

The Need for Redesigning the Community Health Information System for Better Evidence Generation in the Health Extension Program



Introduction

Generating evidence to monitor and evaluate the implementation of health services and the health status of a population at all levels is crucial for systematic and well-informed decision making.

To realize this, a well-designed health information system, with comprehensiveness, standardization, integration, and simplification (user friendliness) that can track all the dimensions of implementation should be put in place. In line with this, Ethiopia has designed a community-based health information system (CHIS) with the intention of tracking the health activities implemented through the Health Extension Program.

In 2017 the Community Health Information System (CHIS) has been revised taking into consideration the implementation modality of the second-generation family-centered health extension program. To make the information system robust and enhance effective decision making at the grassroots level, service and disease related indicators, and a family folder (FF), cards, and reporting formats were revised to enable recording and reporting of the data related to the health services provided to members of the family (from birth to death), and services related to hygiene and environmental health at the health post and household levels. To this end, the challenges related to CHIS, such as the relevance of the indicators, standardization of the formats, workload, and lack of support from women development agents were considered during the revision. Although the efforts made so far, the timeliness, completeness, and reliability of data have improved which made use of the data for woreda-based plan preparation and performance monitoring possible, the assessment has depicted various defects in the CHIS which jeopardize the possibility of meeting its intended objectives and goal.

As a solid foundation of the health system in Ethiopia, the Health Extension Program should have a robust monitoring and evaluation system which enables following up of the functionality of the system and generate quality information for evidence-based decision making. On the national assessment of the HEP, the design of the monitoring and evaluation system that was in use for the HEP was reviewed.

The review has shown gaps in its robustness that has contributed to the common challenge of monitoring and evaluation of program performance.

In this policy brief, monitoring and evaluation related challenges of the Ethiopian Health Extension program (HEP) are discussed and policy directions are suggested based on the findings of the national assessment of the Ethiopian health extension program.

Methods

As an integral part of the National Assessment of the Health Extension Program, the design of the community-based health information system and its ability to enhance information use were assessed through a desk review of the policy/program documents and literatures.

Key Findings

The review of evidences from literature and policy documents showed that:

- The CHIS is not measuring the implementation of HEP as a platform and mainly focus on vertical programs which use the HEP to access services. In other words, the focus of CHIS was only on outputs of specific programs reportable to higher levels, with limited attention to the process of HEP implementation.
- Although HEWs are responsible to use community development team (Women Development Army) and monitor their

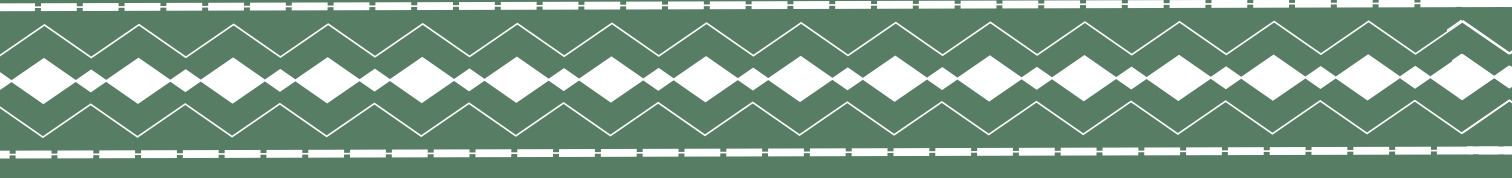
performance, the CHIS focused only on the activities of HEWs, disregarding the other key components.

- Moreover, CHIS doesn't have standard tools to capture the activities of the volunteers at the community level, and lacks a system that helps to establish and document the linkage between the community team and HEWs.
- Definitions involving unrealistic targets (E.g. Home Delivery Free Kebele, Open Defecation Free Kebele, 100% CBHI enrollment). Due to this, 1) the progress of Kebeles towards full implementation of HEP is not monitored; and 2) the status of the HEP is obscured by high-level targets and non-HEP activities (Eg. CBHI).
- Even though the HEWs spend more than 30% of their time in environmental health and sanitation activities, the CHIS is not capturing these activities.
- The limitations in the design of CHIS forced the HEWs to spend more time in recording and reporting and this pushed them to perceive that CHIS is time-consuming.
- The existing CHIS system is not adequately utilizing the available platforms for monitoring and evaluation of the implementation of the HEP packages, and women development army including user-friendliness (interoperability of eCHIS and DHIS 2), availability of data sources, and cost and access of efficient printing process.

Policy Recommendations

In order to solve the aforementioned gaps in the design of the CHIS and its associated implementation challenges, the following policy-level interventions are recommended:

- The CHIS should be modified and/or redesigned in a way that enables it to produce relevant data, covering the key implementation areas for effective monitoring and evaluation activities and give focus on data use for improvement.
- Enhancing multisectoral approach for utilizing the different M&E platforms that are existing and at the community and PHCU level.
- CHIS should be redesigned to include process indicators that are capable of showing the functionality of the HEP as a platform and the efforts of community groups.
- CHIS Should consider recording and reporting tools for the WDA in order to minimize the work load of the health extension workers in tracking and monitoring progress in the implementation of HEP and reporting the progress.
- The unrealistic indicators and targets should be redefined in such a way that they show process level achievements and progress towards the expected level of targets.
- Decision-support digital tools should be made available which at the same time can be used as a source for reports.
- The M&E framework of PHCU and Health Posts should be aligned and strengthened to enable effective M&E system.



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MINISTRY OF HEALTH - ETHIOPIA

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