

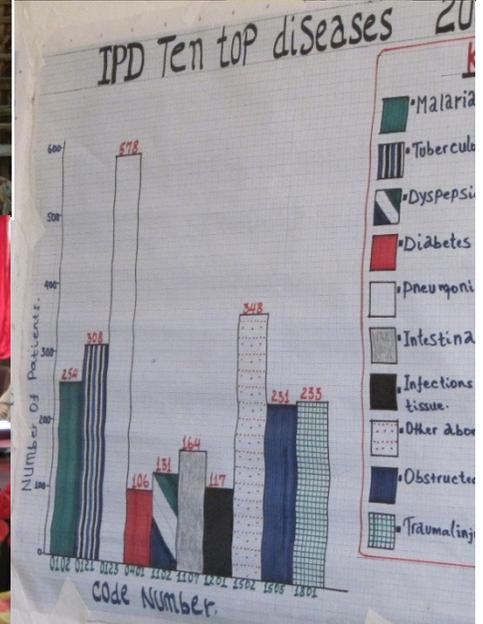
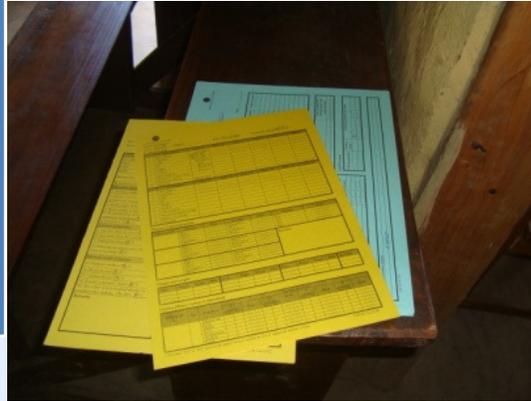
USAID HMIS Scale-up Project Ethiopia



Federal Ministry of Health,
Ethiopia



SNNP Regional Health Bureau



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**MEASURE
Evaluation**

HMIS Scale-up Project
Implemented by JSI

HMIS Scale-Up in Ethiopia

1. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) IN ETHIOPIA

The Health Management Information System and Monitoring and Evaluation (HMIS/M&E) strategy is one of the pivotal components of the Health Sector Development Program (HSDP) of the Federal Ministry of Health (FMOH). The FMOH adopted a “One Plan, One Budget & One Report” policy with the aim of improving management and optimum use of resources for making timely decisions and considers HMIS/M&E as the core information component of effective health care delivery.

To this end, HMIS reform has been given paramount importance in the HSDP agenda. The reformed HMIS was designed, piloted and tested in 2006–2007 with technical assistance by John Snow, Inc. (JSI).

2. THE USAID-FUNDED HMIS SCALE-UP PROJECT

At the request of the FMOH, USAID/Ethiopia asked JSI, through MEASURE Evaluation, to assist in the scale-up of the reformed HMIS/M&E in Southern Nations and Nationalities People’s Region (SNNPR) and work with FMOH on strategies for a national Health Information System (HIS). Primary objectives of the project are to:

- Assist the Regional Health Bureau (RHB) of SNNPR with the implementation of the new HMIS/M&E so that managers and care providers at all levels use the new HMIS/M&E to produce quality data and use the information for planning and management of the health services
- Establish a computerized HMIS/M&E data processing and reporting system at national, regional, zonal and woreda levels in SNNPR
- Provide technical support to the Policy, Planning & Finance General Directorate of FMOH in coordinating the multi-partner scaling up of the HMIS/M&E.
- Provide technical support to the Federal HIV/AIDS Prevention & Control Office (FHAPCO) in designing and scaling-up a community based non-clinical multi-sectoral HIV/AIDS information system

3. IMPLEMENTATION STRATEGY: BUILDING REGIONAL OWNERSHIP

The strategy for the successful implementation of HMIS/M&E in SNNPR is building regional capacity and sharing responsibilities among the Regional Health Bureau (RHB) and the project. This facilitates and promotes regional ownership for the sustainability of HMIS in the region. RHB of SNNPR is demonstrating ownership of HMIS by:

- Driving the system to get the desired benefits from it; for example:
 - SNNP RHB maintains production of quality HMIS information to meet the current information needs of the region
 - There is continued use of HMIS information for decision making at all tiers of health system
- Taking responsibility for HMIS successes and failures
- Managing and maintaining the capacity to manage the HMIS resources and controls and financial decisions for HMIS implementation

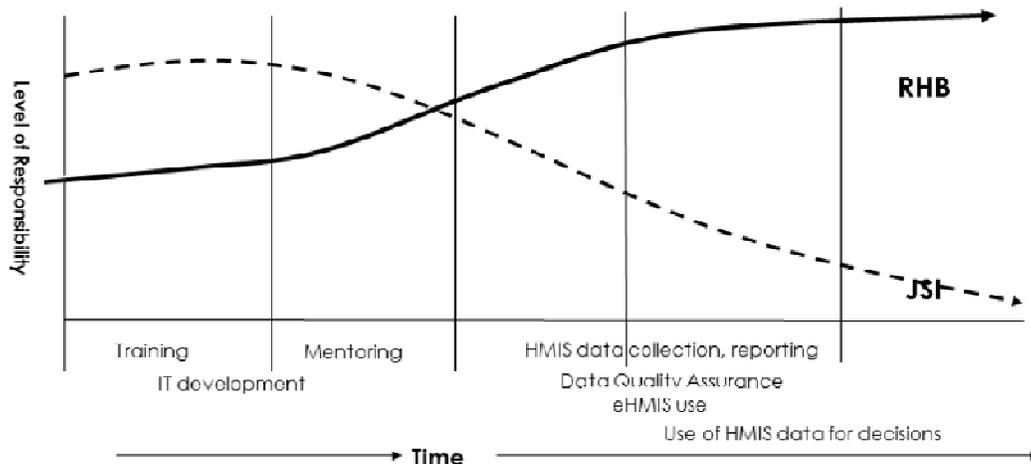


MEASURE Evaluation is funded by the U.S. Agency for International Development (USAID) under terms of Leader with Associates Cooperative Agreement GHA-A-00-08-00003-00 and implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with Futures Group International, ICF Macro, John Snow, Inc., Management Sciences for Health and Tulane University. MEASURE Evaluation is the USAID Global Health Bureau's primary vehicle for supporting improvements in monitoring and evaluation in population, health and nutrition worldwide. The information provided in this fact sheet is not official U.S. government information and does not necessarily reflect the views of USAID or the U.S. government. FS-11-65 (10/10/11).

4. APPROACH FOR PROMOTING REGIONAL OWNERSHIP

It is believed that the strategy for creating regional ownership was supported by a balanced sharing of responsibility so that regional ownership could be promoted from day one.

4.1. Level of Responsibilities within FMOH/RHB and USAID/MEASURE Evaluation (JSI) Partnership (Shared responsibility)



Another effective strategy in the successful scale-up of HMIS in SNNPR is the system's approach. HMIS is scaled-up zone by zone so that the whole administrative unit is primed to one system rather than having fragmented HMIS within the same zone.

4.2. As of March 2012....

	RHB, ZHD, WorHO	Hospital	Health Center
Completed TOT	22/22	23/23 (100%)	615/615 (100%)
Staff Trained in HMIS	978	1,404	3,197
Staff trained in eHMIS	142		
Installed & use eHMIS	RHB; 9 ZHD; 75 WorHO		
Computer provided	22		
CDMA provided	40		
HMIS Reporting	14 zones, 93 woredas	15/23 (68%)	429/615 (70%)

5. STRENGTHENING CULTURE OF HMIS INFORMATION USE

Under the decentralized governance approach practiced in SNNPR, the RHB gives high importance to evidence-based decision making at every administrative health unit. As such, SNNPR has established Performance Review Teams (PRT) at every tier from RHB to zonal health departments, woreda health offices and health facilities. To further promote the culture of information use in SNNPR, the Project conducted PRISM assessment in August 2011 & February 2012 which showed that all administrative health units in SNNPR have performance review teams; 50% of them reviewed HMIS data in the past quarter and 25-45% of them showed evidence of HMIS based decision-making. The Project is also assisting the RHB to strengthen the Performance Review Teams by identifying the gaps and building their capacity of decision making practices. A training curriculum has been developed and tested in Adama in February 2012 where 35 M&E Officers from FMOH were trained on HMIS information use by the Project.

6. eHMIS (ELECTRONIC HMIS) FOR DECISION SUPPORT



SNNPR—Building eHMIS capacity of the region:
Learning by doing – peer to peer

eHMIS is a system that helps to accurately and timely enter, aggregate, store, analyze and evaluate health related data from health facility to federal level. eHMIS is composed of a set of interrelated components and procedures organized with the objective of generating health information and intelligence to monitor the health status and health services of the nation to improve public health care leadership and management decisions at all levels.

6.1. Health System Reference Database

ID	Health Facility	Type	Owner Type	Construction Status	Operational Status	Assigned Type
61306	Haigela	Health Post	Public	Completed	Functional	Health Post
61313	Homa Agera	Health Post	Public	Completed	Functional	Health Post
61308	Layignaw Fonko	Health Post	Public	Completed	Functional	Health Post
61311	Layignaw Kebecho	Health Post	Public	Completed	Functional	Health Post
61304	Mento Alebela	Health Post	Public	Completed	Functional	Health Post
61315	Semen Darsha	Health Post	Public	Completed	Functional	Health Post
61307	Semen Fonko	Health Post	Public	Completed	Functional	Health Post
63788	Shense Watgela	Health Post	Public	Completed	Functional	Health Post
61302	Shesha Gamba	Health Post	Public	Completed	Functional	Health Post
61312	Tachignaw Kebecho	Health Post	Public	Completed	Functional	Health Post
61310	West Anelmo	Health Post	Public	Completed	Functional	Health Post
63787	West Homa	Health Post	Public	Completed	Functional	Health Post
61314	Wogla Abeana	Health Post	Public	Completed	Functional	Health Post
61300	Yemis	Health Post	Public	Completed	Functional	Health Post
40133	Bure Buhhana	Health Center	Public	Completed	Functional	Health Center
40621	Kenikicho	Health Center	Public	Completed	Functional	Health Center
40134	Otoro	Health Center	Public	Completed	Functional	Health Center

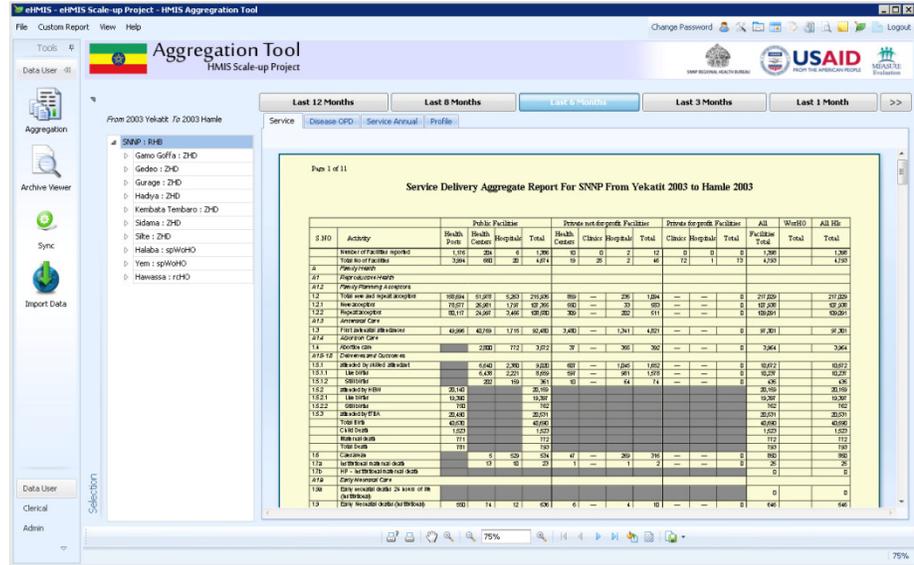
This module, the Health System Reference Database (HSRD), provides population denominators for various catchment areas, health facility information and human resource information. Data for the whole SNNPR has been entered into the system and is readily available for updating and use. One important utility of HSRD is that it provides the necessary data on various denominators for the calculation of HMIS indicators.

6.2. Data Entry Module

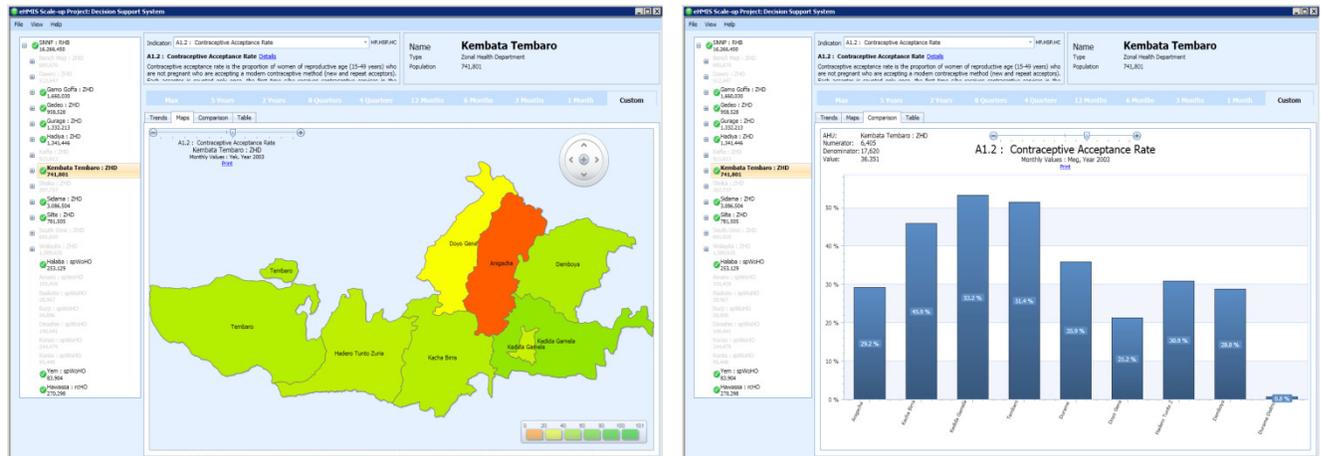
The Data Entry Module is made up of two subcomponents; the manual data entry and scanning which uses automatic character recognition to populate the HMIS database. The scanning of facility reporting forms is especially set to reduce the time the RHB spends manually entering data by a significant margin. This solution is expected to shift this current clerical task to more advance roles such as analyzing data for decision making and working on improving data quality.

6.3. Aggregation Module

The Aggregation Module is an application that dynamically aggregates data entered via the Data Entry Module to provide woreda, zonal and regional aggregation for the month, quarter and year. The aggregation software is adding significant time savings and improvement to quality by reducing the time it takes to aggregate reports to a matter of seconds and virtually eliminating calculation errors that might occur if the task was to be done manually.



6.4. Decision Support System



The Decision Support System (DSS) is the ultimate output of every eHMIS tool. The DSS is the dashboard that provides decision makers’ access to data collected that can be easily analyzed for effective and timely decision making. The DSS employs simple and yet powerful charting tools such as line, bar and maps to communicate information in a way that makes the thousands and millions of records in the database represented in simple user-friendly charts. In addition to the desktop DSS application, top level management can benefit highly from the Mobile Executive Decision Support System (MEDSS). The MEDSS will be installed on Android mobile devices supporting decision making to the highest standards.

7. COMMUNITY HEALTH INFORMATION SYSTEM

The Community Health Information System (CHIS) is an important part of the HMIS scale-up; it requires that each household in a community be numbered and families registered. Family Folder, part of the CHIS, is a family-

centered tool designed for the health extension worker (HEW) to manage and monitor her work in educating households and delivering an integrated package of promoting preventive and basic curative health service to families.

7.1. Scaling-up CHIS nation-wide

In order to realize the basic objectives of Family Folder centered Community Health Information System (CHIS), Federal Ministry of Health (FMOH) attaches great significance to roll-out the CHIS nation-wide in as short period as possible.

USAID JSI/MEASURE Evaluation HMIS Scale-up Project provided CHIS TOT (that includes practical field visits) for 394 participants from 9 regions of the country and 37 FMOH M&E staff in Butajira, SNNPR. The HMIS Scale-up Project is the member-secretary of the TWG established by FMOH/PPF for scaling up CHIS in Oromia, Amhara and Tigray Regions.

7.2. Implementation of CHIS Community Mobilization Practice, SNNPR

Through strong leadership of woreda administration and kebele organizers (ternafi), plenty of volunteers have been mobilized at every kebele on a non-financial basis and they have successful in managing Family Folder profiling.



Mobilizing Lemo woreda administration



Mobilizing kebele ternafi and volunteers



HEW supervisor conducting onsite training on Family Folder



Volunteer providing household number for each family

7.3. Defaulter Tracing and Ensuring Continuity of Care



Tickler file system is used for targeting clients with significant health episodes such as: Pregnancy, < 2 child care, OVC, PLHIV and TB. Currently this system is implemented in more than 447 Health posts after tested in six health posts, where HEWs, HEW supervisors and woreda officials were quite comfortable with it.

7.4. As of March 2012, in SNNPR...

Activities	Health Posts
HEW supervisors TOT completed	633 (98%)
Health Extension workers Trained	3,994 (66%)
Health Posts Implementing & Reporting	2207 (55%)

“The greatest success of the HMIS Scale-up Project comes from handing over the lead role to the Regional Health Bureau (RHB) that primarily owns the processes. The RHB planning unit has taken on the responsibility of managing the scale-up with the goal of promoting and facilitating the implementation of HMIS throughout the region. The RHB IT staff are carrying out electronic data entry and quality checks while offering training and empowerment to HMIS facilitators in every zone, woreda and health facility. The RHB is mobilizing other implementing partners to assist HMIS scale-up and sustainability by providing printing, furniture, computers and other resources that are essential for the realization of HMIS in the region. The RHB has also organized regular meetings to review scale-up progress and address bottlenecks.”

8. NON-CLINICAL MULTI-SECTORAL RESPONSE HIV/AIDS COMMUNITY INFORMATION SYSTEM

In order to monitor the non-clinical multi-sectoral response to HIV/AIDS, the Federal HIV/AIDS Prevention & Control Office (FHAPCO) has reformed the HIV/AIDS Community Information System (CIS) through constituting a Technical Working Group (TWG) under its leadership. The CIS TWG comprises of members from FHACO Planning and M&E Directorate, UNFPA, NASTAD and USAID's MEASURE Evaluation HMIS Scale-up Project. The aim of the CIS reform is to standardize and simplify the procedures of reporting HIV/AIDS activities while capturing essential data for monitoring performance indicators. The project is facilitating a collaborative effort to improve the CIS design, finalize the indicators, develop training guides, pilot test the system and ultimately scale it up throughout the country.

9. CONTACT INFORMATION

MEASURE Evaluation/HMIS Scale-up Project
Winta Building, 3rd floor
P.O. Box 1392 code 1110
Telephone: +251 11 618 9856 or +251 11 662 0066
e-mail address: tkebede2008@yahoo.com
Addis Ababa, Ethiopia