

A community health worker enters patient notes in the register at Aroyo Primary Health Care centre, Aweil Centre

PROJECT BRIEF

HMIS in Northern Bahr el Ghazal

The aim of this project is to support the implementation of a functional health management information system in Northern Bahr el Ghazal state, South Sudan

Project Outline

Improving health management information systems (HMIS) is now one of the key priority areas for the Ministry of Health (MoH) in South Sudan. In 2008, the MoH embarked on harmonising the reporting of health information under a 'one-system' approach. Since the inception of an HMIS in 2010, significant progress has been made in various states with the roll out of paper-based tools and an electronic district health information system (DHIS). With a reporting system in place, the focus is placed on completing roll out of DHIS for all County Health Departments (CHDs), improving quality of reporting and use of information for action at all levels of the health system.

The roll out of HMIS in South Sudan has occurred at different rates across the states. The implementation of a comprehensive package for a routine HMIS in the Northern Bahr el Ghazal (NBeG) state, where Malaria Consortium is running a programme, has been slow. NBeG has the lowest roll out rate of HMIS from amongst the 10 states in

South Sudan. This has been partly due to lack of resources and a coordinated approach to implement the full package of a routine HMIS. By the end of 2012, little information was being received by the central MoH from the state level. The Monitoring and Research Division of the MoH at central level was aware of the needs for technical assistance on HMIS in NBeG, and requested NGO partners to provide support.

Developing the South Sudan HMIS is part of Malaria Consortium's country strategy as we recognise that an information and evidence base is essential for building stronger health systems. We also see the development of an HMIS in areas where we are implementing integrated community case management as crucial to ensuring that community health statistics are contributing to building an overall surveillance picture of health needs and gaps.

Malaria Consortium played a key role in the initial development and implementation of HMIS in South Sudan.

Country

South Sudan

Donor

Department for International Development / UKaid

Length of project

September 2012 - June 2013

Partners

Republic of South Sudan - Ministry of Health and State Ministry of Health

County Health Departments, Northern Bahr el Ghazal State

In 2011, in collaboration with the MoH, we developed the reporting tools and piloted training materials to facilitate the roll out of the first training modules. Based on this experience, Malaria Consortium took up the role of a 'lead agency' for NBeG state, addressing the need for a coordinated approach for the implementation of a functional HMIS. In NBeG state, the HMIS project targets all the five counties and focuses on providing the State MoH and County Health Departments with:

1. Technical assistance for M&E
2. Building the capacity of MoH staff (state MoH and CHDs) on HMIS
3. Support of routine supervision activities for HMIS in all the five state counties
4. Increasing coordination with NGO partners supporting health facilities at a county level to improve the quality of reporting.

The overall project will enable better accountability and use of information for planning, monitoring and implementation of health interventions, thus contributing to the strengthening of the health system.

Project Aims & Achievements

Objectives

- » Strengthening the capacity of relevant state MoH and CHDs to collect, analyse and exchange health information
- » Facilitating the use of health information for action through analysis of data to support planning, monitoring, and implementation of healthcare information
- » Piloting innovative approaches for integration of community-based nutrition and health information into the routine HMIS.

Procurement and Distribution

- » Procurement of essential reporting tools
- » Printed registers and reporting forms to last one year for all health facilities in NBeG
- » Procured essential resources required for electronic reporting (laptops, modems, printers) for each of the five county health departments.

Capacity building

- » In 2012, training of trainers' courses conducted on registers and reports for 10 State MoH staff and six NGO staff

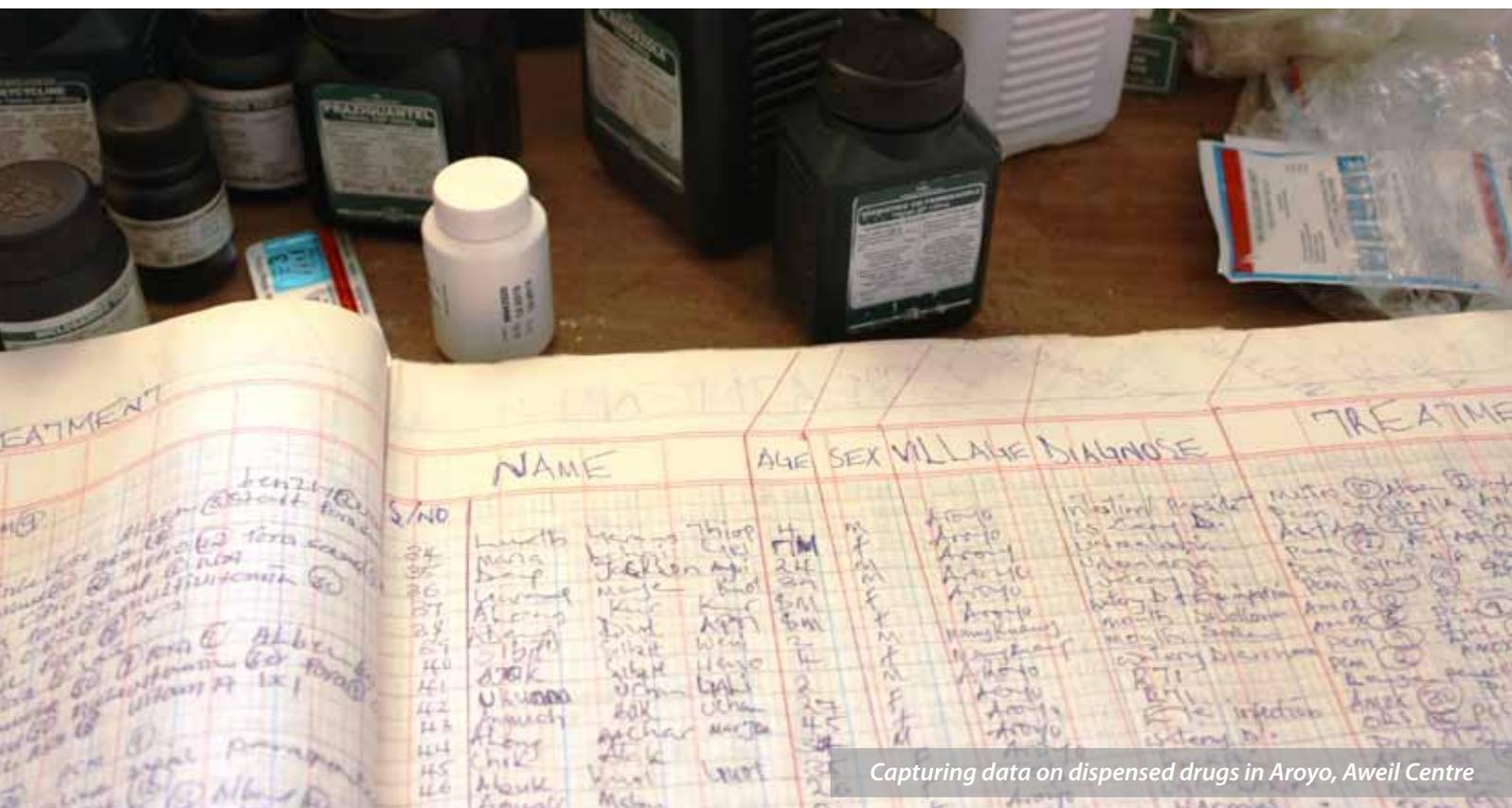
- » Trained 140 health facility staff on the use of reports and registers
- » Conducted basic computer-use training course for two staff in each of the five CHDs
- » Conducting retrospective data entry for Health facility monthly HMIS reports for 2012 to ensure NBeG is up to the level of reporting as other states
- » Conducted a foundation DHIS training course for two staff in each of the five CHDs.

Coordination

- » Improved state level coordination to improve HMIS and worked with partners to ensure that all health facility staff are trained on the use of reports and registers.

This project supports efforts to deliver:

- ✓ Malaria control
- ✓ Control of childhood illnesses
- ✓ Health systems strengthening
- ✓ Capacity building / human resource development
- ✓ Monitoring & evaluation



Capturing data on dispensed drugs in Aroyo, Aweil Centre

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