

SPRING Data Collection & Quality Improvement

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Meeting Overview

Purpose:

1. Orient HEALTHQUAL to SPRING's monitoring, evaluation, research, and learning (MERL) activities.
2. Prepare HEALTHQUAL for continuing data collection and reporting of nutrition-related indicators.
3. Prepare HEALTHQUAL for continuing dissemination of nutrition assessment, counseling, and support (NACS) norms.

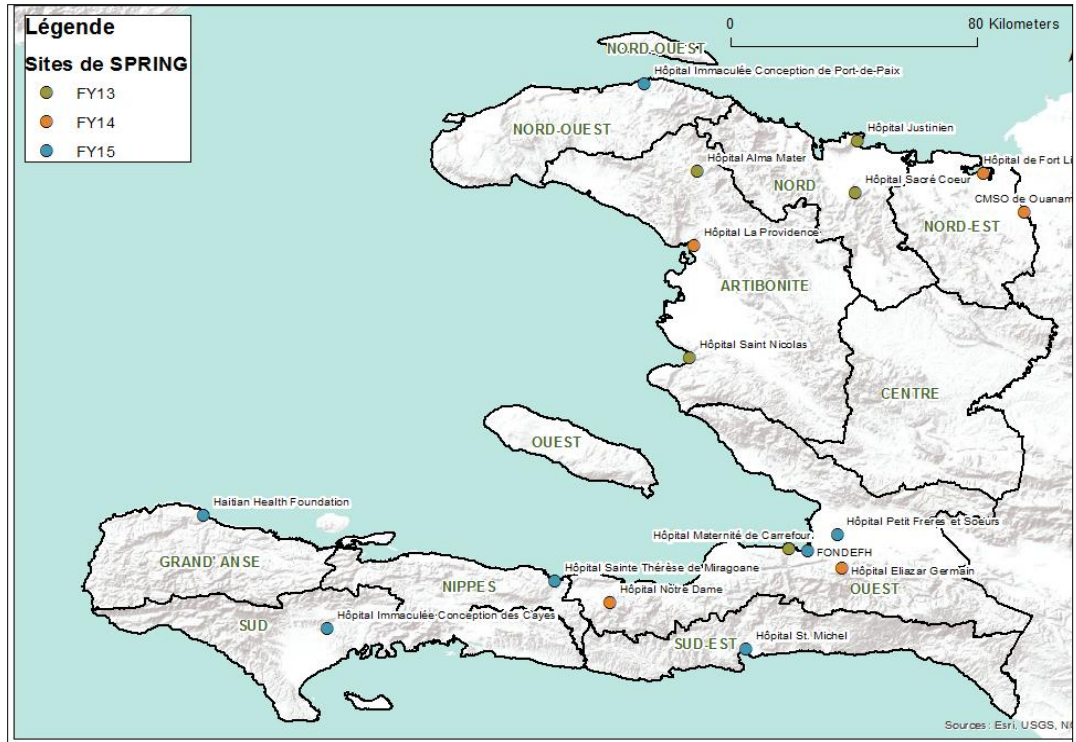
Outline:

- SPRING in Haiti
- SPRING/Haiti MERL
- Q&A



SPRING/Haiti at a Glance

- **Start Date:** Feb. 2012
- **Key Partners:**
 - MSPP
 - Nutrition Security Project
 - HEALTHQUAL
 - UNICEF
 - World Food Program
- **Geographic Area:**
 - 10 departments



SPRING/Haiti's Priority Health Facilities

- Artibonite
 - Hôpital de St Marc
 - Hôpital Alma Mater de Gros Morne
 - Hôpital La Providence des Gonaives
- Center
 - Hôpital Ste Thérèse de Hinche
- Grande-Anse
 - Haitian Health Foundation
- Nippes
 - Hôpital Ste Thérèse de Miragôane
- North
 - Hôpital Universitaire Justinien
 - Hôpital Sacré Coeur de Milot
- Northeast
 - Hôpital de Fort Liberté
- Centre Médico Social de Ouanaminthe
- Northwest
 - Hôpital Immaculée Conception de Port de Paix
- South
 - Hôpital Immaculée Conception des Cayes
- Southeast
 - Hôpital St Michel de Jacmel
- West
 - Hôpital Maternité de Carrefour
 - Centre Hospitalier Eliazar Germain
 - Hôpital Notre Dame de Petit Goâve
 - Hôpital Nos Petits Frères et Soeurs
 - FONDEFH



SPRING/Haiti's Key Activities

- **Strengthening and sustaining NACS**

- Cultivate nutrition focal point (NFP) and health facility (HF) staff as NACS champions
- Build health workers' nutrition counseling skills
- Tailor training to facility needs, including on-the-job (OTJ) vs. standard training



- **Quality improvement**

- Reinforce facility quality improvement (QI) teams with an Innovation Fund



SPRING/Haiti's Key Results

- Trained over 650 health providers on the NACS continuum of care
- Secured MSPP endorsement on national NACS materials (developed by FANTA)
- Spearheaded development of national NACS roll-out plan
- Built NFP capacity to facilitate NACS trainings, conduct supportive supervision, and support HF QI
- Finalized the infant and young child feeding (IYCF) training package
- Counseling cards now used nationwide



Challenges to Strengthening NACS at the Health Facility

- Broad geographical presence
- Small team, large scope: attrition a big problem
- Limitations to HF ability to implement “C” and “S” of NACS
- SPRING only marginally influenced PEPFAR indicator of interest (FN_THER)
- Facility-based only; limited influence within the community



Lessons in Strengthening NACS at the Health Facility

- Capacity building is critical, BUT
 - For investment to reach full potential, facilities need the means (e.g., therapeutic food, time, space for counseling) to apply what has been learned.
- OTJ vs. traditional training
 - OTJ: more flexible, more staff from different units can be trained, staff from different units can be pulled in for specific modules, cost effective.
 - Traditional: faster, less dropout, but higher short-term costs.
- Minimal “awards” can motivate quality improvements
 - SPRING’s Innovation Fund has motivated health facilities find creative ways to strengthen NACS services. Continuation will require funding and time to visit facilities.



SPRING/Haiti's MERL Activities

- **Health facility assessments:** Register reviews, interviews, and observations of client-provider interactions
 - Baseline in most health facilities
 - Follow up with 7 health facilities selected for FY14
- ***iSanté* and RUTF tracking review:** Sometimes requires collection at health facility. *iSanté* data has been recently been accessed at national level.
- **Reinforcement visits:** Supportive supervision conducted in collaboration with MSPP NFP
 - Use newly revised MSPP nutrition supervision forms
 - Discuss challenges and identify solutions



SPRING/Haiti's Priority Indicators

Indicators	Operational definition	Operational plans for data collection
FN_ASSESS: Percent of PLHIV clients who were nutritionally assessed via anthropometric measurement	<p>Numerator: Number of unique PLHIV clients who had their height and weight measured</p> <p>Denominator: Total number of unique PLHIV client records reviewed from iSante electronic medical record system</p> <p>Disaggregated by sex, pregnancy status, and age: <1, 1-4, 5-14, 15-17, 18+ years.</p>	Collect from iSante every 6 months.



SPRING/Haiti's Priority Indicators (cont.)

Indicators	Operational definition	Operational plans for data collection
FN_THER (numerator): Number of clinically undernourished PLHIV who received therapeutic and supplementary feeding.	Number of clinically undernourished PLHIV who were provided with therapeutic and supplementary feeding. Disaggregated by sex, pregnancy status, and age: <1, 1-4, 5-14, 15-17, 18+ years.	Go to each facility's PNS or whichever unit distributes RUTF. Request list of all PLHIV patients seen. Pull charts for all of those clients. IF this was the first time client was seen in the report year (since Oct 2014), record age in months if <5, age in years if 5+, gender, pregnancy status, MUAC (if pregnant), height, and weight to determine if the client was indeed malnourished.



SPRING/Haiti's Priority Indicators (cont.)

Indicators	Operational definition	Operational plans for data collection
FN_THER (denominator): Number of PLHIV clients who were nutritionally assessed and found to be clinically undernourished.	Number of PLHIV clients who were nutritionally assessed and found to be clinically undernourished according to WHO's criteria of classification of malnutrition. Disaggregated by sex, pregnancy status, and age: <1, 1-4, 5-14, 15-17, 18+ years.	Collect from iSante every 6 months. Each person should only be counted once in the reporting year, starting in Oct 2014.
FN_THER: Percent of clinically undernourished PLHIV who received therapeutic and supplementary feeding‡	Use above numerator and denominator. Disaggregated by sex, pregnancy status, and age: <1, 1-4, 5-14, 15-17, 18+ years.	See above.



SPRING/Haiti's Additional Indicators

Indicators	Operational definition	Operational plans for data collection
Percent of assessments that result in an accurate categorization	<p>Numerator: Number of nutritional assessments observed in HIV units in PEPFAR-supported sites that result in accurate categorization of malnutrition.</p> <p>Denominator: Total number of assessments observed in HIV units in PEPFAR-supported sites.</p>	Observe ~20 client-provider interactions in the HIV units of each facility. Observer should record age in months if <5; age in years if 5+; gender; pregnancy status and MUAC if pregnant; height; weight (if not pregnant); WHZ (if <5); BMI-for-age (5-17); and BMI (18+). In addition, observer should record provider categorization of client nutritional status. SPRING independently calculates nutritional status, classifies each client, and determines if categorization was accurate.
FN_SITE: Percent of PEPFAR-supported sites achieving 95% of nutrition assessments that result in an accurate categorization of malnutrition.	<p>Numerator: Number of HIV units in PEPFAR-supported sites achieving 95% accuracy in categorization of malnutrition.</p> <p>Denominator: Total number of HIV units in PEPFAR-supported sites providing NACS services.</p>	



SPRING/Haiti's Current Process for Reporting Priority Indicators

1. Collect from *iSanté* the following indicators disaggregated by facility, sex, pregnancy status, and age (<1, 1-4, 5-14, 15-17, 18+ years):
 - Percent of PLHIV clients who had height and weight measured during the reporting year
 - Number of unique PLHIV clients who were nutritionally assessed and found clinically undernourished during the reporting year.



				Soins palliatifs						Sous TAR						Autre *	Totaux généraux	
Établissement	Version	Serveur local	Date de saisie la plus récente ▼	Nou... A/E	Actifs A/E	Risque A/E	Inac... A/E	Disc A/E	Total A/E	Nou... A/E	Actifs A/E	Risque A/E	Inac... A/E	Disc A/E	Total A/E		Totaux généraux	
Hôpital Immaculée Conception des Cayes	14.2.1	Oui	2015-08-31	20/ 4	79/ 63	90/ 46	8/ 12	2439/208	2636/333	18/ 3	1734/ 83	189/ 16	95/ 6	1479/ 30	3515/ 138	19377	25999 ▲	
institut de Dermatologie et des Maladies Infecti...	13.2.4	Oui	2015-08-31	1/ 4	79/ 58	17/ 26	35/ 15	1023/ 56	1155/159	16/ 0	1494/ 10	129/ 4	252/ 0	751/ 0	2642/ 14	2960	6930	
Hôpital de Fermathe	14.2.1	Oui	2015-08-31	8/ 0	16/ 11	9/ 20	82/ 74	210/ 2	325/107	10/ 0	348/ 7	34/ 2	133/ 2	158/ 0	683/ 11	14939	16065	
CSL de Terrier Rouge	14.2.1	Oui	2015-08-31	4/ 2	26/ 3	20/ 2	46/ 0	67/ 0	163/ 7	5/ 0	118/ 2	13/ 0	7/ 0	37/ 0	180/ 2	2194	2546	
Clinic JP HRO 2	14.2	Oui	2015-08-31	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	28230	28230	
HCR de Port Salut	14.2	Oui	2015-08-31	2/ 2	10/ 0	11/ 3	52/ 3	435/ 5	510/ 13	6/ 0	154/ 2	35/ 1	134/ 4	129/ 7	458/ 14	1095	2090	
CSL Saint Paul de Montrouis	13.2		2015-08-31	0/ 0	5/ 0	19/ 0	157/ 5	5/ 0	186/ 5	0/ 0	4/ 0	19/ 0	40/ 0	5/ 0	68/ 0	15	274	
Klinik timoun nou yo (KTNY)	13.1	Oui	2015-08-31	0/ 2	0/ 6	0/ 0	0/ 18	0/ 0	0/ 26	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	0/ 0	14616	14642	
Hôpital de Fort Liberté	14.2.1	Oui	2015-08-31	6/ 0	35/ 9	15/ 3	28/ 6	935/ 25	1019/ 43	8/ 2	624/ 51	45/ 3	127/ 8	407/ 17	1211/ 81	6212	8566	
Hôpital Evangelique de Bombardopolis	13.2.4	Oui	2015-08-31	3/ 1	18/ 8	13/ 20	27/ 36	305/ 74	366/139	3/ 0	507/ 40	65/ 4	67/ 7	415/ 21	1057/ 72	6706	8340	
Hôpital Sacre Coeur de Milot	14.2	Oui	2015-08-31	8/ 7	65/ 63	15/ 31	14/ 44	867/228	969/373	20/ 1	1235/ 64	64/ 8	91/ 4	606/ 29	2016/ 106	16	3480	
Clinique Medico-Chirurgicale Dugue	14.2	Oui	2015-08-31	6/ 0	41/ 14	23/ 13	56/ 48	241/ 14	367/ 89	13/ 0	182/ 3	41/ 0	44/ 0	47/ 0	327/ 3	2375	3161	
Hôpital Bernard Mevs	14.2.1	Oui	2015-08-31	0/ 1	1/ 29	3/ 18	1/ 2	1037/163	1042/213	21/ 2	974/ 30	123/ 3	199/ 3	1413/ 19	2730/ 57	5	4047	
CEGYPEF	13.2		2015-08-31	0/ 0	6/ 0	17/ 0	485/ 0	16/ 0	524/ 0	0/ 0	11/ 0	25/ 0	196/ 0	3/ 0	235/ 0	6	765 ▼	
Copiez dans le .CSV	Totaux généraux:	126	95		174/ 40	1725/777	2458/904	10793/151	41125/731	56275/1065	241/ 14	18733/81	9228/492	17952/58	21928/841	68082/2740	487852	625607

Légende

Bleu--Sites utilisant iSanté pendant moins de 90 jours.

Rouge--Sites dont le transfert des données n'a pas été fait depuis au moins deux semaines.

* Autre : Patients en soins de santé primaires (adulte, pédiatrique, ob-gyn) et les patients avec fiche d'enregistrement seulement



Dépt.	Clinique	Type	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot
		Adulte	306	580	886	227	444	671	236	463	699	96,2	95,9	96	197	362	559	227	444	671	86,8	81,5	83,3	2	3	5	2	3	5
		Péd.	41	41	82	26	28	54	31	28	59	83,9	100	91,5	25	24	49	26	28	54	96,2	85,7	90,7	1	1	2	1	1	2
		Total	347	621	968	253	472	725	267	491	758	94,8	96,1	95,8	222	386	608	253	472	725	87,7	81,8	83,9	3	4	7	3	4	7

			Prophylaxie à l'INH									Évaluation nutritionnelle									Surveillance de la malnutrition sévère								
			Patients actifs			Num.			Dén.			Num.			Dén.			Num.			Dén.			Num.			Dén.		
Dépt.	Clinique	Type	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot
		Adulte	306	580	886	21	36	57	24	40	64	87,5	90	89,1	266	501	767	274	512	786	97,1	97,9	97,5	0	3	3	266	501	767
		Péd.	41	41	82	2	2	4	3	3	6	66,7	66,7	66,7	35	36	71	38	37	75	92,1	97,3	94,7	2	2	4	35	36	71
		Total	347	621	968	23	38	61	27	43	70	86,2	88,4	87,1	301	537	838	312	549	861	96,5	97,8	97,3	2	5	7	301	537	838

							Planification familiale									PTME									Traitement de la syphilis								
							Num.			Dén.			%			Num.			Dén.			%			Num.			Dén.			%		
Dépt.	Clinique	Type	H	F	Tot		H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot			
Nord-est	Hôpital de Fort Liberté	Adulte	306	580	886		0	343	343	0	417	417	0	82,3	82,3	0	14	14	0	14	14	0	100	100	0	0	0	0	0	0	0		
		Péd.	41	41	82	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		Total	347	621	968	0	343	343	0	417	417	0	82,3	82,3	0	14	14	0	14	14	0	100	100	0	0	0	0	0	0	0	0	0	

		Dépistage du cancer du col de l'utérus												Évaluation de la santé mentale									Immunisation pédiatrique								
		Patients actifs			Num.			Dén.			%			Num.			Dén.			%			Num.			Dén.			%		
Dépt.	Clinique	Type	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot		
Nord-est	Hôpital de Fort Liberté	Adulte	306	580	886	0	43	43	0	443	443	0	9,7	9,7	248	463	709	274	512	786	89,8	90,4	90,2	0	0	0	0	0	0		
		Péd.	41	41	82	0	0	0	0	0	0	0	0	0	0	2	38	37	75	0	5,4	2,7	0	0	0	14	8	22			
		Total	347	621	968	0	43	43	0	443	443	0	9,7	9,7	248	465	711	312	549	861	78,8	84,7	82,6	0	0	0	14	8	22		

			Détection précoce du VIH pédiatrique																										
			Patients actifs			Num.			Dén.																				
Dépt.	Clinique	Type	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot	H	F	Tot
		Adulte	306	580	886	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Péd.	41	41	82	6	6	12	6	6	12	6	100	0	6	100	0	6	100	0	6	100	0	6	100	0	6	100	0
		Total	347	621	968	6	6	12	6	6	12	6	100	0	6	100	0	6	100	0	6	100	0	6	100	0	6	100	0

Définitions HEALTHQUAL version 13.2.1 (04/10/13)

Rétention des patients en prise en charge ARV:

- Numérateur: Nombre cumulé de patients VIH+ déjà sous ARV ayant au moins une visite durant les 3 derniers mois.
- Dénominateur: Nombre cumulé de patients VIH+ déjà sous ARV excluant les décédés et les transférés et les enfants qui ont un résultat de PCR négatif.

Rétention des patients en prise en charge clinique:

- Numérateur: Nombre cumulé de patients VIH+ non enrôlés en soins ARV ayant au moins une visite durant les 6 derniers mois.
- Dénominateur: Nombre cumulé de patients VIH+ non enrôlés en soins ARV excluant les décédés et les transférés et les enfants qui ont un résultat de PCR négatif.

CD4:

- Numérateur: Nombre de patients VIH+ enrôlés en soins ARV et non ARV depuis plus de six mois ayant bénéficié de 2 comptes CD4 durant les 12 derniers mois.
- Dénominateur: Nombre de patients VIH+ enrôlés en soins ARV et non ARV depuis plus de six mois par rapport à la période d'analyse, excluant les décédés et les transférés et les enfants qui ont un résultat de PCR négatif.

Évaluation nutritionnelle:

- Numérateur: Nombre de patients adultes VIH+ dont les données nécessaires pour calculer leur IMC sont collectées durant la période d'analyse et le nombre d'enfants exposés et infectés au VIH ayant bénéficié d'une évaluation nutritionnelle dont les données nécessaires pour évaluer leur état nutritionnel (poids et taille ou périmètre brachial et périmètre crânien) ont été collectées durant la période d'analyse.
- Dénominateur: Nombre de patients adultes VIH+ ou d'enfants exposés et infectés au VIH ayant eu au moins une visite médicale durant la période d'analyse, excluant les décédés et les transférés et les enfants qui ont un résultat de PCR négatif.

Surveillance de la malnutrition sévère:

- Numérateur: Nombre de patients adultes VIH+ dont l'IMC est inférieur ou égal à 16 et le nombre d'enfants VIH+ présentant une malnutrition sévère.
- Dénominateur: Nombre de patients VIH+ ayant bénéficié d'une évaluation de leur IMC durant la période d'analyse, excluant les décédés et les transférés et les enfants qui ont un résultat de PCR négatif.

Planification familiale:

- Numérateur: Nombre de femmes VIH+ en âge de procréer utilisant une méthode PF durant la période d'analyse.
- Dénominateur: Nombre de femmes VIH+ en âge de procréer ayant bénéficié au moins d'une visite durant la période d'analyse, excluant les décédés et les transférés.



SPRING/Haiti's Current Process for Reporting Priority Indicators (cont.)

2. Request that relevant NFPs visit malnutrition units of health facilities to get number of malnourished PLHIV who received RUTF during the reporting year.
3. Collect and calculate priority indicators.
4. Upload to DevResults, SISNU, and DATIM.
5. Report to USAID every six months.



Strengthening Partnership: x

[ht.devresults.com/en/rf/reportingperiods/awardreportingperiodindicator/351755\\$47648](https://ht.devresults.com/en/rf/reportingperiods/awardreportingperiodindicator/351755$47648)

DevResults News: Learn about the **major updates we've made in the last month!**

U.S. Government - Haiti
Aid Management Information System

Quick search...

Home / Strengthening Partnerships, Results and Innovations in Nutrition Globally

STATUS **In Progress**

Strengthening Partnerships, Results and Innovations in Nutrition Globally

FY2015 Q1 | JSI Research & Training Institute

Indicators Narrative Discussion Forms

SPRING-04 # PLHIV clients who were nutritionally assessed via anthropometric measurement

Disaggregation: Sex, Age3c, ART Status, Pregnancy Status

Recalculate logic checks

Location	Sex			Age3c				ART Status			Pregnancy Status			Comment
	Female	Male	Total	<5	18+	5-17	Total	No	Yes	Total	Post-partum	Pregnant	Total	
Haiti / Artibonite / Gonaives / 1ère Pont Tamarin / Hopital la Providence des Gonaives			0	2	52	1	55			0		0	0	
Haiti / Artibonite / Gros Morne / 3ème Rivière Blanche / Hôpital Alma Mater de Gros Morne			0	15	659	36	710			0		0	0	
Haiti / Artibonite / Saint-Marc / 6ème Charrette / HÔPITAL SAINT NICOLAS DE SAINT MARC			0	1	120	4	125			0		0	0	
Haiti / Grande-Anse / Jeremie / 8e Fonds Rouge Dahere / Haitian Health Foundation			0	0	116	1	117			0		0	0	
Haiti / Nippes / Miragoane / 1ère Chalon / Hôpital Sainte Thérèse - Nippes			0	9	27	1	37			0		0	0	
Haiti / Nord / Milot / 2ème Bonnet à l'Evêque / Hopital Sacre Coeur de Milot			0	11	1,058	56	1,125			0		0	0	
Haiti / Nord-Est / Fort Liberté / 1ère Dumas / Hopital de Fort Liberté			0	15	595	49	659			0		0	0	
Haiti / Nord-Est / Ouanaminthe / 1ère Haut Maribahoux / Centre Medico Social de Ouanaminthe			0	0	367	4	371			0		0	0	
Haiti / Nord-Ouest / Port de paix / 3ème Aubert / Hopital Immaculee Conception de Port de Paix			0	0	0	0	0			0		0	0	
Haiti / Ouest / Carrefour / 10ème Thor / Maternite de Carrefour			0	5	448	6	459			0		0	0	
Haiti / Ouest / Delmas / 1ère Saint martin / Hopital Justinien			0	4	1,191	62	1,257			0		0	0	

Done

DevResults

www.spring-nutrition.org

2

USAID - SISNU

← → ↺

www.sisnu.net/dhis2/dhis-web-dataentry/index.action

☆

☰

dhis2

USAID - SISNU

Apps

Profile

🏠

↔

➡

🔍

Alma Mater

CAL de Ouanaminthe

CAL Sacre Coeur

Haitian Health Foundation

HIC

Hopital de Fort-Liberte

Hopital Eliazar Germain

Hopital Justinien

Hopital Notre Dame

Hopital Sainte Therese de Miragoane

Hopital St Michel

Immaculee Conception

La Providence

Nos Petits Freres et Soeurs (Hopital St D

Saint Nicolas

Data Entry ?

Organisation Unit

Alma Mater

Data Set

Rapport SPRING Nutrition

Period

July 2015

Prev year

Next year

Run validation

Print form

Print blank form

✖

Alma Mater - July 2015 - No Data Element Selected

SPRING

Strengthening Partnerships, Results, and Innovations in Nutrition Globally

Observed Clients in SPRING supported sites

Nutritional Assessment

Number of observed pediatrics clients who had their height, and weight measured and sex and age recorded	
Number of clients observed	
Number of Unique PLVIH clients	
Number of unique PLVIH accurately categorized as malnourished	
Number of Client observed in ANC unit	
Number of observed prenatal clients who had their MUAC measured	
Number of clients observed in pediatric unit	
	<div>Male</div> <div>Female</div> <div>Male</div> <div>Female</div> <div>Male</div> <div>Female</div> <div>Male</div> <div>Female</div> <div>Male</div> <div>Female</div>



DATIM

<https://www.datim.org/dhis-web-dataentry/index.action>

DATIM

Apps

Profile

Haiti

_Military Haiti
Artibonite
Centre
Grande-Anse
Nippes
Nord
Nord-Est
Nord-Ouest
Anse-a-Fleur
Baie-de-Henne
Bombardopolis
Jean-Rabel
La Tortue
Mole Saint Nicolas
Port-de-Paix
Centre Jeunes de Port-de-Paix
Centre Lakay de Port-de-Paix
Centre Medical Beraca
Hôpital Immaculée Conception
Ouest
Sud
Sud-Est

Data Entry ?

Organisation Unit

Hôpital Immaculée Conception Port-de-Paix

Data Set

MER Results: Facility Based

Period

April - June 2015

Prev year

Next year

Funding Mechanism

13637 - SPRING

Run validation

Print form

Print blank form

Quarterly Reporting

Semiannually Reporting

Annually Reporting

ARV

Clinical Services

Food and Nutrition

FPINT

Gender

GPY

HTC

KP

OVC

PMTCT

PrEP

TB/HIV

VMMC

DSD

TA-SDI

Collapse All

DSD: FN_ASSESS

Collapse

2

Number of PLHIV who were nutritionally assessed via anthropometric measurement

Numerator

2

Number of HIV positive adults and children who received care and treatment services

Denominator

2

Disaggregated by Age

All Sexes

<1

1-4

5-14

15-17

18+

Sub-total

0

2

Disaggregated by Age (Aggregated) - USE WITH HQ PERMISSION ONLY

www.spring-nutrition.org

Challenges to Nutrition-Related MERL

- **Narrowly focused QI committees:** In many facilities, QI committees remains focused on HIV-specific services. SPRING has found it challenging to get QI committees to expand their scope to nutrition services across the continuum of care.
- **Delayed access to *iSanté*:** SPRING could not access national-level *iSanté* data until April 2015. Before then and in places now where the *iSanté* electronic medical record (EMR) system is not fully operational, SPRING has had to review registers and/or client cards to calculate and report on the priority USAID indicators. This is a lengthy process.
- **Inconsistent use of unique identifiers:** The malnutrition units that distribute therapeutic food in Haiti do not use the *iSanté* EMR system nor its unique identifiers. This makes calculation of the FN_THER indicators challenging.



Recommendations for Nutrition-Related MERL

- Nurture partnerships with MSPP/NFPs and health facilities.
- Routinely visit health facilities and meet with key target units, nurses in charge, and facility directors.
- Provide additional technical support to QI committees, particularly for the expansion of scope to non-HIV units and increased focus on nutrition service delivery.
- Continue to provide facilities with small grants for innovative ideas proposed by QI committees to address gaps and challenges to delivering high-quality nutrition services.
- Reinforce importance of nutrition services along the continuum of care.
- Involve health facilities in data collection and use.
- Explore the possibility of establishing an EMR system in malnutrition units and/or using the same unique identifier for each client in all units of a health facility.



Questions



Thank you!



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