

# Improving the Quality of RH/CAH Data in Remote Areas of China

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# Aim

- To test the feasibility of identification and application of a list of MDG 4 and 5 indicators for remote China

# Background

## International environment

- MDG 4 and MDG5
- The WHO Global Reproductive Health Strategy adopted by WHO's 192 Member States in May 2004
- Indicators for monitoring MDG 5 recommended by the Inter-Agency and Expert Group

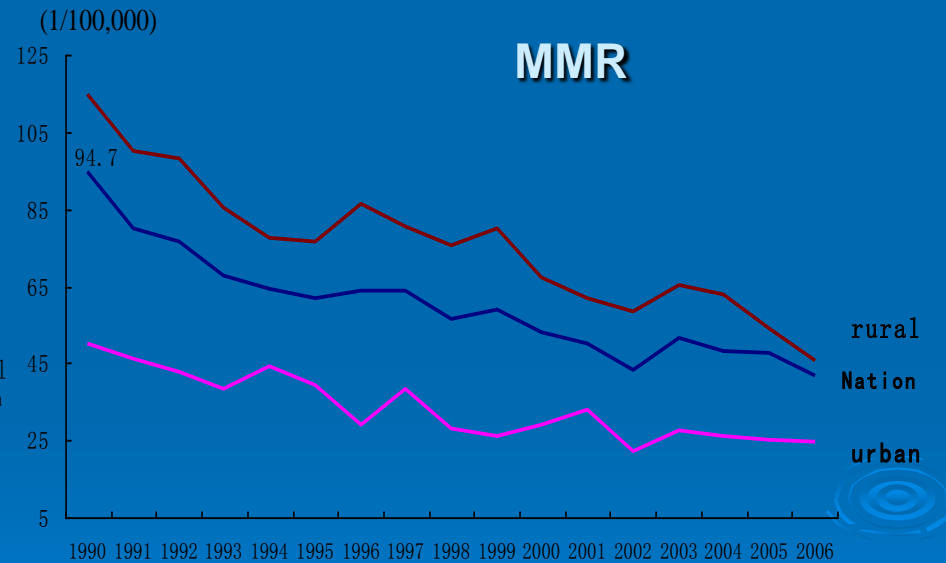
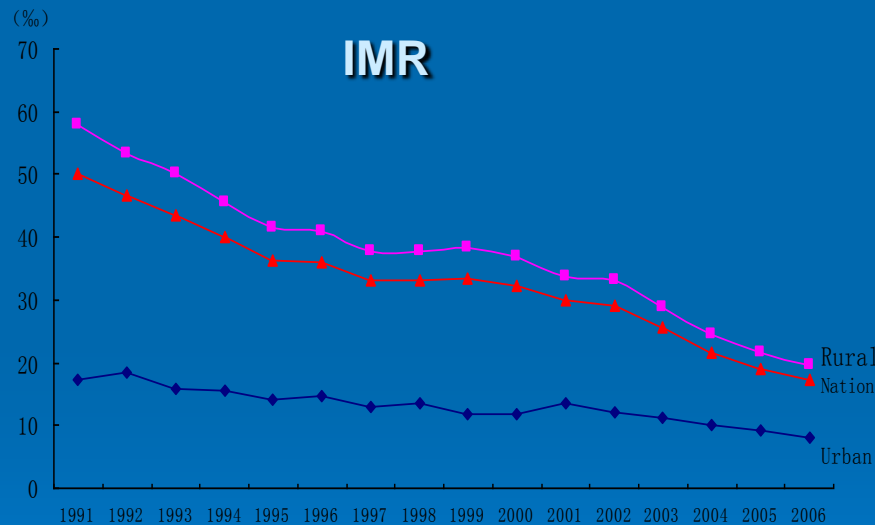
# Background

## Internal problems

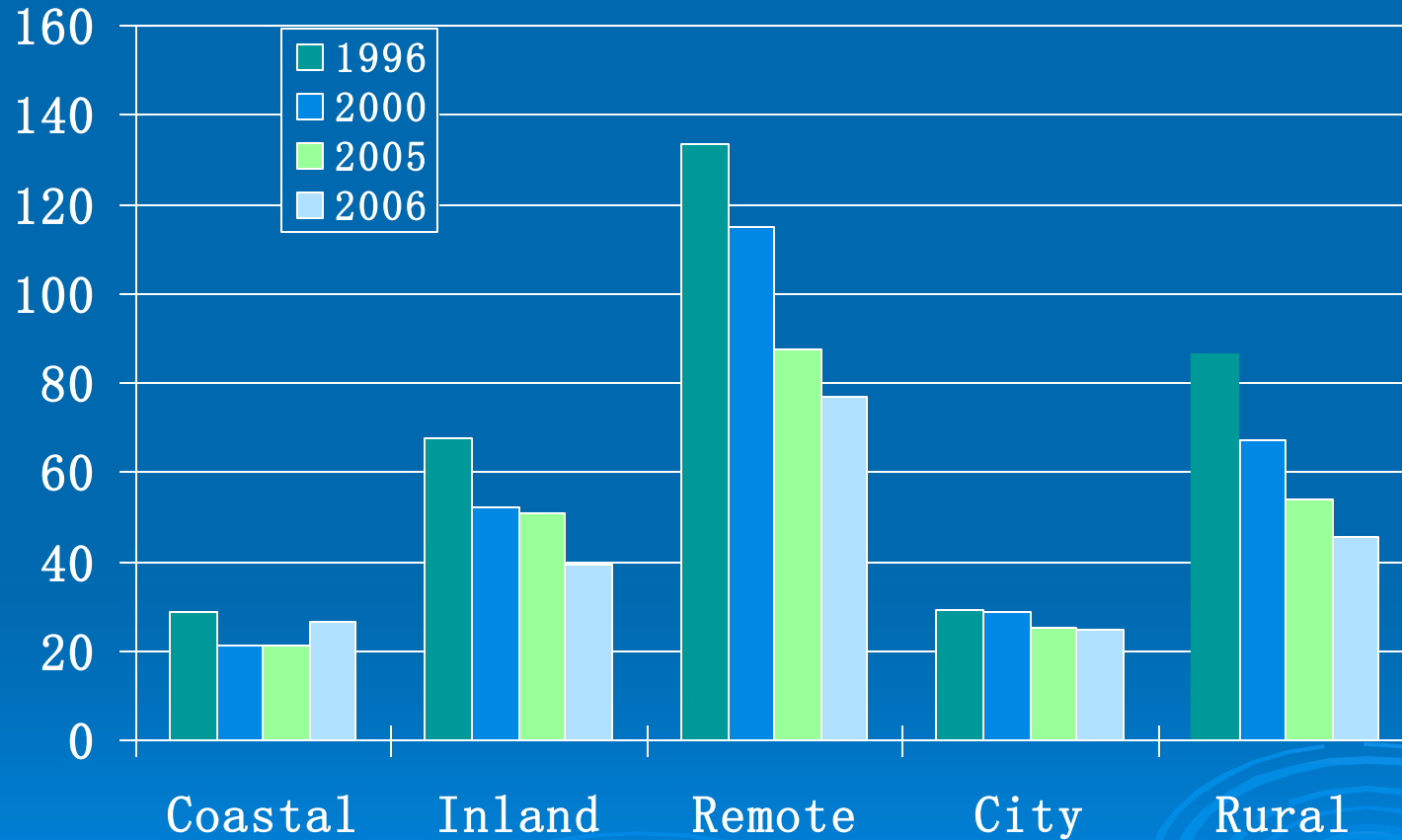
- Relatively good information system but quality of data needs to be improved
- Missing MDG indicators
- Big disparity is existing between urban and remote rural areas

# Trends in MMR/IMR 1990~2006 China

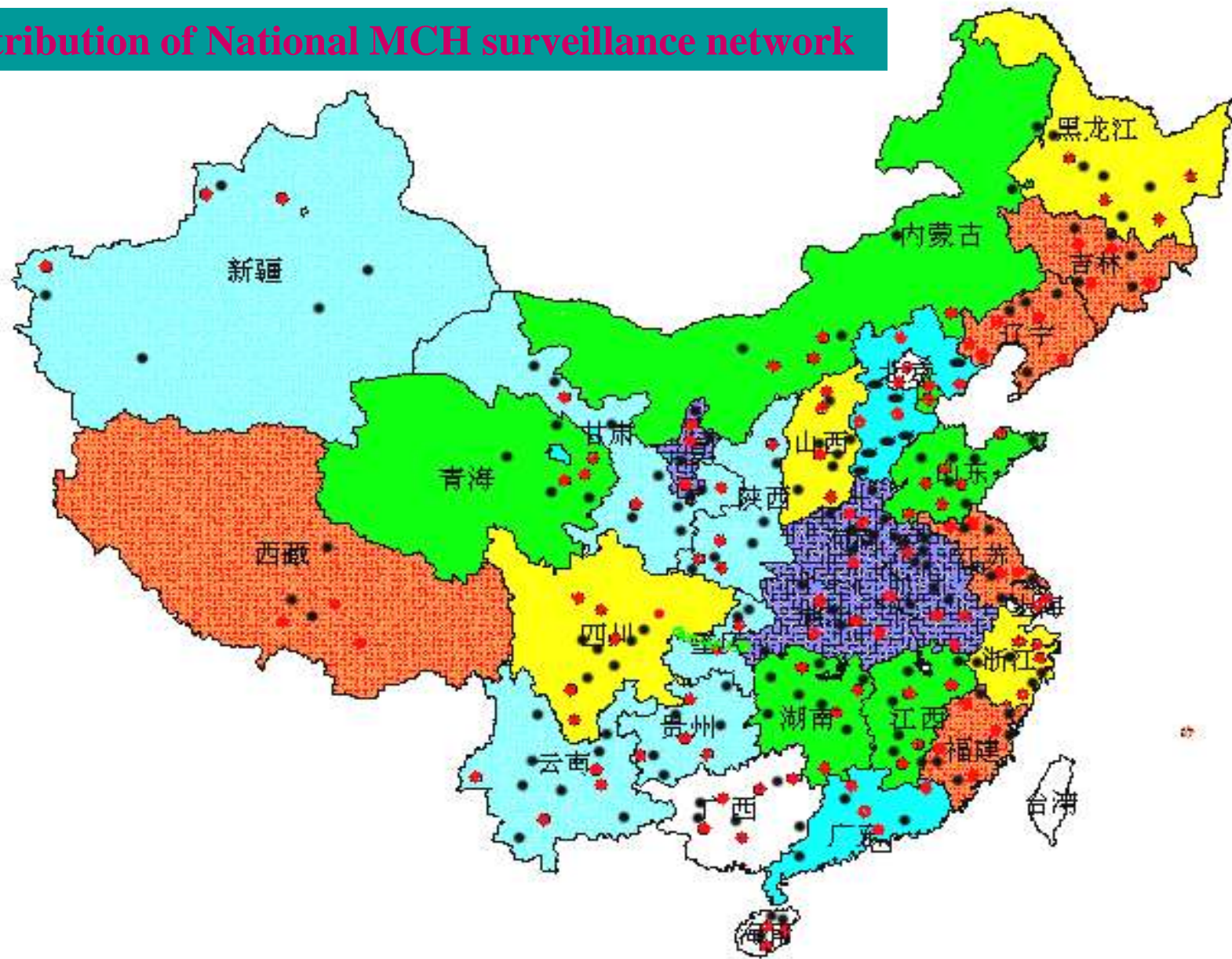
Data source: National MCH surveillance



# Comparison on the Decreasing of MMR

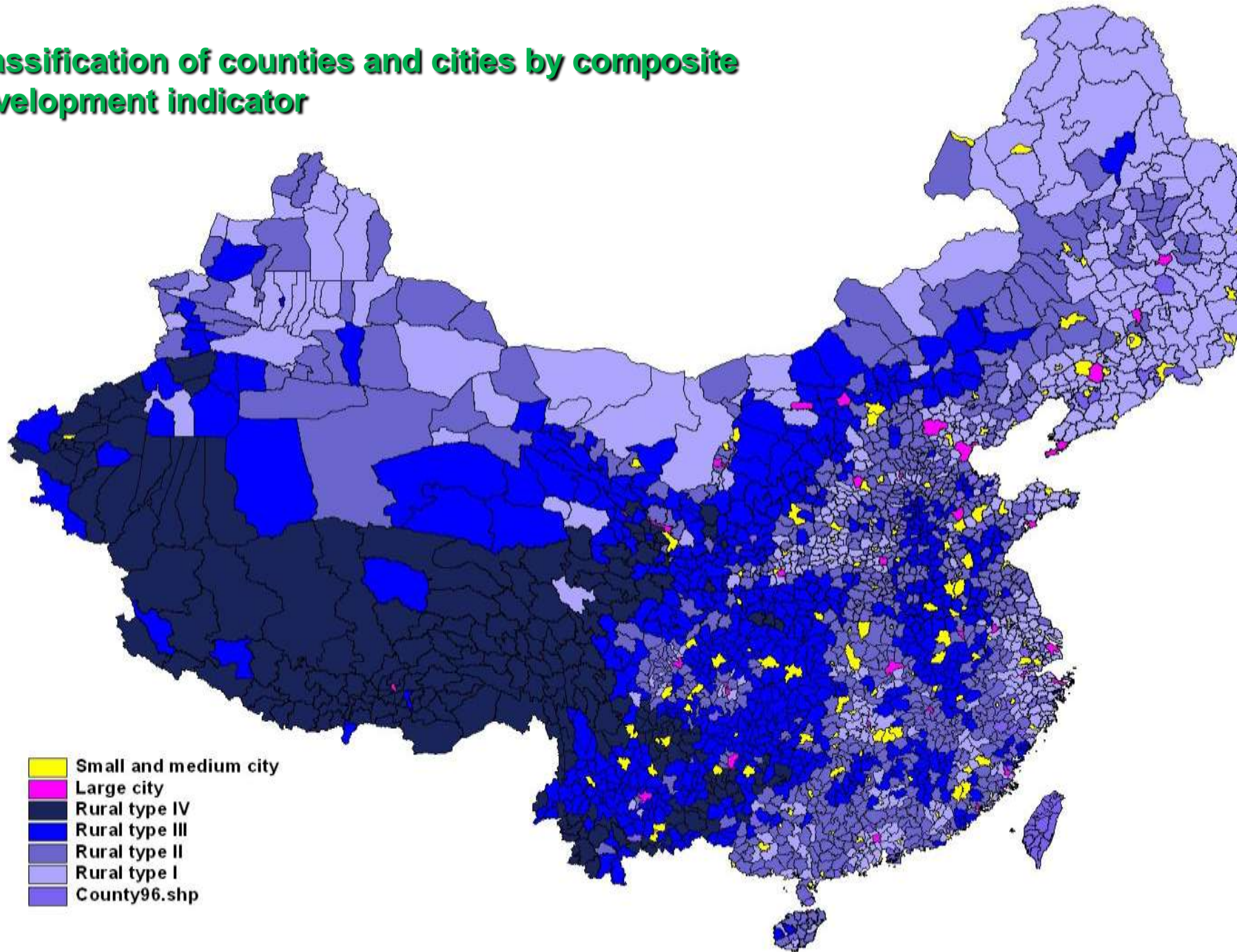


## Distribution of National MCH surveillance network





## Classification of counties and cities by composite development indicator





# Objectives

- To adapt MDG 4 and MDG5 indicators to China;
- To improve the availability and quality of RH/CAH data with focus on missing MDG4 and MDG5 data collection in remote areas;
- To develop the missing MDG indicator collection tools;
- To standardize the management of RH/CAH information system;
- To improve the capacity of health staff on data collection management and utilization.

# Methods

- A mixture of qualitative and quantitative methods
  - quantitative survey on data collection, completeness and reporting
  - focus group meeting, theme interview of providers, managers
- Desk review of existing documents on indicators and related guidelines

# Settings

**The activities will take place in**

- Three counties from Qin Han, Gui Zhou, Yun Nan provinces
- Two counties from Tibet

# Main Activities

- Conduct desk review and expert seminar to identify the RH/CAH indicators to reflect MDG4 and MDG5 targets and data collection approaches for measuring the indicators in China;
- Conduct situation analysis of data availability and quality of selected indicators in remote areas of China;
  - qualitative and quantitative data collection
- Develop data collection tools for missing indicators;
- Develop management guidelines for RH/CAH information including combination of missing MDG indicators into routine RH/CAH information system in remote areas of China;
- Organize related health staff training.

# Outcomes

- A list of priority MDG indicators for remote China;
- A report on situation analysis of RH/CAH information system in remote areas of China.
- The Series tools for collecting MDG missing indicators;
- Guidelines on the management of RH/CAH information system;
- Improved awareness of health staff on data management.



# Implementing Units

- WHO China Office
- Ministry of Health, China
- Chinese National Surveillance Center for MCH
- Chinese National MCH Annual Information Management Office

# Budget and Timetable

Activity items	Budget	Timetable
Assessment on the RH/CAH information system in remote areas	20,000	Apr-May2009
Improving the quality and availability of RH/CAH information system to reflect MDG4 and MDG5	10,000	Jun-Aug 2009
Development of missing indicator collecting tools	15,000	Oct 2009-Jan 2010
Development of management guidelines for RH/CAH information system in remote China	15,000	Mar-Jun-2010
Capacity building	20,000	Jul-Aug 2010
Data utilization	10,000	Aug-Oct 2010
In total	90,000	

**Funding source: Spanish MDG funds/WHO**

Thank you

