Family Folders: **Low-Resource Health Data** with a **Big Impact**

In a southern region of Ethiopia, data reported in November 2012 showed for every woman who arrived at a health post for a first checkup during pregnancy, many did not return and slightly fewer than half came in for the recommended fourth visit. But only a year later, data in the same region showed two-thirds of pregnant women made that fourth visit. Regional data also revealed that in November 2012, close to 6,000 babies were born in qualified health centers. A year later, there were 12,000 births in health centers – a 103 percent increase.

Clearly, something is changing – with dramatic results. It's not a new computer system and it's not a huge financial investment. It's a simple shift in how health facilities gather and use information in a paper-based "Family Folder" kept for every family in the area so health workers can follow up.

The Family Folder is an innovation at the most basic level of Ethiopia's health system – the rural health post. It is tied to a reformed national health information management system (HMIS), funded in part by USAID, working with MEASURE Evaluation's HMIS Scale-up Project. Ethiopia now boasts a nationwide, robust HMIS, supported with data derived from a community health information system (CHIS) in which the Family Folder plays a starring role.

Aragash Worku is one health extension worker (HEW) using Family Folders in one of Ethiopia's largest regions – Southern Nations, Nationalities and People's Region (SNNPR), where there are 3,835 health posts. She says

A health worker uses the Family Folder system to track health services. Photo by MEASURE Evaluation.

Family Folders are a quick but comprehensive look at all health services a family is receiving, and what issues might need follow-up, such as pregnancy or immunizations. The folder also contains household characteristics such as availability of clean drinking water, sanitation, and bed nets to prevent malaria.

When Worku and other HEWs see a family at the health post, they can quickly retrieve the correct folder because each is filed by village and serially by household number. The folder data prompts her to remind a mother to come in for a pregnancy visit or bring her toddler for growth monitoring.

If the family doesn't come in, another simple innovation

– a Tickler Box – reminds her what care is needed. The Tickler Box is a set of wooden cubbies in the health post – one for each month. Worku files the health card in the box for a specific month when a family member needs a service. If the health card is still in the box, she proactively follows up with a home visit.

The Family Folder is making a difference as a fundamental piece of the CHIS and HMIS, first begun in 2010 and expanded through 2012. Under the USAID-supported MEASURE Evaluation project, 30,000 health managers from the Ministry of Health, regional, zonal, and districts, including HEWs, have been trained. The resulting health care coverage gains are proof that reliable health data can come in a small package.

Additional resources

PRISM: Performance of Routine Information System Management Framework. Available at: http://www.cpc.unc.edu/measure/tools/monitoring-evaluation-systems/prism

Inventory of PRISM Framework and Tools: Application of PRISM Tools and Interventions for Strengthening Routine Health Information System Performance. Available at http://www.cpc.unc.edu/measure/publications/wp-13-138.

For more information

The community-based information systems project in Southern Nations Nationalities and People's Region (SNNPR) and Oromia, Ethiopia, is managed by MEASURE Evaluation partner JSI, via Advancing Partners and Communities. For information on MEASURE Evaluation's work in health information systems, visit: http://www.cpc.unc.edu/measure/our-work/health-information-systems