



Background:

Approximately 1 in 5 people (>21 million) in Ethiopia have health conditions that could benefit from rehabilitation services¹ and this need is only growing along with the rise of NCDs, conflict-induced injuries, and an aging population. Ethiopia has more than 30 rehabilitation facilities, but there is a lack of standard data collection and reporting procedures for rehabilitation, and rehabilitation data is not integrated within the national health management information system (HMIS), including the DHIS2 platform. This lack of data hinders evidence-based decision making for policymakers at the national level, and for rehabilitation managers in facilities to make continuous improvements to service delivery.



- 6 Customized the data elements and indicators with validation rules on DHIS2;
- 7 Developed a dataset with rehabilitation and AT service data elements and indicators on DHIS2 and tested for functionality;
- 8 Trained service providers, program managers, and data personnel on DHIS2; and
- 9 Initiated data reporting in the DHIS2 Rehabilitation Module for rehabilitation information management.

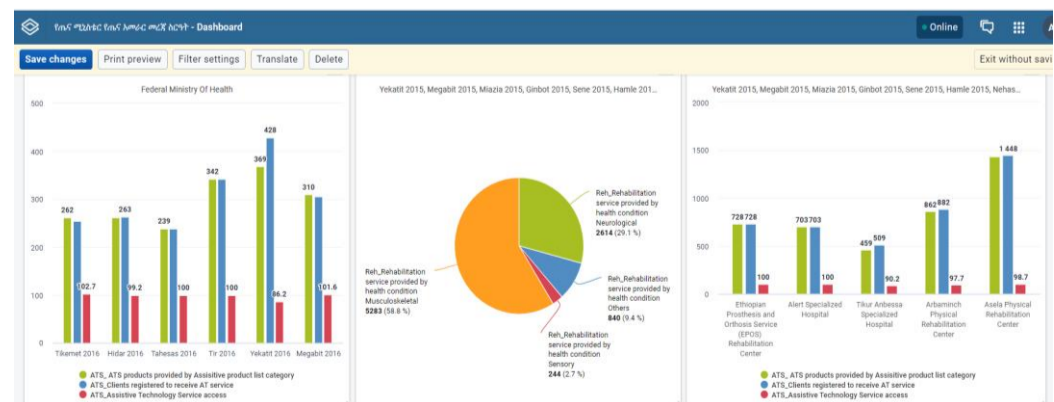
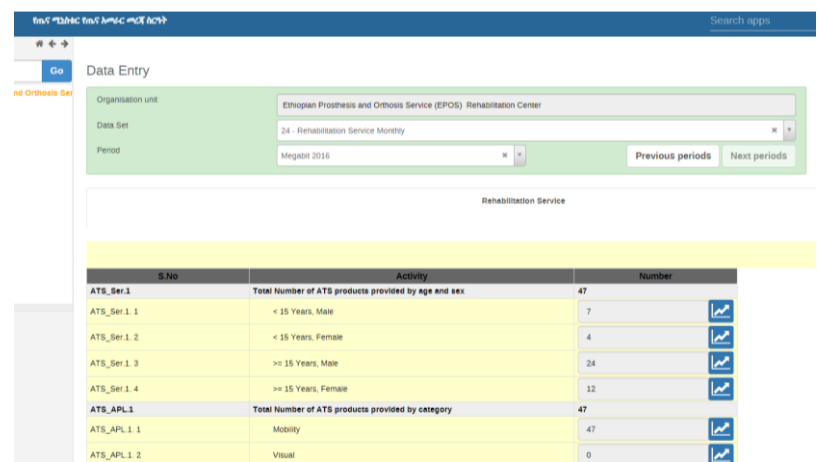
Outcomes and implications:

After the success of the initial pilot, the implementation of DHIS2 Rehabilitation Module is being expanded to additional facilities. The use of the DHIS2 platform for rehabilitation is supporting standardized data reporting and evidence-generation to inform decision-making at the national, sub-national, and facility levels.

Approach and strategies:

The Ministry of Health of Ethiopia and its technical partners, including the Health Systems Strengthening Accelerator project, executed a collaborative and phased process to standardize rehabilitation data management and pilot the DHIS2 Rehabilitation Module where they:

- 1 Assessed the capacity of five rehabilitation facilities (two hospitals and three centers) where the DHIS2 Rehabilitation Module would be piloted;
- 2 Conducted a desk review of national policies and global guidelines from the WHO;
- 3 Prioritized six rehabilitation and assistive technology (AT) service indicators through an in-depth consultative process with WHO and local experts;
- 4 Developed standardized manual data collection and reporting tools (registers, tally sheets, etc.);
- 5 Tested the data collection and reporting tools and validated the final list of indicators;



Providing rehabilitation facilities with equipment and ongoing human resource training and mentorship is resource-intensive yet necessary for broader expansion of the DHIS2 Rehabilitation Module in Ethiopia.

¹ WHO Rehabilitation Need Estimator (<https://vizhub.healthdata.org/rehabilitation/>)