More Nutrition Data, Please! Integrating Nutrition Indicators into Health Information System and Facility Assessments

Webinar Transcript

Yaritza Rodriguez

All right. To get us started, thank you so much for joining today's webinar on integrating nutrition indicators into health information system and facility assessments. We're happy to have you all here. My name is Yaritza Rodriguez. I'm a communications officer with USAID Advancing Nutrition. I'll kick us off by going through some reminders on how we'll be using Zoom today during the webinar.

If at any point during today's webinar, you're unable to hear the speakers, make sure you've connected your audio by selecting the headphones icon. This might be if, for example, you happen to drop off the call, please do join and make sure that you are able to hear by connecting audio. Please also send a message, as I mentioned, to everyone in the chat box to introduce yourself, send in your concerns, your need for tech support during today's webinar. Close captioning in English has been enabled for the webinar. To view the English subtitles on your screen, click on the close captioning icon and select to show the subtitles. Please also note that today's webinar is being recorded.

Today we'll be using the question and answer box specifically to collect your questions for our panelists. Please submit your questions in the question and answer box. Panelists will do their best to reply to you via text or typed answers in the Q&A box, or they will answer your question during the discussion portion of the webinar. Now it's my pleasure to hand it over to Silvia Alayón. She's our director of measurement here at USAID Advancing Nutrition. Over to you, Silvia.

Silvia Alayón

Thank you so much, Yaritza. Good morning, good afternoon, good evening everyone. It's so nice to see so many of you joining from near and far. I'm so happy to see so many friendly names popping up on the chat box. I think you're all in for a treat today. I just want to go over the agenda. We will begin with some opening remarks from USAID, then we will move on to hear from UNICEF about new global guidance on routine health or on integrating nutrition into routine health information systems.

Her presentation will be followed by remarks from Zambia who are on their way to integrating nutrition into their DHIS2 systems. Then we'll switch gears a little bit and move on to hearing from the DHS Program on new nutrition indicators that have been integrated into the Service Provision Assessment Survey. Then we'll hear about how that's going in Nepal. We're aiming to leave some time at the end for all your questions and answers. If you could type those in in the Q&A box as Yaritza mentioned, that would be fantastic. Then we'll wrap up at ten o'clock as planned. Can you go to the next slide, please, Yaritza? Our speakers today, I will be your moderator. I'm Silvia Alayón. I'm the Director for Measurement on USAID Advancing Nutrition. We will have opening remarks from Erin Milner, who's Senior Nutrition Advisor at USAID and the Bureau for Global Health.

Rukundo Benedict will speak to us about nutrition in the SPA. She is with the Demographic and Health Surveys. Mr. Lila Bikram Thapa will be joining us to speak about nutrition in health facility assessments in Nepal. He is the Chief of Nutrition at the ministry.

Chika Hayashi, who is with UNICEF in the Department of Data Analytics, will talk to us about the Nutrition module and the new guidance for nutrition and routine health information systems. Then we'll hear from Mr. Martin Liyungu, who's the Nutrition Information Systems Officer in the Ministry of Health in Zambia. With that, I'll turn it over to Erin Milner for some opening remarks. Welcome, Erin.

Erin Miller

Great. Thanks so much, Silvia. Thanks, everyone, for joining today. We at USAID wanted to hold this webinar to really emphasize the importance of including nutrition indicators in health sector data systems and platforms, including health information systems and facility assessments. Increasing the availability and quality of nutrition data is important to measure progress towards global nutrition goals, as well as monitoring and assessing national and subnational nutrition policies, programs, and services. There are opportunities to leverage existing data platforms, especially within the health system, to collect nutrition data for these purposes.

We know that nutrition is often siloed, yet really needs to be viewed as an integral component of the health sector, and as such, many nutrition interventions need to be better mainstreamed and monitored within health systems throughout the continuum of care. The health sector, especially primary health care systems, need to provide robust nutrition services to ensure optimal health.

The recent maternal and child undernutrition Lancet Series called out the importance of well-resourced nutrition data and information systems to measure progress on addressing the underlying determinants of undernutrition, particularly within health systems, since many recommended interventions are delivered through health systems. Further, a recent review found that few countries actually have routine sub-national nutrition data in health management information systems.

Taking a step back, we know that the health sector is a key contributor to a multisectoral nutrition approach as it provides an essential platform for reaching women, newborns, and children, particularly through antenatal, postnatal, and preventive and curative childhood services. The delivery and equitable coverage of nutrition-specific interventions or direct healthcare nutrition interventions depends on the strength of a health system's building blocks. To successfully integrate nutrition into primary health care, nutrition needs to be mainstreamed into all of the six health system building blocks, one of which is actually health information systems.

Integrating nutrition into health information systems is really essential for screening, monitoring, targeting, planning, and ultimately, delivering interventions. There's also an increased focus on a need for the sustained collection and use of nutrition at the sub-national level. Today we will learn about two new or really updated tools that USAID has been supporting with more nutrition content to highlight the importance of nutrition in routine information systems and health sector assessments, whether it be at the facility or community level, and these are the DHIS2 Nutrition Module and the DHS Program Service Provision Assessment or SPA.

Both of these platforms or assessment tools help stakeholders capture the coverage and quality of nutrition services. Nutrition data in the SPA and DHIS2 can really help us understand how health systems enable the delivery of nutrition services and the importance of assessing the integration of nutrition services in critical health services like antenatal, postnatal, newborn and curative care, treatment efforts, and growth monitoring, as well as even non-communicable or specific disease-related care.

Overall, the inclusion of nutrition in these platforms enhances the quality of care and really demonstrates the importance of nutrition in achieving the quality of care agenda. Without the data, we cannot know the quality of nutrition and health services, or improve quality, which is why the quality of care agenda also articulates the value of information systems. In summary, it is really essential to ensure nutrition is adequately part of health services and data collection systems.

The DHIS2 Nutrition Module and nutrition content in the SPA that are both being rolled out now are critical to improving the quality of care in nutrition and health outcomes, which is why we at USAID have been supporting these initiatives. I hope today's webinar can raise more awareness about the value of nutrition in these two platforms while gaining insight from some country experiences that have started to use them. With that, I will hand it over to Chika.

Chika Hayashi

Thank you very much, Erin, for that great introduction to set us up here. Let's see. I'll be introducing the guide on nutrition data to collect as part of the health information systems. Here's the outline of the presentation, but I'll mainly be focusing on introducing the guide. First, I wanted to build on Erin's remarks and share with you this slide which I think exposes the sad reality of nutrition intervention coverage within health systems.

I'll be going over the very left which shows that during the pregnancy period, in the red bar, is the percentage of women who had four or more ANC visits. The blue bar shows the iron-folic acid coverage. You see that whether in low-income or low-middle-income, or upper-middle-income countries, even when women are able to make four ANC visits, IFA coverage is sub-optimal. While we may know what works in nutrition, we're still not actually delivering those interventions to the populations that need them. The coverage of most nutrition interventions falls far below the reach of health service platforms which they're delivered in.

We'd like to make sure, as Erin mentioned, that we have at least the health information systems in place that monitor nutrition interventions on a routine basis so that we can reduce the gap and ensure essential nutrition interventions are delivered in health facilities and communities. What we've done is we've developed the first-ever global recommendations on nutrition indicators to collect through routine health information systems. This set of standard nutrition indicators is the result of a series of consultations with a range of key stakeholders, including global stakeholder groups for each topic area, as well as regional and country colleagues and practitioners.

We had many consultations over a period of two years, and in this guide, we have core indicators as well as some optional and longitudinal indicators. Today I'll be focusing on the core indicators. Another thing to note is many other areas, for example, HIV and TB, have developed these guides, but nutrition is the first area that has a guide that includes both health facility and community-level indicators in the same guide.

This we've gotten a lot of comments from other program areas who say that they wish they've done that because the problem they're having is most of their guides include only facility-level indicators, and they really want to start rolling out the community-level ones, but it's taken them double the time to actually develop them and try to roll them out in addition to the health facility ones.

The guide I just mentioned is software agnostic, but we decided to also develop a DHIS2 standard package. Because many countries are actually using DHIS2 as their software of choice, and to facilitate the adoption of these routine nutrition indicators, we decided to develop the DHIS2 package. You can find the DHIS2 package at this link. For those who don't have DHIS2 on your computers, you can

actually go to the second link for a demo on what the data entry form and some of the standard data visualizations look like in this

package.

I wanted to mention, I alluded to some of the other program areas earlier, but the Nutrition module is the latest addition to the WHO toolkit for routine health information systems. Each of these modules include three elements. First is Nutrition Guidance document, which I've mentioned. Second is the DHIS2 Digital configuration I've mentioned as well. Third is the training materials, which we're currently developing.

One thing to note is that now that the Nutrition module is ready, we've started to liaise and coordinate with other areas too. For example, if a country is reviewing immunization or TB or HIV data elements, we like to ask that the review for nutrition also is brought up in these country consultations. The reality though is that it is harder without funding because, for example, donors such as the Global Fund or Gavi, heavily fund these activities at the global or national level, but that same level of funding currently doesn't trickle to nutrition, so we are looking at ways to partner with these other program initiatives that are doing similar work to try to add on nutrition as part of their activities and events as well.

We'd like to really set up an architecture where nutrition partners combine forces with these other initiatives to really try to scale up nutrition data in health information systems. I think we really need the help of everyone on this call so that we make this call and advocate for this together as a group for other program areas to make sure they bring nutrition along when improving health information systems.

What are the program areas the guide covers? It covers growth monitoring and promotion; infant and young child feeding counseling; maternal nutrition counseling; micronutrients, including iron-containing supplements, vitamin A supplementation, moderate and severe wasting, and emergencies. I just wanted to mention that these nutrition-related data elements are also available in the Community Health Information System or CHIS module package, which is also led by UNICEF, and also the RMNCAH guidance that's been co-developed with UNICEF and WHO.

Within UNICEF we've created a small group across these three modules to make sure that we cross-reference each other and that nutrition indicators that show up in the community module and the RMNCAH module follow the guidance of the nutrition indicators. I'm going to quickly go over and highlight the key core indicators in each area. All the slides look a little bit messy, but I'm really just going to give a high-level overview. I wanted to mention that because we have indicators for the facility level and community level, and sometimes a combination of both, one indicator can quickly become three or five, so please don't be too alarmed at the large number of indicators you see up top.

In the area of growth monitoring and promotion, we have indicators on birth weighing and measurement or assessment of height/length, weight, edema, and MUAC. In the area of maternal nutrition counseling, we have indicators on whether counseling on some key topics such as appropriate weight gain, iron-containing supplements and healthy diets took place. For IYCF, the indicators capture whether counseling took place at key visits during ANC and visits when a child is less than 6 months, in between 6 to 23 months.

There was a lot of discussion here on whether we could try to develop an indicator to capture the quality of counseling, but for this round, the decision was to simply capture whether IYCF counseling took place. Later on, how to meaningfully monitor the quality and content of counseling would be a topic that we would like to take on and think of methodological developments and feature pilots in this area to see how best we try to assess quality and content of counseling.

In the area of iron-containing supplements, the indicators about the prescription of IFA or MMS, depending on the country, during ANC visits. In this module, we also have some optional indicators

which I thought I'd mention. These are optional, but we think many countries will probably take this up. It's a set of optional indicators covering hemoglobin testing, anemia diagnosis, and provision of IFA during antenatal care and postnatal care. Vitamin A supplementation. We're following the GAVA guide. Again, GAVA is Global Alliance on Vitamin A guide to monitor vitamin A provision during each semester. For example, looking at the first six months and looking at the second six months per guidance, as well as during special events such as child immunization days or any standalone vitamin A campaign events.

For moderate and severe wasting we have indicators on children screened, referred, treated, and the treatment outcomes. As some of you may know, WHO is developing guidelines in this area now. We will be revisiting this module soon, including the terminology, which I understand will shift back to severe acute malnutrition and moderate acute malnutrition instead of moderate and severe wasting. This module will be updated soon.

Last but not least, for emergencies, instead of reinventing the wheel, we've aligned with reporting recommendations by the Global Nutrition Cluster, which coordinates nutrition and emergencies. Overall, the principle is that what we consider core nutrition indicators are important in emergency and non-emergency situations as well, but during emergencies, they may be collected at increased frequency and with more disaggregation. Also, the use of additional indicators can be warranted and may be highly context-specific, depending on the emergency or situation. It might be an area for country adaptations.

For this module, countries can download the GNC DHIS2 package, which we've worked with them on, and combine it with the nutrition DHIS2 package to have a comprehensive set of nutrition indicators that addresses non-emergencies as well as routine services. That was a really quick overview. What I wanted to do was end a little bit with sharing some next steps we're envisioning to work on with partners.

First, we'll focus some more efforts on dissemination of this module, as well as country support. We have a dissemination strategy we'd like to discuss and work on with partners. We've also started mapping country schedules of when the next review of their registers and reporting forms are and their next reviews of their DHIS2 systems. We're also, as I mentioned earlier, trying to contact different program areas to get their schedule as well. For example, if Gavi is supporting some immunization module review, we'd like them to also consider reviewing nutrition as well at the same time.

In addition, we'd like to develop more tools to improve nutrition monitoring within health information systems. I mentioned before, but some of this do exist in other areas such as HIV and TB, for example. We'd like nutrition to really catch up. We'll be starting to work on, again, with partners, developing the individual tracker, which allows for individual longitudinal monitoring. We'd like to develop data quality review tools that are specific to nutrition, and also pilot new indicators to monitor areas we don't have good indicators for. That's it. Thank you so much. We hope this package helps to improve routine nutrition data collection and monitoring in the near future.

Next, I'd like to hand over to Martin Liyungu, who will share some reflections from Zambia. Over to you, Martin.

Martin Liyungu

Thank you very much, Chika. Zambia, the main issue at hand that we had was inadequate availability of nutrition information to form policy and guide resource allocation. As such, we followed the six steps of NIS projects implementation, the first two of which being improving NIS coordination. As a country, our approach we focused towards working within the existing government structure so that we do not create parallel structures or parallel systems.

The Ministry of Health is leading the process through the M&E technical working group. Unlike a situation where we were supposed to create parallel technical working groups, we are using the main technical working groups within the Ministry of Health. Still under coordination, as a country, we aligned the NIS integration to existing Ministry of Health monitoring and evaluation frameworks so that what we include into the NIS project, or into the DHIS2, conforms to the national and regional M&E framework and priority indicators. This is envisaged to enable to help us report at national level and at global level, including at regional level.

Our integration approach, the second step is strengthening the data collection systems. On this output, we used an integrated approach where NIS priority indicators were integrated into the DHIS2 platform, unlike a situation where we were supposed to use another platform or develop another application. This has really helped Zambia so much. Then the timing was actually done when the Ministry of Health were revising the HMIS tools. This created a great opportunity for us. It was a cost-saving measure on our part as the NIS team.

Then we also developed the data elements and priority indicators, including the manuals. We developed data elements and indicator reference manuals. For the data elements and indicator reference manuals, the main purpose of this was to help the facility staff understand the nutrition indicators even as they **[inaudible 00:24:03]**, and as they analyze this data, interpret it for them to be able to make informed decisions. Again, as a country, we also developed nutrition dashboards and nutrition scorecards, which have been integrated into the DHIS2 platform. They are part of the DHIS2 apps.

The main output of Zambia was improving human resource capacity, because we realized that despite the coordination being there and the data collection systems being developed, with inadequate human resource capacity, then we would have not achieved the priorities indicators that we really wanted to meet. In this area, the training package was actually developed, which is a standardized training package for NIS, focusing mainly on the nutrition indicators.

Then we trained nutrition program officers, they are now able to access data directly from DHIS2. In the past, before the integration, only health information officers had access to HMIS data, but after the training that was conducted, our nutrition program officers are now able to log in and download data, charts, and graphs at facility level and district levels. A total number of 127 provisional and district staff were trained and we have continued conducting technical support **[inaudible 00:25:44]** district and facility levels.

Output 4, which is IT support—

Silvia Alayón

Mr. Liyungu, we have one minute.

Martin Liyungu

Okay. Thank you very much. As part of our experience, we worked on the IT support and worked on nutrition data quality through the development of the data quality protocol. There's continuous data quality audits, which is being conducted in the provinces. Dissemination is done through the technical working groups. The data visualization groups are shared and they could be accessed by everyone. Thank you very much.

Silvia Alayón

Thank you so much, Mr. Liyungu, for those remarks. Now we'll hand it over to Rukundo Benedict to hear about the SPA.

Rukundo Benedict

Thank you, Silvia, and thank you, Mr. Liyungu. It was very exciting to hear about the NIS revisions in Zambia. I'm happy to be here today to share about the nutrition data in the revised Service Provision Assessment Survey or the SPA. Thank you. Just in case we have any folks listening in who are new to the SPA, the Service Provision Assessment is a holistic assessment of quality of care at a health facility. It is holistic in that it assesses the quality of care from multiple perspectives by looking at the facility infrastructure, the human resources, as well as the clinical interactions through both observation and from the client's perspective.

SPAs are typically a sample of health facilities within a country, although there have been cases where they have been a census of all health facilities in a country. SPAs surveys include formal health facilities of all types, as well as those run by government, private companies, faith-based organizations, or NGOs. The types of facilities and managing authorities typically vary by country. In addition, SPA assesses a variety of health service areas with a particular focus on maternal and child health and family planning. Today the focus of the presentation will be on the nutrition data.

The revised SPA data collection questionnaires include an inventory of service availability, facility infrastructure, equipment, medicines, and commodities, interviews with health providers on their qualifications, recent in-service training and supervision, observations of client-provider interactions for antenatal care, family planning, and child consultations. Sorry, folks. We're just having some technical difficulties. One slide before this. One more before that. One more before that. Perfect. Right here. Thank you.

I was saying observations of client-provider interactions for antenatal care, family planning, and sick child consultations. Then exit interviews with clients, including their experience receiving respectful and supportive care. The exit interviews are for the antenatal care, family planning, sick child, and postpartum woman's consultations. The latter of which is new in the revised SPA. Finally, there is a newborn resuscitation simulation. That's also new in the revised SPA.

The questionnaires reflect each aspect of the DHS Program's quality of care framework that's shown here on the slide. This framework is based on a Donabedian definition of quality of care and reflects similar frameworks from the WHO QED and others. Different sections of the questionnaires can be mapped back to this framework, as we see here in this slide, indicating that indeed the revised SPA is holistically measuring quality of care particularly in the focus areas of antenatal care, family planning, sick childcare, and maternity care.

I'm sure everyone is keen to jump into the nutrition data covered, so let's jump right in. The SPA includes questions on a range of nutrition interventions received at critical time points in the lifecycle. It provides information on multiple aspects of quality of care of these interventions, including the human resources, guidelines, and equipment necessary to support the interventions, as well as the provision of counseling and other essential nutrition assessments. Nutrition data appear in the multiple service areas that are shown here on the slide. In the interest of time, I'll just focus on the service areas where there have been the most updates to the nutrition questions in the revised SPA.

Starting with antenatal care, SPA provides data on numerous nutrition-related ANC interventions as outlined in the WHO recommendations. There are questions on the availability and provision of micronutrient supplements, which specifies adult and antenatal dosages for iron and folic acid, and newly

added are calcium and multiple micronutrients. There's also information on the availability of appropriate equipment for different assessments such as anemia testing.

There's availability of guidelines at the facility, including guidelines on practices in compliance with the International Code of Marketing of Breastmilk Supplements. The SPA also reports on health worker training in the last 24 months and collects information on supervision and the working conditions in the facility. For antenatal care, training on ANC screening, counseling, and specifically training on early and exclusive breastfeeding are collected.

There's also information collected on the provision of nutrition counseling for pregnant women's diet, physical activity, and weight gain, and information on counseling for micronutrient supplementation, which includes the purpose, how to take the supplements and side effects, and breastfeeding counseling for early and exclusive breastfeeding, as well as where to access community support. Finally, information is also collected on whether routine physical assessments or tests are conducted. For example, anemia, blood pressure, urine testing, and weight.

Moving on to newborn and postnatal care services. As mentioned earlier, the postpartum client exit interviews are new in the revised SPA. The SPA provides data on several of the nutrition-related interventions in the WHO recommendations on maternal and newborn care, as well as the WHO guidelines on breastfeeding in facilities. There are questions on the availability of guidelines in the facility for immediate newborn care, preterm and small baby care, and practices in compliance with the code.

Again, information on health worker training for newborn care; early and exclusive breastfeeding; information on newborn care practices, that includes skin-to-skin, kangaroo mother care for low birth weight babies, rooming-in, and avoidance of pre-lacteals. There's also information on nutrition counseling for women's postpartum nutrition, micronutrient supplementation, exclusive breastfeeding, where to access breastfeeding support in the community, as well as responsive feeding.

For child curative care and growth monitoring, SPA provides data on the integrated management of childhood illnesses and child growth monitoring and includes treatment for malnutrition and anemia, counseling on infant and child feeding, and facility and community outreach for child growth monitoring, as well as acute malnutrition assessment.

Similar to other service areas, there are questions on the availability and provision of micronutrient supplements, which specifies the pediatric dosages of iron and vitamin A, for example, the availability of appropriate equipment for assessments, including mid-upper arm circumfering measuring tapes, availability of guidelines for IMCI, the diagnosis and management of malnutrition and growth monitoring, and health worker training on breastfeeding and complementary feeding. The integrated management of childhood illnesses are also captured.

There's information on nutrition counseling for breastfeeding, infant feeding, and feeding during illness, as well as information on numerous physical assessments or tests that include anemia, weight, height, mid-upper arm circumference. Information is also collected on treatments for moderate and severe acute malnutrition. Now that we've gone through a rather high-level overview, here's an in-depth example of the nutrition data collected in SPA for the Baby-Friendly Hospital Initiative, or the BFHI.

As I've summarized in the preceding slides, the revised SPA includes several questions in the antenatal care and postnatal care service areas that cover aspects of the 10 steps to successful breastfeeding that facilities providing maternity and newborn services should implement to support breastfeeding and comply with the code. The data are drawn from different SPA data collection tools. For example, the inventory questionnaire provides information on whether facilities do not routinely give samples and do not display marketing materials. The health worker interviews provide information on health workers who are trained on early and exclusive breastfeeding.

The direct observations of antenatal care and the postnatal care exit interviews with clients provides information on early initiation of breastfeeding, exclusive breastfeeding, responsive feeding, as well as where to access breastfeeding support in the community. As you can see, together, the SPA data can be useful for monitoring aspects of the BFHI. I want to end with this slide on what is the added value of the SPA.

First, the SPA includes a large set of standardized quality-of-care indicators from both public and private facilities. These data are representative at the national and often the subnational levels. Second, SPA surveys include measures of client experience, which aren't typically captured in HMIS systems. The client focus can support program and policy development in that these measures can help identify the drivers of low service uptake or poor outcomes in order to plan for future programming. In addition, it also allows us to better understand the drivers and factors in client experience as well as what interventions could actually improve it.

SPA is also able to link the process quality of care indicators to specific client characteristics, providing information that is needed to inform programmatic or policy decisions about equity in healthcare. There's also increasing focus in triangulation of data. SPA surveys can be linked with DHS surveys, which can further elucidate relationships between service provision and utilization, behavior, and/or coverage.

For nutrition specifically, as shared right at the beginning from Erin and Chika, there's a lot of nutrition content in the SPA, and nutrition is a core component of the universal health coverage. The nutrition data in SPA can be used to track effective coverage of nutrition interventions in the health system, identify gaps in the quality of nutrition services provided, as well as evaluate facility readiness to provide nutrition services among many other uses.

I will end with this slide that shares where to access the latest SPA questionnaires on the DHS Program website. There are also several informational SPA briefs that are available. The links are provided. For nutrition, we will be releasing a brief later this year that provides more detail on what I presented, as well as a list of the nutrition indicators in the SPA. With that, I will hand it over to Mr. Thapa to share more about the experiences with the SPA in Nepal. [silence] Over to you, Mr. Thapa.

Lila Bikram Thapa

Thank you very much. It is my pleasure to speak on behalf of Ministry of Health and Population. First of all, I would like to thank you so much USAID and Advancing Nutrition team for providing me with such a nice opportunity to share our Nepal experiences briefly regarding the health facility survey usefulness, how we are using this data, and how we'll be using it to advocate effective use of survey data for nutrition purpose.

As we all know, data has become an increasingly important resources for policymakers around the world. As we do, the use of data and evidence-based policymaking must be an essential tool for governments to address the comprehensive nutrition-specific intervention in the health system of Nepal. It helps to drive the effective decision-making to us or to our program and planner. Thank you very much. Over to you, Silvia.

Silvia Alayón

Thank you so much, Mr. Thapa. Thank you to all the speakers for those wonderful presentations. I'm so excited about all of the new resources for collecting additional nutrition data. I'm really excited to see those data becoming available in the near future. We will now turn over to our question and answer session. Thank you so much to all of those who have already submitted questions. We will try as best as

we can to get to all the questions, either in writing, or we'll have the speakers address them live. If we do not get to them, we will prepare responses to those that we are unable to answer during the webinar.

I am going to start out with a question. This question is for Rukundo. It comes to us from Judy Canahuati. The question is, "Since so much nutrition counseling takes place in the community, are there any plans for DHS or any other monitoring systems to try to capture this?"

Rukundo Benedict

Thanks, Judy. That is a great question. The community aspects that we're capturing in the SPA are really around growth monitoring, but I think as Chika presented, there is the CHIS system, which likely captures a lot of the nutrition counseling that is taking place in the facility. I will say that at the DHS we will be conducting a pilot of the revised SPA. Learnings from that will be integrated, so we will see what happens in future. Over.

Silvia Alayón

Thank you so much, Rukundo. Now, the next question is maybe a bit of a question, but maybe an opportunity for Chika to respond. There was a question from Adama Zoubga, who asked if they could have training for the new DHIS2. I was wondering if you could just respond, Chika, with some general comments about the support that's available to countries to roll out these new resources.

Chika Hayashi

Yes. Well, in an ideal situation, we would love to, for example, have regional workshops and really do some hands-on training, where we go over the details of every indicator we're recommending. If countries bring in their registers and we look at how concretely, we make changes to them. For example, many countries currently collect information on birth weight, but they record it as 2.5 grams. When low birth weight is less than 2,500 grams, we need that recorded to the 10th gram, so to say 2,490 grams.

There are these concrete things that can be done, but currently, we actually don't have resources to do a large regional workshop. It's something we want to discuss with all of our nutrition data partners on what is the most efficient way to roll some of this out. I can picture us doing maybe a global webinar. Again, thanks to USAID for creating this forum, but something like this where we go in a lot more detail. Then I think the other options are to look for regional opportunities or bring together countries that we know will be undergoing a revision of their systems in the next few months or this year or next year, bring them together to do a much more detailed training.

Thanks for asking, and sorry, I don't have a concrete answer, but we are working on a dissemination strategy. We will let others know. We're always looking for opportunities, so the more you can advocate for this type of training and the more we can find resources and partners to support this, we'd be happy to do more.

Silvia Alayón

Thank you so much, Chika. I think I'm going to combine a couple of questions for Rukundo because they're both related to the SPA. You could answer them at one time. The first question comes to us

from Azeez Oseni, the question is, "How do you ensure the SPA does not create additional work for already overworked and understaffed primary healthcare systems?" In a related question received from Shaibu Osman, "How often is SPA conducted, and who leads this process?"

Rukundo Benedict

Great. Those are two related questions. I'll start by saying that the SPA surveys are similar to DHS surveys in that they're country-led, country-owned. We work with an implementing agency in-country. Typically, it'll be the national statistics agency in collaboration with Ministry of Health and other stakeholders in-country to design what packages, what all is to be included in the SPA. In that way, the burden so much isn't on the health workers in the facilities, it is trained folks who are going out to collect this data from health facilities.

The second question as to how often are SPA surveys conducted, it really depends on the country. Some countries have done them routinely, I would say, every five or so years. Other countries have done a one-off, but the real push and I think the real aim with this revised SPA is to make the instrument a little bit more streamlined. What we've heard in the past was that it was very large and cumbersome, extremely time-consuming to implement.

This revised SPA is really a slimmed-down package, I think, more efficient. The hope is that more countries see the value in this because it goes just beyond nutrition. It's looking at multiple service areas all integrated into one instrument. Moving forward, after we conduct our pilot this year, the instruments are available on the website, we're hoping to have more country engagement and more countries take up the SPA. I think specifically, as I mentioned during the presentation, one of the nice aspects is that you are able to do some triangulation and some linking with DHS surveys that may also be conducted in your country. Over.

Silvia Alayón

Thank you so much, Rukundo. The next question comes to us from Fikru Sinshaw Engdaw. I'd like to ask Mr. Liyungu to respond to this question. The question is, "Do you integrate nutrition indicators into the government HMIS system?" He says, "In the Ethiopian context, we only are able to include a few indicators." I was wondering if Mr. Liyungu would have some comments there.

Martin Liyungu

Yes. Thank you very much, Silvia. For Zambia, what we do is the Ministry of Health does periodic review of indicators every three to five years. Whenever there are these revisions, all program officers are requested to make submissions for the M&E team. We can collect as much data as we want, but in most cases, you have to come up with the priority indicators that you think these are really collectible and they're used to make decisions. Thank you very much.

Silvia Alayón

Thank you so much. Now I'm going to turn it over to Chika to respond to a question from Brett Collins. This question, "Are the DHIS2 nutrition package contents customizable, for example, adding details that they may need to capture for reporting purposes?"

Chika Hayashi

Yes, absolutely. We will be developing an adaptation guide as well. We do have some core standard indicators, but some countries may, for example, decide to add more disaggregations or add a lot more of the optional indicators, or add additional indicators that are important for their context or for specific reporting purposes they have. For example, a lot of countries have disbursement-linked indicators with the World Bank, so they've added some things in there, for example, around maternal weight gain. Yes, definitely it's possible.

I already responded to some of the questions that came in the chat, but I wanted to appreciate the questions around double counting and whether we're actually monitoring community services, as well as the question around received and consumption because I think it just shows that the people that made those comments are really understanding hands-on what the different issues are when it comes to monitoring routine health information systems and related issues. Thanks for that. I won't repeat my answers there, but I just wanted to mention that. Thanks.

Silvia Alayón

Thank you, Chika, for calling attention to that. For the next question, I'm going to turn again to Mr. Liyungu, because I think this is a wonderful question that came to us from Mustafe Adan. What advice would you give to a country like Somalia that is now planning to integrate NIS with HIS? Currently, ONA, I'm not sure what that refers to, is preferred data collection tool for nutrition information in Somalia. I think any words of advice from Mr. Liyungu would be welcome.

Martin Liyungu

Thank you very much. For a country that is starting from the scratch, you just have to follow first of all the steps, especially how will the program be coordinated. Once you establish or identify the nation structures, especially with more active government participation, then the activities are likely to be sustained. You are likely to get more support and it will be successful. The program will be successful.

Then the second component or the second stage that you have to do is first of all, to look at what do you really need to collect out of what you want to collect, because it's not everything that we want to collect that we need. You will have to come up with the priorities of existing indicators that you want to collect and provide guidance on how data on those indicators is going to be collected. Thank you very much.

Then the third component is which platforms are you supposed to use or do you need to use, especially if you want to integrate within the DHIS2 it's likely to be sustained because DHIS2 software is an open source. There's no programming required, so it would be more beneficial to the government or the program that wants to implement this intervention. Thank you.

Silvia Alayón

Thank you so much. I'm going to hand it over to Rukundo now for a question. Maybe others might want to chime in here too, but I think Rukundo will have a very specific response here. The question is from Alex Benard Waniala, he asks, "What has been put in place to facilitate baby-friendly initiative?"

Rukundo Benedict

I think I can speak to that from the questions that we ask in the tools. As I shared under one slide, we are capturing the indicators, I guess, that are helpful for monitoring the BFHI in facilities. The way that SPA works, it is either going to be national, or it'll either be a census of health facilities or a sample of health facilities. That includes everything from your higher-up, your tertiary level facilities, all the way down to your health posts. What BFHI looks like is obviously going to vary depending on the type of health facility that you're at.

Those questions are included in the questionnaires and can be applied across the board to help countries really understand, at the facilities where we should be adhering to BFHI, is this actually happening. Maybe Chika has something to add. Over.

Chika Hayashi

Yes. We definitely also have the early initiation of breastfeeding indicator, which is also on the DHS, but we also have it as our recommended set of indicators for nutrition in HMIS, and of course, our corresponding DHIS2 package, again, following the Baby-Friendly Hospital Initiative. We have, of course, IYCF counseling related to that as well.

Silvia Alayón

Thank you so much, Chika. Now we have about time for one more question, so I'm going to make it one that I think could be answered quickly because we only have about one minute left and I'm trying to get to as many as possible. This one is also for Rukundo. The question is about the sampling approach to the SPA. If you could maybe give the one-minute version of the sampling approach to the SPA, maybe we could add an additional resource to more information about that when we send out. Go ahead, **[unintelligible 00:55:35]**.

Rukundo Benedict

Great question. The quick answer is there is an informational brief that goes into the methodology for the sampling, but at a higher level, the sampling frame will be for facilities both private and public in a country. It's either going to be all or a sample of those. Then once we have that selected frame of facilities, there's some convenience, a random sampling that goes into selecting the health workers that will be interviewed, and subsequently from that, the clients that will be interviewed as well as observed during different Service Provision Assessments. That's very, very high level. I recommend looking at the brief, we'll put that into the chat for you.

Silvia Alayón

Great. Thank you so much. Thank you so much to all of the speakers for this wonderful webinar. Thank you to all the participants who joined us today. I think at the max we had over 350 people join from near and far, which was wonderful to see. In closing, I just want to say I was very excited about this webinar because I think those of us here that have joined, all of the speakers, we at USAID Advancing Nutrition, are all interested in a common goal, which is improving the quality and the coverage of nutrition services.

I think that several years ago the nutrition community had identified the lack of data in supporting these objectives as a gap and a challenge that we should work towards. I think the tools presented here really

represent several years of collaboration among governments, donors, implementing partners, and professionals. I'm sure many of you on the call participated on the many consultations to develop the Nutrition module for routine health information system and provided their time and effort to review the SPA questionnaires and make recommendations for improving the nutrition content in the SPA.

I think these tools that we share today are really the culmination of a lot of effort among the nutrition community and a demonstration of what we can do really when we come together to meet a challenge. I also appreciate the breadth that these tools cover with routine, non-routine, health facility-based, and community-based information, which I'm really excited to see come together to support programming in the future.

I want to remind everyone we're going to send a survey feedback, a link to the recording of the webinar, plus the slides via email. I'd like you all to join the next USAID Advancing Nutrition webinar on April 25th. That will be on nutrition financing. Thank you all very much!

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