HEALTH EXTENSION SERVICE
NTQF Level -III

Learning Guide -11

Unit of Competence: -	**Collect, Maintain and Utilize Community Health Data**
Module Title: -	**Collecting, Maintaining and Utilizing Community Health Data**
LG Code:	**H LT HES3 M03 LO3**
TTLM Code:	**HLT HES3 M03 TTLM 0919V1**

LO3. **Prepare and submit reports**

Instruction Sheet-3	Learning Guide #-3

This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics –

- Recording and reporting
  - ✓ Health management information system/HMIS/
  - ✓ Family Folder
  - ✓ Report preparation

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, **you will be able to –**

- prepare reports using standard reporting formats
- submit reports to health center and/ or woreda health office
- Communicate updates and reportable diseases to the Woreda health office or health center according to prescribed procedures and guidelines.

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below 3 to 6.
3. Read the information written in the information "Sheet 1, Sheet 2, Sheet 3 and Sheet 4,---" **in page ---, ---, --- and ---** respectively.
4. Accomplish the "Self-check 1, Self-check t 2, Self-check 3 and Self-check 4" ,---" **in page ---, ---, --- and ---** respectively
5. If you earned a satisfactory evaluation from the "Self-check" proceed to "Operation Sheet 1, Operation Sheet 2 and Operation Sheet 3 " **in page ---.**
6. Do the "LAP test" **in page – ---**

Information Sheet-1	Recording and reporting

1.1. Introduction to recording and reporting

The reformed HMIS reporting process at health facility level starts with entering the data in to report form from respective registers and tallies of services and administrative functions/departments exist in that facility (health center, hospital etc). After filling the report form data quality is checked and self assessment is done at facility level and report is submitted to the next higher level.

The process of recording and reporting at the Woreda health office level starts with receiving, collecting and aggregating (compiling) curative and preventive service report from all participating facilities (district hospital, health center, health post, clinics etc) owned by public (governmental) and private for nonprofit (NGO) and private for profit. The Woreda office adds its own administrative and technical functions data. Conducts self assessment and performance review of the catchment, and sends the report to zonal health department

1.2. Purpose of Recording and reporting

All the information recorded during the encounter between Health Extension Workers (HEWs) and the family will create the basic information at the grass root level. This will be supplemented by information captured in kebele profiling formats, service and disease tally sheets, and additional administrative and personnel records. These standardized family health information recording formats are developed according to international standards and best practices, and through consultation with technical programs and care providers.

Following is the list of basic formats/instruments used in the record keeping process at health post/community level:

1. **Kebele profiling formats**
   a. Kebele demographic profile
   b. Kebele resource mapping
   c. Kebele household environmental sanitation profile
   d. Kebele basic health indicators format
2. **Family/household health information recording instruments**
   a. Family folder
   b. Health card
   c. Integrated Maternal and Child Care card
   d. Master Family Index (MFI)
   e. Field Book

3. Tallies
   a. Service delivery tally
   b. Disease information tally
   c. Tracer drug availability tally
   d. Family planning method dispensed count

4. Reporting formats
   a. Quarterly service delivery reports
   b. Quarterly disease reports
   c. Annual reports

1.2. Health management information system/HMIS/

Health Management Information System (HMIS): Are the systematic collection, aggregation, analysis, presentation and utilization of health and health related data for evidence based decisions for health workers, managers, policy makers and others.

1.2.1. Purpose of HMIS

- Routine collection and aggregation of quality health information
- Availing accurate, timely and complete data
- Provide specific information support to health decision making process
- Strengthening the use of locally generated data for evidence based decision making

1.3. Family Folder

Family Folder is a tool or package designed to be used for data collection and documentation to meet the necessary information needs for providing family-focused promotive, preventive and environmental health services at community level. Complementing the Family Folder is a simple HMIS record keeping and reporting procedure that feeds community level health information. Family Folder is a family-centered tool designed for the HEW to manage and monitor her work in educating households and delivering integrated package of promotive, preventive and basic curative health service to families.

The Family Folder is a pouch provided to each family. Information on household identification, data on family members and household characteristics in terms of environmental sanitation (Latrine, Hand washing facility, Waste disposal, and Drinking water source) and malaria prevention (LLITN) is recorded on the cover side of the family Folder. Status of HEP packages training and implementation are recorded on the back side of the Folder. Health Cards and Integrated Antenatal, Delivery, Postnatal and Newborn Card are kept inside the Family Folder. Every member of the family who is ≥5 years of age is issued a Health Card; for those <5 years, their records are kept in their mother's Health Card till they reach the age of 5 years. The Health Cards, blue colored

for male members and yellow colored for female members, is used for recording information about individual household members on:

-Follow up and home based care and support of HIV/AIDS, tuberculosis, and other diseases

- Referral

-Family planning services

- Immunization services

-Growth monitoring

- Orphan support (if the individual is an orphan) The Integrated Maternal and Child Care Card is issued to every woman when she becomes pregnant; it is a longitudinal record used to document the pre-pregnancy status, pregnancy follow up, delivery, post delivery care of the mother with immunization and growth monitoring of the child.

1.4. Report preparation

Most HMIS data are generated at health facility level. Facilities produce, check and use data, then send it to the higher level administrative health office (usually WorHO). The administrative health office aggregates the data it receives from the facilities under its administration, adds its own administrative service data, uses to monitor its own performance and forwards the HMIS report to the next level.

The administrative level that receives data from facilities aggregates the data by facility type and ownership. This type of aggregation of data is maintained throughout the reporting chain so that even at the federal MOH, it is possible to disaggregate data by facility type and ownership.

The HMIS reporting formats collect and transfer the data required to calculate the indicators used in performance monitoring. The data are gathered from Family/household health information records, using tally sheets, and entered into the reporting formats. The quarterly and annual reporting formats for each level, along with the definition for each data item reported, and the registered items and tally source for each data item.

Reports flow into health institution through HMIS in-charge, who disseminates compiled information to responsible officer. These officers review and may provide feedback or additional processing. At the facility, HMIS reports cover a single month, according to the Ethiopian calendar. Monthly results, along with quarterly totals, are forwarded

onwards each quarter. Annual reports cover the Ethiopian Fiscal Year (EFY), which begins in Hamle (July of Gregorian calendar) and ends in Sene (June of Gregorian calendar) of the next year.

Self-Check -1	**True False Question**

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. All the information recorded during the encounter between Health Extension Workers (HEWs) and the family will create the basic information at the grass root level.

2. Diseases information tally is a reporting format

3. The primary purpose of HMIS is routine collection and aggregation of quality health information

4. Complementing the Family Folder is a simple HMIS record keeping and reporting procedure that feeds community level health information.

5. Every member of the family who is ≥5 years of age is issued a Health Card

6. Reports flow into health institution through HMIS in-charge

Note: **Satisfactory rating - 3 points**   **Unsatisfactory - below 3 points**

Answer Sheet

Score = _____

Name: _____   Date: _____   Rating: _____

Short Answer Questions

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Operation Sheet-1	steps of Preparing and submitting reports

Steps of Preparing and submitting standard reports on DHIS2

Step 1- start DHIS2 sofware

Step 2- go to the reports app

Step 3- click standard report

Step 4- click add new

Step 5- name your new report

Step 6 - select the period organizational unit

Step 7- submit, view and dawn load the report as excel file

Operation Sheet-2	Techniques Communicating with clients and colleagues

Techniques for using computer software

Step 1- install your first program

Step 2- launch some pre-installed application/microsoft office

Step 3- create office excel file

Step 4- inser some data on ms excel

Step 5- perform common calculation on ms excel

Step 6- create tables and figures on excel

LAP Test	**Practical Demonstration**

Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, tools and materials you are required to perform the following tasks within --- hour.

Task1. Prepare and submit report

Task2. Communicate with clients and colleagues

Reference

1. Recording and reporting in Ethiopian HMIS http://Measureevaluation.org
2. Standard report-dhis2 documentation http://docs.org

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