

Technical Supervision Report of HMIS

Date of Visit: 28th May to 2 June 2012

District: Jashpur

Selection of Health facility

CHC	PHC	HSC	District Hospital for mortality and morbidity data
Lodam	Paiku	PutriChoura	
Bagchiya	Kurrog	Basen	
Duldula	Kastura	Tangartoli	

GENERAL OBSERVATION

District Jashpur HMIS:

All the discrepancies observed in the visited field institutes were discussed with CMO and DDO. The team has visited district Hospital jashpur and reviewed the data of last year. The morbidity and mortality pattern was verified from medical record section. There is discrepancies in the data elements of HMIS reports during April 2011 to March 2012.

CHC Lodam:

- The reports of April 2011 to March 2012 were analyzed. The reports are forwarded to Next level and various indicators discrepancies were noted by district. Till date data discrepancies were in process of correction at block data center.
- Data of CHC showing many items like JSY, Sterilizations i.e temporary and permanent and many others are wrongly mentioned after verification from primary register AT CHC .
- HMIS data as well as MCTS registers were not supervised by the sectors supervisors or Rural Medical Assistant (RMA) and medical Officers.
- Data entry operators were trained in the HMIS but peripherial health workers and RMA training not conducted properly. The HMIS data quality can be improve by giving proper training of the PHC and HSC staff.
- MCTS registers data items were entered into state specific software but job charts were not printed in time and distributed into the peripherial health staff. Many entries on MCTS registers were left blank ex. LMP, dates of the checkup and delivary details etc. None of the staff were involved in the verification of data at block level. The knowledge

and understanding of DEO and BPM about 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 reports should be discussed in the monthly meeting and feedback should be given to peripheral staff regarding HMIS. The supervisor/BE may also be trained in HMIS, so that their services can also be utilized for the validation at grass roots level.

CHC Bagchiya

- The reports of April 2011 to March 2012 were analyzed. The reports are forwarded to Next level and various indicators discrepancies were noted by district. Till date data discrepancies were in process of correction at block data center.
- HMIS data as well as MCTS registers were not supervised by the sectors supervisors or Rural Medical Assistant (RMA) and medical Officers.
- Data entry operators were trained in the HMIS but peripherial health workers and RMA training not conducted properly. The HMIS data quality can be improve by giving proper training of the PHC and HSC staff.
- MCTS registers data items were entered into state specific software but job charts were not printed in time and distributed into the peripherial health staff. Many entries on MCTS registers were left blank ex. LMP, dates of the checkup and delivary details etc.

CHC Duldula

- The reports of April 2011 to March 2012 were analyzed. The reports are forwarded to Next level and various indicators discrepancies were noted by district. Till date data discrepancies were in process of correction at block data center.
- Primary registers at CHC not available but data items were enters. There is need to prepare properly primary registers for accurate and valid information.
- HMIS data as well as MCTS registers were not supervised by the sectors supervisors and many important data items were not filled on MCTs register. The job charts were not prepared and they data entry operators needs training on it.
- Data entry operators were trained in the HMIS but peripherial health workers and RMA training not conducted properly. The HMIS data quality can be improve by giving proper training of the PHC and HSC staff.

- MCTS registers data items were entered into state specific software but job charts were not printed in time and distributed into the peripheral health staff. Many entries on MCTS registers were left blank ex. LMP, dates of the checkup and delivery details etc.

Field verifications:

- 1) Printed register available at HSC i.e. Jaccha Baccha Register (State specific). *The eligible couple register are available but no updated/ filled in surveyed HSCs.*
- 2) Out of 13 permanent sterilization clients, 07 were traced and interviewed in the field area. No fake cases on the record among traced clients. All Clients were satisfied with the service provided by the health institute and staff.
- 3) 11 IUD users were selected; out of them 2 were fake cases on record. HMIS report having more number of clients.
- 4) **8** oral pills clients were selected from 3 HSCs, of which 5 were traced in field. All clients were **fake** on available record. Cause of fake reporting in the selected HSC is due to target given from blocks and they are not completed within prescribed period. HMIS reports were also showing series of numbers from APRIL 2011 to March 2012. All cases were not listed and fake reported to HMIS. At AMADHA and PODIKALA subcenter, OC pill stock is not provided since last Oct 2011.
- 5) 8 condom users were selected for verification, 5 were visited in the field. **Out of five, two cases is genuine, while three were fake clients.** At AMADHA and PODIKALA subcenter, condom stock is not provided since last Oct 2011. All cases reported to HMIS report are faked.

PHCs:

- The printed register/booklet of HMIS formats was not available in surveyed PHCs. There is a need to supply adequate number of Booklets to the peripheral health institute for smooth flow of the information.
- HIMS forms are filled at PHC/HSC, supervisor collect the forms from PHC/HSC and submit the same directly to block (DEO/PADA/BPM). DEO & computers are not available at PHCs; all data feeding are carried out at CHC.
- There is no proper validation and cross checking by Medical officer/RMA, before sending the HIMS forms to block.
- The staff was trained in the HMIS but discrepancies were found in the reviewed formats, many items were inadvertently mentioned. The primary registers are not

properly maintained in OPD and IPD. The summaries are not properly recorded on the primary registers so that there are chances of over and under reporting of the data items. The feedbacks regarding the HMIS were not shared with Block.

- Supervisor use to enter 'NIL' instead ZERO/BLANK where the data should be filled as ZERO/BLANK. Staff was unaware of actual meaning of zero/blank.

- Staff revealed that they are not getting any feedback from the Block as well as from the district level regarding reported issues and queries. They are not getting any information or feedback regarding HMIS validation errors. The authority seems to be interested only in submission of HMIS forms before 20th of each month. The officials in the visited Health facilities need to be trained in HMIS.

HSC OBSERVATION

- 1) They are not aware of the meaning of ZERO/BLANK & many data items.
- 2) Supervisor collects the HMIS form & then sent to CHC.
- 3) Cross checking of the filled formats was done by immediate authority.
- 4) No feedback available as per HMIS from CHC/District.
- 5) Printed register (HIMS) available in all surveyed HSCs.

Surveyed Blocks HMIS report of year 2011-12

	Surveyed Blocks
	Not matched with primary registers available
	Inadvertently mentioned items

	Bagicha	District HQ	Duldula	Jashpur (Lodam)	Kansabel	Kunkuri	Manora	Pathalg aon	Phars abah ar	Total
REPRODUCTIVE AND CHILD HEALTH										
Ante Natal Care Services ANC										
Total number of pregnant women Registered for ANC	3436	428	951	1537	1741	4170	1218	4481	2045	20007
Of which Number registered within first trimester	1801	63	522	403	801	1208	363	1816	712	7689
New women registered under JSY	2678	97	898	1325	1537	4157	1030	3738	1811	17271
Number of pregnant women received 3 ANC check ups	2411	178	603	949	1480	2381	829	3179	1366	13376
Number of pregnant women given										
TT1	1989	213	675	889	1188	1998	592	3166	1164	11874
TT2 or Booster	2277	374	565	1133	622	2143	848	3393	1288	12643
Total number of pregnant women given 100 IFA tablets	2589	181	1802	1318	1462	4216	329	2030	1598	15525
Pregnant women with Hypertension (BP>140/90)										
New cases detected at institution	252	0	52	63	244	125	17	147	41	941
Number of Eclampsia cases managed during delivery	1	0	0	0	0	44	0	1	0	46
Pregnant women with Anaemia										
Number having Hb level<11 (tested cases)	208	3	70	218	51	835	212	217	357	2171
Number having severe anaemia (Hb<7) treated at institution	30	0	0	0	10	86	13	39	3	181
Deliveries										
Deliveries conducted at Home:										
Number of Home Deliveries attended by:										
SBA Trained (Doctor/Nurse/ANM)	846		42	221	373	5	20	737	345	2589
Non SBA (Trained TBA/Relatives/etc.)	746		125	216	40	387	476	455	218	2663
Total {(a) to (b)}	1592		167	437	413	392	496	1192	563	5252
Number of newborns visited within 24 hours of Home Delivery	1038		94	342	366	325	319	881	436	3801
Number of mothers paid JSY incentive for Home deliveries	85		19	101	79	74	85	275	92	810
Deliveries conducted at Public Institutions	764	660	376	332	775	1924	111	1597	553	7092
Total Delivery	2356	660	543	769	1188	2316	607	2789	1116	12344
Total {(a) + (b)}	2363	842	575	798	1237	2079	627	2676	1650	12847
Still Birth	46	20	20	14	23	55	10	72	35	295

Abortion (spontaneous/induced)	39	25	100	88	230	174	24	204	83	967
Details of Newborn children weighed										
Number of Newborns weighed at birth	1716	842	463	719	1210	1916	554	2459	1511	11390
Number of Newborns having weight less than 2.5 kg	128	110	87	36	162	477	45	89	113	1247
Number of Newborns breast fed within 1 hour	2203	842	500	723	1210	2073	569	2469	1559	12148
Complicated pregnancies										
Number of cases of pregnant women with Obstetric Complications and attended at Public facilities										
Number of Complicated pregnancies treated with At PHCs	3		0	0	0		0	0	0	3
Number of Complicated pregnancies treated with At CHCs	0		0	0	0	80	0	0	0	80
At Sub-divisional hospitals/ District Hospitals		29								29
At Other State Owned Public Institutions										
Total {(5.1.1) to (5.1.4)}	3	29	0	0	0	80	0	0	0	112
Number of cases of pregnant women with Obstetric Complications and attended at Private facilities										
Number of Complicated pregnancies treated with										
IV antibiotics	0	113	0	0	0	290	1	165	0	569
IV antihypertensive/Magsulph injection	0	3	0	0	0	6	0	5	0	14
IV Oxytocis	18	3	0	0	0	66	1	45	0	133
Blood Transfusion	0	2	0	0	0	92	0	0	0	94
Post - Natal Care										
Women receiving post partum check-up within 48 hours after delivery	1842	110	480	781	1086	1877	446	2111	552	9285
Women getting a post partum check up between 48 hours and 14 days	1700	0	595	675	1075	1535	403	2057	476	8516
PNC maternal complications attended	4	0	0	5	678	2	2	0	0	691
Medical Termination of Pregnancy (MTP)										
Number of MTPs conducted at Public Institutions										
Up to 12 weeks of pregnancy	0	9	0	0	78	0	0	0	3	90
More than 12 weeks of pregnancy	0	15	0	0	18	0	0	1	0	34
Total {(7.1.1) to (7.1.2)}	0	24	0	0	96	0	0	1	3	124
Number of MTPs conducted at Private Facilities	0		0	0	0		0	0	0	0
RTI/STI Cases										
Number of new RTI/STI for which treatment initiated										
Male	26	2	9	2	9	30	1	21	10	110
Female	36	5	15	1	18	22	1	37	9	144
Total {(a) to (b)}	62	7	24	3	27	52	2	58	19	254
Number of wet mount tests conducted	0	0	0	0	0	0	0	0	0	0
Family Planning										
Number of NSV/Conventional Vasectomy conducted										
At Public facilities										
No. of NSV/Conventional Vasectomy conducted at facility At PHCs	7		0	0	0	0	0	0	0	7
No. of NSV/Conventional Vasectomy conducted at facility At CHCs	0		0	0	0	6	28	0	0	34

At Sub-divisional hospitals/ District Hospitals		0								0
At Other State Owned Public Institutions										
Total {(a) to (d)}	7	0	0	0	0	6	28	0	0	41
At Private facilities										
Number of Laparoscopic sterilizations conducted										
At Public facilities										
Number of Laparoscopic sterilizations conducted At PHCs	25	1	0	3	0	0	25	34	7	94
Number of Laparoscopic sterilizations conducted At CHCs	142	1	74	5	157	206	137	208	164	1093
At Sub-divisional hospitals/ District Hospitals		31								31
At Other State Owned Public Institutions										
Total {(a) to (d)}	167	31	74	8	157	206	162	242	171	1218
At Private facilities										
Number of Mini-lap sterilizations conducted										
At Public facilities										
Number of Mini-lap sterilizations conducted At PHCs	0		0	0	0		0	0	0	0
Number of Mini-lap sterilizations conducted At CHCs	0		0	0	0	0	0	0	0	0
At Sub-divisional hospitals/ District Hospitals		0								0
At Other State Owned Public Institutions										
Total {(a) to (d)}	0	0	0	0	0	0	0	0	0	0
At Private facilities										
Number of Post-Partum sterilizations conducted										
Public facilities										
Number of Post-Partum sterilizations conducted at facility At PHCs	0		0	0	0		0	0	0	0
Number of Post-Partum sterilizations conducted at facility At CHCs	0		2	5	0	135	2	0	0	144
At Sub-divisional hospitals/ District Hospitals		0								0
At Other State Owned Public Institutions										
Total {(a) to (d)}	0	0	2	5	0	135	2	0	0	144
Private facilities										
Number of IUD Insertions										
Public facilities										
At Sub-Centres	90	1	91	201	158	170	108	417	115	1350
Number of new IUD Insertions at facility At PHCs	21	1	24	0	1		1	1	21	69
Number of new IUD Insertions at facility At CHCs	1		16	23	33	35	59	57	12	236
At Sub-divisional hospitals/ District Hospitals		41								41
At Other State Owned Public Institutions										
Total {(a) to (e)}	112	41	131	224	192	205	168	475	148	1696
Private facilities										
Number of IUD removals	95	4	33	120	86	241	139	339	173	1230
Number of Oral Pills cycles distributed	3288	327	722	538	2936	1159	1988	4219	7471	22648

Number of Condom pieces distributed	9306	224	7879	1913	19280	8981	6128	14933	78374	1E+05
Number of Centchroman (weekly) pills given	623	0	1	35	64	0	140	136	36	1038
Number of Emergency Contraceptive Pills distributed	1486	0	121	0	34	0	10	12	229	1892
Quality in sterilization services										
Number of complications following sterilization										
Male	45	0	0	0	0	0	0	13	2	60
Female	65	0	13	0	11	14	3	38	0	144
Number of failures following sterilization										
Male	0	0	0	0	0	0	0	0	0	0
Female	2	0	1	0	0	0	0	1	0	4
Number of deaths following sterilization										
Male	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	1	0	1
Number of Institutions having NSV trained doctors										
	45	1	2	7	22		22	3	31	133
								8	8	16
CHILD IMMUNIZATION										
BCG										
	2323	499	643	1063	912	1701	829	2856	1205	12031
DPT1										
	2551	383	729	1106	1107	1379	831	2909	1323	12318
DPT2	2612	341	737	1072	1091	1408	868	2925	1365	12419
DPT3	2628	343	718	1138	1099	1609	843	3016	1395	12789
OPV 0 (Birth Dose)	2073	421	568	1010	832	1627	170	387	1143	8231
OPV1	2542	383	719	1115	1073	1397	822	2839	1294	12184
OPV2	2605	341	741	1078	1069	1408	868	2832	1331	12273
OPV3	2603	343	719	1129	1075	1418	847	2966	1347	12447
Hepatitis-B0	37	0	0	71	87	0	129	242	24	590
Hepatitis-B1	586	0	226	233	109	234	323	913	157	2781
Hepatitis-B2	248	0	115	97	79	135	81	516	163	1434
Hepatitis-B3	87	0	11	25	10	34	18	210	18	413
Measles	2320	585	551	976	1103	1377	620	2693	1246	11471
Measles 2nd dose (No. of children more than 16 months of age)	11	49	0	20	282		13	59	24	458
Total number of children aged between 9 and 11 months who have been fully immunised (BCG+DPT123+OPV123+Measles) during the month										
Male	1233	257	341	565	509	703	369	1609	604	6190

