

## **Technical Supervision Report of HMIS by RD,RAIPUR**

**Date of Visit: 30<sup>th</sup> May to 4<sup>th</sup> June 2011**

**District: Drug**

**Team leader: *Dr Sunil Vilasrao Gitte, Assistant Director (Epidemiology)***

**Selected Surveyed Health Facilities by RD team**

<b>Date</b>	<b>Block CHC</b>	<b>PHC</b>	<b>HSC</b>
30/05/2011		Hanoda	
31/05/2011	Dondi	Chikhla Kasa	Gujara
01/06/2011	Pathan	Gadadih	Kumbhli
02/06/2011	Barla	Gudheli	Bhimbhauri
03/06/2011	Saja	Parpodi	Gadahih
04/06/2011	DLO feedback meeting		

### **Interacted Health Officials**

<b>CHC (No)</b>	<b>PHC (No)</b>	<b>HSC(No)</b>
BMO-4	MO(2)	ANM (4)
NMS(4)	RMA(2)	MPW(2)
NMA(10)	Supervisor	
Health Supervisor(4)		
DEO(16)		

Four blocks were selected randomly. In each block one Primary Health Center and Health Sub-centers were randomly selected based on operational feasibility.

The available health officials were interacted regarding current reporting system and also regarding their ability of understanding HMIS data items. Their views were recorded in the pre-designed format.

The HMIS data was verified from April 2010 to March 2011, based on the available records and feedback given by the available staff and officials. The Health facilities based reporting system studied in the selected block of the district. These reports are verified at district level by collecting information from CMHO office.

## GENERAL OBSERVATION

### District Durg HMIS:

- The District has started the Health facilities data center by creating data entry unit at block since April 2011. None of the health facilities so far forwarded the Monthly reports to the District.
- The data items of HMIS Monthly data for the year 2010-11 was prepared from other parallel reports i.e. MCH, IDSP, NVBDCP etc. Large number of the data discrepancy observed in the DHIS report and HMIS report of peripheral health institutes.
- The analysis of the reports generated from the field shows discrepancy in different reports on same data items. Mechanism for data freezing in DHIS-2 is not done. Peripheral data units are changing data as and when they feel, as such Districts are not able to consolidate data properly and timely.
- MCTS data was started entering into the state prepared software in all blocks but focus should be given to the data quality.
- There is shortage of Maternal Child registers in surveyed blocks, needs to replenish, so that timely entries are possible and it achieves our objectives.
- The post of Block level data entry operator is vacant in all blocks due to administrative delay; the post may be filled on priority basis so that the district could start the health facility wise data entry within time frame.
- DDO should focus on the data quality of reporting in the facility wise reporting and spend time to see any deviation in the data and give immediate feedback to the concerned Block Medical officer or the concerned, which was not happening in the present scenario.
- The HMIS date validation errors are not seen in the surveyed blocks and including BMO none were aware of it. Reporting health facility staff and officer should know the Validation errors for the improvement of data quality.
- Since last 6 to 9 month, there is shortage of OC pills and Copper T in surveyed health facilities (it should be replenished) but some health facilities WRONGLY report these methods. This was brought to the notice of the HMIS staff and concerned officials by team.
- The knowledge regarding the HMIS data items among surveyed health staff is not up to mark and ambiguity about area and facility wise reporting, which needs to be looked into by imparting proper training.

### Data Item number in two different reports (April 2010 -March 2011)

Data items	HMIS	OTHER Reports
<b>Maternal Deaths</b>	188 <b>( Other cause 15-55 yrs- 83 Above 55 yrs-104??)</b>	75
Death 0-27 days	69	1211
28 days to 1 year	44	331
1-5 years	57	308
Abortion	1176	1207
Birth weight recorded	73407	71617

➤ D

Deaths are grossly underreported in HMIS last year, reports generating from particular Health facilities should reflect exact figure, but we observed gross difference in both the above reports, but ideally there should be no difference in the data items.

- There is remote possibility of the women who gives baby birth after 55 years, above bold data items indicates that there was either error in the reporting or data entering. This indicates that data was not reviewed at any level.

### Status of HMIS at surveyed at Surveyed Blocks

- BMOs at Blocks are indolent regarding HMIS reporting and their level of understanding of the data element is low, they need to be trained on current reporting system. At block level, concerned officials and NRHM staff should take ownership of the filled data.
- All the data items of surveyed CHC verified from the primary data. It is observed that lot of errors, which needs to be verified and corrected by the concerned BMO.
- The team has observed that none of the reports were checked by BMO and MO at PHC for validation as well as for quality of data. The knowledge and understanding of DEO of some of the important data items of HMIS format are not up to the mark.
- The coordination is totally lacking between the HMIS staff and supervisor/BE at block level. The HMIS/DHIS reports should be discussed in the monthly meeting and feedback should be given to peripheral staff regarding HMIS. The supervisor may also be trained in HMIS so that his services can also be utilized in HMIS.

- Data reporting centers were established at block level for MCTs and HMIS by placing data entry operators from Primary health centers for entering data related to MCT from the peripheral primary health centers, they were not given training in HMIS. The team found the one similar pattern in the HB, BP, Weight of mother, Infant heart beats which shows that it has been copied As regard to MCTS, critical service data and phone numbers are missing in the register, verified by the visiting team at data centers in surveyed blocks. The focus is given only to enter the data instead of quality of data.
- Staff working at peripheral health facility is of the opinion that feed back should be passed on to them from the district regarding their reported issues and queries.
- The level of knowledge of data entry operators regarding data items of HMIS as well as HMIS software posted at PHC and then deputed at Blocks data enter unit aren't up to mark, the operators in the surveyed blocks needs training for further improvement in the HMIS data quality.

#### **Status of HMIS at surveyed PHC**

- The HMIS forms are not filled at PHC level and officer is not aware of the facility wise reporting.
- An officer and health staff revealed that the HMIS forms were filled under the catchments area of the PHC i.e. Health supervisor collected the reports on specific period from SHC of their areas & submitted to the block level for entry in the portal after duly signed by Medical Officer.
- The knowledge of the HMIS data items are not up to the mark among the health staff at PHC, they needs to be trained in the reporting.
- The medical officer and related staff are not aware of validation errors in HMIS.
- The staff assumes that the report of PHC means the addition of all sub centers under catchments area needs to consensus over reporting at block level.
- The coordination is totally lacking among the medical officer, health supervisor and ANM related to the HMIS data and also feedback.

#### **Status of HMIS at surveyed HSC:**

- The HMIS forms were filled by ANM submitted to sector Health Supervisor, without review the forms handed to Data entry operator. The untrained data entry operator enters all forms in the software without verification by any official from block.

- HMIS data figures are not matching with primary registers at Bhimbhauri and Gadahih health sub-center after verification by RD team members. After field verification of client contraceptives like Copper T, OC pills and condoms are different, which was reported in HMIS forms.
- The data understanding of HMIS items among the ANM and MPWs are not up to marks, they need reorientation training.
- The Health supervisor's plays crucial role in the verification of HMIS forms at Health sub-center level, but they act as messenger of reporting from one center to block and they focus only on the area of reporting i.e MCH. **Health system needs to define the role of health supervisor in the HMIS for data verification at HSC level.**
- Among the health supervisors the HMIS data item knowledge is not up to mark, they need to be trained in HMIS.
- Second copy of the HMIS forms was not available in other surveyed health subcenter, which needs to be kept for ready reference.