

Improving Data Use at Facility level doesn't need fancy interventions: Capacity Building, Mentoring and Recognition can take us miles

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Collecting quality data and using it for day to day decision making are essential components of a well-functioning health system (1). In Ethiopia, a health management information system has been implemented at all levels of the health care delivery system to ensure the information is used for evidence-based planning and decision-making (2). Because it is the basis for planning and policymaking at all levels of the health care system, still the government of Ethiopia is harmonizing the issue as one of the frontline agendas of the health sector transformation plan in the country (1). However, it still faces several challenges, and the changes are not as they were supposed to be. Theoretically, it is known that motivating and incentivizing staff enhance their performance which could improve service outcomes. A recent study showed that incentivizing health outcome improvement is an increasingly important attribute in the health system of low and middle-income countries (3). Moreover, availing and using healthcare data for clinical practices and administrative decision-making by health system leadership is a vital neglected step to improve better health outcomes in a given society (4).

The Ministry of Health of Ethiopia (MoH) introduced a collaborative program called Capacity Building and Mentorship Partnership program (CBMP) with 6 local universities including the University of Gondar. The research team at the University of Gondar was providing technical support to facilities to improve data quality and use in Amhara and Benishangul Gumuz regions by designing innovative approaches. One of the tested innovation was performance-based non-financial incentive and the other was capacitating HIS leadership as a motivation to improve data quality and information use at the health facility level in Amhara and Benishangul Gumuz, respectively. Once the interventions were designed, implementation research was used to generate evidence on what works and what does not. The IR was using Embedded approach not only by researchers but also by involving regional and local health offices and facility front line health workers. This platform is also important to sustain and scale up the empirical evidence

and experiences to similar local contexts. All the evidences generated in this special issue were following this embedded approach where researchers and implementers work together from inception to publication

This special issue brings together the findings from the original studies that have been conducted under this initiative, which explore a wide range of issues, including effect of performance-based non-financial incentive intervention on healthcare data quality and information use, barriers and facilitators of PBNI intervention implementation, how the PBNI was implemented using RE-AIM framework, how cost-effective was the intervention compared to the existing competing interventions, and development of feasible model strategy for possible scale-up to other similar contexts. Besides, it provides relevant information on the effect of training and post-training follow-up (TPF) of HIS leaders on data quality and information use and determinants of TPF implementation in Assosa district.

It is our hope that empirical evidence and lessons, as well as recommendations, emanated from these studies can shed light on how to achieve stretched objectives of the Health Sector Transformational Plan II (HSTP-II) in general and the information revolution (IR) of Ethiopia in particular. Furthermore, the studies could pave a way for future collaborative implementation research among different collaborators in the HIS area in particular and the health system in general.

We are also glad that some of the study findings are already being used by facilities which show the beauty of embedded implementation science approach which makes health works the owners of the research results as they were part of it. We will continue working with those facilities in using the research results to improve the data quality and use which will in turn improve the overall health system performance of the district.

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