

Strengthening National HMIS to Streamline Data Use



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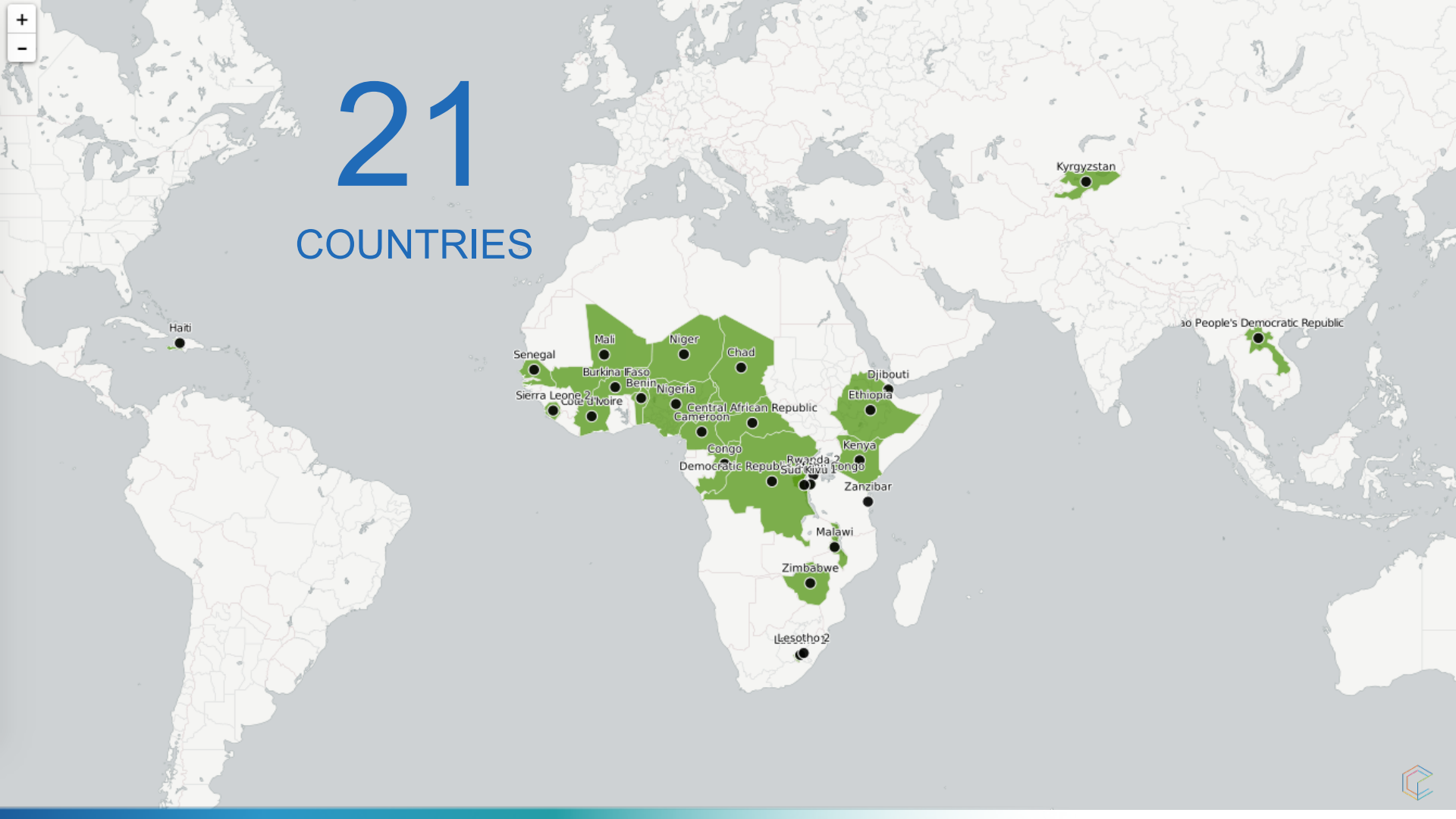
Our technologies promote smarter allocation of global health resources in emerging economies

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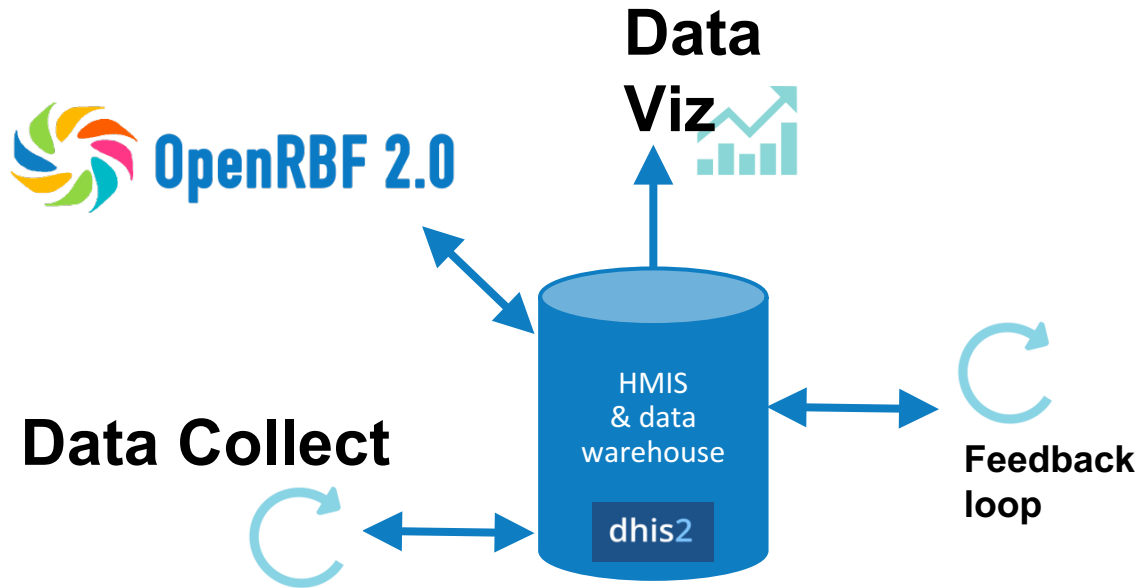
so they get to where it matters most.

21

COUNTRIES



Software Products and Services | Building on Existing Systems



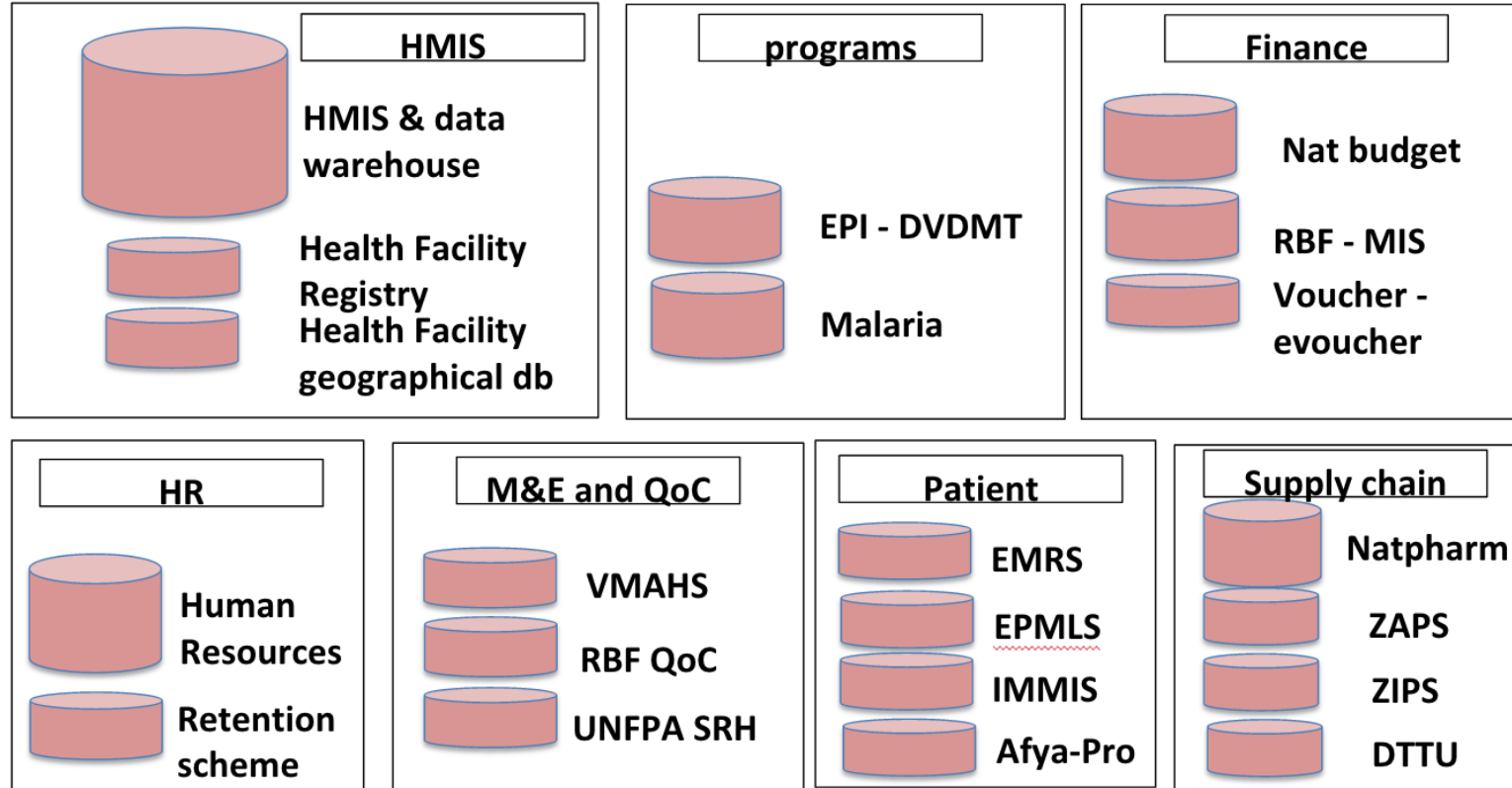
WHAT'S THE PROBLEM?



Problem | Siloed Data Systems



Problem | Data System Fragmentation; ex. Zimbabwe



Problem | Burdensome Data Collection

Ordoff clinic, Kadoma. Zimbabwe

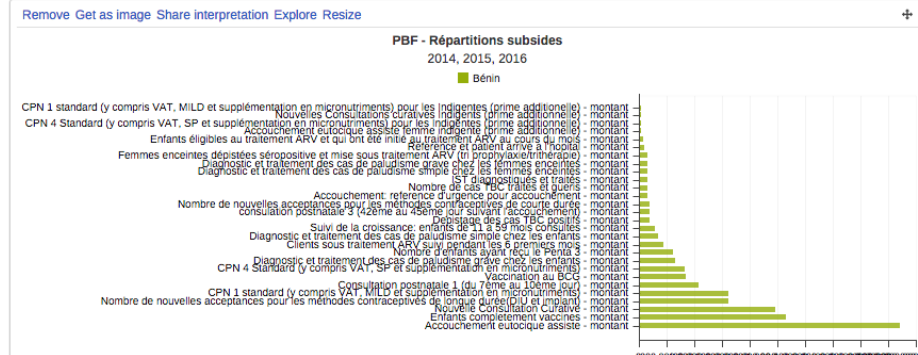
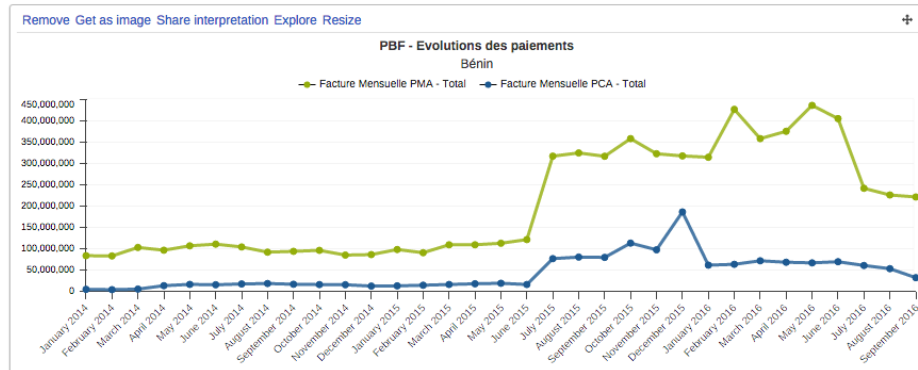
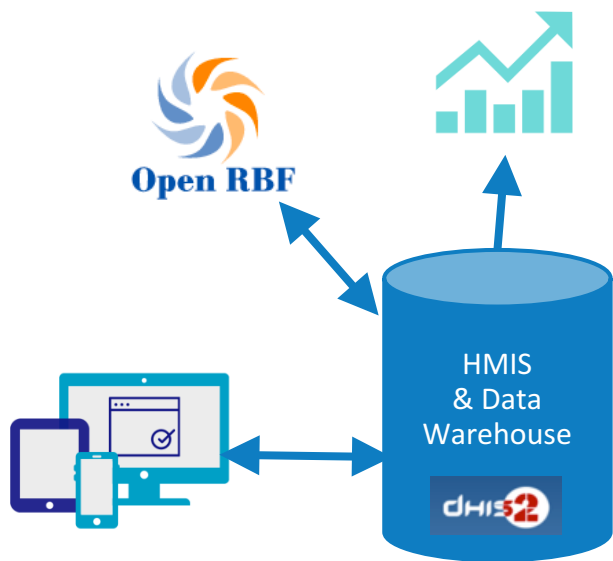


Missed Opportunity

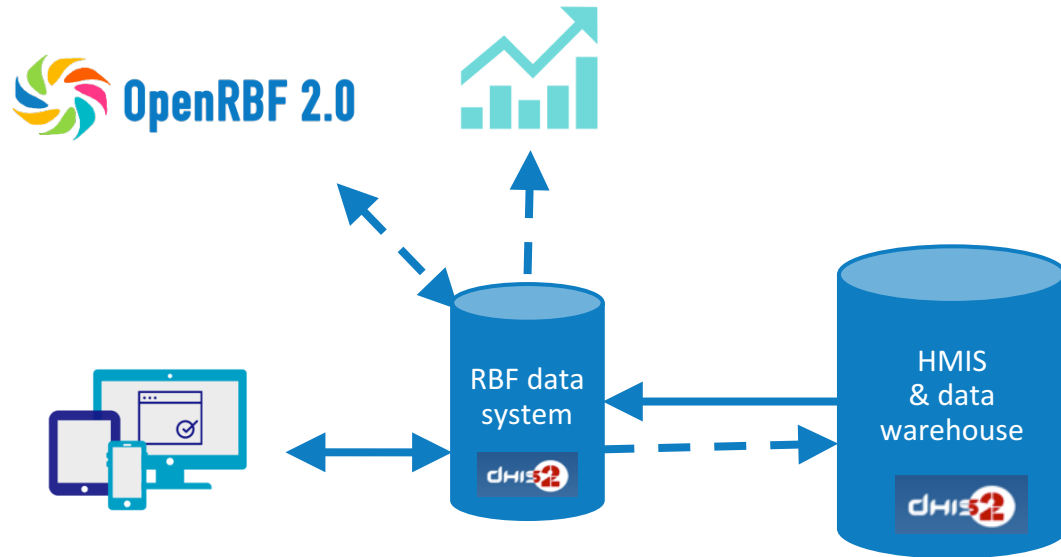
How can the abundance of data be used to improve processes and increase impact?



Build on National Data Systems | Example: Benin



Interoperability with National Systems | Example: DRC



Data Collection | Example: structural quality checklist

15	HIV/TB [max 10 points]	YES	NO
15,1	Well-equipped HIV counselling room ensuring privacy:		
15.1.1	Plastered and painted wall of solid material		
15.1.2	Smooth cement floor	1	
15.1.3	Ceiling in good condition		
15.1.4	Windows with glass and curtains		
15.1.5	Doors that close		
15,2	Availability of IEC/BCC material related to HIV		
15.2.1	Penis model on the table	1	
15.2.2	A box of condoms on the table which has at the least 50 condoms		
15,3	Existence of a VCT/PMTCT counselling register and lab register acc norms	1	
15,4	Staff trained in counselling		
15.4.1	At the least one staff trained as a counselor	1	
15.4.2	All counselling done by a trained counselor		
15,5	Referral system and follow up for HIV clients		
15.5.1	Individual client cards available; planning for CD4 cell counts	1	
15,6	Referral system and follow up for TB patients		
15.6.1	Each AAFB PTB patient has a person attached to him/her who supervises DOTS: proof of in register; mobile phone number of such a supervisor is registered	2	
15.6.2	[Define further composite criteria]		
15,7	Laboratory equipment for testing for PTB		
15.7.1	[Define reagents for AAFB testing; stock control cards for reagents; slides etc]		
15.7.2	[Define measures for quality assurance testing of slides]		
15,8	Availability of anti-tuberculosis drugs		
15.8.1	Rifampicine-isoniazide-pyrazinamide : cp120+50+300mg	1	0
15.8.2	Streptomycin 1 gr		
15.8.3	Etambutol tabs 400 mg		
Total Points (10)		../10	xxxx

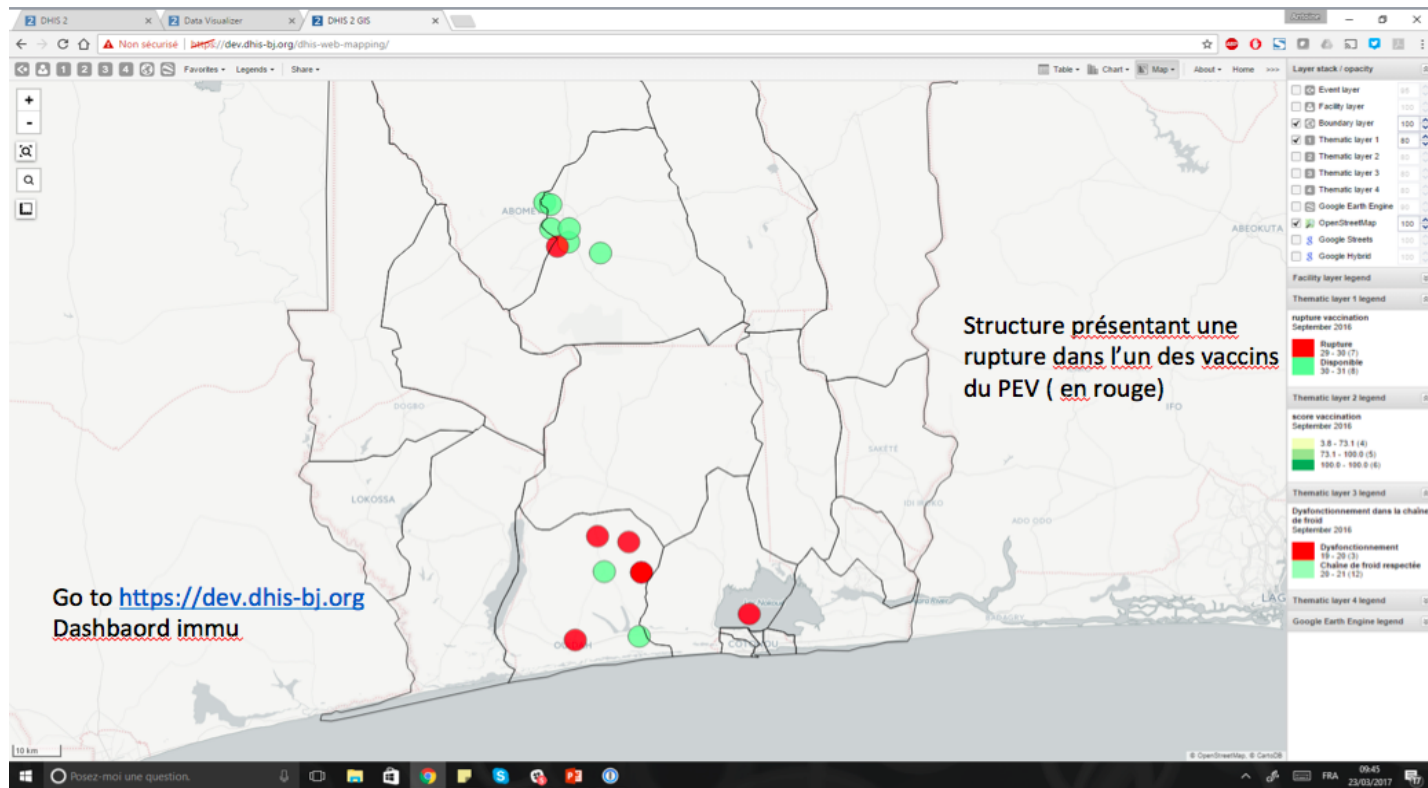
Infrastructure,
electricity, water

Human resources

Medical equipment



Data Collection | Cross-cutting data utilization, ex. Benin

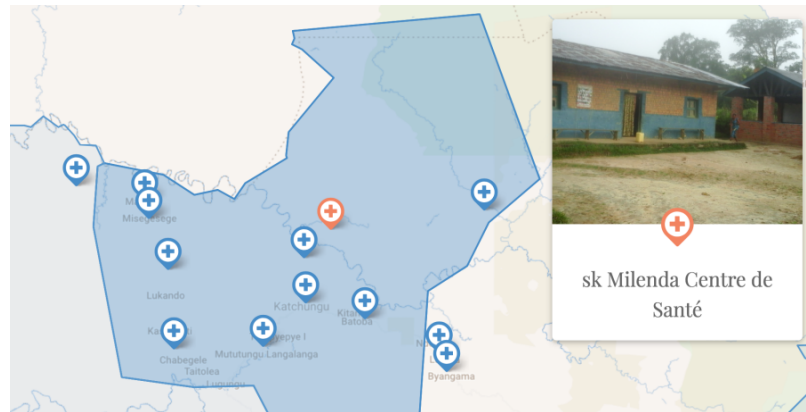


Streamlining Data Collection | Leveraging Existing Processes

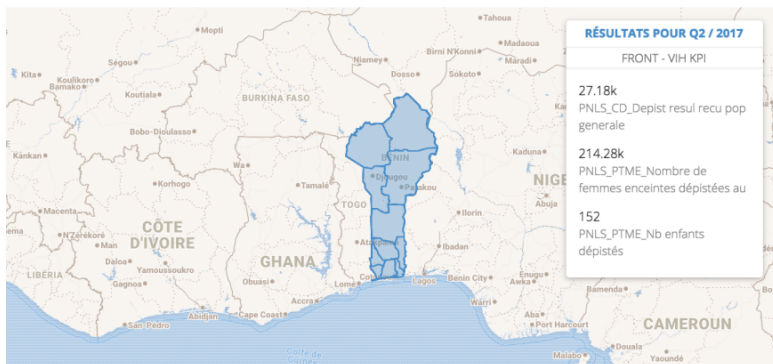
Using patient surveys for routine capture of SES data



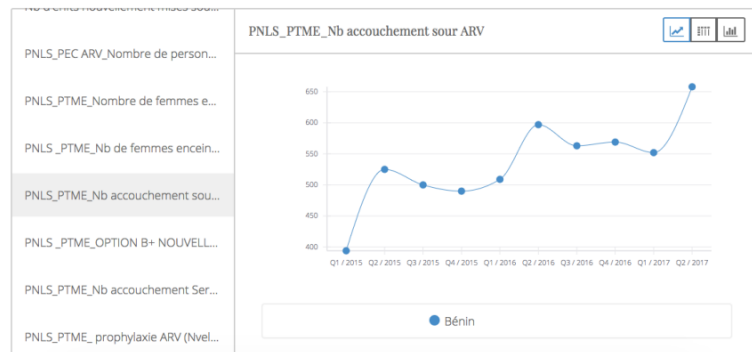
Capturing health facility attributes at scale



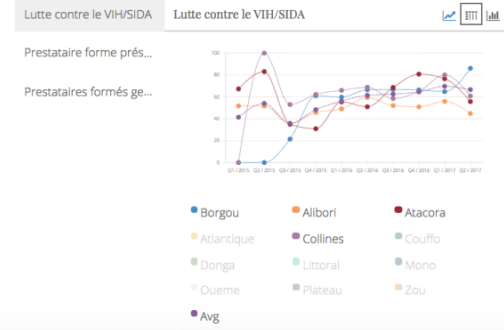
Opening Data | Getting the full picture, ex. HIV/ AIDS



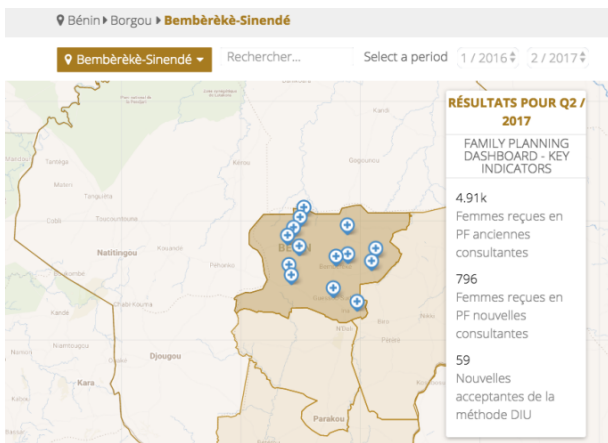
Quantité



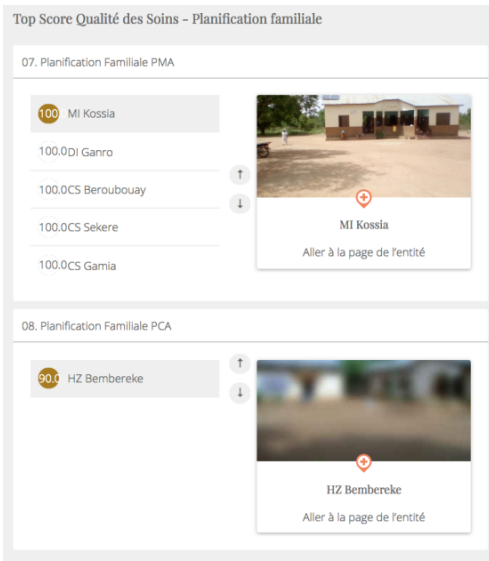
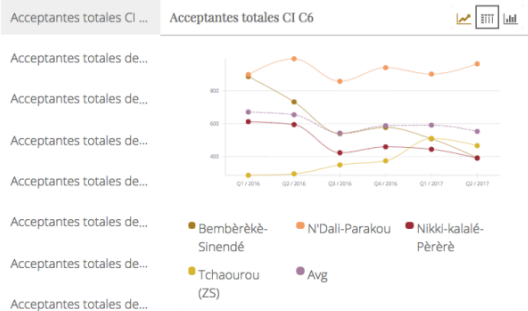
Qualité des services



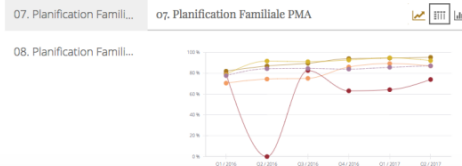
Opening Data | Getting the full picture, ex. Family Planning



Mesure de quantité - Planification familiale

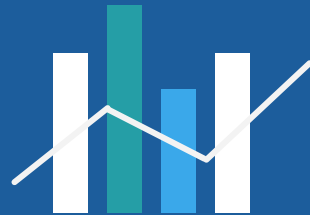


Qualité des Soins - Planification familiale



All the best available data in one place

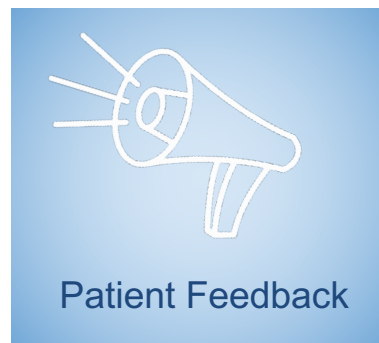
Combine public and private sector health system data, survey data, big data sources and geospatial intelligence in a country-level web dashboard



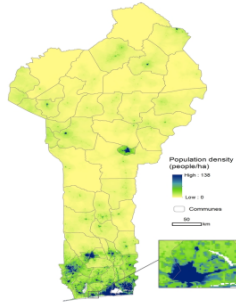
How I Enrich with multiple health facility data sources



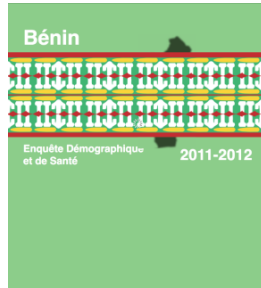
FP dashboard



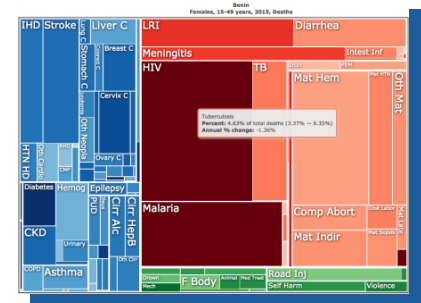
How I Enrich with demographic data and big data sources



World Pop



Demographic and Health Survey

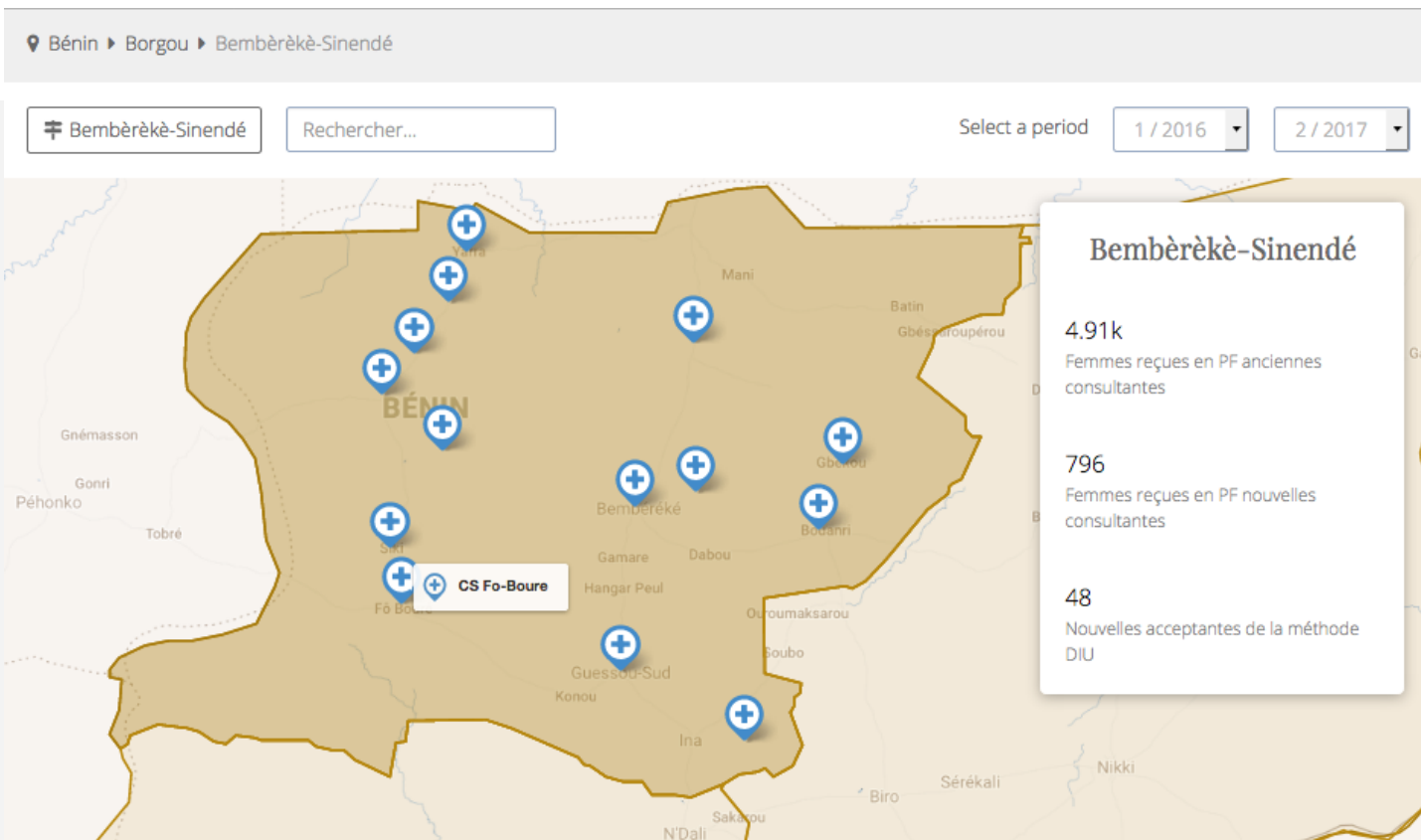


Burden of Disease



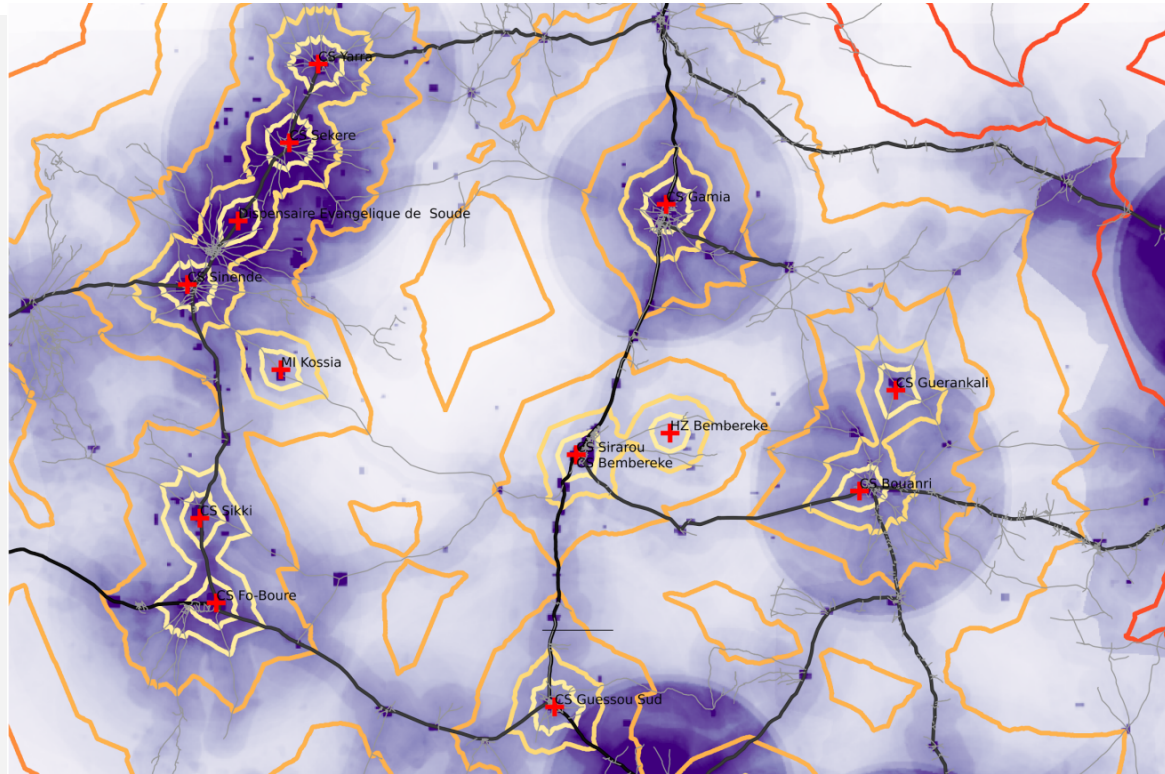
Open Street Map

From



To

Time distance of women of child bearing age (WOCBA) to health centers



In Conclusion | To use data better

1. **Integrate data systems** to centralize available data
2. **Integrate data collection** with HMIS for use of granular data
3. **Leverage existing data collection processes** to fill in data gaps
4. **Open data** to enable cross-cutting use of data
5. **Combining data sources** to improve analysis by using **all of the best available data**



THANK YOU.

