HIMF Data Collection Tool

Empowering Data Collection for Better Health Outcomes

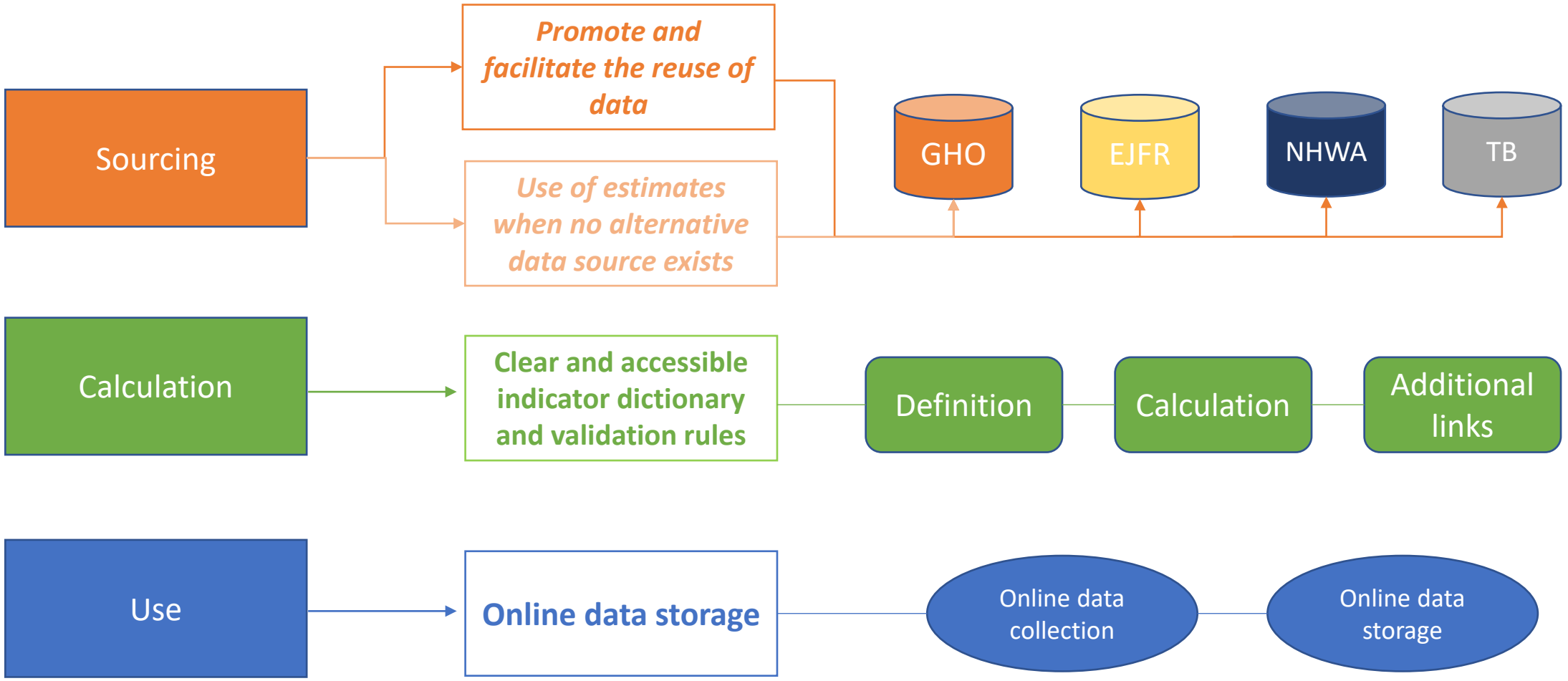
Outline

- **Observations:** What are the current key issues with the current data collection process
- **Solutions:** What has been done to facilitate data entry in DHIS2
- **Demonstration:** How does the HIMF data collection tool work?
- **Limitations**
- **Feedback:** Your feedback will be valuable in making the tool more usable to you!

Reporting of HIMF data – Observations

Sourcing	For a given indicator, different sources or calculation method are used. Consequently, reported figures may not consistent over time.	*Several inconsistencies were observed between the data reported to EJRF or the TB global report and the data submitted*
Calculation	Calculation methods do not match HIMF definition, making it hard to compare countries data	*Standardizing by age group* *Reporting in US dollars per person* *Applying the appropriate scale (per 1,000 or per 10,000)*
Use	The HIMF data is not used extensively by country	*Little awareness of data previously submitted to the HIMF report*

Improving the reporting of HIMF data – Solutions



Demonstration

Limitations

- The HIMF tool follows the data collection framework agreed upon by Heads of Health (HoH). However, certain indicators may be difficult to collect for some Pacific Island countries and areas (PICs).
- The HIMF report first depends on the timely and complete data submission by the HIMF focal point in the country or area.
- The completeness of data sourced from online sources depends on the active participation of Member States in the reporting mechanism.

Conclusions

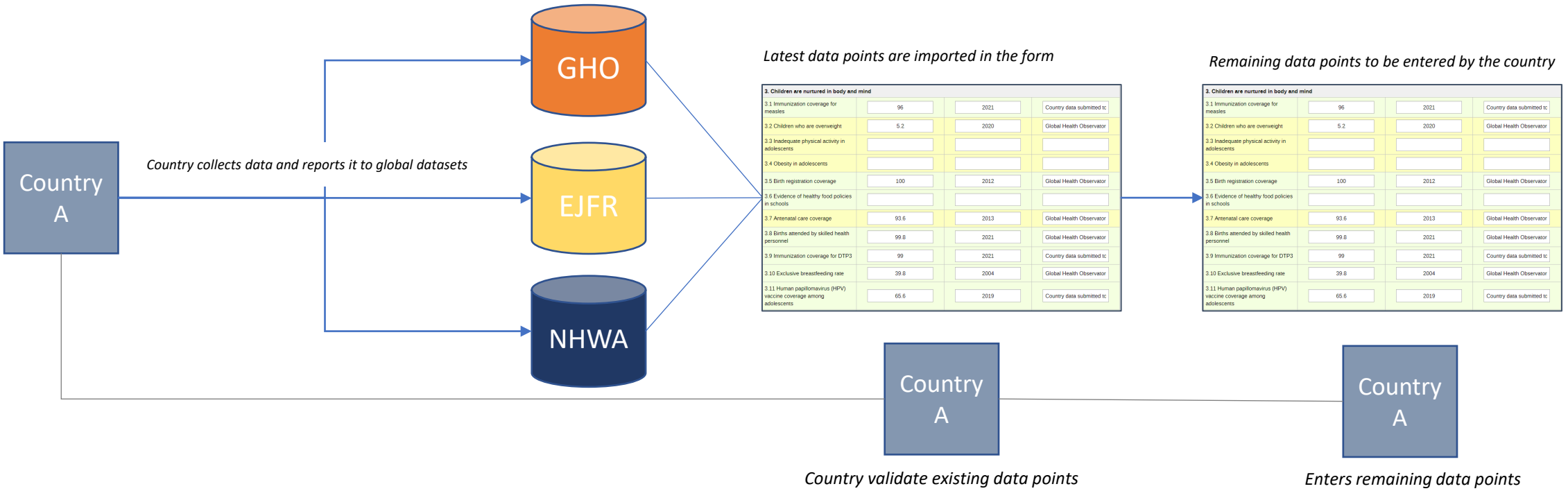
- The HIMF data collection tool revision aims to create a facilitating environment for reporting HIMF data.
- To achieve this, priority was given to reusing country data submitted to WHO and UN agencies and clarifying the indicator meta-data.
- The data collection tool facilitates data entry but still relies on the HIMF focal point for timely and complete data submission.

Feedback?

- To refine the DHIS2 tool before its launch for the next progress review, looking for 2-3 volunteers to test drive the tool.

Annexe: *from data entry to data validation*

- Support Reuse of Data Collected by Other Programs with Data Validation Process: Governments are collecting and reporting a wide range of data. We connect to different data sources directly to avoid having you collect this data.
- Support Users in Calculation and Data Entry: The indicator dictionary is embedded in the form and can be consulted at any time. In addition, validation rules will help you identify abnormal values.
- Facilitate Data Extraction and Reuse of Data: The data is stored on the WHO server and accessible to you at any time.



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3.1 Immunization coverage for measles	96	2021	Country data submitted tc
3.2 Children who are overweight	5.2	2020	Global Health Observator
3.3 Inadequate physical activity in adolescents			
3.4 Obesity in adolescents			
3.5 Birth registration coverage	100	2012	Global Health Observator
3.6 Evidence of healthy food policies in schools			
3.7 Antenatal care coverage	93.6	2013	Global Health Observator
3.8 Births attended by skilled health personnel	99.8	2021	Global Health Observator
3.9 Immunization coverage for DTP3	99	2021	Country data submitted tc
3.10 Exclusive breastfeeding rate	39.8	2004	Global Health Observator
3.11 Human papillomavirus (HPV) vaccine coverage among adolescents	65.6	2019	Country data submitted tc

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