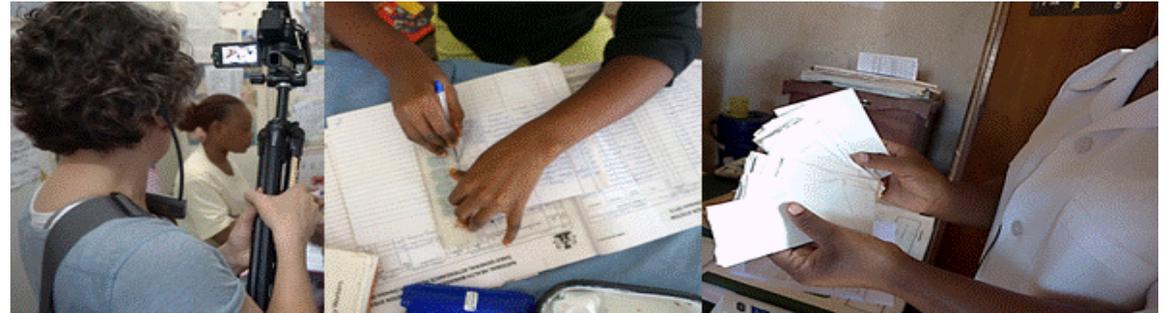




## Workstream 3 (WS3)

### Local Evidence



#### WHAT IS WS3 ABOUT?

In WS3 we gathered local ‘real-world’ evidence on the Health Information System (HIS) in Côte d’Ivoire, Mozambique and Nigeria to complement the global evidence gathered in WS2.

#### WHICH METHODS DID WE USE IN WS3?

We used a mixed methods approach from several perspectives: public health, health systems research and human-centred design (HCD). Methods included a desk review of key health policy documents and field work in each country (ten days), to carry out interviews and workshops with key stakeholders, stakeholders analyses, interviews with health workers, health facility data verification exercises and shadowing of health workers (observation).

We did not aim to obtain generalizable findings, but rather to acquire in-depth knowledge of the status of the HIS by synthesising different types of evidence from several sources.

#### WHAT WERE THE FINDINGS OF WS3?

We visited more than 30 health facilities and engaged with over 90 stakeholders across the three countries. We collected all forms, registers, tally sheets and monthly reports used at primary health care as part of their paper-based HIS.

Common challenges of the HIS in the three countries included: (i) limited funding and inadequate human resources; (ii) irregular supply of data tools; (iii) lateral and duplicate data collection by promoted by donor partners and programmes; (iv) lack of data analysis at the level of the data collection; and (v) lack of data use for decision making.

Together with our project partners, stakeholders, and health facility staff we developed a decision making framework. This framework was borne out of the recognition (from WS2 and WS3 findings) that the HIS should primarily enable good decision making at the point of care. Accordingly, it encompasses all of the potential functions of the HIS in relation to PHC decision making and indicates where these could be supported by HIS tools.

#### WHAT ARE THE IMPLICATIONS OF WS3 FOR PHISICC?

These findings affirm the direction of the project to reorientate the HIS so that the responsibilities and needs of health workers are at the centre of its design. It is envisaged that such innovative design will make their work more efficient, less burdensome, more satisfactory and, through these means, more accurate and responsive to population health care needs. The decision making framework will guide the design of the interventions in WS4.

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