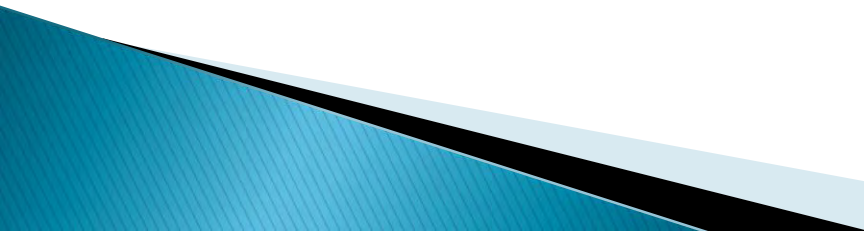


Service Availability Mapping NHMIS unit, FMOH experience

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Federal Ministry of Health

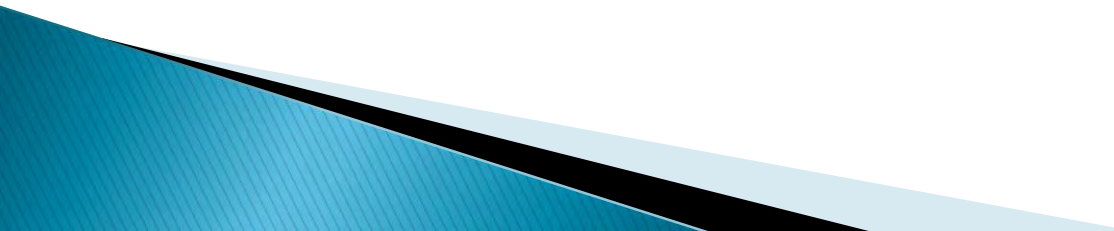
Introduction 1

- ▶ DPRS has the responsibility for ensuring the availability of information for Planning and other forms of decision making in the FMOH
 - ▶ A major portion of this work is coordinated by the NHMIS unit
 - ▶ One of the methods of generating such information is the use of Service Availability Mapping including GIS
 - ▶ This is a synopsis of work undertaken in the NHMIS unit
- 

Introduction 2

- ▶ The major function of the NHMIS is the roll out and maintenance of the NHMIS which includes routine general statistics from all health facilities in the country
 - Private
 - Public
- ▶ Due to this, NHMIS has developed a list of all health facilities in the country
 - The last was developed in 2000

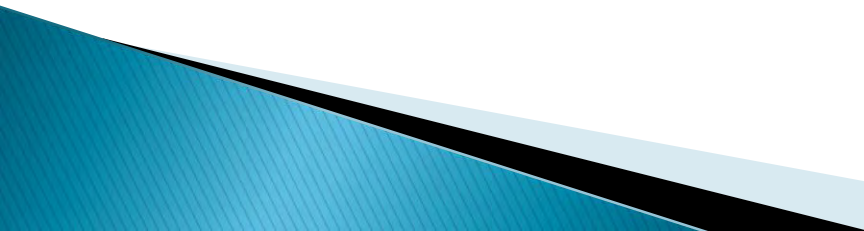
Introduction 3

- ▶ Mapping of services can be provided if states are:
 - Report using the NHMIS tool
 - using the ICT software to collate data on their SDPS
 - ▶ Unfortunately most reporting is still done manually and as such national level data is not available
 - ▶ At federal level only aggregated data exists
- 

Service Availability Mapping by NHMIS unit

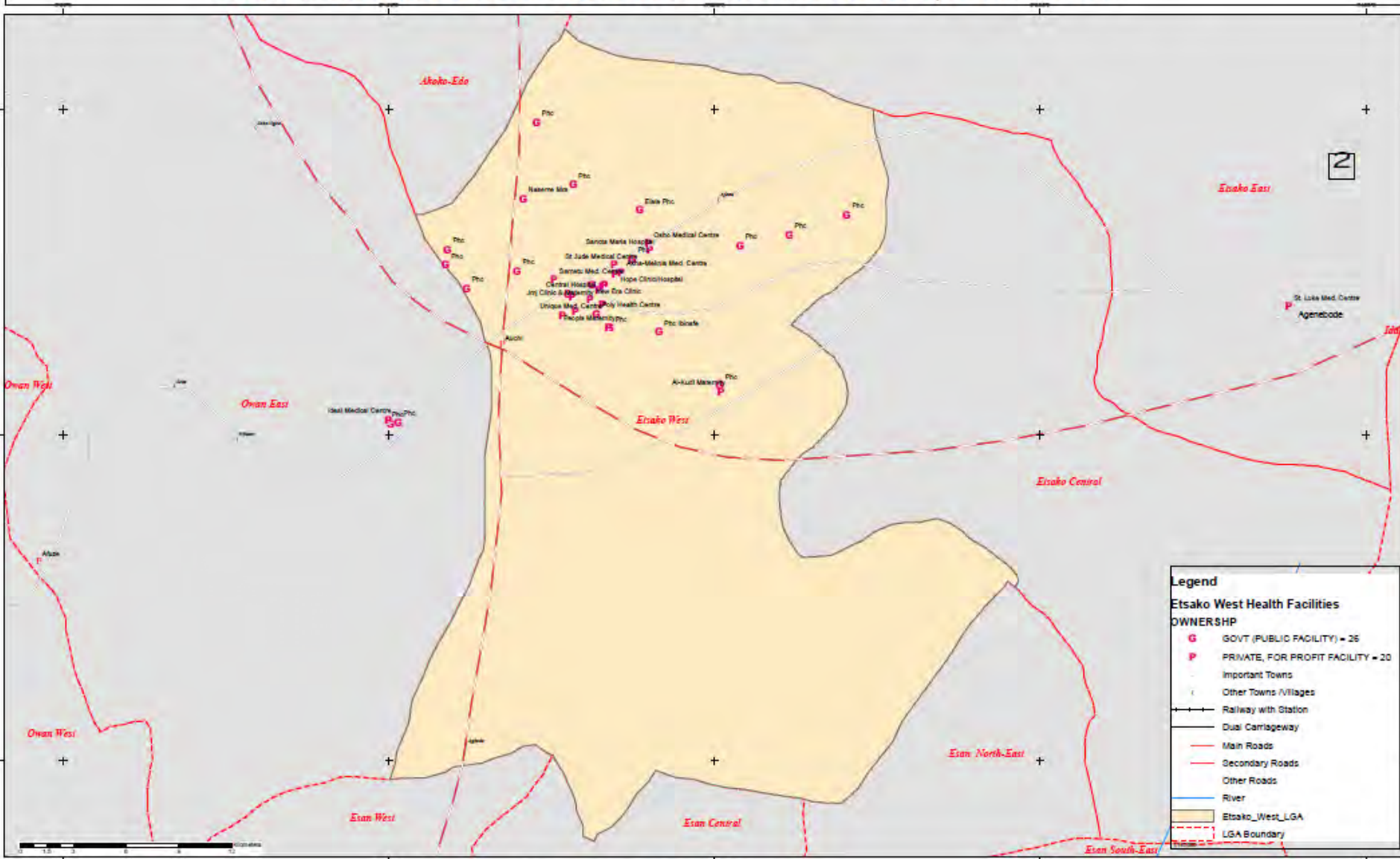
- ▶ Recently a number of initiatives have been taken place to improve the use of health information
- ▶ The creation of unique facility codes for each and every HF in the country
 - All public Sector health facilities
 - All Registered Private health facilities
 - Does not include PMVs
 - All facilities have facility codes for unique identification for databases and help linking various data sources

Actual Mapping Work

- ▶ With a grant from ADB, the DPRS has been able to map all service delivery points in some focal LGA
 - ▶ This work was undertaken with technical assistance from the National Population Commission (NPopC)
 - ▶ Field work was carried out in 2010 (FMOH & NPOPC)
 - ▶ Analysis of work and generation of graphs was also with support from NPopC
- 

Results of Work Done

DISTRIBUTION OF HEALTH FACILITIES BY LOCATION AND OWNERSHIP IN ETSAKO WEST LOCAL GOVERNMENT AREA, EDO STATE



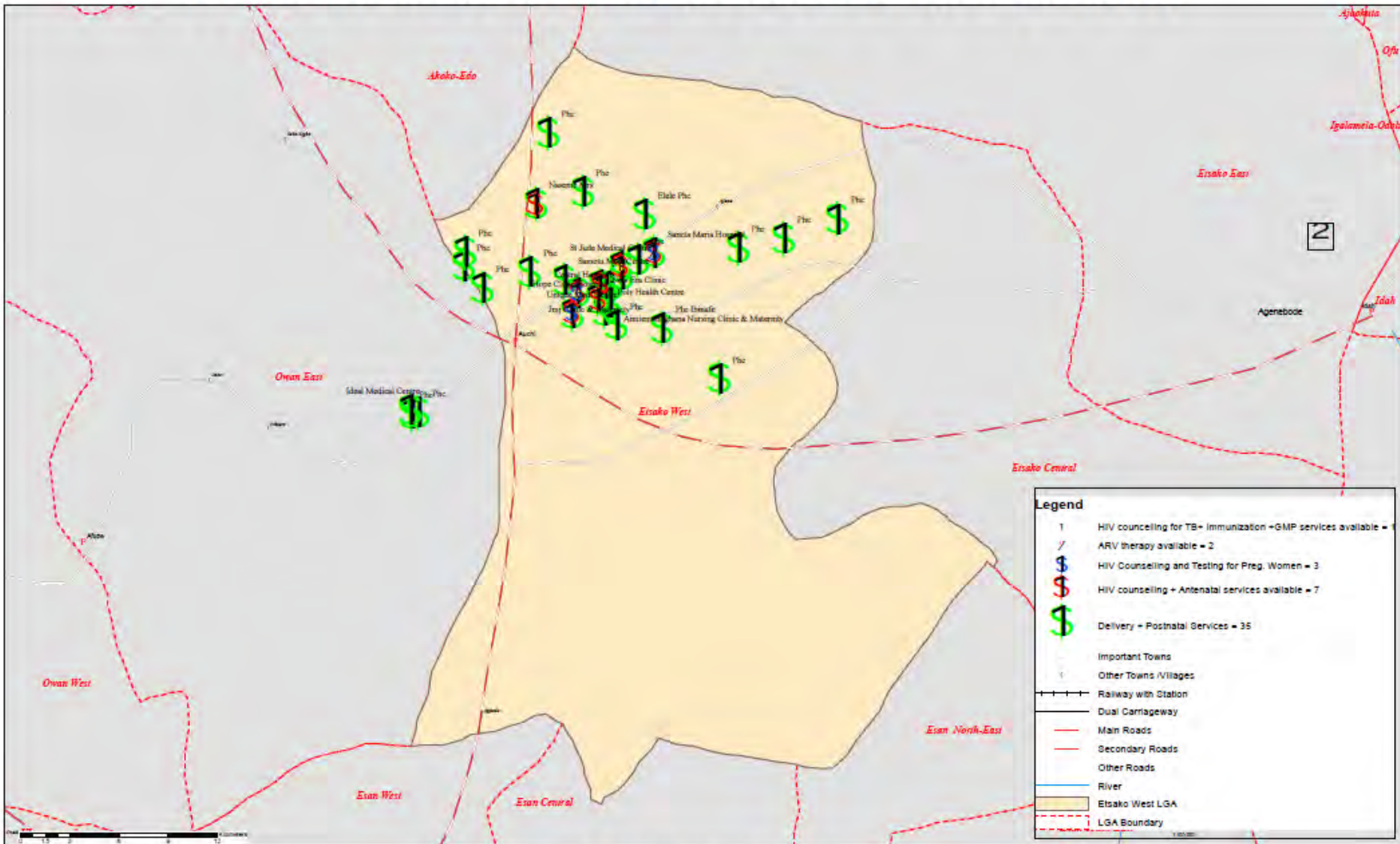
Infrastructure

- ▶ Previous Slide showed location of health facilities in Etsako by type of ownership
- ▶ Data on infrastructure includes:
 - Type (Private vs. Public)
 - Level (Tertiary, Secondary, Primary [PHC, Health post, Dispensary etc.])
 - Source and type of water supply, electricity, disposal system,
 - Types of equipment available
 - Types of SOPs and guidelines available

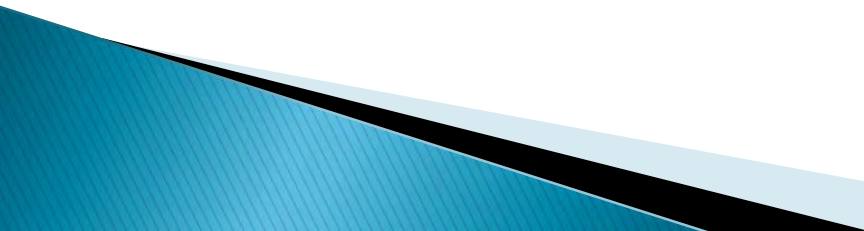
Human Resources for Health

- ▶ Previous slide showed information on location of midwives working in Etsako
- ▶ Other data on Human resources include:
 - Types of various health professionals available
 - (Doctors, nurses, Pharmacists, Laboratory scientists etc.)
 - Types of training received (mainly MDG related)
 - PMTCT training, HCT training IMCI, LSS etc.)

AVAILABILITY OF HEALTH INTERVENTIONS BY FACILITY TYPE IN ETSAKO WEST LOCAL GOVERNMENT AREA, EDO STATE



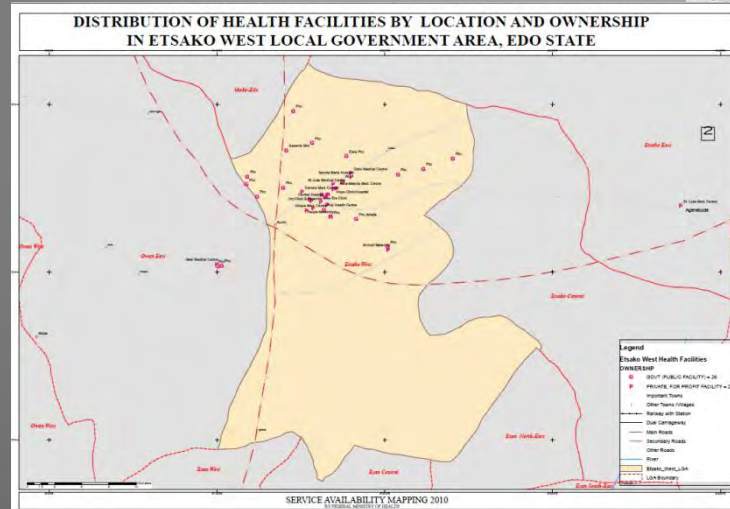
Information Available

- ▶ Previous slides show service availability for some HIV services (ART, HCT, Deliveries)
 - ▶ Data exists for most services related to the MDGs
 - ▶ These include
 - Immunization services
 - Maternal Health (ANC, LDS, FP, GMP)
 - TB DOTS,
 - HIV Care (HCT, PMTCT, ARV etc.)
 - Health Systems (manpower, availability of drugs, HMIS,
- 

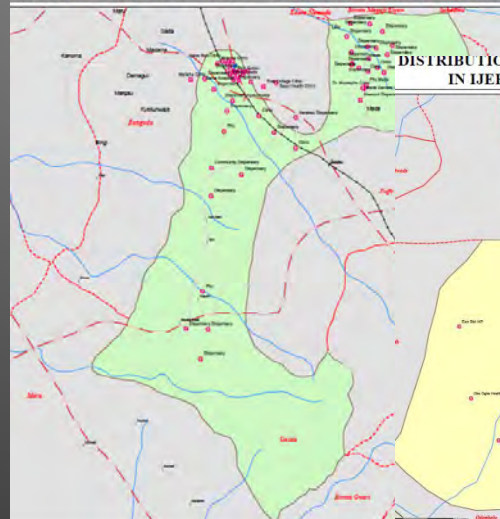
Location of Work till date

- ▶ The quantum of information is available for 6 LGAs in the country
- ▶ Etsako, Edo State
- ▶ Lapai, Niger
- ▶ Ijebu North, Ogun State
- ▶ Gusau,

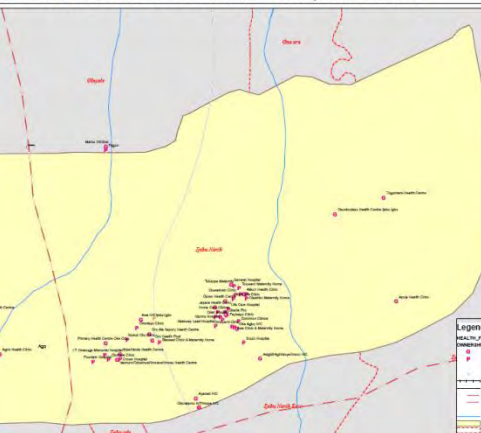
DISTRIBUTION OF HEALTH FACILITIES BY LOCATION AND OWNERSHIP IN LAPAI LOCAL GOVERNMENT AREA, NIGER



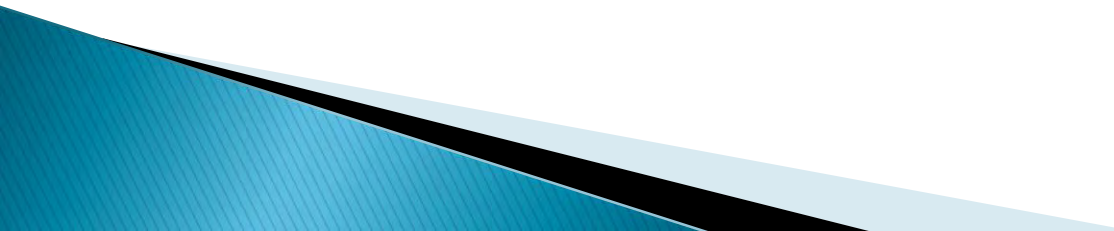
DISTRIBUTION OF HEALTH FACILITIES BY LOCATION AND OWNERSHIP IN GUSAU LOCAL GOVERNMENT AREA, ZAMFARA STATE



DISTRIBUTION OF HEALTH FACILITIES BY LOCATION AND OWNERSHIP IN IJEBU NORTH LOCAL GOVERNMENT AREA, OGUN STATE



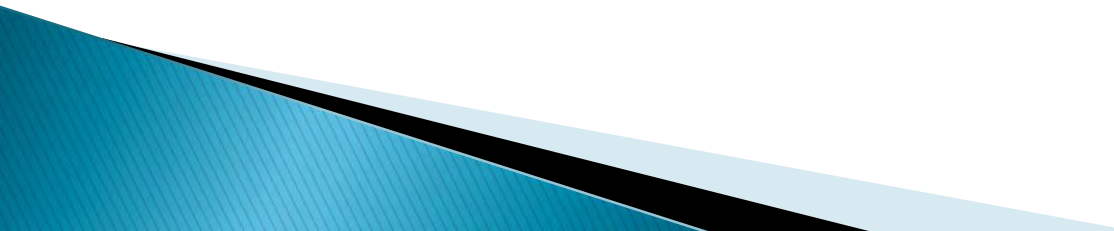
Challenges

- ▶ Limited funds to continue the work
 - ▶ Limited capacity for GIS in the ministry
 - Inadequate trained manpower
 - No Software in the ministry
 - ▶ Limited dissemination of work already done
 - ▶ Updating the present maps has not been possible
- 

Lessons Learnt

- ▶ Developing relationships with national organizations with experience in GIS was rewarding
 - Built up FMOH capacity
 - Improved the quality of the final product
- ▶ The efforts to collect data are enormous and it will be defeated if the data is not available for use by decision makers
- ▶ Though data for the whole country is ideal no single entity can do this all.... Collaboration is vital
 - If we can merge data it will go a long way to getting a whole picture of the country
 - Using the facility codes should help in this regards

Way Forward

- ▶ Layering SAM and GIS on the NHMIS data base for better use of spatial information
 - ▶ Developing means to ensure that work done is available to the decision makers and hence used
 - ▶ Incorporating the health facility codes developed GIS done by all so that work can be linked and merged
- 

THANK YOU

A decorative graphic at the bottom of the slide consisting of a dark blue wavy shape on the left, a black horizontal bar in the middle, and a light blue wavy shape on the right.