



# HIP

FAMILY  
PLANNING  
HIGH IMPACT  
PRACTICES

Bienvenue. Pour écouter  
l'interprétation en français:

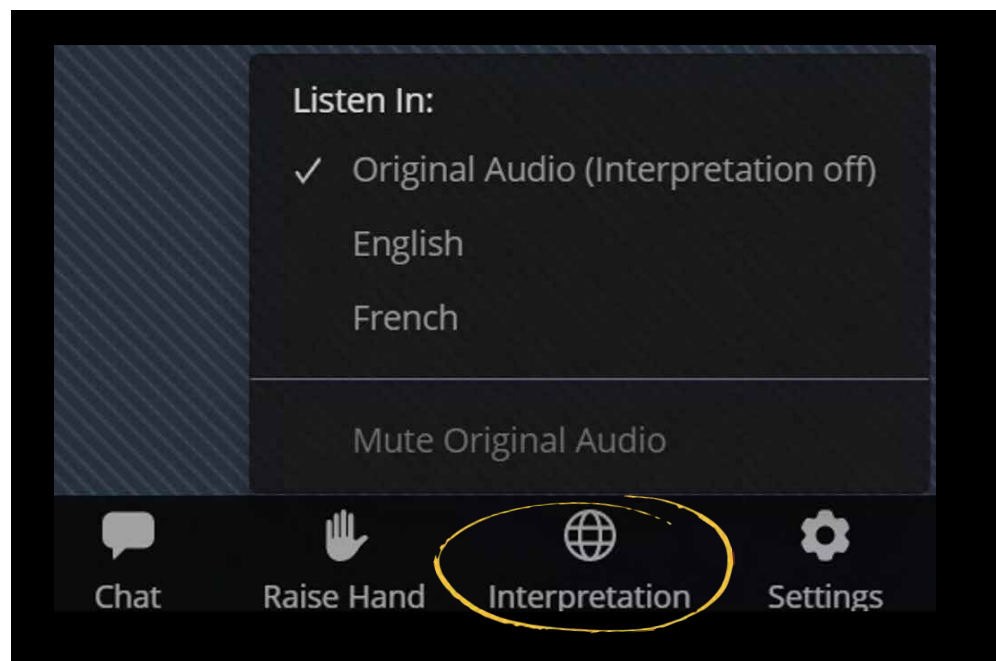
- Cliquez sur le globe en bas de votre écran Zoom qui indique l'interprétation.
- Choisissez "French"

Bem-vindo. Para ouvir a  
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- Clique no globo na parte inferior do ecrã do Zoom que indica a interpretação.
- Seleccione "Portuguese"

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- Click on the globe at the bottom of your Zoom screen that says "Interpretation".
- Click "English"





# Advancing Measurement of the Scale and Reach of HIPs: CHWs and PDS

MAY 15, 2024



# Facilitator/Emcee



Trinity Zan

Deputy Director,  
Research for Scalable  
Solutions (R4S), FHI 360





# Meeting Overview

- 2-day convening, May 14 and 15
- Objective of convening:
  - Identify how to improve routine monitoring of scale & reach of HIPs through national and program information systems.
    - Today: CHWs and PDS
- Outputs: Considerations and recommendations for strengthened monitoring

EDT	Agenda
9-9:10	Welcome, meeting overview, framing
9:10-9:20	Opening Remarks
9:20-9:45	Presentations: Indicator/data landscape
9:45-10:20	Spotlight presentations
10:20-11:00	Break-out group discussions
11:00-11:20	Report out
11:20-11:30	Closing

# Acknowledgments



MAKERERE UNIVERSITY




BILL & MELINDA  
GATES *foundation*





# HIPs Global Planning Committee



- Ms. Olanike Adedeji, Family Planning Programming Specialist, United Nations Population Fund (UNFPA)
  - Dr. Salma Ibrahim Anas, Special Adviser to President on Health, Nigeria
  - Mr. Lawrence Anyanwu, Director, Family Planning Branch, Federal Ministry of Health and Social Welfare, Nigeria
  - Dr. Gizela Azambuja, Head of Department of Family Planning, Ministry of Health, Mozambique
  - Dr. S. Mathieu Bougma, Head of Family Planning Office, Family Planning Department, Ministry of Health, Burkina Faso
  - Dr. Jason Bremner, Senior Director, Data and Measurement, FP2030
  - Dr. Aurélie Brunie, Deputy Director, Research, Research for Scalable Solutions (R4S); Director, Supporting Measurement and Replicable Techniques for HIPs (SMART-HIPs), FHI 360
  - Dr. Jean Christophe Fotso, Executive Director, EVIHDAF
  - Dr. Alda Mahumano Govo, Head of Family Planning/Reproductive Health Division, Ministry of Health, Mozambique
  - Dr. Rita Kabra, Technical Officer, Contraception and Fertility Care, Department of SRH, World Health Organization
  - Mr. Rogers Kagimu, Track20 M&E Officer, Ministry of Health-DHIM & R&IH, Uganda
  - Dr. Bibek Kumar Lal, Director, Family Welfare Division, Department of Health Services, Nepal
  - Dr. Erica Lokken, Bill & Melinda Gates Foundation
  - Dr. Fredrick Makumbi, Associate Professor, Dept of Epidemiology & Biostatistics, Makerere University
  - Dr. Emeka Nwachukwu, Senior Research Advisor, Office of Population and Reproductive Health (PRH), USAID
  - Dr. Charles Olaro, Director Health Services, Office of the Director of Curative Services, Ministry of Health, Uganda
  - Ms. Sharmila Paudel, Sr. Community Nursing Administrator, FP/RH Section Chief, Nepal
  - Dr. Susan Pietrzyk, Data for Impact (D4I) Partner Lead, ICF
  - Ms. Shannon Pryor, Senior Advisor, Family Planning and Reproductive Health, Save the Children
  - Dr. Valérie Marcella Zombre Sanon, Director of Family Health, Ministry of Health, Burkina Faso
  - Dr. Binyerem Ukaire, Director and Head of the Reproductive Health Division, Federal Ministry of Health, Nigeria
  - Ms. Trinity Zan, Deputy Director, Research for Scalable Solutions (R4S), FHI 360
- 





# Framing today

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## Creating the Greatest Impact

High Impact Practices (HIPs) are a set of evidence-based family planning practices vetted by experts against specific criteria and documented in an easy-to-use format. HIPs help programs focus resources for greatest impact.

# CHW & PDS definitions

**HIP** FAMILY PLANNING SERVICE DELIVERY

## Community Health Workers:

Bringing family planning services to where people live and work

### Community Health Workers

**What is the proven high-impact practice in family planning service delivery?**

Integrate trained, equipped, and supported community health workers (CHWs) into the health system.

**Background**

When appropriately designed and implemented, community health worker (CHW) programs can increase use of contraception, particularly where current need is high, access is low, and geographic or social barriers to use of services exist. CHWs are particularly important to reducing inequities in access to services by bringing information, services, and supplies to women and men in the communities where they live and work rather than requiring them to visit health facilities, which may be distant or otherwise inaccessible.

CHWs "provide health education, referral and follow up, case management, and basic preventive health care and home visiting services to specific communities. They provide support and assistance to individuals and families in navigating the health and social services system" (ILO, 2008). The level of education and training, the scope of work, and the implement status of CHWs vary across countries and programs. CHWs are referred to by a wide range of titles such as a "village health worker," "community-based distributor," "community health aide," "community health promoter," "health extension worker," or "lay health adviser."

Integrating CHWs into the health system is one of several proven "high-impact practices in family planning" (HIPs) identified by a technical advisory group of international experts. A proven practice has sufficient evidence to recommend widespread implementation as part of a comprehensive family planning strategy, provided that there is monitoring of coverage, quality, and cost as well as implementation research to strengthen impact (HIPs, 2014). For more information about other HIPs, see <http://www.fplanningpractices.org/> overview.

**Proven Practice**

Service Delivery HIP

**Community Health Worker (CHW):** Integrate trained, equipped, and supported community health workers into the health system.

**HIP** FAMILY PLANNING SERVICE DELIVERY

## Pharmacies and Drug Shops:

Expanding contraceptive choice and access in the private sector

### Pharmacies and Drug Shops

**What is the promising high-impact practice in family planning service delivery?**

Train and support pharmacies and drug shops to provide family planning information and a broad range of quality contraceptive methods.

**Background**

Expanding access to contraceptive methods through the private sector and community-based sources—which includes task sharing—is an important strategy to help achieve national family planning and development goals and, in particular, aims to reduce barriers to access for youth, lower-income, and other marginalized groups. Private sector pharmacies and drug shops are often the first line of health care in low- and middle-income countries, particularly for many underserved populations and especially in rural areas that have very few primary or public clinics.<sup>1</sup> While there are differences between pharmacies and drug shops (see box), there are also common issues around implementation and impact. For both, training and support can improve and expand the range and quality of services they offer and thereby increase access and choice for women.

Pharmacies are generally larger than drug shops, are staffed by a licensed pharmacist, and carry a wider range of products. Like pharmacies, most drug shops also sell most of the common family planning methods, especially condoms, oral contraceptives, and emergency contraception. Drug shops typically have no shelves, product displays, and a counter. Many have a small room in the back, separated by a curtain or door, for no attention and insurance. The owners of these shops may or may not have some type of retail license; and frontline staff may or may not have family planning training, or health accreditation such as training as a nurse, nursing assistant, pharmacy assistant, or traditional medicine practitioner.

Pharmacies and drug shops, with their convenience, anonymity, and cost savings (compared to private physicians), are an essential source of health services, products, and information that is particularly important to the context of "high maternal mortality and morbidity, poorly stocked clinics, high unmet need for family planning"

**Promising Practice**

Service Delivery HIP

**Pharmacies and Drug Shops (PDS):** Train and support pharmacies and drug shops to provide family planning and a broad range of quality contraceptive methods.





# Opening



**Olanike Adedeji**

Family Planning Programming  
Specialist

United Nations Population  
Fund (UNFPA)



# UNFPA Commitment to Advancing HIPs Measurement

- The 3 Zeros commitment aligned to the SDGs (First Transformative Result is reducing Unmet Need for Family Planning)
- Scale of the Challenge =
  - 121 million unintended pregnancies a year and 257 million women do not want to become pregnant but are not using modern contraception
- High Impact Practices (HIPs) are a set of evidence-based family planning practices vetted by experts against specific criteria and documented.
  - Question of why are countries not implementing to scale? Led to the current work with HRP (under leadership of WHO) on the Bottle Neck Analysis
  - Challenges with measurement of HIPs



# Universe of data from HMIS and partners/projects for monitoring scale and reach



**Susan Pietrzyk**

Data for Impact (D4I) Partner Lead  
ICF



**Aurélie Brunie**

Deputy Director, Research for Scalable  
Solutions (R4S)  
  
Director, Supporting Measurement and  
Replicable Techniques for High Impact  
Practices in Family Planning (SMART-HIPs)  
  
FHI 360

# Partner Measurement of Scale and Reach for CHW and PDS

Selected results from D4I and R4S/SMART-HIPs partner indicator inventories

May 15, 2024



# Indicator inventory overview

**Objective:** To identify indicators partners are using to monitor HIP implementation

## D4I

- **HIP:** CHW
- **Countries:** Bangladesh, Tanzania
- **Partners:** USAID-funded projects
- **Methods:**
  - USAID Missions identified projects with FP programs to participate in assessment (4 projects each country)
  - Partners in each country were asked to fill out a spreadsheet describing indicators that they collect to monitor implementation of the HIP
  - For this presentation, indicators were mapped to the SMART HIPs/R4S deduplicated indicators

## SMART HIPs/R4S

- **HIPs:** CHW, PDS
- **Countries\*:**
  - CHW - Nepal, Nigeria, Uganda
  - PDS - Nigeria, Uganda
- **Partners:** USAID & UNFPA-funded projects, NGOs, INGOs, & CBOs supporting HIPs implementation
- **Methods:**
  - HIP mapping exercise in target areas of countries identified partners implementing HIPs
  - Partners in each country were asked to fill out a spreadsheet describing the indicators that they collect to monitor implementation of each HIP.
  - Partner indicator inventories were then deduplicated to identify unique indicators.

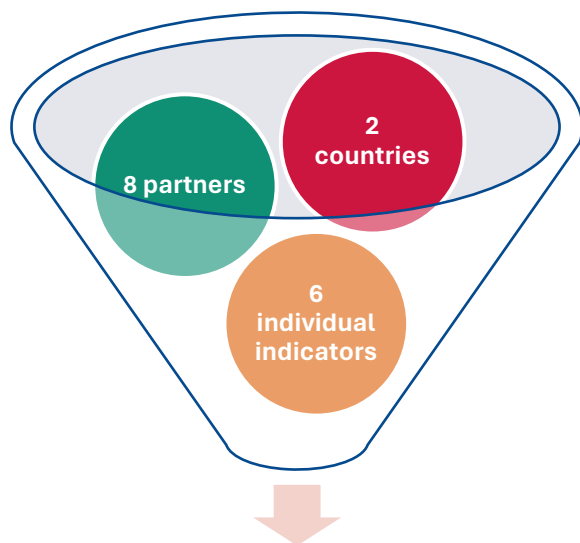
\*Nigeria focused in Kaduna and Lagos States; Uganda and Nepal are national



# Variation in indicators being used

CHW

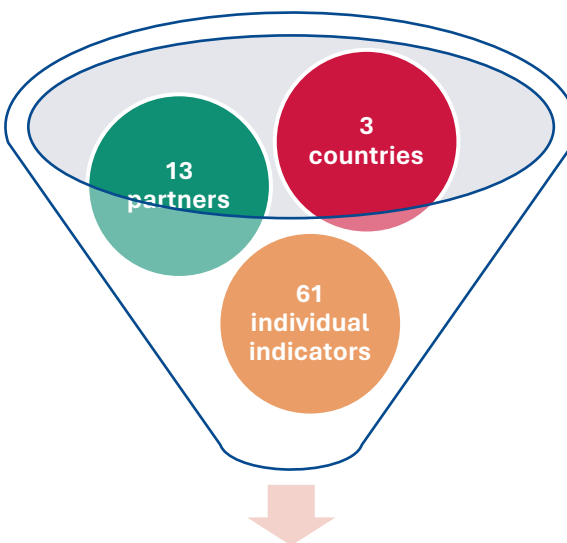
**D4I**



**6 unique indicators**

1 unique indicator  
collected by >1 partner

**SMART HIPs/R4S**

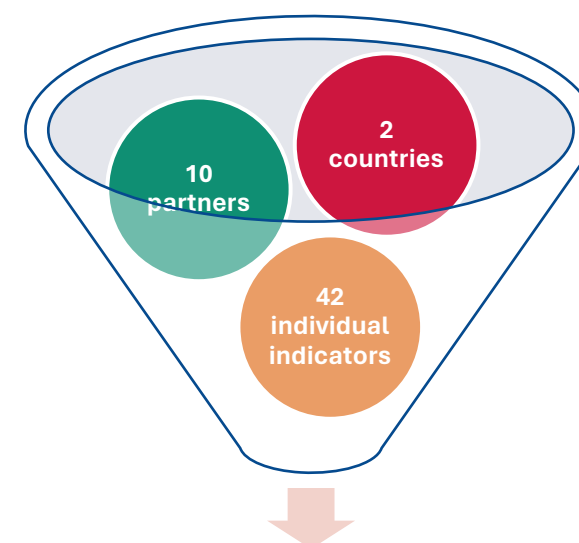


**14 unique indicators**

8 unique indicators  
collected by >1 partner

PDS

**SMART HIPs/R4S**



**16 unique indicators**

7 unique indicators  
collected by >1 partner

In total, 18 unique indicators collected across D4I and SMART HIPs/R4S indicator inventories with 2 overlapping across D4I and SMART HIPs/R4S

- ✓ Partners collect a variety of indicators that can be distilled into a few unique indicators
- ✓ Partners collect some indicators that are common across partners, though many indicators are unique to the partner

# CHW Indicators collected from partners

Unique Indicators (identified by SMART HIPs/R4S)	Indicators (Reported to D4I)
# clients received FP by CHWs	-
# CHW clients referred to facility	-
# CHWs trained on FP	# service providers trained with the support of USG funding
# CHWs providing FP	# CHWs supported to provide community-based services to HIV, FP, and/or tuberculosis clients
# counseled by CHWs	-
# CHW referrals completed	-
# CHW supervision visits	-
# CHWs trained on DMPA SC/SI	-
Resupply clients/expected resupply clients	-
# clients received services	-
# FP services provided	-
% satisfied / all FP CHW clients	-
# contraceptive items distributed by CHWs	-
# CHWs with stockouts	-
-	# USG assisted CHWs providing FP information, referrals, and/or services during the year
-	# trainers who received training in FP teaching with the support of USG funding
-	# training curricula developed or updated with the support of USG funding
-	# service providers trained on the use of at least one modern communication technology for adolescents and youth with the support of USG funding

# PDS Indicators collected from partners

## Unique Indicators

(identified by SMART HIPs/R4S)

# participating PDS providing FP

# clients received FP from PDS

# PDS staff trained on FP

# PDS clients counseled

# clients referred to facility

# completed referrals from PDS

PDS with stockouts/all PDS

Resupply clients/expected PDS clients

# PDS with trained staff

% PDS with trained staff/all PDS

Satisfied clients/surveyed clients

PDS meeting quality standards/PDS assessed

# PDS reporting on time

PDS meeting IPC measures/PDS assessed

PDS with FP jobs/all PDS

PDS with referral list/all PDS




# Inconsistent definitions of indicators

- Indicator definitions varied, particularly once extended beyond common indicator of # of USG-assisted CHWs providing FP information, referrals, and/or services during the year, as well as in terms of disaggregations
- Unique indicators were identified by collapsing similar indicators that measured the same concept, despite using slightly different language, disaggregations, and/or if the exact definition was not clear in the definition provided (how calculated, how data flowed)

## Example deduplication

**Unique indicator:** # of clients who received FP from CHWs

**Illustrative submitted indicators:**

- # of CHW clients provided with a family planning method
  - # of CHW clients provided with DMPA-SC
  - # of clients who received FP methods from the CHW
- 

# Limited partner connection to HMIS

HMIS reporting is more the exception than the norm

- Indicators frequently not reported into national data systems as many indicators are primarily useful for improving HIP implementation at the program/local level
- Some indicators are used to inform broader programmatic goals, and these can sometimes also be used to understand HIP implementation, especially when disaggregated or serving as a denominator


## Examples of indicators not reported to HMIS

- % of all CHW referrals that are effective
- % of PDS that have job aids or that meet infection prevention and control measures
- # of contraceptive items distributed by CHWs
- % of CHWs that have one or more stockouts
- % of CHWs trained on self-injection
- % of PDS comfortable with adolescent and youth friendly services

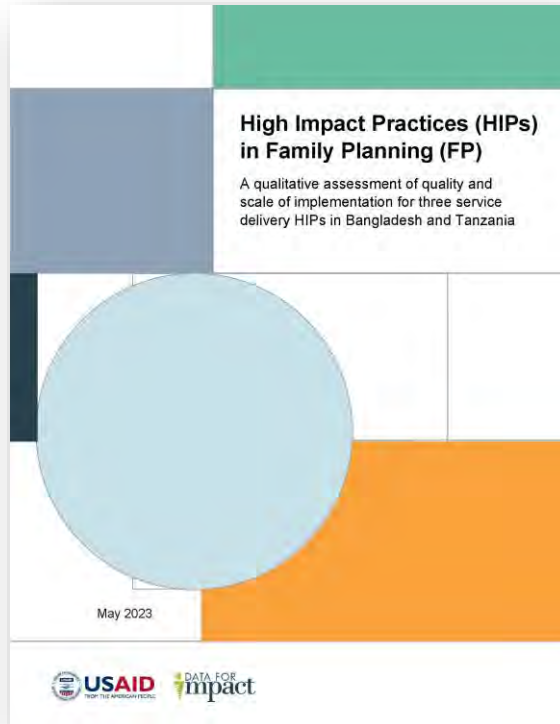




# Key takeaways

- Partners measure HIPs; however:
    - Variation exists in the indicators being used
    - Indicators have inconsistent definitions
    - Most partner data are not connected to the national data system via HMIS
- 

# Links to D4I Resources



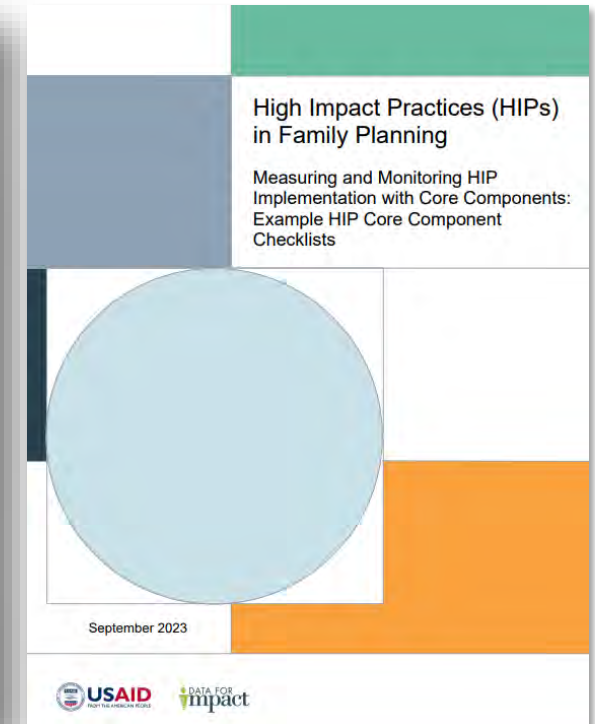
High Impact Practices (HIPs) in Family Planning (FP): A qualitative assessment of quality and scale of implementation for three service delivery HIPs in Bangladesh and Tanzania - [DataForImpactProject \(data4impactproject.org\)](https://data4impactproject.org)



High Impact Practices (HIPs) in Family Planning Summary Brief: Assessing HIP Core Components - [DataForImpactProject \(data4impactproject.org\)](https://data4impactproject.org)



High Impact Practices (HIPs) in Family Planning: Methodological Brief on Monitoring HIPs Implementation with Core Components - [DataForImpactProject \(data4impactproject.org\)](https://data4impactproject.org)



High Impact Practices (HIPs) in Family Planning: Measuring and Monitoring HIP Implementation with Core Components: Example HIP Core Component Checklists - [DataForImpactProject \(data4impactproject.org\)](https://data4impactproject.org)

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# Current HMIS Landscape: A Review of Tools for Community Health Workers and Pharmacies and Drug Shops

15 May 2024



# Scope

What information do countries measure in their health information systems about community health workers and about pharmacies and drug shops?



Review of HMIS registers and forms in 5 countries



Burkina Faso



Mozambique



Nigeria



Nepal



Uganda

Develop **summary list of relevant indicators** based on commonly used indicator categories across the reviewed forms.



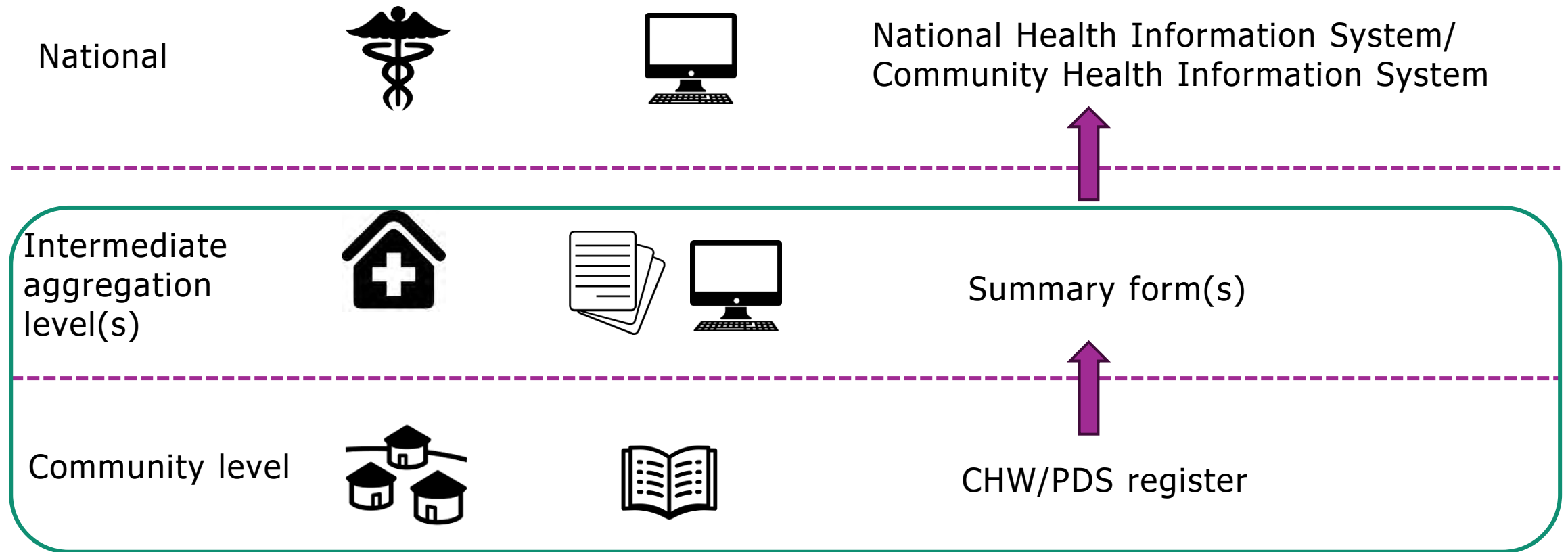
**Review HMIS registers and summary forms** to map indicator availability and available disaggregations.



**Cross-check review** by a second person & **validate results** with MOH personnel or other individuals with deep familiarity with the HMIS in each country.



# Overview of data flows



# Structure of results

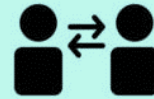
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Community Health Workers

2

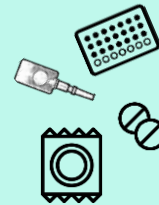
Pharmacies and Drug Shops

## 3 common indicator categories



### FP counseling

# clients counseled on FP by CHWs/PDS



### FP provision

# clients receiving methods from CHWs/PDS



### FP referrals

# clients referred for FP by CHWs/PDS

# Community Health Workers

## CHWs


# CHW data tools

Country	CHW cadre	Register	Summary Form (level)	Other sources of info
Burkina Faso	Agents de Santé à Base Communautaire	Not available	Monthly Activity Report: Community (sub-district)	
Mozambique	Agentes Polivalentes de Saúde	Not available	FP indicator list from UpScale	
Nepal	Female Community Health Volunteers	HMIS 4.2 FCHV Service Register	HMIS 9.1 FCHV Report (supervising facility)	FCHV data in HMIS 9.2 - 9.5 Facility Reports
Nigeria	Community Health Influencers, Promoters and Services agents	Community-based daily FP register, v 2022	Community HMIS, Community Monthly Summary Form, v 2022 (CHEW)	
Uganda	Village Health Teams	VHT Household register	HMIS 105: Health Unit Outpatient Monthly Report (supervising facility)	Meeting with MOH staff

# CHW indicators

Country	FP counseling	FP provision	FP referral
Burkina Faso	Unknown	Y	Y
Mozambique	Y	Y	Y
Nepal		Y	Y
Nigeria	Y	Y	Y
Uganda			

Y = in register


 Also in monthly summary form

- 4 countries record FP provision and referrals in CHW registers, and this information is reported in monthly summary forms.
- 2 countries record FP counseling in CHW registers, and one of these record it in monthly forms.
- In Uganda, VHT-reported data are reported with data from their supervising facilities, but it is not possible to distinguish VHT clients from facility clients.



# Disaggregation of CHW FP provision

Y = in register

 Also in monthly summary form


Country	By age	By method	By new/returning
Burkina Faso	Y	Y	Y
Mozambique	Y	Y	Y
Nepal		Y	
Nigeria	Y	Y	Y
Uganda	No FP provision recorded		

- All countries recording information on FP provision record method disaggregation in CHW registers and monthly summary forms.
- 3 of these 4 countries also record disaggregation by age and by new/returning users in CHW registers. All 3 countries report disaggregation by new/returning users in monthly forms, and 2 report disaggregation by age.

# Disaggregation of CHW provision by method

	ECP	Pills	Injectable	Implant	Condom	Other
Burkina Faso		Y	Y		Y	
Mozambique		Y	Y		Y	
Nepal	Y	Y			Y	
Nigeria	Y	Y	Y	Y	Y	Y
Uganda	No FP provision recorded					

Y = in register

 Also in monthly summary form

- The only method that falls off from the register to the summary form is “other” for Nigeria.

# CHW HMIS indicator summary

Topic	In registers (R)	In summary forms (SF)
#counseled	2/5	1/5
#received methods	4/5	4/5
#referred to facility	4/5	4/5

- Data flows and aggregation methods vary across countries.
  - ❖ In **Burkina Faso** and **Nepal**, CHW data are aggregated across CHWs who are linked to the same facility.
  - ❖ **Uganda** includes VHT data in facility summary forms, but it is not possible to isolate VHT data.

# Pharmacies and drug shops

## PDS

# PDS data tools and systems

Country	Register	Summary Form (level)
Burkina Faso	N/A: PDS data not collected	
Mozambique	N/A: PDS data not collected	
Nepal	N/A: PDS data not collected	
Nigeria	Community-based daily FP register, v 2022	Community HMIS, Community Monthly Summary Form, v 2022
Uganda	N/A: PDS data not collected	

- **Nigeria** is piloting a Community HMIS using individual PDS-level forms. The forms records counseling, method provision and referrals, and include disaggregation by age, method, and new/returning user.
- **Uganda** includes PDS data in health facility summary forms, and in **Nepal** PDS may report data to a local facility or municipal office, but in both cases, it is not possible to distinguish PDS clients from facility clients.

# Spotlight Presentations

Challenges, opportunities, and operational considerations for integrating community-based and private-sector health information into HMIS



Brighton Muzavazi

Track20 M&E Officer

Zimbabwe



Lawrence Anyanwu

Director & Acting Head, RH  
Division, Federal Ministry of  
Health & Social Welfare

Nigeria





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# From private sector data capture to health information exchange & interoperability in Zimbabwe

Brighton Muzavazi

Track20 M&E Officer  
Zimbabwe

May 15, 2024



# Why Private Sector reporting Matters For Zimbabwe

- Close to a quarter of FP services (22.3%) provided in the Private Sector
- Most of the Private sector service providers not reporting through the National Health Information System
- No information on how many service providers for FP in the Private sector was available
- The Government procures contraceptives and sells to the Private sector at subsidized rates



# Efforts to Engage the Private Sector

- Standardization of family planning Reporting tools
- Private sector Mapping
- Registering Private Sector clinics in DHIS2
- Collecting of Retail pharmacy data from the national pharmaceutical
- Training of Pharmacists and dispensary assistants
- A better way of capturing private sector data



# Towards Health Information Exchange

**Having partners reporting in DHIS2 is not the solution**

Suggested solutions include direct data entry, sharing data or carrying data to the district for data entry, and use of public sector templates

High costs for private sector

Limited acknowledgment of different data systems

**Different systems used to collect FP routine data**

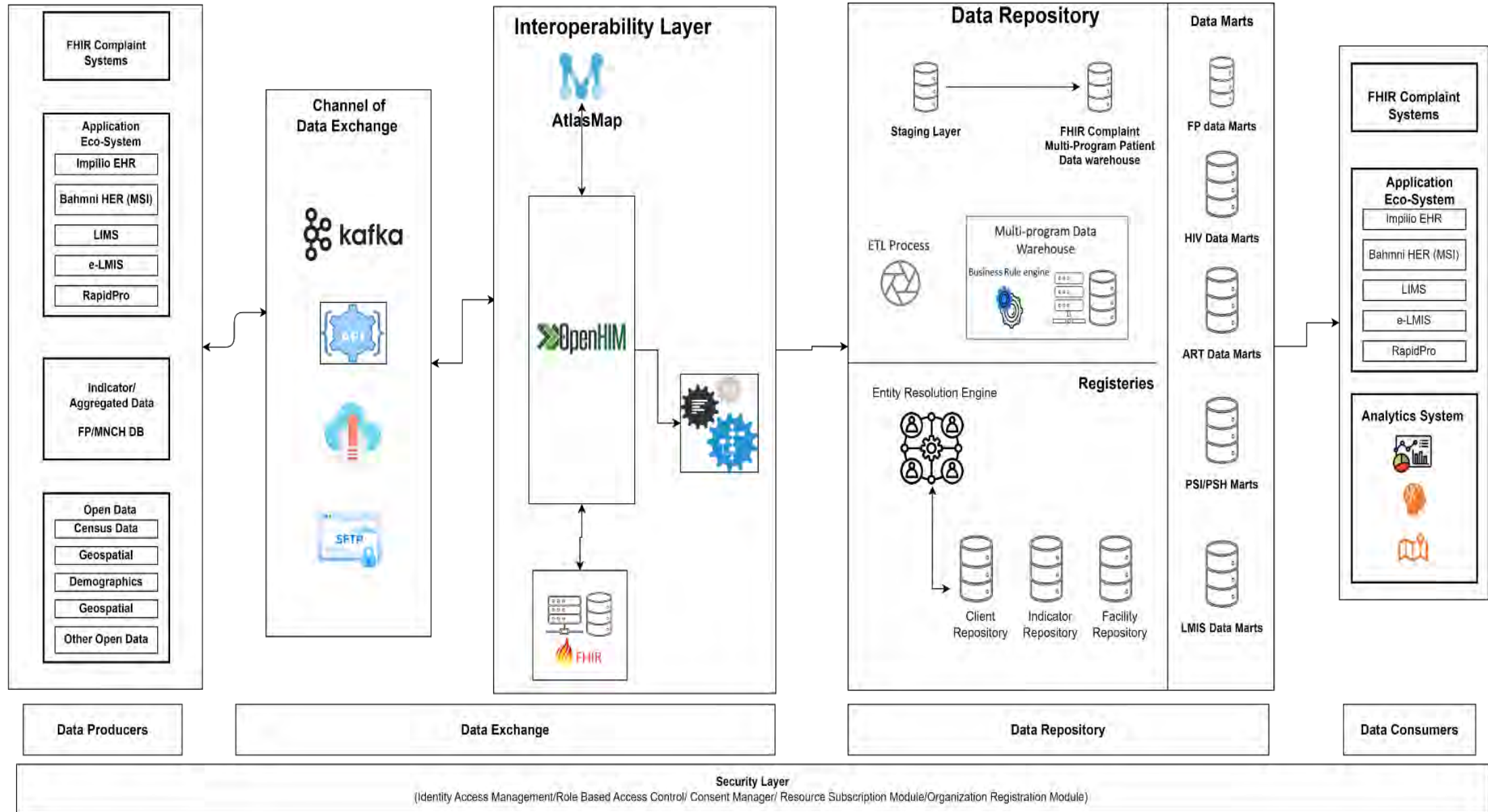
DHIS2(MoHCC)

DHIS2( PSZ)

- Impilo( eHR)
- eLMIS
- Excel spreadsheets


Private and retail Pharmacies







# Health Information Exchange ...

- Creating a central repository for all FP data (Public and Private) including pharmacies
  - The different systems being able to communicate to each other and share data
  - The HIE was built outside DHIS2 pulling data from different systems that collect FP data including data for Pharmacies
  - Benchmarking with population and survey data
  - Retrieving and sharing information from the HIE
  - This is the first instance of Family Planning leading the data ecosystem and building the architecture for data sharing
- 



# Implementing Community Health Management Information Systems (CHMIS) in Nigeria

*A Presentation by Mr. Lawrence Anyanwu  
Director & Acting Head, RH Division  
Federal Ministry of Health & Social Welfare*

May 15, 2024





# Background

- The Nigeria Health Management Information System (NHMIS) at its early stage covered only public sector health facilities with few selected private sector health facilities subsequently added
- Private HFs and community-level data were not collected and were not feeding into the NHMIS
- Different Partners had data collection/reporting tools designed to meet their specific needs
- Effort at harmonizing the various tools commenced in 2021
- By 2022, the Federal Ministry of Health and Social Welfare designed a Community Health Management System (CHMIS) with appropriate tools and Standard Operational Procedures (SOPs)



# Background Cont'd

- The purpose is to facilitate the collection and reporting on community-based services on a national scale with a view to complementing the overall Nigeria Health Management Information System (NHMIS)
- The CHMIS has been piloted in nine states out of the country's 36 states plus the Federal Capital Territory (FCT), Abuja
- Subsequently, the tools and SOP have been validated for national scale up which is yet to commence
- Family planning is one of six programme areas covered and have specific registers
- Successful roll-out/scale up of the CHMIS will positively impact the National Family Planning Programme as data on FP services provided by Community Health Workers (CHWs) are collected and integrated into the national system for improved overall decision making and greater effectiveness.



# Categories of CHWs Involved with CHMIS


1. Junior Community Health Extension Workers (JCHEWS)/CHEWS
2. Community Health Influencers and Promoters Scheme (CHIPs) Agents
3. Community Pharmacists (CPs)
4. Proprietary and Patent Medicine Vendors (PPMVs)
5. Community Engagement Focal Persons (CEFPs)
6. Traditional Birth Attendants (TBAs)

Each of these categories of CHWs report according to the training given to them which is based on what the laws allow them to do





# Data Collection Tools for Family Planning

1. **FP Client Record Folder** – basic information on the FP Client
  2. **Community-based Daily FP Register (CFPR)** – information on FP Clients and the FP services provided to them in the community. Data on CFPR are aggregated into CHMIS Monthly Summary Forms
  3. **CHMIS Monthly Summary Forms (CMSF)** – summarizing & sharing information about all services provided in a month including FP
    - On one hand, the CHW can complete the CMSF at end of each month and forward the original copy to the Local Government Health Office through the Ward Focal Person (WFP)
    - On the other hand, the WFP can complete one CMSF thereby providing a single Ward-level data summary for all services and activities carried out in the communities (involving all CHWs) in the same ward during a given month
    - Data could be uploaded into the CHMIS Platform based on the above two scenarios on no. 3 above
- 



# Categories of FP Indicators Collected


## 1. Counseling–

- FP
- PPFP

## 2. **FP Service Provision** – disaggregated according to:


- New FP Acceptors in the Community
- Commodities given to clients in the community (Commodities are fully disaggregated)
- Age of the clients

## 3. **Referral**

- Oral Contraception
  - Injectable Contraception
  - Contraceptive Implant
  - IUD
  - Surgical Procedures including Sterilization and Implant Removal
  - Medical Consultation related to FP, STI, ART, PMTCT, etc.
- 



# Integration of CHMIS into DHIS2 Platform

1. Data elements collected and indicators reported through the CHMIS Platform largely align with those on the NHMIS/DHIS2 Platform
  2. The CHMIS Platform however operated independently from the DHIS2 Platform and data elements could be traced to any given CHW through their wards
  3. Expected integration of the two servers (DHIS2 and CHMIS) has not happened as stakeholders' engagement meeting to work out modalities for rollout/scale up of the piloted system is yet to take place
- 



# Way Forward

1. Federal Ministry of Health and Social Welfare to convene a Stakeholders' Meeting
2. Mobilize resources for roll out/scale up of the piloted system to be supported with an Annual Operational Plan
3. Secure funding support for payment of fees for license and maintenance

Thank you for listening



# Discussion



Rogers Kagimu

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# Breakout group discussions



# Objectives and instructions

- Advance discussion on ideal indicators for global monitoring of HIPs, including any recommended changes to existing globally recommended indicators, and identify action steps.
  - Instructions:
    - You will be assigned to the room corresponding to the HIP that you pre-selected.
    - Facilitator will guide discussion.
    - Note-taker will capture key points via a Google slide
    - **Select someone to report out**
- 

Report out



Next steps & closing





## Erica Lokken

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# Thank you!

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