

# Overview

1. Timeline
2. Indicators and data sources
3. Use of Data
  - *Effective coverage*
  - *Implementation strength*
4. Issues



HWs & FCHVs have contact with pregnant women & are motivated to dispense CHX

CHX is in stock in peripheral-level government HFs providing antenatal care, & with FCHVs

CHX is in stock in HFs providing maternity care

Pregnant women reached w/ CHX

For **home births**, mothers have CHX & are motivated to use it [or it is applied by a visiting HW or FCHV]

HWs in **peripheral public birthing centers** have CHX & are motivated to use it

HWs in **public hospitals** have CHX & are motivated to use it

HWs in **private HFs** have CHX & are motivated to use it

high population effective coverage for CHX to cord within 24 hrs of birth

↓ sepsis arising from unhygienic cord exposure

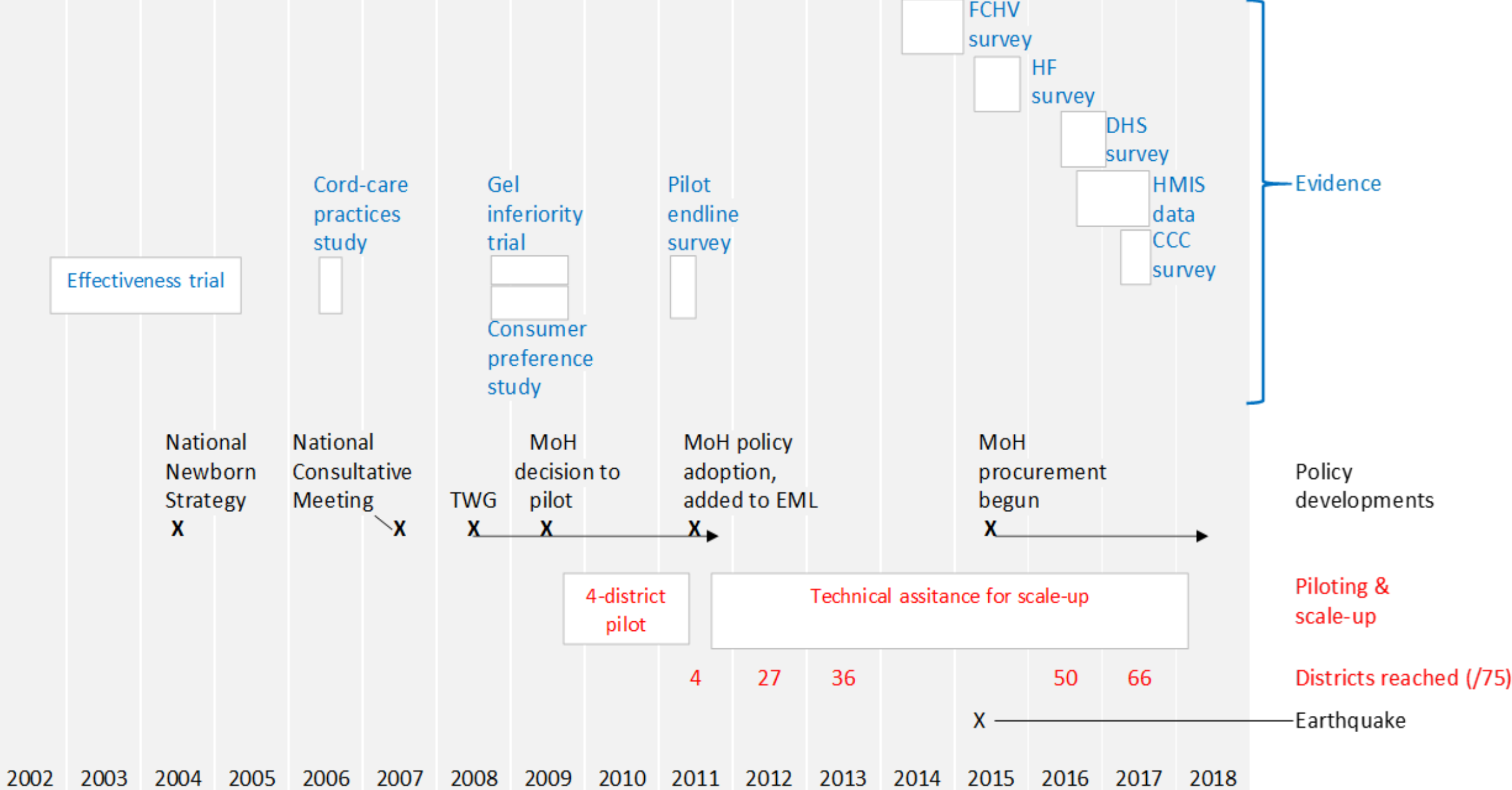
↓ NN mortality @ national scale

Implementation strength

Effective coverage

Impact

MoH & partners gather timely, informative performance data & are motivated & enabled to act on it to address identified performance bottlenecks (HMIS, NDHS, CCC survey, HF survey, FCHV survey)



# Measuring effective coverage & implementation strength

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- Effective Coverage
  - % of newborns having CHX applied to cord
- Strength of Implementation
  - Availability of CHX
    - at Health Facility
    - with FCHV
  - Reported use of CHX
    - by Health Facility
    - by FCHV

# Data sources

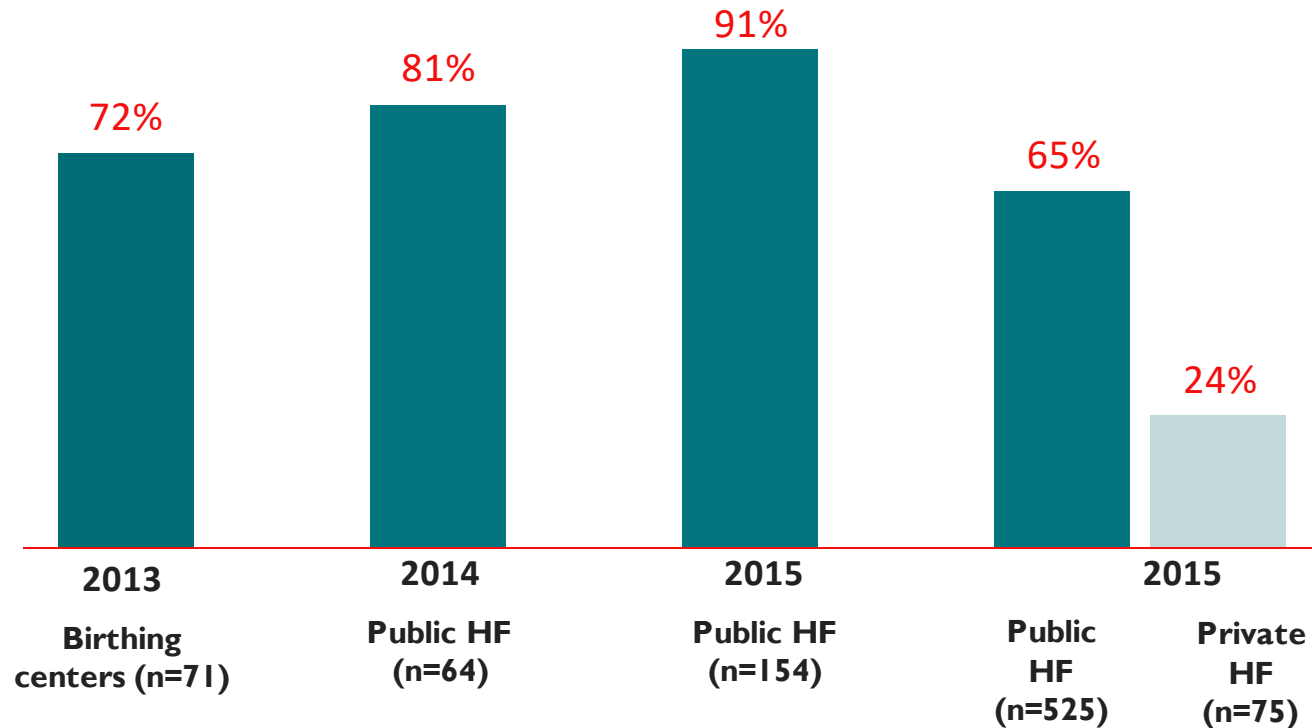
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- Program records and reports
- Existing data collection platforms
  - MoH management information systems
    - Health Management Information System (HMIS) – CHX included in national HMIS (July 2014)
    - Logistics Management Information System (LMIS) –CHX included in LMIS (July 2015); became a tracer drug (2016)
  - National surveys:
    - Female Community Health Worker Survey 2014
    - National Health Facility Survey (2015-16)
    - Demographic Health Survey (2016-2017)
  - Sub-national surveys:
    - Suaahara midterm (2014) and endline survey (2016)
    - HC3 baseline (2015)
- National Chlorhexidine Coverage and Compliance Survey (2017)

# Strength of implementation

## Availability of CHX at facilities (public and private)

Percentage of surveyed health facilities with CHX in stock on day of survey



Data Sources: *QoC birthing study*

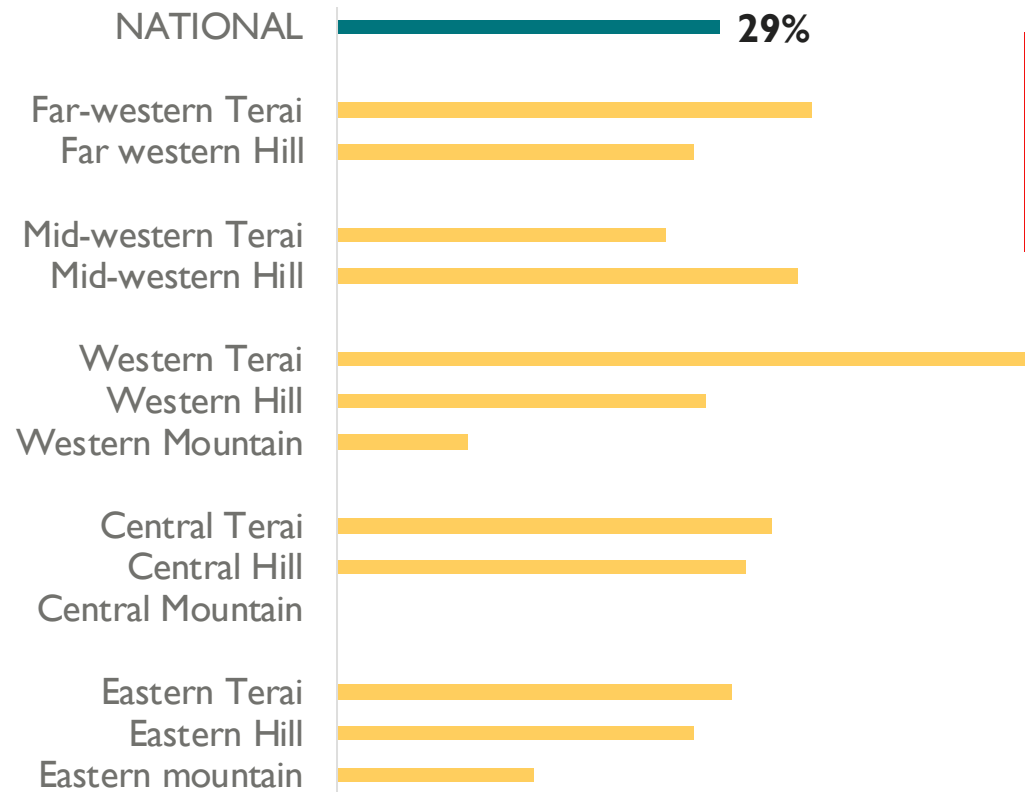
*JSI program monitoring data from CHX districts*

*National Health Facility Survey*

# Strength of implementation

## Home visits by FCHVs during pregnancy

Percentage of FCHVs providing CHX during pregnancy in last 3 months



- >90% of FCHVs reported making home visits during pregnancy
- But just 29% of FCHVs in CHX districts reported providing CHX in last 3 months

Data source: FCHV survey, n=4,302 FCHVs; data collected August 2014-February 2015

# Moving forward

## Issues:

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- Data gaps and data quality issues – no perfect source
- Federalism : procurement, platform for discussion and monitoring, clarity in roles and responsibilities. Continuing leadership of MOH in data analysis and use?
- Private sector data where there is no government maternal health program (mainstreaming of program and data integration with HMIS)
- Timely and continuous data from community is lacking
- Role of FCHVs? Health facility were reluctant to provide commodities to FCHVs fearing low institutional delivery



**THANK YOU**



**Save the Children**