

**Program/Project Purpose:** A pediatric HIV-focused non-profit (Pedi-HIV) sent its first cohort of US-trained physicians to provide HIV/AIDS care and treatment in clinics throughout sub-Saharan Africa in 2005. A study conducted by BIPAI five years after program implementation found that 11% of physicians reported feelings of depression during and after their placements. Contributing factors to these feelings have been identified as dealing with large-scale death encountered in resource-limited areas (RLAs), long work hours in countries with a lack of trained, local medical professionals, and adapting to a new culture in both work and social settings.

**Structure/Method/Design:** The health, safety and well-being of staff should be as important as that of the communities served by health care delivery programs. In response to the study findings, Pedi-HIV sought to improve the pre and in-service trainings provided to physicians serving in global locations. New physicians attend a month-long orientation and training course designed to enhance their ability to provide effective, high-quality care for children and their families in RLAs. In addition to sessions on HIV/AIDS and tropical medicine, the physicians also attend sessions on the practicalities of working in RLAs, coping with grief after death, as well as reflective practice and leadership.

**Outcome & Evaluation:** Addressing the mental and emotional health needs of long-term staff in RLAs requires a strategic approach which should begin during recruitment and continue through to the termination process. Pre-service sessions are useful preparation for potential challenges, but they are not sufficient to address the ongoing needs of staff. Supplemental strategies identified by BIPAI include: formal in-country orientation with current physicians; site visits by the Pedi-HIV headquarters staff; quarterly GHC performance evaluations and “check-in” calls and exit survey calls.

**Going Forward:** Development of effective support systems for field-based staff is an important component of human resources planning. Although there is consensus that the emotional and mental health of staff has a tangible impact on program outcomes, there remain very few resources to help employees develop and maintain efficient coping strategies. Pedi-HIV will continue to develop and implement activities to support the mental and emotional well-being of Pedi-HIV staff working in RLAs.

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### Quality Assessment of PMTCT Data Documentation among User and Non-User Data Clerks in a Nigerian PMTCT Program

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**Background:** High-quality routine data is needed to track progress and identify gaps in national PMTCT programs. In many resource-limited settings like Nigeria, the quality of data obtained from health facilities (HFs) has been poor. One of the major challenges is the documentation workload, in addition to non-utilization of data generated at the HF level. During the roll-out of a large PMTCT implementation research study, we piloted a comprehensive

Mother-Infant pair (MIP) register at study sites. Data quality of MIP records was assessed by type of data clerk (DC) (User vs Non-User) documenting the data.

**Methods:** The MIP register was adapted from multiple pre-existing registers used to capture PMTCT data. We piloted the register at 20 rural HFs and retrospectively reviewed records collected over an 18-month period. At 10 of the HFs, the register data was routinely used to provide patient care; at the other 10, the data was only collected for reporting. Data documentation for 20 pre-defined indicators (10 maternal and 10 infant) was assessed for 10 randomly-selected clients at each HF. A score of 1 and 0 were assigned for complete and incomplete documentation, respectively. The level of completeness between the two groups was compared using proportions and t-test at p=0.05.

**Findings:** Of 20 indicators assessed, “Client Name” had the highest level of completeness for both User and Non-User DCs, at 97% and 98% respectively. Level of completeness for most indicators along the PMTCT cascade were all higher for User DCs vs Non-User DCs, respectively: “Maternal ART start date”: 81% vs 71%; “Infant feeding option”: 72% vs 28%; “Delivery Date:” 84% vs 38%; “Date Infant Nevirapine given”: 77% vs 31%. Overall, the mean score was significantly higher for User DCs than Non-User DCs [73.40 (SD±14.94) vs 47.35 (SD ±4.94); p=0.002].

**Interpretation:** The quality of documented PMTCT data was higher among DCs who routinely used the data. This suggests that registers developed for manual documentation should also be functional with respect to delivery of care. Simplifying PMTCT data collection tools and making them user-friendly for case management is likely to improve the quality of data reported.

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### Barriers and Facilitators of Data Quality and Use in Malawi's Health Information System

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**Background:** The Malawi Ministry of Health's health information system (HIS) documents utilization of the health system, resource availability, and disease burden. Data are reported by MOH facilities to the central level monthly and stored in the HIS for reporting and program planning purposes. However, very few program planners use these data. We used qualitative methods to understand key barriers to use and perceptions of the quality of HIS data.

**Methods:** We purposively selected specific cadres of health systems actors to solicit their experiences and opinions about collecting and reporting data through the HIS, as well as data quality and use. Specifically, we conducted (4) focus group discussions with clinic-based data clerks and (4) key informant interviews (KII) with district-based HMIS. KIIs were also conducted with (5) national