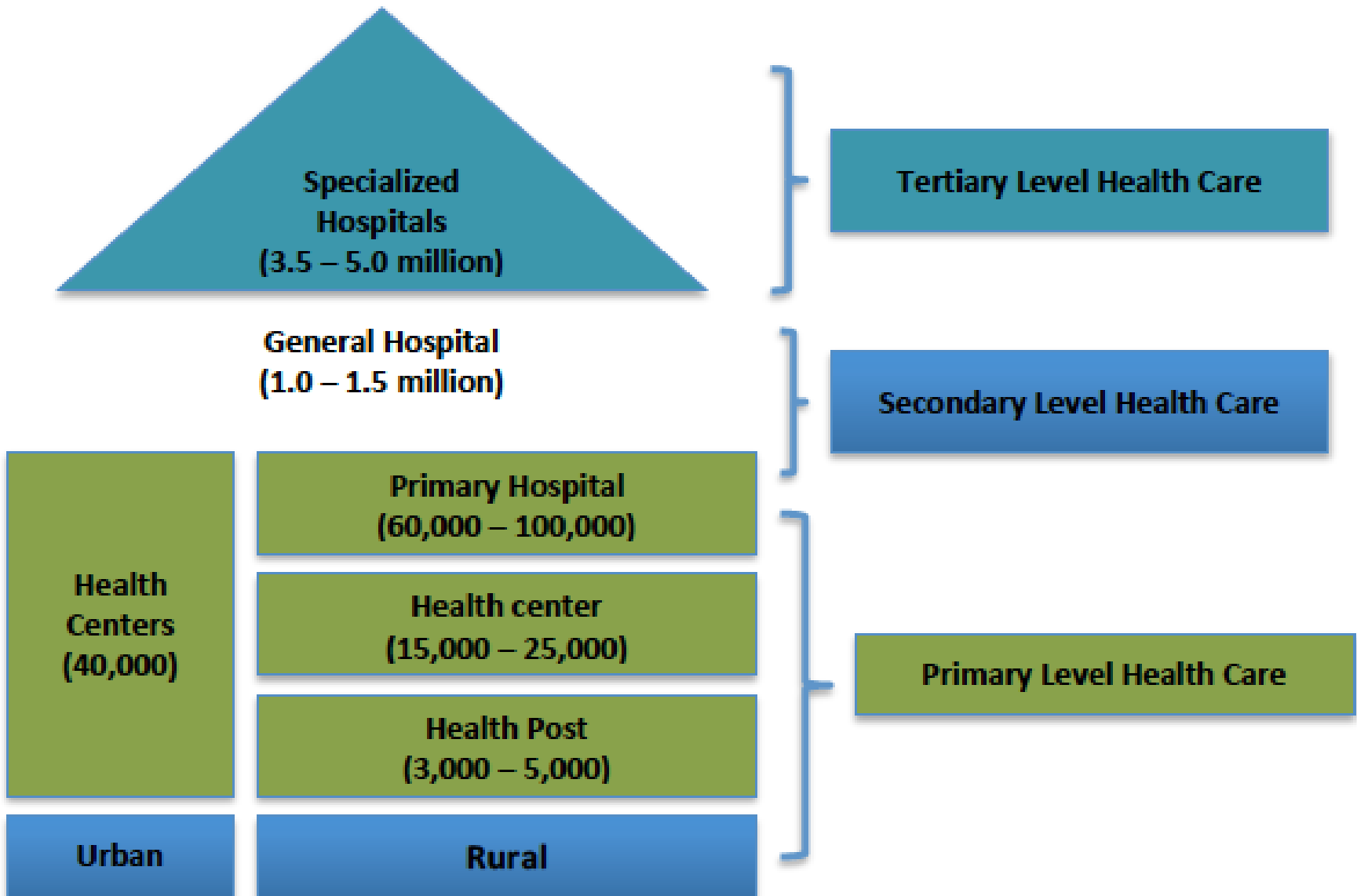# Ethiopia's experience on strengthening community health information systems, data quality and data use

16-18 February 2016

Southern Sun Mayfair Hotel, Nairobi, Kenya

# Health system



Specialized Hospitals (3.5 – 5.0 million)

General Hospital (1.0 – 1.5 million)

Primary Hospital (60,000 – 100,000)

Health Centers (40,000)

Health center (15,000 – 25,000)

Health Post (3,000 – 5,000)

Urban

Rural

Tertiary Level Health Care

Secondary Level Health Care

Primary Level Health Care

# Over view of Health Management Information System(HMIS) of Ethiopia

- The HMIS has been rolled out to all public(included health posts) and selected private health facilities.

- Community Health Information System (CHIS) is designed to assist in the management functions of health programs including:
  - collects data on basic demographic statistics,
  - health service delivery and
  - utilization based on the health extension package in health posts.

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

- CHIS is implemented mainly using a unified data collection tool called **family folder(FF)**.

Federal Democratic Republic of Ethiopia

Ministry of Health

Health Sector Monitoring and Evaluation

Strategic Plan, 2016 -2020

# CHIS...

- CHIS works through creating of FF to each House Hold at kebele level.

- Family folders are files and folders assigned to
  - each household at the lowest administrative unit and
  - provides detailed information in the status RMNCH and other Health Extension Program.

- CHIS also provides a unique opportunity for accelerating the Birth registration efforts in the country.

- CHIS is currently rolling out to 77% of the health posts in the country.

**Family folder**
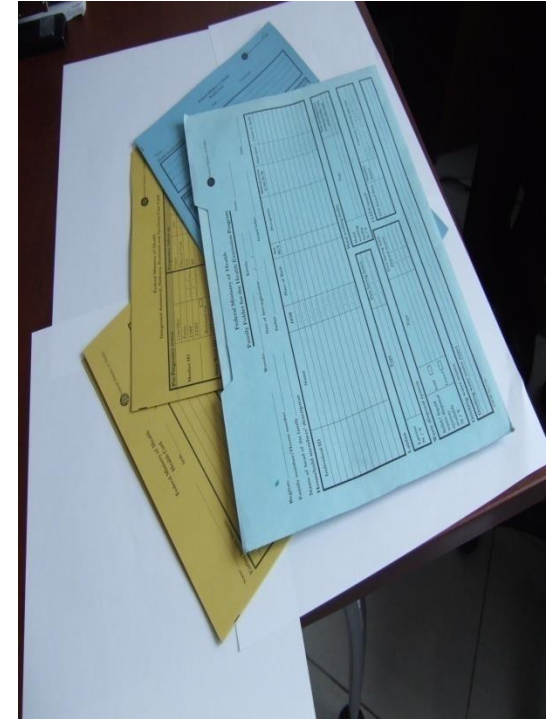
# Trend of rural CHIS implementation from 2013-2015 (in %)
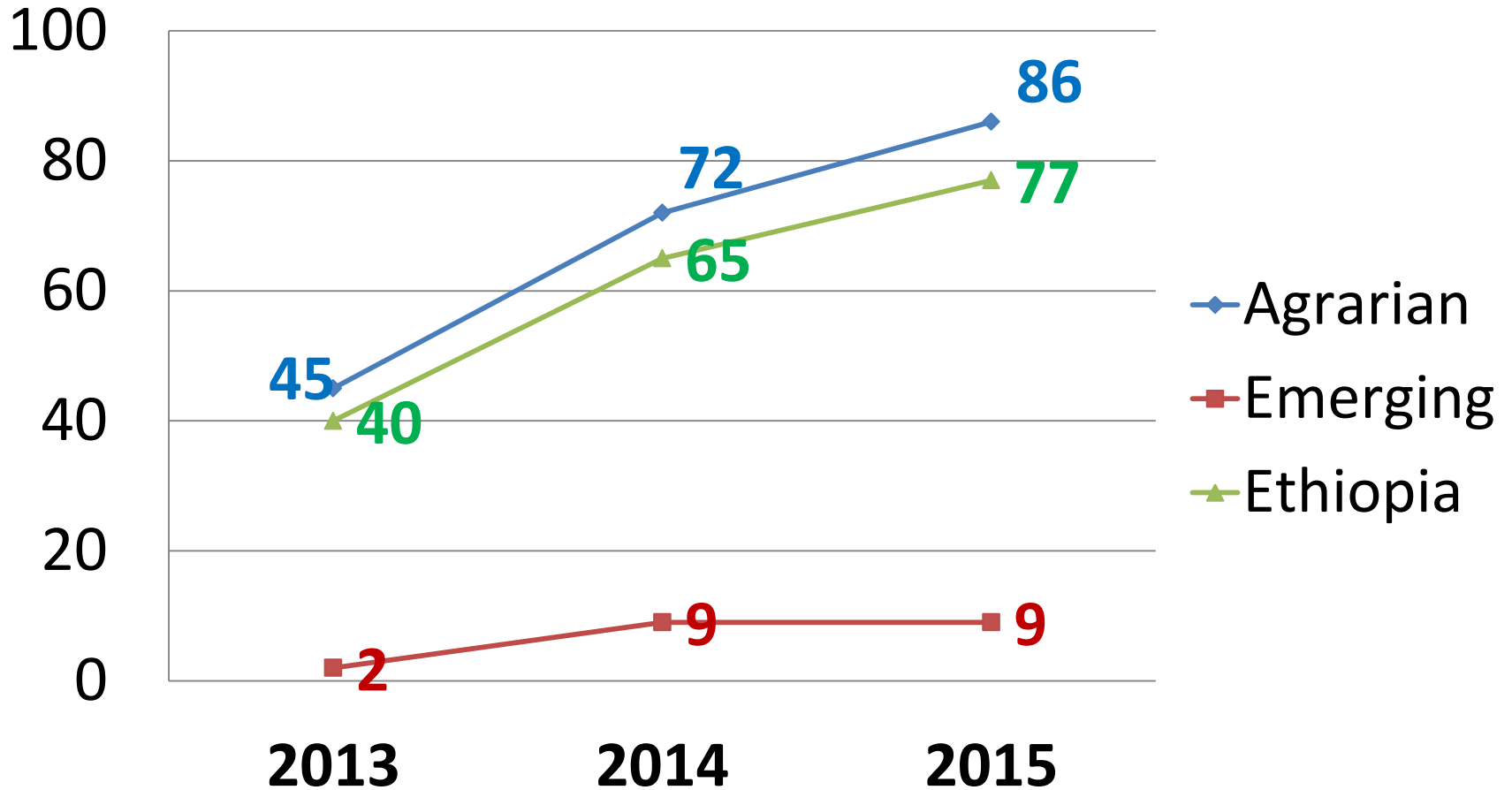
# CHIS captures the following main information

**Performance** indicators at Health Post level -

- **Family Planning Coverage:**
- **Antenatal care coverage (ANC1 &4):**
  - Total number of expected pregnancies is calculated as 3.7% of the total population
- **Deliveries attended by HEW**
  - [number of deliveries attended by HEW x 100] ÷ [total number of expected deliveries]
  - Total number of expected deliveries is calculated as 3.6% of the total population
- **Post natal Care Coverage (1st day, 3rd day& 7th day):**
- **Community Maternal death**
- **Community early neonatal death**

# … CHIS captures

- **Child immunization coverage**, e.g. pentavalent 3rd dose coverage

  – [number of children received 3d dose of pentavalent vaccine before 1st birthday x 100] ÷ [total number of surviving infants]

  – Total number of surviving infants is calculated as 3.1% of total population

- **Households with LLITN**

  – [households in the kebele with LLITN available x 100] ÷ [total number of households in the kebele]

- **Households with latrine facility**

  – [households in the kebele with latrine available x 100] ÷ [total number of households in
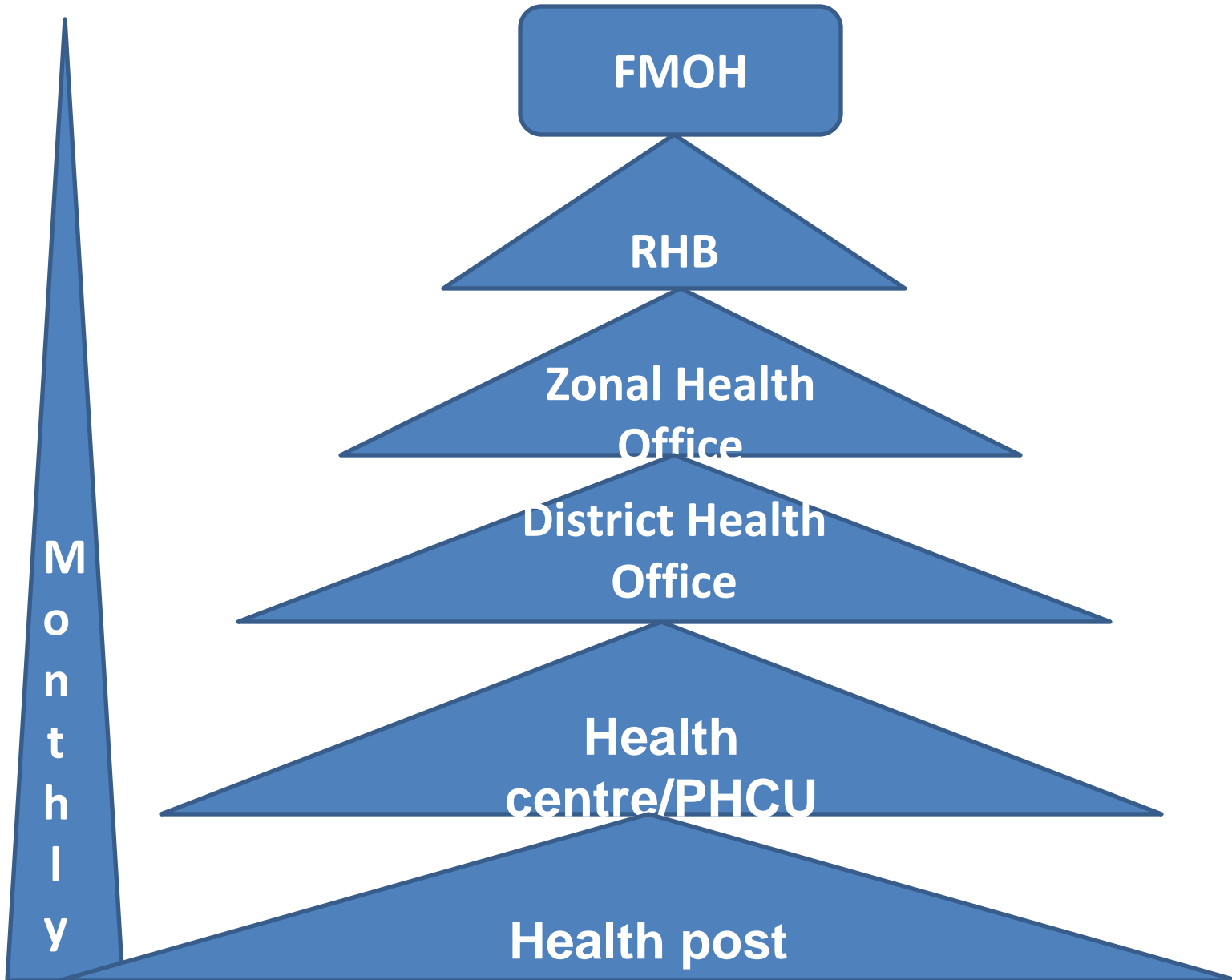
# … CHIS captures

ICCM services:

- Number of children with pneumonia treated.
- Number of children with diarrhea treated.
- Number of children with confirmed malaria cases treated
- Number of fever cases tested for malaria.

# ICCM/Global Fund indicators

- Number of HEWs trained on ICCM
- Number of children with pneumonia treated
- Number of children with diarrhea treated
- Proportion of suspected malaria cases that received a parasitological test
- Number of children with confirmed malaria cases treated
- Percentage of children with a fever who sought treatment from a facility/health provider the first 24 hours onset of fever (survey)
- Proportion of health facilities with no stock out of key commodities in the previous one month.

# CHIS Rreporting, Bottom up

Monthly

FMOH

RHB

Zonal Health Office

District Health Office

Health centre/PHCU

Health post

# HMIS/e-HMIS

- eHMIS is currently implemented in more than 3,000 health care facilities and administrative levels.

  - eHMIS allows entry of data at different levels and shows both aggregate and disaggregate data for further analysis.

  - major aim of automating the HMIS to e-HMIS is to improve data quality:

    - Timeliness
    - Completeness
    - Accuracy of reporting and
    - Encourage Data Use for decision making

# CHIS

- Digitalize the family folder is on plan.


- Global Fund/ HSS allocated resources US$ 10,367,826

  – Tablet computers with solar chargers and operational fund for training to digitalize the FF for more than 16,000 health posts.

# Complementary source of data mainly during translation period

**Objective:** To track progress, document and share data for decision making  proposed by the National TWG and FMOH requested UNICEF to provide TA for management)

**Indicators:** about 20 indicators , coverage(coordination, HR, Supply and logistics, service delivery- quality, coverage and community)

**Tools:** Registers, supervision checklists, and Data extraction forms

**Data source:**
- ✓ Supportive supervision (Observation and interview)
- ✓ performance review and clinical mentoring at PHCU
- ✓ Operational researches
- ✓ Evaluation surveys

**Data Use:** Information regularly shared to national TWG, regional, zonal, woreda and PHCU to inform decision and refine plans.

# Data quality

- Use LQAS, performance monitoring team (PMT) and ISS,

- Lot Quality Assurance Sampling (LQAS) is a technique useful to assess whether the desired level (80%) of quality has been achieved or not.

- Data quality is an issue and put as transformation agenda **"Information Revolution".**

# Challenge

- Though ICCM register is the only register permitted at health post level, some health posts use other registers

- Completeness and timeliness problems

- Lack of updating FF data at health post;

- There is no clear guide on how to manage data at health post level in pastoral and semi-pastoral areas.

- Some HEWs are not performing LQAS as per the standard;

- Shortage and high turnover of trained staffs in e-HMIS

- Low coverage of electric power supply and frequent interruption for effective implementation of e-HMIS.

- Poor internet connectivity for e-HMIS implementation.

# Lessons learned

✓Unified the data

✓Easy to up dating the kebele profile/ Health post

✓Make easy to find card of the family and time saving tool

✓ Assist to in organizing of the report,

✓Assist to get in detail information of the community.

# Opportunity

- Political commitment is in place

- Partners are committed to support in technical and financial (GF, UNICEF, WHO, USAID and others).

- Other governmental and non-governmental sectors are using as a resources data, like vital events registration agency, agriculture, administration, etc…

# Way forward

- Roll out CHIS across all health posts in the country.

- Introduce and scale up digitalizing CHIS for timely and quality data reporting & etc....

- Introduce iCCM in RMNCH score card monitoring.

- Improve utilization of data at all level for decision making.

**Aksum, Ethiopia**

**Lalibela, Ethiopia**

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AMESEGINALEHU!

Thank you!