

## RD Visit, District Bastar (Jagdalpur), Chhattisgarh state.

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During RD visit to district, for monitoring of current National health programmes and IPHS stands, we have also included HMIS component for monitoring. Four Block CHC, 5 PHC and 4 HSC s were selected randomly and interacted with health officials and RU officials. The details of observations are as follows:

### Visited Health institute:

Health Institute	Name	Interacted In charge	Programme Unit
Block Community Health Center		BMO, Medical officers	BPM if available and Data entry operator, BADA, Health supervisor
Primary Health Center	Nagar nar, Kachnar, Lajonda, Belar Kalepal	Medical officer	–
Health Subcenter		ANM	
HMIS District Units		DDO, DPM	

## Observations and Comments on the HMIS

### I) HMIS: Block CHC RU:

- 1. Infrastructure and training:** All visited blocks are having data entry operator with facility of the computer with internet facility. The BMO and other medical officers are not aware of details about HMIS formats and instructions at a glance and its application at local level for decision making. Out of four blocks only 2 CHC have Block Programme Manager.
- 2. HMIS formats:** The monthly formats were distributed from the block to PHC and HSC and staff posted there was directed to fill the form within stipulated time. On the day of Meeting the formats are collected from field staff and data collected are entered by data enter operator in the computer. The single poor quality Xerox copy of the monthly format was provided to primary health centers and health subecnters, when team visited to health facilities they couldn't find

- the copy of the send formats at peripheral visited health institute. It is available at CHC.
3. **DHIS II/HMIS:** at block level, Data entry operator uploads Monthly HMIS Data on [www.cghealth.nic.in](http://www.cghealth.nic.in) .
  4. **Training:** In addition to the above, when we inquired about the HMIS training at block level to BMO, BPM, BADA, DEO and BE, they intimated that they had undergone one day training at district headquarter. We have inquired about the formats and if they are finding any difficult in understanding and filling the format. Many of the block staffs intimated that they are unable to understand some of data items of HMIS for example where to put zero and blank. After interaction they informed that they need further training and clarification of about 227 data items of Monthly HMIS formats. The present HMIS manual gives broad instructions to various users on how the forms are to be filled up, which is not available at peripheral health institute.
  5. **Verification of the Monthly formats:** Verification of filled figures of monthly prescribed formats is not done by Block Medical Officer, only BE, supervisor and DEO are verifying the formats. At block we find the circular from District HMIS regarding the Validation error. They are circulating it to peripheral health institute for rectifying the error and further action and will also discuss in forthcoming meeting at block.

## **II) HMIS: Primary Health Centers RU:**

**Infrastructure, Training, Verification-**No facility of Computers in surveyed PHC, the prescribed MIS form was manually filled by the Supervisor /health workers and forwarded to block, copy of report which was submitted to block was not available and they are also not aware of the record keeping.

The Medical officers and sector PHC supervisor in the visited blocks are not acquainted with HMIS, their involvement was also lacking. They are also not trained in the HMIS.

Medical officer of the PHC was only signing the report, they are not verifying the HMIS report and also not aware of it.

-we could not find the previous HMIS month copy of the formats for verification.

### **III) HMIS: Health sub center:**

**HMIS formats:** In the four visited Health subcenters, we have noted that the HMIS report was send directly to block, and second copy is not available for verification.

**Training:** Formats are explained at blocks level, the officials are not clear about some of the data items they have to fill in the format. As per discussion with the ANM, they desire another training session by HMIS experts. We have interacted about data items some of the ANM do not able to understand the meaning of the data items.

**Constraints:** The Print quality of the HMIS monthly formats sent to sub-centers is of very poor quality and not clear. It is suggested to provide good quality and adequate number of HMIS format in all the health facility.

### **IV) HMIS district unit:**

The visited RD team interacted with the DPM and DDO, and given feedback regarding their field visit and **HMIS RU**. The Discussion on monthly reporting, training status of the HMIS and common validation errors of April 2010 was done with district data officer. HMIS data of 2009 and 2010 and April 2010 were taken for the analysis purpose. Facility wise data compiled at block. District level using the DHIS software [www.cghealth.nic.in](http://www.cghealth.nic.in) , after compilation, data uploaded on <http://nrhm-mis.nic.in> (HMIS, GOI). The DPM and DPM were given feedback of the field visits and verified HMIS reports of the four blocks. Mother and child tracking system are yet to start in the district. They are unaware of creating and updating the master files containing information about the facility on HMIS portal.