

# Health Center Renovation Project

Wereda 17, Kebele 20, Bole Road, Dabi Complex 5<sup>th</sup> Floor  
Phone: 251-011-662-89-69/70/71 Fax: 251-011-662-89-73  
Addis Ababa, Ethiopia

Meeting: PPD and HCR  
Location: PPD / FMOH  
Date and Time: 28 December, 2007 10:00am  
Participants: Ato Gadissa Lemecha HMIS Team/PPD  
Ato Alemayhu Showarega, Architect / PPD  
Dr. Kesete Admasu, Health Services Department of the Ministry (and two departmental junior professionals)

Subject: Minutes of the HCR and HIV Services Tracking System meeting with FMOH

---

Sallehunae and Laurel met today with Ato. Gadissa (HMIS) and Dr. Kesete (Health Services) to review the HCR and HIV Services Tracking System summary data and statistical analyses. Both men quickly absorbed the orientation to the tracking system and appreciated the wealth of data available in it. They requested a copy of the raw data files because information by health center is extremely pertinent to their goals. We emailed them this file today.

Gadissa and Kesete provided additional feedback as follows:

1. (Kesete) The ultimate goal is to obtain information on actual referral system and referral patterns by type of service delivery. They view the information in the HCR and HIV Services tracking system, on the status of services by health center, as a useful intermediary step, and asked how the ultimate goal could be accomplished.
2. (Both) They would like to expand the scope of the tracking system to include more types of facilities and more service delivery partners (e.g., CDC-funded organizations).  
(Note: With additional resources, it is possible to expand the system)
3. (Both) Because of the varying statistics regarding the number of health centers, the national coordination meeting will be a key opportunity for partners to reach consensus on how many bona fide health centers exist, and where.

They plan to provide more detailed feedback after further examination of the raw data.

HCR staff made note of their comments and suggested that, in light of the current parameters assigned to HCR for the tracking system, they may wish to hold an expanded discussion within PPD and with USAID with regard to their ultimate goal of mapping referral patterns. Dr. Kesete plans to discuss this with PPD heads and stress service mapping at the regional level as a start.

With regard to the status of service by facility as a building block to analyzing the referral system and patterns, it is important to note the inverse time:validity relationship of the data in the tracking system. Because of the relatively fluid workforce flow between facilities, the validity of the data is likely to decrease steadily as time passes. Thus the system as a useful resource will be dependent on regular, methodical data collection (we estimate it would take at least two weeks' per region per quarter to obtain reliable data on referral patterns) and with the user's pragmatic understanding of data survey methodology.