

eRegistries

situation analysis toolkit

version 4.0

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introduction

The eRegistries Initiative grew out of the harmonized Reproductive Health Registries (hRHR) Initiative, developed by the Norwegian Institute of Public Health (NIPH) in collaboration with the World Health Organization (WHO) and funded by the Norwegian Agency for Development Cooperation (Norad). It provides a comprehensive framework for the development, management, evaluation, and use of reproductive health registries designed for low and middle-income settings:

OVERVIEW

The eRegistries Situation Analysis Toolkit is designed to provide countries with an overview of their current infrastructure and resources in order to facilitate the successful establishment of a reproductive, maternal, and child health registry. A comprehensive assessment of existing infrastructure, resources, regulations, policies, health care services and IT capacities will expedite the implementation process and provide the basis for an efficient, well-organized plan of action.

This toolkit incorporates recommendations outlined in the World Bank's Public Health Surveillance Toolkit and the Centers for Disease and Control's Updated Guidelines on Evaluating Public Health Surveillance Systems and integrates strategies outlined in the Health Metrics Network's report, *Assessing the National Health Information System: An Assessment Tool, Version 4.00*. Guidelines described in the World Health Organization's *Tool for Assessing Operationality of District Health Systems* also provided direction for the design of this document.

PURPOSE

Completion of the eRegistries Situation Analysis Toolkit is an important step in documenting the existing circumstances concerning the establishment of a reproductive health registry system.

The primary purpose of the eRegistries Situation Analysis Toolkit is to assist countries in describing the complex, multi-faceted milieu involving legal, scientific, operational, and resource considerations with sufficient detail in order to understand the existing landscape that will impact the establishment of a harmonized reproductive health registry system.

Documenting the strengths, weaknesses, threats, and opportunities of the existing system will serve as the basis for developing a strategic plan of action. Thus, when needs are identified, solutions should also be discussed. In other words, the eRegistries Situation Analysis Toolkit should be considered a working document designed to map existing circumstances with the aim of stimulating action and providing direction for initiating a strategy moving forward.

GUIDELINES

PRELIMINARY BACKGROUND CHECKLIST

It is advisable to collect information on the experiences at the local level by completing the Background Checklist (see Appendix I) before beginning Situation Analysis workshops. The inventory should be modified so that the language correctly reflects the country's health system components. The revised checklist can be completed by an individual knowledgeable about local level experiences or distributed to numerous clinics in order to obtain a comprehensive idea of the resources and capacity at the local level to obtain a representative overview of the area of interest.

COUNTRY ADAPTATION

The Situation Analysis toolkit was designed to be a generic document that can be used in different settings or countries. It is highly recommended, therefore, that country-specific modifications or adjustments are made to genuinely reflect local terminology for organizational structures (i.e., district and community structures), categorization of health facilities, and local nomenclature for health personnel among other things.

Other adaptations, additions, or deletions may also be considered necessary. For this reason, in addition to the paper copy, an electronic version of the assessment toolkit is provided so that local adjustments can be incorporated electronically and used accordingly.

WORKSHOP PARTICIPANTS

"Future owners of the registry" should be identified to serve as the core assessment group with additional individuals invited to participate based on their professional expertise. Given that the three domains require expertise from different fields (i.e., law, health services, and

health information systems), three workshops each dedicated to one of the three topics should be organized so that experts working in these fields attend the respective workshop. Matching expertise to assessment subject matter is will substantially impact the quality of the findings.

It is critical to invite high level representatives from the Ministry of Health, other ministries working with statistics, civil registration, and survey data. This will insure ownership of the process and outcome at the Ministry level. Additional participants may include legal advisors, researchers or directors working in universities, donors, individuals involved in United Nations organizations (e.g., UNICEF, UNDP, UNFPA, WHO, World Bank), key nongovernmental organizations employees and civil society may also be invited to participate. Stakeholders from public health, research, health administration and policy, clinical practice, statistics, data management, and ICT should also be invited to participate and provide feedback.

CONSENSUS PROCESS

Individual and group responses are welcome. Groups of individuals are encouraged to provide feedback in order to provide responses that reflect group consensus. It is strongly advised that individuals only contribute to sections that are within their area of technical experience and expertise.

QUESTION FORMAT

The workshops are divided into two parts using different methodological approaches. The first part involves structured questions concerning content relevant to these areas. Most questions provide graduated answers (1-3 or 4) in order to allow participants to provide a nuanced assessment of the situation. Comments should be synthesized and recorded in each section.

The second part involves open-ended questions that are intended to be addressed in a focus

group style environment that encourages dialogue and conversation about important topics. The moderator should encourage participation by all individuals in leading the discussions (see below).

WORKSHOP MODERATORS

The primary role of the moderator is to encourage participation, focus, and consensus. Attention to seating (i.e., to encourage active participation of all individuals), moderating the time spent on each question/section, and verbally summarizing discussions are important considerations.

It is advisable that designated rapporteurs record discussions from each session. Each session should record the date, participants' names, positions, and/or functions, and the opinions and contributions expressed by all participants. Additionally, rapporteurs can facilitate workshops by insuring that all participants' views are captured, all questions are discussed, a reasonable timeframe is adhered to, and general group consensus is achieved.

OUTPUT

Individual scores for each section will help determine the scope of work and assist in identifying the current stage of progress. Qualitative findings from the open-ended questions, however, will provide the bulk of the information on the strengths, weakness, opportunities and threats that may influence a reproductive health registry initiative. A detailed understanding of each domain will facilitate greater efficiency in designing an effective strategic plan for implementation. Appendix 2 suggests a potential template for summarizing the findings from the situation analysis.

DOCUMENTATION

Consideration of supporting documentation (i.e., birth or death certificates) that would be useful to participants may be helpful to distribute at the workshops.

01 - ethical, legal and societal implications

This section of the situation analysis incorporates ethical legal and societal implications.

The first part considers the legal framework under which a registry would exist. This includes both laws and regulations.

The second part considers components of governance which can specifically relate to existing or new registries.

The third part incorporates issues related to data collection and storage. This includes issues surrounding security and confidentiality, among others.

The fourth part requires thought on oversight and accountability of data, reporting, research and registries.

The final part of section I considers ethics and public opinion of data privacy issues.

I:A - LEGAL FRAMEWORK

This section aims to understand the legal landscape as it pertains to establishing a RMNCH health registry. Please indicate if legislation or guidelines exist on the following:

item #	item	yes	no	Please provide specific details about the legislation or guidelines or copies if possible.
I.A.1	Birth and death registration on the establishment and operations of health registries			
I.A.2	Establishment and operations of health registries (i.e., cancer, etc)			
I.A.3	Establishment of a reproductive, maternal, newborn, or child health registry			
I.A.4	Data privacy or medical research law (i.e., individual health data collection)			
I.A.5	Ministry of Health maintains legal jurisdiction of health registries			
I.A.6	IF YES to any of the above, could legislation be adapted to the establishment of an RMNCH registry?			
I.A.7	Government guidelines that apply to health registry activities			
I.A.8	Nongovernmental guidelines that apply to health registry activities			
I.A.9	Hospital and/or clinic guidelines oversee health registry activities			

I:B – REGISTRY GOVERNANCE

Please indicate whether existing health registries have the following components of governance in place:

item #	item	yes	no	NA	Please provide specific details about the legislation or guidelines or copies if possible.
I.B.1	Manager and staff who run the registry on a day to day basis				
I.B.2	Management Board for each registry which supports the manager and provides direction as required				
I.B.3	Direct reporting to the Minister of Health or government department				
I.B.4	Advisory Board made up of stakeholders and external experts in the field to provide long-term strategic advice				
I.B.5	External experts provide specialist expertise, advice, and training to the registrar and staff				
I.B.6	Representation by the general public in the management of health registries				

I:C – DATA COLLECTION AND STORAGE

Please indicate if the following are currently in place:

item #	item	yes	no	Please provide details on the type of legislation, regulations, or guidelines.
I.C.1	General legislation, regulations, or guidelines stipulating when, how, and what data can be collected for public health purposes			
I.C.2	Specific legislation, regulations, or guidelines requiring informed consent be obtained from individuals before data are entered into registries			
I.C.3	Specific legislation or guidelines that allow registries to collect health data without informed consent on the basis of serving the greater public interest.			
I.C.4	Registry data collected without informed consent (although in the public interest) requires approval by an independent body			
I.C.5	General legislation, regulations or guidelines that protect the confidentiality of health data			
I.C.6	Data collection by all healthcare providers is mandatory			
I.C.7	Pseudonymization or anonymization techniques are applied to all individual level data in the registry			
I.C.8	Mandatory de-identification process for all individual data collected by the registry			
I.C.9	Data collection policy and practices are regularly reviewed to ensure conformity with legal requirements and that they are fit for purpose			
I.C.10	Documentation on incident management and reporting is required (i.e, breach notification obligations)			
I.C.11	General legislation, regulations, guidelines or policies that address data storage, security and curation obligations			
I.C.12	General legislation, regulations, guidelines, or policies that restrict access to the premises, equipment, records and other assets			

I:D - OVERSIGHT AND ACCOUNTABILITY

Please indicate if health registries have the following oversight or accountability measures in place.

item #	item	yes	no	Please provide details
I.D.1	Regular reporting to the Registry Management or Advisory bodies by staff			
I.D.2	Regular reporting to the Ministry, Department of Health or other department			
I.D.3	Regular reporting to a Data Protection Authority or other government body responsible for information governance			
I.D.4	Public auditing of the collection and use of the registry data			
I.D.5	Annual reports are accessible to the general public			
I.D.6	Registry activities can be reviewed by a court of law			
I.D.7	The Ministry assumes responsibility if registries are not in compliance with the law			
I.D.8	Policies and procedures stipulate how the registry data can be accessed and used by researchers			
I.D.9	General information on registry data is publicly available			
I.D.10	Qualified international researchers can apply to conduct research with registry data			
I.D.11	Some researchers have special access to the registry for legitimate approved purposes			
I.D.12	Researchers cannot access personally identifiable data without special permission and controls			

I:E - ETHICAL AND SOCIAL IMPLICATIONS

Please rate the importance of the following issues for health registries.

item #	item	important (2)	somewhat important (1)	unimportant (0)	N/A	Please provide details
I.E.1	Past or present security or privacy breaches of health data that have compromised the public's confidence in health registries					
I.E.2	Personal unique identifier numbers/codes are accepted by the general public					
I.E.3	Individuals can provide feedback about their experiences with public health services					
I.E.4	Current public debate about the use of personal health data in health registries for public health purposes or for research purposes					

GROUP DISCUSSION

It is advisable to review and identify the results of the situation analysis worksheet and focus specifically on areas of notable weakness and strength. Probing questions on why these areas are weak can be addressed first.

With specific attention to strengths, weaknesses, opportunities, and threats, please discuss the following topics:

- Existing laws (legal framework) concerning health registries
- Current state of data protection (i.e., privacy) law
- Public perceptions and engagement

SUGGESTED READINGS:

1. Krueger, Richard A. (1998). *Developing questions for focus groups*. Thousand Oaks, CA: Sage.
2. Krueger, Richard A. (1998). *Moderating focus groups*. Thousand Oaks, CA: Sage.
3. Krueger, Richard A. (1998). *Analyzing and reporting focus group results*. Thousand Oaks, CA: Sage
4. Krueger, Richard A. & Casey, Mary Anne (2000). (3rd edition) *Focus groups: A practical guide for applied research*. Thousand Oaks, CA: Sage.

SAMPLE QUESTIONS

1. Please discuss how the existing regulatory framework could be adapted to a RMNCH registry.
2. Please discuss the current state of

data protection (i.e., privacy and/or data security) laws in your country.

PROBING QUESTIONS

1. Please comment on the status of new data protection legislation or reforms.
2. Please describe how cultural issues and factors could impact the privacy and confidentiality of collecting RMNCH health data.
3. Please discuss the public's perception of health registry activities.

02 – essential RMNCH health interventions, data quality and availability

This section of the situation analysis concerns WHO's 56 reproductive, maternal, newborn, and child health interventions. The objective is to map whether these interventions are available and document if they are recorded routinely at a population and/or survey level. In addition, the data quality and availability of each RMNCH intervention should be rated on a scale of 0 to 3.

For our purposes, the term data quality can be evaluated using the TACOMA mnemonic that corresponds to the following criteria:

- **Timely** – is the data reported quickly?
- **Accurate** – is the data reported correctly?
- **Complete** – is the data comprehensive (i.e., capturing all cases)?
- **Oriented** – does the data collected serve a specific purpose?
- **Measurable** – is the data collected according to commonly understood definitions?
- **Applicable** – is the data relevant to public health interests?

The term availability relates to whether the data is obtainable by stakeholders. In other words, is the data accessible to all relevant public health officials and health care providers? The concept of availability is important given that it affects data utilization which is assumed to be beneficial to public health interests.

This section provides an opportunity to indicate which data points (i.e., variables) are currently collected, in what format (paper or electronic) and whether the data is collected and reported on an individual or aggregate level.

II:A - PRECONCEPTION AND ANTENATAL INTERVENTIONS

Do you collect and record data corresponding to the following RMNCH interventions?

Please rate in terms of data quality and availability:

item #	item	data collection format:				data collection level:		rate on the following scale: 0 = poor, 1 = fair, 2 = good, 3 = excellent						
		electronic	paper	both	none	individual	aggregate	timely	accurate	complete	oriented	measurable	applicable	
II.A.1	Family planning counseling													
II.A.2	Prevention and management of sexually transmitted infections (STIs) and HIV during preconception													
II.A.3	Folic acid supplementation during preconception													
II.A.4	Antenatal care package of minimum 4 visits													
II.A.5	Iron & folic acid supplementation during pregnancy													
II.A.6	Tetanus immunization													
II.A.7	Prevention and management of malaria													
II.A.8	Smoking cessation													
II.A.9	Screening and treatment of syphilis													
II.A.10	Prevention and management of HIV and prevention of mother-to-child transmission													

item #	item	data collection format:				data collection level:		rate on the following scale: 0 = poor, 1 = fair, 2 = good, 3 = excellent					
		electronic	paper	both	none	individual	aggregate	timely	accurate	complete	oriented	measurable	applicable
II.A.11	Calcium supplementation for prevention and management of hypertension												
II.A.12	Low dose aspirin for prevention of pre-eclampsia in high risk women												
II.A.13	Use of antihypertensive drugs for treatment of severe hypertension												
II.A.14	Prevention and treatment of eclampsia (magnesium sulfate)												
II.A.15	Reduce malpresentation at term using External Cephalic Version (>36 weeks)												
II.A.16	Induction of prelabor rupture of membranes & preterm labor												
II.A.17	Antibiotics for preterm premature rupture of the membranes												
II.A.18	Corticosteroids for prevention of neonatal respiratory distress												
II.A.19	Management of unintended pregnancy, safe abortion												

II:B - INTRAPARTUM INTERVENTIONS

Do you collect and record data corresponding to WHO's essential interventions?

Please rate the following in terms of data quality and availability:

item #	item	data collection format:				data collection level:		rate on the following scale: 0 = poor, 1 = fair, 2 = good, 3 = excellent					
		electronic	paper	both	none	individual	aggregate	timely	accurate	complete	oriented	measurable	applicable
II.B.1	Social support during labor												
II.B.2	Induction of labor for prolonged pregnancy (<41 weeks)												
II.B.3	Prophylactic antibiotic for caesarean section												
II.B.4	Caesarean section for maternal indications (e.g. obstructed labor, etc.)												
II.B.4B	Caesarean section for fetal indications												
II.B.5	Prophylactic uterotonics to prevent postpartum hemorrhage												
II.B.6	Active management of 3rd stage labor to prevent postpartum hemorrhage												
II.B.7	Management of postpartum hemorrhage with uterotonics or uterine massage												
II.B.8	Manual removal of placenta (by professional health workers)												
II.B.9	Initiation or continuation of HIV therapy for HIV+ women												

II:C – POSTNATAL MOTHER AND NEWBORN INTERVENTIONS

Do you collect data on the following?

Please rate the following in terms of data quality and availability:

item #	item	data collection format:				data collection level:		rate on the following scale: 0 = poor, 1 = fair, 2 = good, 3 = excellent					
		electronic	paper	both	none	individual	aggregate	timely	accurate	complete	oriented	measurable	applicable
mother													
II.C.1	Advice and provision of family planning (i.e., contraceptives)												
II.C.2	Prevent, measure and treatment of anemia												
II.C.3	Detection and management of postpartum sepsis												
II.C.4	Screening and initiation or continuation of anti-retroviral therapy for HIV												
newborn immediate essential newborn care (at the time of birth)													
II.C.5	Immediate thermal care to prevent hypothermia (immediate drying, warming, skin-to-skin, delayed bathing)												
II.C.6	Promoting and support for early initiation and exclusive breastfeeding												
II.C.7	Promotion and provision of hygienic cord and skin care (e.g., cord clamping, clean birth kit, etc.)												
II.C.8	Neonatal resuscitation with bag and mask for babies who do not breathe at birth (by professional health care worker)												
II.C.9	Newborn immunization (i.e., BCG vaccination)												
II.C.9b	Newborn immunization (i.e., Hep B vaccination)												

item #	item	data collection format:				data collection level:			rate on the following scale: 0 = poor, 1 = fair, 2 = good, 3 = excellent				
		electronic	paper	both	none	individual	aggregate	timely	accurate	complete	oriented	measurable	applicable
neonatal infection management													
II.C.10	Presumptive antibiotic therapy for newborns at risk of bacterial infection												
II.C.11	Case management of neonatal sepsis, meningitis and pneumonia												
II.C.12	Initiation of ART in babies born to HIV infected mothers												
interventions for small and ill babies													
II.C.13	Kangaroo mother care for preterm and for <2000 g babies												
II.C.14	Extra support for feeding small and preterm babies (e.g., using feeding cups, breast pumps, etc.)												
II.C.15	Prophylactic + therapeutic use of surfactant to prevent respiratory distress syndrome (RDS) in preterm babies												
II.C.16	CPAP to manage babies with RDS												
II.C.17	Management of neonatal jaundice												

GROUP DISCUSSION

It is advisable to review and identify the results of the situation analysis worksheet and focus specifically on areas of notable weakness and strength. Probing questions on why these areas are weak can be addressed first.

One potential discussion technique is called a SWOT analysis. It includes discussions around strengths, weaknesses, opportunities, and threats. With regard to strengths, weaknesses, opportunities, and threats, group discussion questions should focus on the following topics:

- Monitoring WHO's 56 RMNCH essential interventions
- Continuity of care across antenatal, intrapartum, and postpartum interventions
- Quality of RMNCH data
- Availability of RMNCH data

SAMPLE QUESTIONS

1. Please discuss the current coverage of collecting data on WHO's 56 essential interventions.
2. Please discuss the current gaps of collecting data across the continuum of RMNCH care.
3. Please discuss the quality of currently collected RMNCH data (in terms of SWOT).
4. Please discuss the current availability of RMNCH data (in terms of SWOT).

03 - infrastructure and dissemination

This section of the situation analysis considers the current information and communication technology infrastructure as well as the dissemination of data and information at the national level.

The first part of this section considers the existence of the infrastructure as well as the resources and capacity available at the central level.

The second part of this section considers the uses of data. Specific areas of interest include the public health surveillance reporting and the use of the information to feedback to various stakeholders.

III:A - ICT INFRASTRUCTURE

Please rate the infrastructure, resources, and capacity that is available at the central reporting level:

item #	item	Highly Adequate (3)	Adequate (2)	Highly Inadequate (1)	Please explain why you chose this rating.
III.A.1	Current IT staff has capacity to manage data management tasks including additional electronic systems				
III.A.2	Training and support available to IT staff to manage data management tasks				
III.A.3	Central level computer equipment and facilities including computers, servers, mobile phones, electricity, network, etc.				
III.A.4	Existing software for RMNCH data collection, storage, analysis and reporting. Please provide details in the comments section.				
III.A.5	RMNCH reporting timeframe (i.e., typical lag time between data collection and data reporting) Please note the typical length between data collection and availability in the database.				
III.A.6	Consistent access to RMNCH HMIS data from the last month				
III.A.7	Government guidelines that apply to health registry activities				

III:B - PUBLIC HEALTH SURVEILLANCE, REPORTING, AND DISSEMINATION

Please indicate the use and level of reporting and/or feedback:

item #	item	regularly (3)	sometimes (2)	not provided (1)	N/A (0)	Please explain why you chose this rating.
III.B.1	Do public health reports include all RMNCH data that is collected? If no, please explain why.					
III.B.2	Are results communicated to policymakers and used to inform public health actions? If no, please explain why.					
III.B.3	Are results used to inform public health planning/priority setting? If no, please explain why.					
III.B.4	Are results used in budget and resource allocation decisions and to address health equity issues? If no, please explain why.					
III.B.5	Is information shared and communicated within the health community (i.e., public health agencies, administrative offices, research institutions, NGOs, donors, public and private health facilities)? If no, please explain why					
III.B.6	Is any information (e.g., automated reminders, information on personal rights concerning privacy, or health information, etc.) provided from registries to registered women? If no, please explain why.					
III.B.7	Do health care providers receive feedback regarding their performance (i.e., health outcomes, data quality, etc.) that is generated from patient or aggregate level data?					

item #	item	regularly (3)	sometimes (2)	not provided (1)	N/A (0)	Please explain why you chose this rating.
III.B.8	Are public health officials provided with performance benchmarking data based on aggregate level data?					
III.B.9	Is the current data collection system (paper or electronic) structured to provide decision making support (i.e., international or national guidelines) to health care providers?					
III.B.10	Do health care providers receive benchmarking (i.e., comparisons with peers) information that is generated from patient or aggregate level data?					
III.B.11	Is the current data collection system (paper or electronic) structured to provide checklists (i.e., service provision checklists, case management tools, etc.) to health care providers?					
III.B.12	Is real time indicator reporting communicated to stakeholders?					

GROUP DISCUSSION

It is advisable to review and identify the results of the situation analysis worksheet and focus specifically on areas of notable weakness and strength. Probing questions on why these areas are weak can be addressed first.

With specific attention to strengths, weaknesses, opportunities, and threats (SWOTs) please discuss the following topics:

- Overall ICT infrastructure
- Technical resources and equipment
- Human resources
- Technical training support
- Alignment with other e/mHealth programs
- Current dissemination practices

SAMPLE QUESTIONS

1. Please discuss the current ICT physical infrastructure (i.e., quality and quantity), the SWOTs, and the implications for an RMNCH registry.
2. Please discuss the workforce, capacity, and support (i.e., training), the SWOTs, and the implications for an RMNCH registry.
3. Please discuss the existing landscape of e and mHealth programs. How would an RMNCH align with such programs?
4. Please discuss current uses of RMNCH data by public health officials or other stakeholders.

PROBING QUESTIONS

1. Discuss current dissemination and reporting practices in terms of SWOT.
2. Discuss the amount of time spent reporting health outcomes and activities.
3. Discuss access to RMNCH data for research and/or public health purposes

appendix I - background checklist template

DIRECTIONS

The purpose of this inventory is to complement the findings focused on the national and central level with more specific situational assessments at lower, local levels. This inventory may be completed by an individual knowledgeable with the general local circumstances of the proscribed area of interest or can be completed by individuals at the facility level. Ideally, a sampling of from different geographic locations representing a variety of experiences (i.e., rural, urban, remote, etc.) will provide the most complete picture.

GENERAL INFORMATION

1. Respondent's name and title (function)
2. Clinic Name, level and address
3. Clinic's hours/days of operation
4. Telephone numbers (landline and mobile)
5. Geographic location
6. Main referral hospital for deliveries (if several, list with # estimates of proportions)
7. Population
8. Population in catchment area
9. Number of women aged 15-49
10. Number of children under 5 and over 5
11. Number of pregnancies/deliveries per year
12. Demographic profile (i.e., rural/urban, etc.)

AVAILABLE RMNCH SERVICES IN THE CLINIC

1. Antenatal care (Yes, No)
2. Management of high risk pregnancies in ANC (Yes, No)
3. Care at birth services available (Yes, No)
4. Postnatal care (Yes, No)
5. Vaccination (Yes, No)
6. Child care (i.e., well baby) (Yes, No)
7. Family planning (Yes, No)
8. Ultrasound (Yes, No)
9. Laboratory (Yes, No)

If the service is available in the clinic, the number of days the service is provided per week?

Indicate services that are provided at same time on the same day and indicate the number of rooms that provide services at the same time.

HUMAN RESOURCES WORKING IN RMNCH SERVICES

Please specify the number of staff working full time/part time:

1. Gynecologists
2. Pediatricians
3. MCH doctors
4. Midwives
5. Nurses
6. Nurse assistants
7. Midwife assistants
8. Health workers
9. Others/ Identify

INFRASTRUCTURE

1. Communication
 - Describe available communication available at each location (i.e., landline modem, dedicated line, cell phone modem, satellite link, DLS line)
2. Computers (Yes, No)
 - If yes, describe the typical quantity and quality of computer equipment (i.e., desktop, laptop, printers) available
3. Universal Power Supply UPS (Yes, No)
 - If yes, please describe type and quantity
 - Describe the typical power source

(i.e., power grid, solar, generator)

4. Internet availability (Yes, No)
 - Broadband (Yes, No)
 - Modem (landline) (Yes, No)
 - Modem (mobile) (Yes, No)
5. Mobile phone coverage (GPRS, 3G, 4G)
 - Network provider availability
6. IT support available
 - In facility (Yes, No)
 - Remote support via internet (Yes, No)
 - Telephone (Yes, No)
7. Physical security for computers and equipment (Yes, No)
 - If yes, describe the typical security available at each site (i.e., cabinet locks, door locks, grills or bars on doors or windows, security guards, other)

DATA COLLECTION AND MANAGEMENT

1. Data collection paper-based or electronic?
 - If electronic, what type of software is used for data collection?
2. Data collection capacity adequate?
 - If no, please describe.
3. Data collection support is available? (Yes, No?)
 - If no, please describe.
4. Protocols and/or standard operating procedures for data management are...
 - Used?
 - Available?
 - Up-to-date?
5. User manuals, guidelines and/or metadata dictionary are available?
 - In English?
 - In the local language?

6. Antivirus systems are available for all computers? (Yes, No?)
7. Access to the data is available? (Yes, No?)
 - If yes, is access controlled?
8. Procedures for data backup are available and documented? (Yes, No?)
9. RMNCH mHealth projects? (Yes, No)
 - If yes, please describe.

appendix II

summary of findings template

The quantitative and qualitative findings from the Situation Analysis should be summarized. This template offers an outline of the information that can be analyzed and communicated.

1. Summary and Background
2. Approach
3. Findings and discussion
 - Section I – Ethical, Legal, and Societal Implications
 - Quantitative Findings
 - Legal Framework score (percent)
 - Registry Governance score (percent)
 - Data collection and storage score (percent)
 - oversight and Accountability Score (percent)
 - Ethical and Societal Implications score (percent)
 - Qualitative Findings – Group Discussion
 - Strengths
 - Weaknesses
 - Opportunities
 - Threats
 - Section II – Essential RMNCH interventions
 - Preconception score
 - Antenatal care score
 - Intrapartum care score
 - Postpartum care score
 - Newborn care and management score
 - Qualitative Findings – Group Discussion
 - Strengths
 - Weaknesses
 - Opportunities
 - Threats
 - Section III – Data Collection, Management, and Dissemination
 - Data collection infrastructure score
 - Data collection management score
 - Data collection capacity score
 - Qualitative Findings – Group Discussion Questions
 - Strengths
 - Weaknesses
 - Opportunities
 - Threats
4. Recommendations and conclusions
5. Future steps and plan of action

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