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SUCCESS STORY

Improving Health through Health Services Delivery and Data Collection



To remedy Djibouti's lack of reliable health data (top), the USAID PECSE Project computerized the reporting system and trained health providers to collect, analyze, and use data for decisionmaking (bottom).

Extending the coverage and improving the quality of essential health care in Djibouti are the main objectives of the USAID Expanded Coverage of Essential Health Services Project (PECSE), which focuses primarily on rural and peri-urban areas. PECSE is providing a package of quality health services to improve access to care, reduce morbidity and mortality rates among women and children, and promote full community participation. Since Djibouti also suffers from a lack of reliable health data, mainly due to an inconsistent reporting system, PECSE also works to improve the country's health management information system (HMIS).

Rehabilitating Health Posts

At the beginning of PECSE's implementation in 2004, many of Djibouti's health posts were in such poor condition they were closed. Since then, the project has coordinated the rehabilitation and re-equipping of 23 rural health posts, providing them with needed furniture and equipment for maternal and antenatal care, child health care, nutritional recuperation, infection prevention, and medical waste management. In addition, wherever possible, PECSE assisted in the development of improved potable water systems, including the delivery of water to the health posts.

Improved Health Management Information

In many remote health posts throughout Djibouti, data collection has been either nonexistent or insufficient. PECSE worked with health post nurses and supervising physicians to design and fieldtest new HMIS tools to register patients and collect and analyze data for decisionmaking. Ongoing work by PECSE and the Ministry of Health (MOH) has reinforced improved data collection in the renovated health posts by providing training, supervision, and tools to perform routine health data collection and analysis for all priority health areas.

District hospitals, where district health management teams are based, and the MOH have been provided with a computer and software package and training for the HMIS. Now data are available in each health post, collected and consolidated at the district, and used nationally. The Ministry's information system is under regular supervision and more complete than it has ever been.

Communities Appreciate Improvements

Community mobilization has been successful. Every health post has a functional health committee, composed of women and men from the community and female and male community health workers, who are the bridge between the health posts and the community. The presence of effective committees, the expressions of happiness from mothers who now have nearby services, articles in local newspapers, and, most importantly, a three-year increase in the use of health services in rural areas from 10 to 47 percent all provide evidence of the communities' appreciation of the improvements in health services delivery.