Integration of Key Nutrition Indicators into the National HMIS and Unified Nutrition Information System for Ethiopia (UNISE)

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October 2018
Outline

• National Nutrition Program II & its monitoring
• HMIS Reporting Flow
• Process of Integration of Indicators in HMIS
• List of Nutrition Indicators in HMIS
• UNISE and Moving Forward
• Current Challenges
National Nutrition Program - II

Goal - provide a framework for coordinated implementation of nutrition interventions

• signed by 13 line ministries

• Also aims to improve coordination and monitoring

• Needs a well functioning information system to track several nutrition specific and nutrition sensitive indicators

• UNISE aims to
  • Nutrition specific- indicators are accessed through HMIS
  • Nutrition sensitive- are gathered through the information systems in the other sectors
Timeline for nutrition indicators integration

Unified Nutrition Information System in Ethiopia (UNISE) is a multi-sectoral nutrition information system capturing data from both nutrition specific and nutrition sensitive interventions.
Integration learning experience

• HMIS indicators are revised every two years

• MOH owns HMIS and leads NNP- facilitated integration

• Continuous advocacy by stakeholders to add more Nutrition Indicators into HMIS

• Consultative meetings with nutrition groups to agree on key additional nutrition indicators.
Nutrition indicators in HMIS

Percentage of Low birth weight newborns
Promotion of GMP participation among children under 2 year
Children aged <5 yr screened for acute malnutrition
Treatment outcome for management of severe acute malnutrition in children under 5 year
Children aged 6-59 months who received vitamin A supplementation
Children 24-59 month who received de-worming
Proportion of pregnant and lactating women screened for acute malnutrition
Proportion of pregnant women received iron and folic acid supplements at least 90 plus
Number of pregnant women De-wormed
Number of individuals swallowed MDA drug for Soil transmitting helminthes
Unified Nutrition Information System in Ethiopia - UNISE

- Meant to be a parallel multi-sectoral information system for NNP implementation
- Combine nutrition specific and nutrition sensitive indicators
- Implemented using a stand-alone software and separate server to accommodate the data from across the country
- UNISE uses DHIS 2 as source for the nutrition specific indicators
- Captures the nutrition sensitive indicators from non-health sectors
# Nutrition sensitive indicators

The list of indicators was established by the sectors themselves;

<table>
<thead>
<tr>
<th>Ministry of Agriculture and natural resources</th>
<th>Ministry of Women and Children Affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of dairy extension package participants in thousands</td>
<td>Number of women and communities/Kebele made aware of maternal health and nutrition</td>
</tr>
<tr>
<td>No of farmers beneficiary from improved family poultry/poultry extension packages in thousand</td>
<td>Number of communities/kebele provided with child health and nutrition awareness messages by radio</td>
</tr>
<tr>
<td>No participants awareness created on fish food value and preparation, promoting consumption for children</td>
<td>Number of Women directories capacitated with nutrition information</td>
</tr>
<tr>
<td>No of pond fish farming extension package participants</td>
<td>Ministry of Water, Irrigation and Electricity</td>
</tr>
<tr>
<td>No of egg production in millions</td>
<td>Number of HH with latrine</td>
</tr>
<tr>
<td><strong>Ministry of Labour and Social Affairs</strong></td>
<td>Number of Schools with water supply</td>
</tr>
<tr>
<td>Number of PLW among PSNP client engaged in BCC session in pilot woredas</td>
<td>Number of Schools with Latrines</td>
</tr>
<tr>
<td>Sector Ministry With Budget Allocated For Nutrition</td>
<td>Number of Health facility (Health Post &amp; Health Centers) with latrines</td>
</tr>
<tr>
<td>Number of direct support clients benefiting from PSNP (social safety net programs)</td>
<td>Number of Health facility (Health Post &amp; Health Centers) with water supply</td>
</tr>
<tr>
<td>Number of domestically employed citizen</td>
<td>Number Individuals benefited from provision of water supply</td>
</tr>
<tr>
<td><strong>Food, Medicines and Health care administration and Control Authority</strong></td>
<td>Area of land equipped with irrigation facility (in hectare)</td>
</tr>
<tr>
<td>Number of complementary foods ensured for safety and quality</td>
<td><strong>Ministry of Health</strong></td>
</tr>
<tr>
<td>Number of infant and follow up formula products ensured for safety and quality</td>
<td>% of PLW being PSNP clients and transferred to Direct Support</td>
</tr>
<tr>
<td>Number of dairy products ensured for safety and quality</td>
<td>% of caregivers from MAM/SAM children transferred to Direct Support</td>
</tr>
<tr>
<td>Number of food manufactures implementing food safety management systems</td>
<td>% of SAM children involved in PSNP</td>
</tr>
<tr>
<td>Number of dietary supplement ensured for safety and quality</td>
<td>% of MAM children involved in PSNP</td>
</tr>
<tr>
<td><strong>Ministry of Education</strong></td>
<td>% of PLW involved in PSNP</td>
</tr>
<tr>
<td>Number of Schools with school feeding program</td>
<td>Number of Schools that support school age children Deworming</td>
</tr>
<tr>
<td><strong>Ministry of Industry</strong></td>
<td>Number of Schools with Health and Nutrition Clubs</td>
</tr>
<tr>
<td>Tons of blended food corn/maize/soya blend to prevent acute malnutrition / tonnes of CSB produced (disaster prevention)</td>
<td>Number of school at all levels (primary, secondary, …) delivering the full health service package</td>
</tr>
<tr>
<td><strong>Ministry of Women and Children Affairs</strong></td>
<td>Number of health facilities delivering the full health service package</td>
</tr>
<tr>
<td><strong>Ministry of Water, Irrigation and Electricity</strong></td>
<td>Ministry of Trade</td>
</tr>
<tr>
<td><strong>Ministry of Labour and Social Affairs</strong></td>
<td>Percent of iodized salt available in market based on the standard(s) set for</td>
</tr>
</tbody>
</table>

- Most of the sectors have poor M&E – no corporate indicators, no standardized reporting tools, hectic data flow etc.
- 4 out of the 13 signatory sectors didn’t give any indicator yet
UNISE – moving forward

- Decided to transit HMIS into DHIS2 in 2017
- Decided to use DHIS2 as nutrition specific data source for UNISE
- This will ensure transparency, data quality and data use
- Nutrition case team worked with the national DHIS2 team to ensure nutrition indicators are captured
- Agreed to accommodate a Nutrition Dashboard that would regroup HMIS nutrition specific indicators and nutrition sensitive indicators – from external sectors
- Access to DHIS2 platform by contributing sectors in UNISE still to be defined
Summary

National HMIS

**Current situation**
- DHIS2 currently implemented – off line, low reporting rate at the moment
- Major gap: No IYCF indicators, disaggregation
- HMIS data validated every 6 month

**“Parallel” system**
- CMAM /ENCU system is parallel
- Allows to have monthly data
- Disaggregated by SC/OTP
- No IYCF indicators

**The future: DHIS 2 and UNISE**
- To regroup nutrition specific (10 from HMIS) and sensitive (13 NNPII signatory sectors) indicators on a single platform
- To allow triangulation and monitor progress of signatory sectors against commitments
- Operationalize DHIS2 to guarantee data quality and use

As DHIS-2 is rolled out in the country, there will be a risk period of few years until it is fully functional, in which the parallel system may need to continue.
Challenges

• CMAM reporting and tools not aligned with new HMIS

• No disaggregation by sex and age groups in HMIS/DHIS2 - seen as additional burden

• Resource constraint to roll out DHIS2 and for tools and capacity building

• Non-health sectors contributing to UNISE don’t have access to DHIS2 platform - yet to be defined

• HMIS data are validated and shared every bi-annually
For more information, please visit www.mcsprogram.org

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.
Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child Workshop

30 October – 2 November 2018
Accra, Ghana

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