

# Wogera Woreda: The HIS Demonstration Site in Amhara Region

HIS interventions in Wogera Woreda, situated within the Amhara Region, are supported by JSI's Data Use Partnership (DUP) and Hawassa University, in collaboration with the Ministry of Health and Amhara Regional Health Bureau. Financial backing for these initiatives is provided by the Doris Duke Charitable Foundation (DDCF).

## Background

Wogera woreda is located in the Central Gondar zone of the Amhara Region. It comprises 41 kebeles, with 38 being rural and 3 urban. The total population is 260,617, with females accounting for 50.5% of the population. The woreda is equipped with 6 health centers, one hospital, and 38 health posts. Additionally, there are 4 types of private clinics available. The total number of health workforce in the area exceeds 460.

## The Major Gaps During the Pre-Intervention Period

- Sub-standardized MRU at all health centers and which were not supported by electronic registration
- Weak monitoring and evaluation system especially primary healthcare unit (PHCU) linkage
- None of the HFs had internet connectivity and all practiced offline reporting
- HIS not supported with budget
- Data quality was not an agenda and no data quality monitoring system (electronic or manual) at all HFs and WoHo which created severe data quality problem
- Low data use culture. Data was collected only for reporting purpose.
- PMT was not functional

## The Major Interventions

- Renovation of MRU for HCs
- Supply key HIS materials: Three desktop computers, power bank and hard disks were supported for HFs and WoHo
- Need based hands-on capacity building training
- Mentorship, coaching, supportive supervision, experience sharing and review meetings
- Ensuring system and processes for data quality assurance which includes reporting consistency check using LQAS and RDQA
- Best experiences identification
- Conducting implementation science research
- Data week and day were celebrated to accentuate data quality and create data use culture
- Recognition system established to enhance data use (by WoHo and HFs)
- HIS accountability framework also established

## The Major Changes

- Renovated MRUs and well organized HMIS unit
- Healthcare workers and leaders' attitude and skill towards HIS improved (Content completeness of data recording tools improved 31% to 92%, data accuracy level >90%, consistency between register and client file >90%, plan preparation quality, data analytics, presentation and use practice improved)
- Data quality monitoring system established and monitored regularly
- Data quality assurance done regularly at all levels
- Case team level PMT and data quality verification conducted regularly
- Report timeliness improved from 34% to 97% and completeness improved from 53% to 100%
- Improved internet connectivity and digitalization
  - » 87.5% has internet and send report online
  - » SMART display
  - » eCHIS implemented in all 38 HPs (100%)
- Improved PMT functionality at all level
- Quality improvement projects designed, implemented and graduated successfully
- Health post level HIS performance improved (9 model and 10 high candidate)
- Model HFs, HP, and WoHo created (6 HCs, 1 hospital and 1 WoHo)
- Program performance improvement due to data use
  - » >80% HCs are model based on EHCRIG
  - » Syphilis screening is improved from 39% to 80%
  - » ANC4 coverage was improved from 46% to 77%
  - » Drug and supply availability improved from 68% to 96%
  - » Measles dropout rate reduced from 12% to 4.5%

## Lesson Learnt

Collaborating with universities presents an invaluable opportunity for knowledge exchange and enhanced collaboration within the context of HIS implementation. Furthermore, establishing and effectively implementing an accountability framework is paramount for ensuring the success of HIS initiatives. Embracing innovative approaches, such as organizing data days and implementing accountability frameworks, is essential for driving continuous improvement and progress within programs. Thinking outside the box and adopting such innovative strategies can significantly contribute to the advancement and effectiveness of HIS implementations

# Assosa Town: The HIS Demonstration Site in Benishangul Gumuz Region

HIS interventions in Assosa Town, within the Benishangul Gumuz Region, are backed by JSI's Data Use Partnership (DUP) and Hawassa University, in collaboration with the Ministry of Health and Benishangul Gumuz Regional Health Bureau. Financial support for these initiatives is provided by the Doris Duke Charitable Foundation (DDCF).

## Background

Assosa town serves as the capital city of the Benishangul-Gumuz Regional State. It comprises 2 woredas and 10 kebeles, catering to a total population of 77,781 residents. The town is equipped with 1 hospital, 2 health centers, 18 private clinics, and boasts a workforce of over 279 healthcare professionals.

## Major Gaps Identified Before the Support

- Lack of HMIS recording tools and manuals
- MRU was not functional for 24 hours -only office hour and not standardized
- Lack of skilled man power to run HIS
- There was no standard checklist to conduct mentorship and mentorship was not conducted
- LQAS and RDQA were not done regularly
- Poor data quality (low report timeliness and completeness, data recording, and inconsistency of data)
- PMT was not functional at all levels including case teams. Root cause analysis for performance gap and subsequent actions were not practiced
- DHIS2 dashboard not created and utilized. It was used only for data entry and reporting.
- HIS not monitored as one activity

## The Major Changes

- HIS becomes a priority agenda at all levels
- Improved medical record unit (supplies infrastructure, and practice) and functional for 24 hours
- Increased budget allocation for HIS which improved the availability of HMIS recording and reporting tools
- M & E (skill, capacity and knowledge) activities strengthened/improved and conducted regularly
- Department level performance review and monitoring conducted regularly
- Case team, facility and district level data quality assurance done regularly and resulted in improved data quality [completeness, consistency and timeliness

## The Interventions

The interventions encompass various aspects aimed at enhancing the HIS in Assosa Town. Capacity-building training, mentorship, coaching, and joint supportive supervision, including virtual support, are provided by the University of Gondar and the woreda. Additionally, implementation research is conducted to fortify HIS performance. Scholarships are awarded to selected HIS personnel based on their performance as incentives to further motivate them. Integration and collaboration with stakeholders play a pivotal role in ensuring comprehensive support. Continuous assistance is provided for data analytics, information presentation, and dissemination, including the preparation of short communication materials, further bolstering the effectiveness of the interventions.

Table 1: Data verification result, Q3, 2015

Indicator	Description	Quarter one	ΣA/ΣB	VF=A/B
family planning	Reported=A	1014	1014	100%
	Recouted =B	1014	1014	
ANC-4th	Reported=A	125	125	100%
	Recouted =B	125	125	
SBA	Reported=A	239	239	100%
	Recouted =B	239	239	
PNC	Reported=A	228	228	100%
	Recouted =B	228	228	
Penta 3	Reported=A	821	821	100%
	Recouted =B	821	821	
Fully	Reported=A	663	663	100%
	Recouted =B	663	663	
TB -detection	Reported=A	4	4	100%
	Recouted =B	4	4	
Current on ART	Reported=A	440	440	100%
	Recouted =B	440	440	
Malaria Positive	Reported=A	595	595	100%
	Recouted =B	595	595	
SAM	Reported=A	0	0	100%
	Recouted =B	0	0	
PMTCT	Reported=A	372	372	100%
	Recouted =B	372	372	
Iron Folic 90 plus	Reported=A	598	598	100%
	Recouted =B	598	598	

- PMT functionality improved: gap identification, prioritization, root cause analysis conducted regularly
- Action plan and quality improvement projects developed and implemented
- Stakeholder engagement and involvement improved and resource mobilized for HIS
- Urban CHIS implemented
- After tremendous efforts, Asosa Hospital, Asosa HC and Town Health Office became a model with total IR score of 93%,96% and 96% respectively.



# Godere Woreda: A Showcase of Health Information Systems in Gambella

HIS interventions in Godere Woreda of Gambella Region are facilitated by JSI's Data Use Partnership (DUP) and Jimma University, in collaboration with the Ministry of Health and Gambella Regional Health Bureau. These efforts have received financial backing from the Doris Duke Charitable Foundation (DDCF).



## Background

Godere woreda is situated in the Majang zone of the Gambella region and includes 14 kebeles, with 12 being rural and 2 urban. The population of the woreda is recorded at 69,909, with females constituting 49% of the total population. In terms of healthcare facilities, Godere Woreda is equipped with 2 health centers and 11 Health Posts. Furthermore, the area hosts 25 private clinics of various types. The healthcare workforce serving the region consists of a total of 223 individuals.



## Major Gaps Identified Before the Support

- MRU at health centers are below standard
- Most health facilities and the WorHOs lack adequate HIS manuals and guidelines.
- Poor linkage of health center with Health posts
- There is no practice of LQAS at HC and RDQA at district office level.
- Poor follow up on report completeness, and logbook utilization culture is very poor
- PMT was not established in the HCs and woreda health office.
- Poor information dissemination practice.
- Performances were not evaluated with the workers or stakeholders.
- There is no provision for regular feedback.



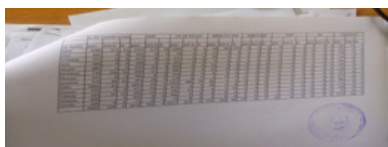
## Interventions done

- Renovation of MRUs through community involvement.
- Capacity-building training on various HIS initiatives
- Internal and external mentorship, coaching and SS, RM and practicing of DQA
- Support for generating and publishing short communications
- Three desktop computers were supported for HFs and WoHo by Jimma university
- The university mobilizes resources especially HIS tools (registers, tally sheets and manuals) from stakeholders
- Case team level PMT is implemented at the woreda health office
- Implementation research



## The Major changes

Monthly Performance monitoring practice



PMT log book use practice



- Enhanced PMT functionality
- Improved data quality status
- Household registrations in eCHIS increased from 47% to 69%
- Improved IR pathways score:
  - » WorHOs increased from 66% to 90% in Nov. 2016 E.C.
  - » Mexi HC increased from 34% to 86% in Nov. 2016 E.C.
- One verified IR model HP in this woreda.
- Improved service coverage:
  - » Syphilis screening increased from 5% to 94.4%
  - » Hepatitis-B testing increased from 10% to 86%
  - » ANC1 coverage improved from 86% to 94.5%
  - » Penta 1 coverage increased from 76% to 86%
  - » Penta-3 coverage increased from 63% to 70%



# Shebedino Woreda: A Showcase for Health Information System in the Sidama Region

HIS interventions in Shebedino Woreda of Sidama Region are supported by JSI's Data Use Partnership (DUP) and Hawassa University, in partnership with the Ministry of Health and Sidama Regional Health Bureau. These initiatives are financially supported by the Doris Duke Charitable Foundation (DDCF).



## Background

Located in the Sidama region of Ethiopia, Shebedino Woreda encompasses 23 rural kebeles and 3 urban kebeles, catering to a population of 209,063 individuals. The Woreda boasts 6 health centers and 23 Health Posts, alongside 2 private clinics, enhancing the healthcare infrastructure available to its residents.



## Pre-Intervention Scenario Overview

- Medical record rooms and shelving were below standard.
- There was a significant shortage of Individual Medical Records, including necessary components like individual folders, Tracer Cards, and a central register.
- Data on registers and individual medical records were often incomplete.
- A noticeable discrepancy existed between reported data and the original records.
- The system lacked a mechanism for monitoring the completeness and timeliness of reports.
- PMTs were not established in line with national standards and were non-functional across all health facilities.
- Monthly HMIS report feedback was not provided to lower-level facilities.
- Performance monitoring charts were absent at all case team levels.
- Data quality assurance practices did not meet the standard requirements.
- There was a low culture of data utilization, with use largely limited to reporting purposes.



## What has been done

In response to the identified challenges in the pre-intervention scenario, several actions have been taken to improve the situation. Capacity building training sessions have been conducted to enhance the skills and knowledge of healthcare personnel. Mentorship, coaching, and supportive supervision have been provided to ensure continuous guidance and improvement. Implementation research has been undertaken to explore effective strategies for addressing the existing issues. Support has been extended to facilitate the generation and

publication of short communications to share insights and best practices. Additionally, regular review meetings have been held to assess progress and identify areas for further enhancement. These efforts collectively aim to strengthen the healthcare system and improve the quality of services provided.



## The Major Changes

- Renovated MRUs for health centers

Medical Record Unit Before (baseline)



After intervention

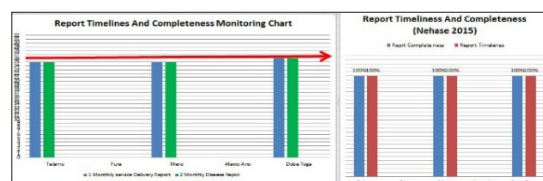


Before Renovation MRU



After Renovation MRU

- PMT functionality improved significantly both at facility and case team level
- Improved IR pathway across the whole health facilities under the woreda
  - » WorHO IR 55% to 94% from baseline to 2016EFY
  - » All HC were emerging during baseline and 100% of HCs and 50% of HPs became IR model in 2016EFY
- Report completeness and timeliness achieved 100%



- Experience sharing conducted regularly
- Improved in program coverage
  - » ANC improved from 81% during baseline to 95% in 2016EFY
  - » SBA improved from 65% during baseline to 92% in 2016 EFY

# Hawela-Tula Sub city – The HIS Demonstration Site in the Sidama Region

HIS interventions in Hawela-Tula Sub City of Sidama Region are supported by JSI’s Data Use Partnership (DUP) and Hawassa University, in partnership with the Ministry of Health and Sidama Regional Health Bureau. These initiatives are financially supported by the Doris Duke Charitable Foundation (DDCF).



## Background

Hawela Tula sub-city is located in the Sidama Region’s Hawassa Town of Ethiopia. As the 8th sub-city of the region, it is home to a population of 154,545 people. The sub city has 6 health centers, 1 MCH center (NGO), 20 Health Posts (HPs), and 7 private clinics. These facilities are staffed by 1,345 to provide essential healthcare services to the community.

### Hawela-Tula Primary Hospital

Hawela-Tula primary hospital began service in March 2010 EC with 307 staff. The hospital provides healthcare services to a population of more than 750,000 people, including those from other woredas.



## Major gaps identified before the support

- There was no sufficient knowledge on HIS/IR Checklist
- The IR baseline assessment result revealed that 57% of the facilities as emerging
- Substandard MRU
- Poor data quality and data use practice
- Poor utilization of the ESV\_ICD11 for standardized morbidity recording
- Poorly organized feedback system
- Weak functions of facility level PMT and no case team level practice. No practice of preparation of brochures for enhancing data accessibility and use



## The Interventions

- Repeated capacity building for hospital HMIS member, quality unit and CEO by CBMP-Hawassa University
- Action plan was developed and agreement was made
- Quarterly based supportive supervision and evaluation was done by CBMP-Hawassa University

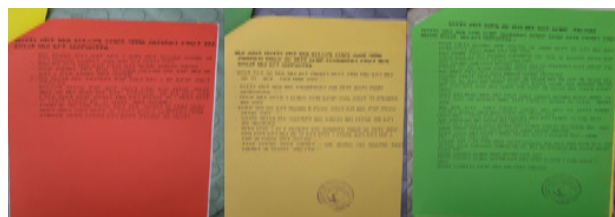
- Renovation was made on HIS infrastructure
- Repeated data quality audit was done and action plan disseminated to department
- Poster, leaflet prepared, Regular public forum and PRT was conducted to facilitate data use
- Training was given for all staff
- QI project developed on data quality and use



MRU Renovation & Shelving



Four window to reduce lead time



Immediate action

Warning

Keep it up



OPD monthly PRT

MCH Monthly PRT

NICU Monthly PRT

Color coded feedback was given regularly based up on PMT findings for each department and the hospital advocate with the motto of “THE HOSPITAL THAT HATES RED” as it described below in detail

# THE HAWELA-TULA HOSPITAL HATES RED



## Color Coded Feedback



Most sensitive, Important and very urgent list of activities that need immediate response as soon as possible



Important but less sensitive and not urgent need of response activities



List of outstanding ,shining, excellent activities, its appreciation, a recognition paper, its paper of gratitude



Part of the feedback that contain list of action plan activities on the red and yellow card respectively

**Green** is the most loved and wanted color that is desired by every department in our hospital. The department that got feedback only with the green paper is the champion of the month. Best department of the half year is selected based on the number of green, yellow and red card the department given in the half year. The department with the greenest feedback is certified as a champion of the half year. This department will be awarded the half year cup and other recognition package including refreshment(vacation).

**Red:** Every staff at each department get mad and sensitive while the department get feedback on red paper. They gather immediately to share and solve the activities

**Performance appraisal (Employee & Department) criteria's:** 1. Report Completeness & Timeliness 2. Number of Case team PRT Conducted 3. Feedback implementation Speed and Improvement Seen 4. Data Quality (Chart & Registration audit for completeness and Consistency) 5. Hospital PRT participation attendance) 6. LQAS participation 7. Data Verification(recount) 8. Number of red & yellow feedback



## Lessons learnt

Through our experiences, several invaluable lessons have emerged. Firstly, we've successfully streamlined the prioritization and rapid response to all HIS and service delivery-related activities within the hospital, ensuring efficiency and effectiveness. Secondly, there's been a notable cultivation of ownership among stakeholders, fostering a collaborative environment conducive to progress. Thirdly, we've significantly improved data quality and the utilization of information, empowering decision-making processes. Moreover, our efforts have led to a tangible enhancement in program performance, reflecting our commitment to excellence. Lastly, we've actively promoted the adoption of quality improvement practices throughout the hospital, evidenced by the initiation of over 20 QI projects, with an impressive graduation rate of 40%. These lessons serve as pillars guiding our continuous improvement endeavors and signify our dedication to advancing healthcare standards within our institution.

# Hawela Woreda: The HIS Demonstration Site in Sidama Region

HIS interventions in Hawela Woreda of Sidama Region are supported by JSI's Data Use Partnership (DUP) and Hawassa University, in partnership with the Ministry of Health and Sidama Regional Health Bureau. These initiatives are financially supported by the Doris Duke Charitable Foundation (DDCF).



## Background

The Hawela Woreda is located in the Sidama region and comprises 12 kebeles. With a total population of 111,478 (50.4% female), the district is served by 4 HCs, 11 HPs, and 3 private clinics. Currently, the district has a total health workforce of 308 personnel.



## The Major Gaps Before Intervention

- MRU practices did not align with established standards.
- A noticeable shortfall of standardized HMIS tools, such as tracer cards, and the absence of a HIS reference manual were identified.
- There was a critical shortage of personnel skilled in HIS.
- The DHIS2 system was non-operational in most health centers within the woreda.
- The feedback mechanism was found to be weak and inconsistently applied.
- LQAS activities were not carried out with the necessary regularity.
- The culture of utilizing PMT logbooks was significantly lacking.
- PMT operations were minimally effective in health facilities and had not been implemented at case team levels.
- There was an absence of initiatives for the preparation of brochures aimed at improving data accessibility and utilization.



## Major Interventions Implemented

Conducted capacity-building training focused primarily on data quality assurance and the utilization of data. Provided regular and customized mentorship to enhance skills and knowledge. Instituted regular SS and HIS review meetings to monitor and evaluate progress. Offered support for the generation and publication of short communications to share insights and best practices. Enhanced support for data quality

assurance practices to ensure accuracy and reliability of health data. Undertook renovation of MRU facilities for Health Centers to improve the environment for data management and usage.



## The Major Changes

- Improved practice of MRU procedures in most of the HCs including Hawela HC



- Improved availability of recording tools and registers
- Regular facility level PMT meeting and improved practice of root cause analysis and the use of the standard PMT logbook



- Department level PMT is functional and happening on weekly basis
- Improved data analysis and use
- Prepared brochures and annual bulletins
- HMIS Unit office established separately at Hawela HC



# Jigjiga Town: A Demonstration Site for Health Information Systems (HIS)

HIS interventions in Jigjiga Woreda of Somali Region are facilitated by JSI's Data Use Partnership (DUP) and Haramaya University, in collaboration with the Ministry of Health and Somali Regional Health Bureau. These efforts have received financial backing from the Doris Duke Charitable Foundation (DDCF).



## Background

Jigjiga town is an urban administrative district located in the Somali Regional State. The town encompasses several key healthcare facilities, including Ayerdega Health Center, Jigjiga Primary Hospital, Karamara Hospital, and the Jigjiga Town Health Office, all of which receive regular support and assistance.



## The Major Gaps Before the Intervention

The MRU suffered from a lack of essential resources, resulting in a failure to adhere to standard procedures. Additionally, there was a shortage of standard HIS tools, and HMIS personnel lacked the necessary skills for implementing HIS activities effectively. Data quality assessment practices were inadequate, with inconsistencies found in registers and IMRs, along with issues of incompleteness and LQAS at the facility level, and RDQA at the office level. Furthermore, there was insufficient follow-up and tracking of report completeness and timeliness.

The facilities also lacked continuous and regular structural support from both the town and Health Center. The PMT experienced poor functionality, and logbooks were underutilized due to the absence of certain standard activities and irregular practices. Notably, there was no establishment of a department-level PMT. Lastly, there were ineffective practices in disseminating information, particularly in terms of evidence analysis and display. These gaps highlighted critical areas in need of improvement within the healthcare system.



## The Intervention Activities

- Provision of resources to support HIS activities, including computers, printers, hard disks, and logbooks.
- Conducting capacity-building training both onsite and at the eHealth training center, with a focus on ESV\_ICD 11, DHIS2, data analysis, and presentation.
- Providing onsite mentorship and coaching to enhance skills and knowledge.

- Supporting facilities in conducting data quality assurance regularly using tools developed by the team.
- Monitoring and learning through regular supportive supervision, quarterly review meetings, and data analysis workshops.
- Conducting implementation research, followed by targeted interventions aimed at improving data quality and utilization accordingly.
  - » <https://www.ejhd.org/index.php/ejhd/article/view/5562>
  - » <https://ejhd.org/index.php/ejhd/article/view/5375>



## The Major Changes:

- Enhancement of MRU functions to meet standard requirements.
- Increased availability of recording tools and registers for improved data management.
- Deployment of skilled personnel to ensure effective implementation of HIS activities.
- Enhanced practice of data quality assurance with proactive responses based on findings.
- Establishment of regular PMT meetings, with improved adherence to standard activities.
- Strengthened ownership of HIS by case teams and initiation of department-level PMT meetings on a monthly basis.
- Improved utilization of ICD 11 by service providers.
- Enhanced practices in data analysis, utilization, and dissemination.
- Improved data quality and utilization achieved through better integration between the quality improvement team and PMT, along with increased leadership engagement focusing on clinical data auditing.

# Amir Nur Woreda: Introducing the HIS Demo Site in the Harari Region

HIS interventions in Amir Nur Woreda of Harari Region are facilitated by JSI's Data Use Partnership (DUP) and Haramaya University, in collaboration with the Ministry of Health and Harari Regional Health Bureau. These efforts have received financial backing from the Doris Duke Charitable Foundation (DDCF).



## Background

Amir Nur Woreda is an urban woreda administration within the Harari Regional State. It comprises 3 kebeles and has a total population of 31,189. The woreda is served by one hospital, one health center, and two private clinics, with a total health workforce of 98.



## The Major Changes:



## Prior to Intervention Situation

- MRU procedures were not practiced as per the standard
- There was shortage of standardized HMIS tools such as tracer card and absence of HIS essential manual
- There was shortage of skilled personnel for the HIS program
- No LQAS at HC and RDQA at woreda health office level.
- Report completeness and , and logbook utilization culture is very poor.
- Poor PMT functions at facility level and no PMT at case team level
- No practice of brochures preparations for data accessibility and use

The major changes implemented include enhancing the procedures of the MRU at Amir Nur Health Center, ensuring increased availability of recording tools and registers, and improving the overall functionality of MRU operations.

Additionally, regular facility-level PMTs have been established, accompanied by an enhanced practice of root cause analysis. Weekly department-level PMT meetings are now functional. Service providers have been trained to enhance the utilization of ESV\_ICD11, resulting in improved coding and registration on patient cards. Data analysis and utilization have been improved, with increased leadership engagement focusing on clinical data auditing. There is now strengthened ownership of the Health Information System (HIS) by case teams and improved integration with quality improvement and PMT processes.

Furthermore, efforts have been made towards the development of brochures and annual bulletins. Notably, program performance metrics have shown significant improvement: the CAR rate has increased from 42% to 59%, and the ANC4 rate has increased from 29% to 57%.



## The Interventions

- Capacity building training
- HIS internal mentorship practices: there is regular internal mentorship for each case teams
- Regular SS
- HIS review meeting: the facility conducts quarterly review meetings with stakeholders
- Support to generate and publish short communications
- Support data quality assurance (LQAS, RDQA) practices

# Lideta Sub City: A Demonstration Site for HIS in Addis Ababa

HIS interventions in Lideta Sub City of Addis Ababa are facilitated by JSI's Data Use Partnership (DUP) and Addis Ababa University, in collaboration with the Ministry of Health and Addis Ababa City Administration Health Bureau. These efforts have received financial backing from the Doris Duke Charitable Foundation (DDCF).

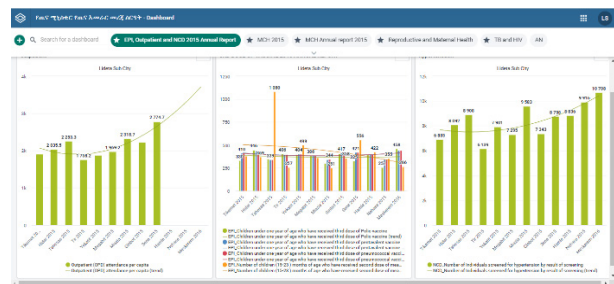
## Background

The Sub City has a population of 362,822, with females comprising 52% of this total. It is organized into 10 woredas and further divided into 342 blocks. The healthcare infrastructure includes 8 public health centers and 81 private health facilities, supported by a dedicated health workforce of 1,321 professionals.

- A significant enhancement in the IR pathway has been observed across all health institutions.
- Significant improvement in IR pathway recorded across the health institutions
- Brochure preparation and information dissemination culture has improved
- DHIS2 dashboard utilization has routinized
- An improvement in program coverage across the board has been observed

## The Pre-intervention Situation

- Absence of essential HIS Manuals
- Limited functionality of HealthNet
- Data incompleteness and inconsistency
- No adequate shelf and space at MRU
- Poor patient card culling process
- Limited knowledge on data quality assurance and information use practice
- Non-functioning PMT



- Service uptake improved

## The Interventions

- Capacity building via tailored training, mentorship, coaching and supportive supervision
- Evidence through implementation and HIS related researches
- Support the generation and publication of lessons and brief communication materials
- Result driven review meetings
- Data quality assurance (LQAS, RDQA)
- Clinical data quality audit

Table: Trends of some KPI performances

KPI Indicators	2014	2015	2016
Family Planning Coverage	34%	52%	72%
Skill Birth attendance	39%	44%	48%
Full Vaccination Coverage	75%	77%	81%
TB medication completion rate (95%* from all TB RX follow up clients)	96%	94%	98%
Coverage of health facilities that achieved 90% to 110% VF result in all parameters in the data quality assurance survey (RDQA)	63%	75.0%	87%
Percentage of improvements (80% and above) based on monthly data quality and performance assessment (PMT)	20%	64%	82%

## Scenarios Following the Interventions

- Every facility now have MRU, supported by the SMART CARE.
- Among the health centers, one has fully implemented EMR, three are in the process of implementing, and two have finished preparations to initiate full EMR.
- LQAS and RDQA tools are conducted regularly
- LQAS and RDQA are now a regular practice.
- PMTs are operational and effective.

## Lesson learnt

Collaborating with stakeholders is essential for enhancing HIS. When properly coached and supported, the PMTs serve as an effective platform for enhancing data quality and utilizing data for local decision-making. By addressing the factors that affect data quality and the use of information, the quality of service utilization can be significantly improved. Local evidence tends to be more readily accepted and implemented, indicating that behavioral changes can lead to improvements in HIS performance.