



An Assessment of the National Health Information System for Childhood Nutrition and Growth Programs in Rwanda Through the Experiences of Caregivers and Health Workers—A Qualitative Study

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Introduction & Methods

Introduction: In Rwanda, 1 of 3 children under 2 years are stunted, and 1 in 4 children do not attend growth monitoring, and first responders in primary Health Centers perform growth monitoring to identify children at risk of undernutrition. In order to strengthen the national child nutrition & growth program through Digital Health interventions, we conducted a study to explore caregivers & health worker's experiences & perceptions around the information systems supporting the program.

Methods: From April to September 2021, stakeholders from 3 Rwandan districts were purposefully selected for insights on nutrition program. Interviews took place in 9 health centers, including 15 Data Managers in focus groups, 9 Nutritionists, 18 Community Health Workers (CHWs), and 54 caregivers, mostly mothers, in in-depth interviews. The Health Belief Model (HBM) guided the understanding of caregivers, while health workers' insights were analyzed through the Human Organization and Technology (HOT)-fit framework.

Findings & Conclusion

Caregivers: Undernutrition's causes and effects were important to mothers. They valued the child feeding programs, especially local administration support and CHWs, but repetitive data collection on paper, managing multiple responsibilities, time constraints, extended travel, long wait times at health centers due to repetitive documentation, and societal stigma discouraged continuous engagement.

Health professionals: Health workers acknowledge the program's digital potential, yet grapple with challenges linked to paper-based data. While data managers favor digital solutions for efficiency, hurdles such as repetitive data entries, registry inconsistencies, absence of nutritionists, absence of offline tools, and underutilization of the system remain.

Conclusion: A hybrid paper-digital system poses challenges, suggesting the potential benefits of integration with the civil registration and vital statistics (CRVS) and child immunization programs.