

Technical Supervision Report of HMIS

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Date of Visit: 14th to 18th May 2012

District: Bilaspur

Selection of Health facility

CHC	PHC	HSC
Kota	Ratanpur	Lalpur
Pendra	Nawagaon PHC	Amadand
Thakatpur	Belpan PHC	Podikala

GENERAL OBSERVATION

District Bilaspur HMIS:

All the discrepancies observed in the visited field institutes were discussed with CMO, DPM and DDO. The team could not analyze the reports due to lack of district data .DDO has not provided the HMIS report of April 2011- March 2012.

The team has visited district Hospital Bilaspur, the morbidity and mortality pattern was verified from medical record section. The maternal death during April 2011 to March 2012 was not recorded on the daily birth and death software.

CHC Takhatpur:

- 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 ANC registration, JSY, Sterilizations i.e temporary and permanent and many others are wrongly mentioned after verification from primary register.
- 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 pheriapherial 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. 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.
- 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.

- **Stock of Contraceptives:**

Mismatch between stock and live report of year 2011-12 of Thakatpur Block, Bilaspur

Contraceptives	Reported items in Live reports of Year 2011-12				Actual stock received by the block including previous balance	Difference
	HSC	CHC	PHC	Total		
IUD-Insertion	321	35	30	386	3450	
OCP	18322	1805	213	20340	7400	-12940
CONDOMS	115218	3046	631	118895	54000	-64895
Centrochromen pills	553	460	2	1015	Stock not available	-1015
Emergency Pills	543	16	790	1349	Stock not available	-1349

- *Data of other health facility is incomplete and inaccurate*

CHC Kota

- 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 delivery details etc.

CHC Pendra

- 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 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.

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