Objectives of NIS from MoHW perspective

- Promptly identify children at risk of poor nutritional status
- Predict changes in nutritional status of children
- Improve targeting of interventions, including geographic targeting as well as the ability to predict changes in nutritional status including children at risk (\(<-1 \& >-2\) z score) in specific areas and act accordingly.
- In case of abnormal anthropometric situation, NIS flag promptly by auto calculating the degree of wasting, stunting and underweight upon entering the weight & height data for every child.
Objectives of NIS from MoHW perspective

● Set of evidence-based thresholds to trigger different levels of response interventions and monitor response at all level (Individual, health facility and health district and national levels).

● Demonstrate intervention effectiveness through observed changes in health and nutritional status of children.

● Strengthen data collection to monitor the effectiveness of interventions through observed changes in nutritional status of children.
Core functions of the System - Nutrition

- Birth registration - weight and length at birth (monitoring of low birth weight)
- Monthly tracking of weight (gains or losses); height/length (stunting), weight for height/length (wasting)
- Screening and referral (SAM/MAM)
- Infant and young child feeding options
- Supplementary feeding (Food rationing)
- Immunization (antigens received and schedules) and TT during pregnancy and breastfeeding
- Availing real time data at all levels for (child management and program monitoring)
Tracker/Android Configuration

- Customized for android point-of-care system (use of tablets during service delivery)
- Decision support tool for health workers (automated services; based on age and last received; action messaging and indicators prompts)

Refer this Child to IMAM clinic for further treatment and management
Tracker/Android Configuration

- Near to real time data availability are all levels for analysis and decision making
- Tracking of children across hospitals/clinics and mobile stops (CWC no and Birth Registration No)
Near Plans

- More features:–
  - Automated z-scores (2.32)
  - Growth charts (Individual and population)
- Country wide implementation (over 700 hospitals/clinics and mobile stops (more than 1000))
- Automated integration of tracker data with national HMIS aggregate data
Near Plans

- Addition of more modules (IMAM, Simple logistics tracking and training)
- Linkage with Civil and National Birth Registration bureau for identifiers and verification
Lessons learnt

- Keep it simple - start with less and key data especially with clinic level point-of-care approach
- Buy in of MoHW and stakeholders has to success; but also be data driven
- Build the system with the users; be collaborative and dhis2 and android be close to the developers
- Design for scale and sustainability; reuse and improve - building on core dhis2 and android
For Financial support

MINISTRY of HEALTH

for every child

Technical support

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