



BULE HORA UNIVERSITY MIDWIFERY

DEPARTMENT

Description of the course

Course Title: **Health Policy Management**

Course Code: **SPHM-3132**

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SECOND Year BSc MIDWIFERY Students

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HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

outline

1. Introduction to HMIS
2. Data sources of HMIS
3. Current practice of HMIS in Ethiopia
4. Implementation challenges of HMIS in Ethiopia

INTRODUCTION

Health systems: all resources, organizations & actors that are involved in the regulation, financing, & provision of actions whose primary intent is to protect, promote or improve health” (WHO, 2000).

Health Information System (HIS):Health information systems refer to any system that captures, stores, manages or transmits information related to the health of individuals or the activities of organizations that work within the health sector.

INTRODUCTION ...CONT'D

- This definition incorporates things such as district level routine information systems, disease surveillance systems, and also includes laboratory information systems, hospital patient administration systems (PAS) and human resource management information systems (HRMIS).
- **The ultimate objective of health information system is not “to gain information” but “to improve action”**

INTRODUCTION ...CONT'D

HEALTH MANAGEMENT INFORMATION SYSTEM

- It is an integrated reporting system used by the Ministry of Health, Development Partners and Stakeholders to collect relevant and functional information on a routine basis to monitor the Health Sector Strategic Plan (HSSP) indicators to enable planning, decision making and monitoring and evaluation of the health care delivery system.

Introduction ...cont'd

Goals of HMIS

The major goal of HMIS is to improve utilization to provide quality information to support decision-making at all Levels of the health care system.

Introduction ..cont'd

Objectives

The HMIS primary objective is to provide

- ❖ reliable, relevant, up-to-date, adequate, timely, and reasonably complete information on health needs, delivery of services, availability and use of resources, and effectiveness of services for health managers at the facility and national levels

Introduction...cont'd

Benefits of HMIS

- Information from the HMIS can be used in the following ways:
 - Planning
 - Decision making
 - Epidemic prediction
 - Epidemic detection
 - Designing Diseases specific Interventions
 - Monitoring Work plan performance
 - Resource allocation

HMIS IN ETHIOPIA

- Government of Ethiopia gives due recognition to HMIS as a management support system for improving the health system in Ethiopia by providing continuous Information support to decision making process at each decision-making level –Federal Ministry of Health (FMOH), Regional Health Bureau (RHB), Zonal Health Department (ZHD), Woreda Health Office (WorHO) and health facility.

INDICATORS

- Health indicators are summary measures that are designed to describe particular aspects of health or health system performance with the aim of guiding the health sector policy and strategy.
- HMIS indicators are indicators that can be calculated by using data delivered through routine HMIS.

INDICATORS ...CONT'D

- The selection of indicators for the Health Management Information System (HMIS) indicators has been guided by national monitoring requirements of the HSDP IV, international agreements such as the MDGs, UNGASS, WHO, Global Fund, and local needs.
- During 2006-2007, the FMOH had reformed the HMIS based on business process reengineering (BPR).
- A total of 108 indicators were defined and developed to monitor the performance of the health sector in the context of HSDP III and these have been used in the country since 2008.

HMIS Reform in Ethiopia

- “One plan, one budget and one report” policy.
- HMIS / M&E as the backbone of health system in Ethiopia.
- HMIS as the core information system for health system monitoring.
- The redesigned HMIS emphasizes on:
 - improved HMIS information use
 - improve data quality
 - decrease data burden
 - improved ICT support

HMIS Reform in Ethiopia...cont'd

- Accordingly, a total of 122 HMIS indicators are included in this revision and are divided into the following eight major categories based on the HSDP IV strategic objectives.

These are

- C1: Improve Access to Health Services (97 indicators)
 - . C.1.1. Maternal and Child Health (35 indicators)

HMIS Reform in Ethiopia...cont'd

.C.1.1.1. Maternal Health (13 indicators)

.C.1.1.2. PMTCT (7 indicators)

.C.1.1.3. Child Health including Expanded
Program on Immunization (15 indicators)

- C1.2. Nutrition (6 indicators)
- C1.3 Hygiene and Environmental (3indicators)
- C1.4. Prevention and Control of Diseases (53indicators)

Revised HMIS indicators ...cont'd

- C1.4.1 All diseases (3 indicators)

C1.4.2 Communicable diseases (45 indicators)

C1.4.2.1 HIV/AIDS (14 indicators)

C1.4.2.2 Tuberculosis (16 indicators)

C1.4.2.3 Leprosy (3 indicators)

C1.4.2.4 TB/HIV (5 indicators)

C1.4.2.5 Malaria (5 indicators)

C1.2.4.6 Neglected tropical diseases (2 indicators)

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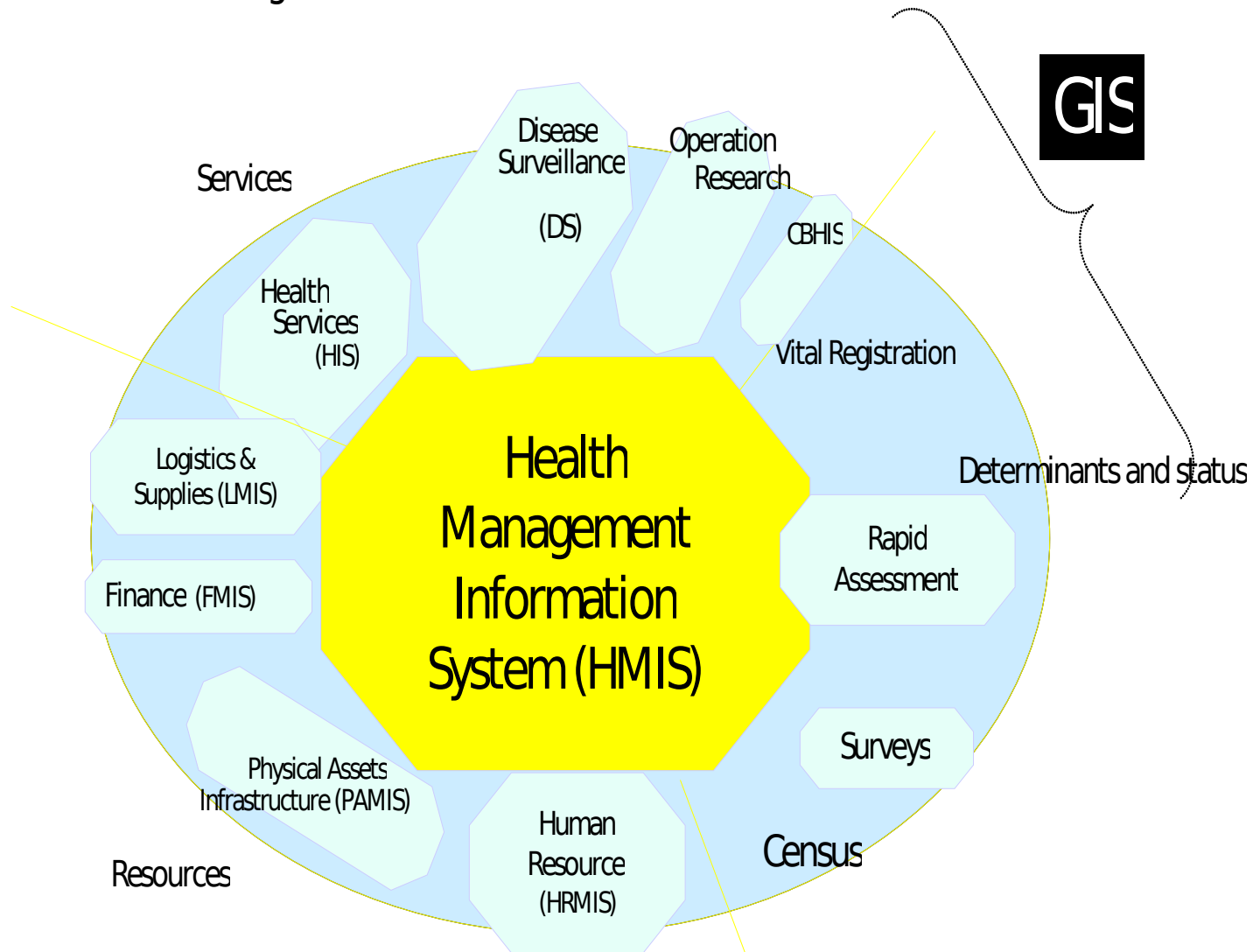
revised HMIS Indicators ...cont'd

- C1.4.3. Non Communicable diseases (5 indicators)
- C2. Community Ownership (2 indicators)
- F1. Resource Mobilization and Utilization (4 indicators)
- P1. Quality of health Services (6 indicators)
- P3. Pharmaceutical Supply and Services (1 indicators)
- P5. Evidence Based Decision Making (4 indicators)
- CB1. Health Infrastructure (4 indicators)
- CB2. Human Capital and leaders (4 indicators)

The data sources of HMIS

- The HMIS will obtain information from several direct sources as well as other systems within and outside the health sector (see figure below)

Figure 5: HMIS Data Sources



**Source: World Health Organization,
2005**

Strength and weakness of selected data sources

1. Facility-based routine information systems

➤ Strength

- ✓ Continuously collected – suitable for frequent reporting
- ✓ Existing system – no new data collection;
builds local capacity;
sustainability
- ✓ Typically available at lowest administrative
levels (e.g. district, facility)

12/18/2025 ✓ Integral part of health system – direct

Strength and weakness of selected data sources... cont'd

➤ Weakness

- ✓ Variation in quality and completeness of reporting
- ✓ Timeliness of reporting
- ✓ Difficulty of providing coverage estimates
- ✓ Indicators may not be exactly what you
want in a particular context
- ✓ May only cover government facilities
- ✓ Double-counting

Strength and weakness of selected data sources...cont'd

2. Facility surveys

➤ Strength

- ✓ Can cover both public and private health facilities
- ✓ More detailed information than is typically available in routine systems
- ✓ Can be tailored to specific program needs
- ✓ Timing can coincide with program implementation
- ✓ Can be combined with population/Household survey data for outcome monitoring and impact evaluation
- ✓ Quality control may be easier than in routine systems

Strength and weakness of selected data sources...cont'd

➤ Weakness

- ✓ Survey sampling design and analysis may be complex
- ✓ Expensive, time-consuming
- ✓ Stand-alone – sustainability concerns; less connected to ongoing program decision-making
- ✓ Information rapidly outdated, unless repeated – not available regularly
- ✓ Small client sample sizes for some services (e.g. FP, STIs)

Strength and weakness of selected data sources...cont'd

3. population-based surveys

➤ Strength

- ✓ Representative of the general population – no selection bias
- ✓ Wide range of outcome level indicators can be collected
- ✓ Program coverage
- ✓ Well-tested instruments; quality control

Strength and weakness of selected data sources...cont'd

➤ **Weakness**

- ✓ Coverage; national versus sub-national –
not suitable for district-level estimates
- ✓ Frequency; typically only conducted every 3-5 years
- ✓ Cannot detect small changes or changes over short periods of time without large sample sizes (expensive)
- ✓ Not suitable for some types of information (e.g. retrospective attitudes – recall bias)

Sources of HMIS

- Sample survey(national sample survey organization)
- Population survey
- Statistics regarding epidemiological diseases and researches in this field.
- School record
- Economic planning
- Plans of social security

Sub components of HMIS

- Epidemiological surveillance
- Routine service reporting
- Specific program reporting
- Administrative systems
- Vital registration

Components of HMIS activities

- **Data collection:** Recording of health data using registers, tallies, individual and family folders etc. for routine and non-routine activities.
- **Data processing:** is a process of cleaning, entering and aggregation of data.
- **Data analysis and presentation:** is a process of interpretation and comparison of generated information in the form of text, tables and graphs.

Challenges for HMIS

- Low levels of public will, about vital registration system.
- Inadequate government's capacity and less political decision
- Fragmentation of health information
- Establishing a unified information system with in country (how about in Ethiopia?).

Benefits of HMIS

- Helping decision makers to detect and control epidemics, endemics & emerging health problems.
- Help in monitoring progress towards health goals and promote equity.
- Empowering individuals and communities with timely and understandable health related information.
- Improving quality of services.

Benefits of HMIS

- Strengthening the evidence base for effective health policies.
- Permitting evaluation of scale up efforts and enabling innovation through research.
- Mobilizing new resources and ensuring accountability in the way they are used.
- Improving governance..

THANKS!