

Providing Data for Health Care Planning

PATHS2 Trains Ikara LGA Health Facility Workers

Ikara Local Government Area (LGA) is one that PATHS2 support in Health Management Information Systems (HMIS) does not cover, commonly called a non-focal LGA. Not waiting for support from either PATHS2 or any other development fund, the LGA conducted the much needed orientation of health facility staff on the recently harmonized National Health Management Information Systems (NHMIS) data gathering tools/forms. They have also made plans to provide additional copies of the tools ready for when the current stock provided by the State Ministry of Health (SMoH) expires. The LGA invited PATHS2 to facilitate the training of the heads of 46 of its health facilities on the harmonised NHMIS tool in September 2011. PATHS2 also supported the LGA training with copies of the instructional manual on the revised harmonised NHMIS tools.

Data gathering, data quality and timeliness of data reporting have often been affected by the availability of data gathering tools, too many different tools for data gathering for the many development partners, too many reporting lines and the challenge experienced by some health facility staff to understand what information is required in the tools have been major sources of concern to health data information users and policy makers in the country. In some health facilities, some client data are collected using notebooks. Some other facilities do not collect at all because the tools are not available since the LGAs do not provide them, at times for lack of funds, or inadequate planning.

Major gaps in health information hamper monitoring of progress towards the MDGs and other goals. In most developing countries, sound information is lacking to monitor trends in mortality, causes of death, morbidity, coverage of



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interventions, risk factors, health systems, and equity. International partners tend to be focused on indicator development and reporting requirements but need to step up their efforts to strengthen country systems including data generation to address major information gaps. Enhancing investments in country data sources and the systematic strengthening of information systems through global health partnerships and special disease initiatives as part of ongoing funding and through new efforts is required. A commonly used figure, by, for instance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, is that 5% to 10% of program funds should be invested in data collection, monitoring, evaluation, and operational research.

PATHS2 in 2008 set out to strengthen HMIS working with the Federal Ministry of Health (FMOH) and began by conducting a number of assessments of the NHMIS in its focal states and at the national level. These assessments revealed a number of weaknesses that have been corroborated in other studies and assessments. The major weaknesses at the various levels included a multiplicity of tools and processes for data collection; inadequate

capacity at the various levels to carry out their responsibilities in the system; inadequate data collection; low quality of the data collected; and inadequate and infrequent analysis and use of health information for decision making.

HMIS tools were not adequate to meet the data needs of different health managers, and this resulted in the multiplicity of tools that are used by different stakeholders. To improve the quality of data collection and transmission in the country, PATHS2 supported the FMOH to develop a new set of HMIS tools (NHMIS) that harmonized, and meet the requirements of various stakeholders. Subsequently, PATHS2 has also facilitated and provided funds for the training of health workers in the use of these tools, ensured the availability of the tools at all health facilities in adequate numbers by providing a seed stock for six months, and set up a process to improve planning and budgeting to ensure that the necessary funds and mechanisms are in place to ensure future availability whenever needed.

Lawal Ibrahim, the Monitoring & Evaluation Officer of Ikara LGA heard about PATHS2 when he was invited to attend the training that PATHS2 conducted on the harmonized NHMIS tool...



Lawal Ibrahim
Monitoring & Evaluation Officer of Ikara LGA

“PATHS2 conducted a training of 23 M&E officers from the LGA on the harmonized NHMIS forms. During the training, PATHS2 encouraged participants from non-focal LGAs to plan to step-down the training to other staff on our return. Upon my return, I spoke with my Director, the Director of Primary

Health Care, and he in-turn, spoke with the chairman of the LGA about the need for the training, so that staff will understand how to fill out the harmonized NHMIS forms, and the LGA can start using the forms. He agreed, and the training held in September. PATHS2 was very helpful. They helped facilitate the two-day training of 62 facility heads, 40 from public hospitals and 22 from private clinics, and also provided their training manuals, though Ikara is not one of their focal LGAs. Since then, there has been about 80% improvement on data reporting from all the facilities. The private clinics now report. It was challenging to get them to report data before. We received a seed stock of NHMIS forms from the SMOH, which PATHS2 supported them print. We have enough forms for at least two months. The local government is already making plans to print more forms, sufficient for one year and I am sure these will be ready before the current stock runs out. Our greatest challenge in data generation has been unavailability of tools.”

Seed stock of over 15,674 copies of revised and harmonised NHMIS tools have been provided to the Kaduna SMOH, by PATHS2, which was distributed across the 23 LGAs to support data collation. Different cadres of health care workers across the state and LGAs were trained on the use of these forms.

PATHS2 subsequently supported the roll-out of this training to facility staff in focal LGAs. A data quality assurance (DQA) system, which includes assessments of these facilities to ensure that the tools are been used appropriately were put in place.

The DQA system also includes feedback to the LGAs about findings from the assessments.



Yusuf Yahaya
Head of Department, Health

“PATHS2 invited us to a training, in which I participated. I have been the HOD Health in Ikara for about a year now. After series of trainings by PATHS2, they conducted the data quality assessments in the (DQA), which gingered us to conduct the training, because we were below the national standard. No matter how much the LGA is spending on health, without this data with quality assurance, we are doing nothing. There has been a lot of improvement since the training, by about 50%. Our Monitoring and Evaluation officers and local government team go and assess, so that we can compare and contrast between the previous time and now.”

The reports are also being sent in timely. Data from all facilities within the LGA are now at par, without discrepancy, because understanding of what is required is the same. This has happened because of the training. To sustain the momentum, the LGA Chairman has already approved N450,000 Naira to print more tools because what we

received from the state government is not enough, and in some facilities, will not last for more than two/three months. Through the process of the training on NHMIS, PATHS2 provided technical advice. They also provided the training instructional manuals that were used.

Consulted Literature

1. Citation: Chan M, Kazatchkine M, Lob-Levyt J, Obaid T, Schweizer J, et al. (2010) Meeting the Demand for Results and Accountability: A Call for Action on Health Data from Eight Global Health Agencies. PLoS Med 7(1): e1000223. doi:10.1371/journal.pmed.1000223 | 2. PATHS2 Mid-Term Review Report 2011

ABOUT PATHS2

The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKaid, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders, to improve the planning, financing and delivery of sustainable health services for those most in need.

Apart from working at the Federal level, PATHS2 is working in the five States of Enugu, Jigawa, Kano, Kaduna and Lagos.

PATHS2 follows the successful PATHS1, which was implemented from 2002 to 2008.

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