

# Community Health Information System in Action in SNNPR

Aragash Worku was born in Butajira of Gurage zone in the Southern Nations, Nationalities, and People's Region (SNNPR) of Ethiopia. She completed her elementary and secondary school in Butajira city. Later she got the chance to study agriculture, but because of her interest in health she joined the Technical and Vocational Education & Training Center (TVET) in Butajira to become a Health Extension Worker (HEW). Since graduating, Aragash has worked in Doba-Bati Health Post for the last seven years. Zulfah Jemal is the other HEW working with her in the same Health Post.

When Aragash started working as an HEW, people in the kebele had no latrines and were not using family planning methods. In the beginning they collected baseline data and implemented the sixteen packages of the Health Extension Program (HEP) with particular emphasis on sanitation, family planning, immunization and maternal health. Aragash is trained on carrying out Rapid Diagnostic Tests for malaria and she received refresher training in safe delivery for one month last summer at Butajira Hospital. She says, "Now people are more aware about their health and even go to Butajira Hospital if I am not around."

It has been seven months since they started implementing the Family Folder, a robust, simplified, and standardized health management information system. Both Aragash and Zulfah received training from their supervisor. They liked the simple easy-to-follow guide in Amharic on how to implement the Family Folder. Aragash keeps a copy of the guide at the Health Post. After receiving the training the first thing Aragash and Zulfah did was to "inform the kebele administration of the importance and use" of the Family Folder. Next they trained four community health volunteers to



help them with household numbering and collecting family data on the Family Folder. The family data were later used to prepare the Master Family Index—which is a village-wide list of the names of household heads arranged in alphabetical order and is used to retrieve the Family Folder from the shelf where all the Family Folders are filed serially by household number and by village number. Aragash has observed that by using the Family Folder the quality of work has improved. She thinks that the Family Folder is "family-centered" where all the services given to the family are registered.



MEASURE Evaluation is funded by the U.S. Agency for International Development (USAID) under terms of Cooperative Agreement GHA-A-00-08-00003-00 and implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with Futures Group, ICF International, John Snow, Inc., Management Sciences for Health, and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. FS-12-72 (04/10/12)



"If I go out in the village for educational activities, in my absence anyone of us can know the status of the individual coming to the Health Post for service," said Aragash.

Aragash and Zulfah use the household numbers to plan for their field visits. They pick the Family Folders of 8–10 households they plan to visit on a day. The Family Folders "helps us to know such details as the latrine status or water source of the household so that we can give them health education accordingly."

Aragash likes the tickler file system because it helps her to identify defaulters and have quick follow-up. She puts the health cards of the mothers who need follow-up care in the boxes arranged according to the month when the follow-up should be done. In the tickler boxes, she puts the health cards of women receiving family planning services or antenatal care and of children getting their vaccines. Later every day, they review the health cards in the current month's box and plan follow-up accordingly.

Tigist Adana, another HEW at Dobena-Gola Health Post, also commented similarly about the tickler file system. "Previously," she said, "we didn't know who would come and when for family planning services because of the workload, but now we know." Tigist narrated an incidence some four months ago when an infant 28 days old was brought to her at the Health Post. She



used the integrated Community Case Management (iCCM) checklist to diagnose his pneumonia and immediately referred him to the nearby Health Center.

However, the case was serious and the baby was transferred to Butajira Hospital. Tigist kept the health card she prepared for the infant in the tickler box. Every day when she came to the Health Post and looked at the health cards in the tickler box, the health card of the infant reminded her about the baby. She waited a day or two to get some feedback on the status of the baby, but didn't get any. She then went to the family who informed her that the child was admitted in Butajira Hospital. She went there and inquired about the well-being of the child. It was because of the health card lying in front of her in the tickler box that she was proactive in enquiring about the baby. The mother of that baby told other mothers in her neighborhood the story of Tigist giving them support when their child was sick. This has "helped build trust in me," said Tigist.

Tigist is so impressed with the Family Folder and tickler file system that she offered to train other HEWs on how to use them. In fact, during a training of trainers on Family Folder-Centered Community Health Information System (CHIS) conducted by the USAID-funded MEASURE Evaluation HMIS Scale-up project, the participants from the other ten regions visited the Health Posts where Tigist and Aragash work, and they were highly impressed by the work they are doing.