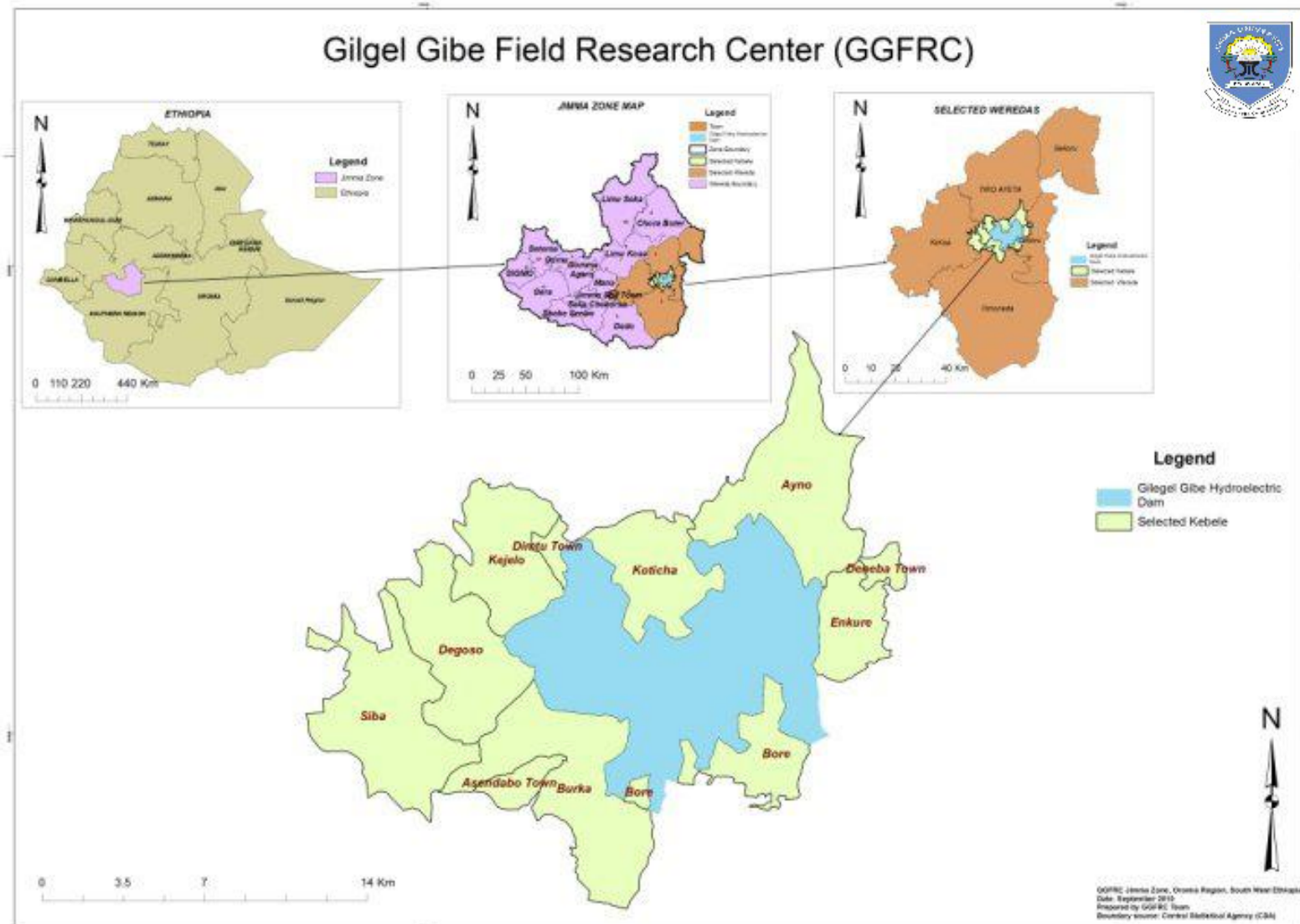




Capacity strengthening activities and challenges at the GGFRC HDSS

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Brief Background of the GGFRC HDSS Site

- The center is established in September 2005 surrounding the Gilgel Gibe I Hydroelectric dam
- Comprises 11 kebeles (3 small towns & 8 rural kebeles), located in 4 neighboring districts in Jimma Zone, Oromia Region
- Current population 62,979 (F=51%, small towns=33%, Rural=67%) residing in 12,776 geo-referenced houses



Activities of the Center

- Every six months regular population update through a house to house visit with birth, death & migration registration and
- Observation of pregnancies and registration of marital change in women
- Change in education and socioeconomic status
- Causes of death determination by physicians based on verbal autopsy coding with ICD 10 and now plan to use INTERVA and other algorithms
- Support graduate students, staffs and other stakeholders to undertake research in the site



Human resource

- 16 data collectors and 3 supervisors – At least high school completed
- 4 data entry clerks with diploma in IT
- Two data managers – statistics and ICT
- Two data editors - Diploma
- 14 Local guides – able to read and write
- 4 VA interviewers – at least diploma
- 3 Physicians – Pediatrician, Internist and surgeon
- 6 Surveillance team members – Biostatistics, Demography, Reproductive health, Epidemiology, Public Health and Environmental health
- Administrative assistant, secretary, office support, finance personnel



Experiences on capacity building

- Training for field workers
 - When launching new surveys
 - Before conducting next update five days refresher training to all field and office staffs is conducted regularly
- In addition to the site specific analysis and write up of articles, we share our experiences and expertise to other sites in Ethiopia that include data management and analysis of surveillance data
- Yearly analysis of merged surveillance and verbal autopsy data that come from the six HDSS sites in Ethiopia



Experiences ...

- Basic data management training on HRS database for the site surveillance team members and data manager is conducted by the data manager
- Training on basics of GIS data management and use is given surveillance and support staffs
- Provide training on statistical software like STATA
- Support new sites on HDSS related activities and data management



Dissemination and communication

- Presentation of surveillance report for local communities and administrators yearly
- Policy briefs Produced and distributed
- Articles on population dynamics, migration and causes of death are on the final stages for submission and publication
- Actively Involved for the analysis of data and dissemination of reports to stakeholders at the HDSS network in Ethiopia



Challenges

- High field staff turnover due to very low payments
- High workload and poor incentives for surveillance staff
- Poor intervention and utilization of surveillance findings at different levels
- Poor or no collaboration between the site and expected primary users of the surveillance output – RHB, FMoH, etc.
- Absence of field level offices & laboratory facilities
- Poor financial and logistic support for the HDSS activities – we face unexpected and significant budget cut from our partner



Support we need

- Staff capacity in modeling surveillance data like life expectancy, disability adjusted life years, geospatial data analysis, etc.
- Electronic data capturing – equipment as well as capacity
- Surveillance data linkage – example linking pregnancy observation with pregnancy outcome, migration with birth and death data, surveillance to health service data
- Upgrading the HRS2 database system to OpenHDS or others
- Internal data validation and error checking and correction system



Support we need

- Customizing INDEPTHStats/iSHARE to site data with additional indicators
- VA causes of death – INTERVA and other algorithms
- Analyzing time-dependent covariates like education, marital status, occupation, family status, etc.
- Production of policy relevant articles and policy briefs,
- Advocacy for evidence based decision making
- Project and strategic plan development
- Research design and methods to assess health inequalities and social determinants of health



Support we need

- Effective communication and policy dialogue like:
 - develop a policy dialogue for a good advocacy and communication with authorities and which tools to be used (policy briefs, etc.),
 - engaging policy makers,
 - working with press and media to convey research results,
 - communicating scientific results to international and local audience, etc.