

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

During RD visit to district, for monitoring of current National health programmes and IPHS stands, we have also included HMIS component for monitoring. Three Block CHC (LAUNDIGUDA, DARBHA AND TOKAPAL), 3 PHC (Belar, sand 3 HSC (Usaribeda, Neganar and Markapal) were selected randomly and interacted with health officials and RU officials. The details of observations are as follows:

### **D) HMIS: Block CHC RU:**

- 1. Infrastructure and training:** All visited blocks are having data entry operator with facility of the computer with internet facility. No facility of the data entry at PHC level. At surveyed blocks the, the some data entry operator posted at PHC and deputed at CHC for data entry.
- 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. The single poor quality Xerox copy of the monthly format was provided to primary health centers and health Subcenters, when team visited to health facilities they couldn't find the copy of the send formats at peripheral visited health institute.
- 3. Training: The team** has inquired about the formats and difficulty 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 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.
- 4. Verification of the Monthly formats:** The integrated HMIS Block data entry operator claimed that, verification of filled figures of monthly prescribed formats is done by BE supervisor as well as BPM (Tokapal and Laundigude).  
**Many mistake noted in the filled formats of CHC, PHC and HSC, which could not identified and corrected by the BPM, BMO and supervisors.**

5. 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 RMA of the PHC was only signing the report, they are not verifying the HMIS report and also not aware of it.**

### **1) Belar PHC:**

No one trained in HIMS, forms were filled by ANM & she was unaware of meaning of zero and blank & did not understand many items. The concerned staff took help of pharmacist & dresser for filling of monthly HIMS. after filling this forms she deposited it to block (supervisor, DEO). Printed register available in this Health facility but 2<sup>nd</sup> copy not available in PHC, so reports were not reviewed. They were not receiving any feedback regarding HIMS report, error etc

### **2) Pakhnar PHC**

In Pathmark PHC forms were filled by Pharmacist Not available in the visit day, he kept all registers and records so we were unable to review. RMA recently (2months back) posted in PHC, He was unaware of reporting & recordings. Other staffs were also not aware for HIMS reporting etc.

### **3) Chhaparbhanpuri PHC**

In chhaparbhanpuri PHC, HIMS forms were filled by Pharmacist, not available in PHC on visit day. The Printed register was not available, they use photocopy of HIMS forms. The Pharmacist was trained in HIMS, but many discrepancies were found when we review 2<sup>nd</sup> copy of previous months. The Filled HIMS forms were countersigned by RMA, but no one crosscheck before submission. Filled forms were sent to CHC (received by BPM, DEO). They were not receiving any feedback regarding HIMS report, error etc.

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

**HMIS formats:** In the three visited Health sub center, the team had 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. Series of the number found in oc pills, cuT etc, they need proper training.

**Constraints:** The Print quality of the HMIS monthly formats sent to sub-centers is of very poor quality and unclear. It is suggested to provide good quality and adequate number of HMIS format in all the health facility.

**IV) Supervision and Monitoring:** **The supervision and monitoring is not visible at any level. The focus is only given to the filling of the formats and enters into the software. No one verifies the data items either its valid or invalid. The data entry operators are not acquainted with the HMIS system in the fruitful manner. They need the proper training in the HMIS in the data entry and its updates. None of the block having hard copy of the data of the forwarded monthly reports and none have able to procure reports from the HMIS web site, which is very useful for the assessment of the valid data items. There is variation in the deaths at parallel reports.**

**MCTS:** There is priority of the data entry into the state designed software in surveyed blocks. The quality of the data was very poor and left many blank spaces. The team found the series of same values many parameters like Blood pressure, weight, temperature, etc. Many blocks were provided the printed registers last year but now they are running shortage or no stock in some blocks. The ANM gets Xerox copy of the register at district level in one identified private printed shop with RS 280. The untied fund money is used for the purpose. The district as well as state HMIS cell looks into the matter of unavailability of the printed registers to avoid in convince to the peripheral health staff. The team has verified the maternal cell or phone number on the available records. ANM are not filled the cell number or phone number of the mother reason could be the beneficiaries in the tribal dominant block have no call phone, if available with the

husband or family members, unable to recall due to low literacy level. ABOUT 546 MOTHERS DATA ENTERED IN STATE CREATED MCTS SOFTWARE IN YEAR 2011-12 AND 2039 MOTHERS IN 2010-11 AT TOKAPAL CHC, NOT A SINGLE MOTHER HAD CELL NUMBER ON CHC DATA BASE. JOB CHARTS HAVE NOT PREPARED IN THE SURVEYED BLOCKS BY DATA ENTRY OPERATORS AND THEY ARE ALSO NOT TRAINED IN THE PREPARATION OF JOB CHARTS. THERE SHOULD BE PROPER RECORDING AND REPORTING WITH INBUILT MONITORING AND SUPERVISION TO ACHIVING THE OBJECTIVE OF THE MCTS.

**HMIS district unit:** There was prefixed meeting at CMO officer after visit on 15 Oct 2011. The district data officer is not available for the feedback and team could not get the details of the district reports for analysis, future training plans, existing the inbuilt monitoring and field supervision and etc

Xerox Register with cost 280 in private identified Shop due to non availability of regular supply.

