Ethiopia’s experience using a community health information system

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21 September, 2017
Background

Hospital = 260 public and 90 private

Health centers = 4,200
- 100% health centers provide IMNCI

Health posts = 16,582
- Health extension workers = 40,000
- 99% health posts provide ICCM
Community health information system (CHIS) in Ethiopia

- CHIS - part of the broader HMIS, (designed and implemented within the framework of the Health Extension Programme (HEP))

- Implemented via
  - unified data collection tool called family folder (FF)
  - registers for ICCM

- Implemented in 90% of health posts
CHIS information flow

Facility Based Data

Compiled and used / reported

Community Based Data

Compiled and used / reported

WorHO/ZHD

Compiled and used / reported

RHB

Compiled and used

FMOH

Compiled and used / reported

Service delivery/disease burden
CHIS information processing

- Health extension workers (HEW)
  - record health data using individual cards in family folder or register
  - summarize data using tally sheets
  - use reporting forms to send data to the next level (health centers) monthly
  - analyze and summarize using tables and graphs prepared manually
  - review their performance at the health post level every two months
CHIS performance review by HEW

- Every two months:
  - Conduct program performance **review meeting** with community representative, community chair person and with their supervisors.
    - **identify** problems
    - **prioritize** the identified problems
    - **prepare action plan** based on the discussion
Community representatives’ review meeting
CHIS setup at Health post
# Community action plan template

<table>
<thead>
<tr>
<th>Indicator to be investigated</th>
<th>Possible causes</th>
<th>Solution/Action plan</th>
<th>Responsibility</th>
<th>Time</th>
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<tbody>
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<td>Indicator:</td>
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Challenges in the National CHIS

• Lack of resource for shelves and tickler boxes

• High staff turn over

• Inadequate supply of recording forms

• Inadequate mentoring and supportive supervision.
Way forward

• Introduce and scale up digitizing CHIS for timely and quality data reporting

• Improve utilization of data at all levels for decision making.
Thank YOU