complications of prematurity
- Kangaroo Mother Care (KMC) now implemented widely in Malawi hospitals
- KMC data availability and data use was limited and difficult to complete KMC register and report
- KMC routine reporting development process and roll out started from 2014-2017



KMC Data in DHIS2

8 Data elements added to DHIS2

Facilities with Facility Based KMC (FKMC)

- # babies initiated on FKMC who were referred in
- # babies initiated on FKMC
- # LBW babies initiated on ambulatory KMC
- # babies absconded from FKMC
- # babies who died before discharge from FKMC
- # babies discharged alive from FKMC



Facilities without FKMC

- # babies initiated on KMC and referred
- # babies initiated on ambulatory KMC

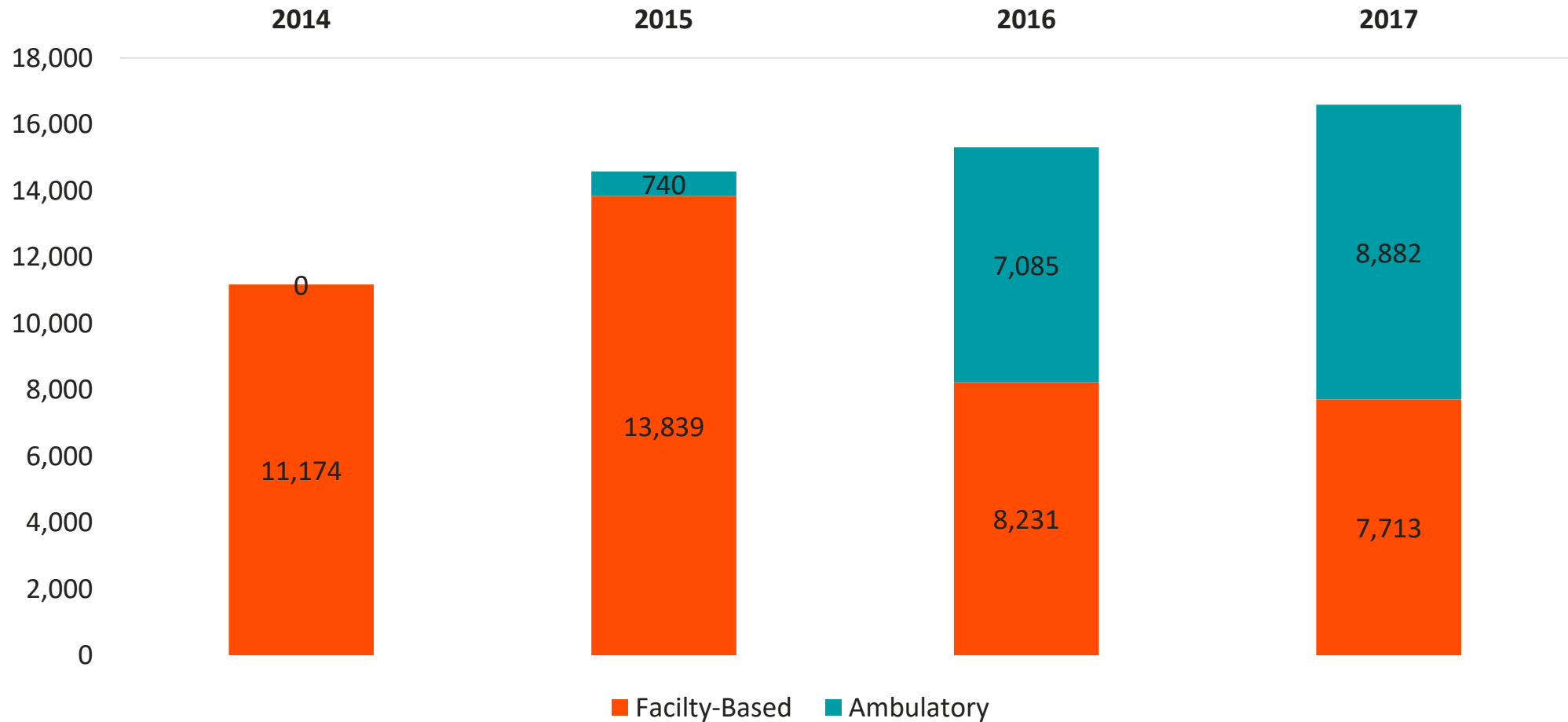
Data entered
into DHIS2

5 core indicators

1. KMC initiation rate
2. KMC referral completion
3. Survival to discharge
4. Death before discharge
5. Left against medical advice

Improved Categorization of KMC Type by Birth Weight

Number of cases initiated on facility-based and ambulatory KMC by year, 2014-2017 DHIS2 Malawi



How DHIS2 data can be used

District	KMC reporting (hospitals)				LBW identified per 100 HF births (target 10)				KMC initiation per 100 HF births (target 10)				Status at discharge (% died)			
	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017
Blantyre	● 33%	● 33%	● 67%	● 100%	● 12.3	● 10.5	● 7.2	● 14.6	● 7.8	● 3.3	● 4.3	● 3.9	10%	1%	2%	1%
Dedza	● 50%	● 100%	● 100%	● 100%	● 6.3	● 6.1	● 5.5	● 40.0	● 0.5	● 1.1	● 1.2	● 1.7	11%	4%	2%	2%
Dowa	● 100%	● 100%	● 100%	● 100%	● 8.3	● 7.9	● 8.6	● 9.0	● 4.9	● 7.2	● 1.9	● 3.0	5%	6%	6%	4%
Kasungu	● 33%	● 100%	● 100%	● 50%	● 6.4	● 6.5	● 7.5	● 6.6	● 0.5	● 0.3	● 1.2	● 1.2	8%	10%	10%	4%
Lilongwe	● 25%	● 75%	● 90%	● 100%	● 7.4	● 8.5	● 8.1	● 18.1	● 3.0	● 3.6	● 2.2	● 2.8	1%	4%	5%	3%
Machinga	● 100%	● 100%	● 100%	● 100%	● 5.6	● 6.2	● 5.3	● 7.4	● 2.1	● 4.3	● 3.1	● 3.6	1%	5%	6%	4%
Mchinji	● 100%	● 100%	● 100%	● 100%	● 7.1	● 5.6	● 6.6	● 7.2	● 1.5	● 1.8	● 1.4	● 1.8	7%	11%	10%	7%
Ntcheu	● 100%	● 100%	● 50%	● 100%	● 6.9	● 8.4	● 7.2	● 7.1	● 0.8	● 1.9	● 2.0	● 2.5	4%	5%	1%	1%
Ntchisi	● 0%	● 100%	● 100%	● 100%	● 5.4	● 6.9	● 7.0	● 8.1	● 0.0	● 1.6	● 2.7	● 3.1	na	15%	8%	4%
Salima	● 100%	● 100%	● 100%	● 100%	● 5.3	● 6.0	● 5.7	● 6.4	● 2.0	● 1.5	● 2.1	● 1.4	4%	3%	7%	1%
Thyolo	● 100%	● 100%	● 100%	● 100%	● 6.0	● 8.5	● 10.0	● 12.4	● 3.6	● 4.4	● 10.2	● 7.5	7%	18%	12%	2%
TOTAL	● 59%	● 82%	● 82%	● 82%	● 7.1	● 7.8	● 7.3	● 14.3	● 2.5	● 3.0	● 2.9	● 2.9	3%	6%	6%	3%

- Improvement in reporting of KMC in most districts
- Gaps remain in data completeness and timeliness
- Some changes in identification of LBW and KMC initiation, but not uniform and still below expected levels

Thresholds: KMC reporting: 0-49% red; 50-79% yellow; 80+% green; LBW identification: 0-4.9 red; 5.0-7.9 yellow; 8+ green; KMC initiation: 0-2.9 red; 3.0-4.9 yellow; 5.0+ green; Death before discharge: >10% red

Lessons learned

1. Leadership from government and early involvement of end-users helps gain approval and ensured ownership.
2. Prioritizing indicators and data elements suitable for routine reporting minimizes reporting issues and helps improve data quality.
3. Substantial and sustained additional investments are required:
 - Takes years to incorporate the new indicators
 - Requires planning and budget for sustained human resources support at national, district and facility levels.
4. Improved collaboration across partners is required to address common, system-wide barriers to data quality and use.



More information at: www.healthynewbornnetwork.org/hnn-content/uploads/Improving-routine-data-for-newborns-Malawi.pdf

THANK YOU



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