



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

Dr. Abraham Tariku Child Health Team Lead, FMOH, Ethiopia October 2018

Federal Democratic Republic of Ethiopia Ministry of Health



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



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





HMIS/M&E Reporting Flow Diagram



Federal Democratic Republic of Ethiopia Ministry of Health

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

Federal Democratic Republic of Ethiopia Ministry of Health



Nutrition sensitive indicators

The list of indicators was established by the sectors themselves;

Ministry of Women and Children Affairs
Number of women and communities/Kebele made aware of maternal health and nutrition
Number of communities/kebele provided with child health and nutrition awareness messages by radio
Number of Women directories capacitated with nutrition information
Ministry of Water, Irrigation and Electricity
Number of HH with latrine
Number of Schools with water supply
Number of Schools with Latrines
Number of Health facility (Health Post & Health Centers) with latrines
Number of Health facility (Health Post & Health Centers) with water supply
Number Individuals benefited from provision of water supply
Area of land equipped with irrigation facility (in hectare)
Ministry of Health
% of PLW being PSNP clients and transferred to Direct Support
% of caregivers from MAM/SAM children transferred to Direct Support
% of SAM children involved in PSNP
% of MAM children involved in PSNP
% of PLW involved in PSNP
Number of Schools that support school age children Deworming
Number of Schools with Health and Nutrition Clubs
Number of school at all levels (primary, secondary,) delivering the full health service
package
Number of health facilities delivering the full health service package
Ministry of Trade
Percent of iodized salt available in market based on the standard(s) set for

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

"Pagallel" 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.

facebook.com/MCSPglobal

twitter.com/MCSPglobal

Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child Workshop

30 October–2 November 2018 Accra, Ghana

photo by Kate Holt/MCSP