

## **Technical Supervision Report of HMIS**

**Date of Visit: 21<sup>st</sup> to 25<sup>th</sup> august**

**District: Janjgir champa**

**Selection of Health facility**

<b>Sr No</b>	<b>Block CHC</b>	<b>PHC</b>	<b>HSC</b>	<b>Interacted staff</b>
1	Baloda	KURDA ( Shakti) GATWA	Khisora	BMO,BPM,DEO,PADA,Superviosr
2	Akaltara	NARIYAR	Pouna	BMO,BPM,DEO,PADA,Superviosr

two blocks CHC's, three PHC's and two HSC's, were selected based on operational feasibility. The available health officials were interacted regarding current reporting system and also regarding their ability to understand HMIS data items. Their views were recorded in the pre-designed format. The data was verified from April 2011 to July 2012, based on the available records and feedback given by the available staff and officials.

### **GENERAL OBSERVATION**

#### **District janjgir champa HMIS:**

- The district HMIS reports from April 2011 to March 2012 are sent and data is not verified by proper cross checking. The reports should be timely checked and sent to next level within prescribed time frame.
- HMIS Training is given to the staff of peripheral health institute but persons filling the HIMS forms were not trained many items they were not identified which can be easily filled. The proper training is necessary for peripheral health staff primarily to improve the data quality and these needs to be planned on priority basis. PADA and Data Entry Operator (DEO) were involved in sundry responsibility at surveyed health institute.
- Printed HMIS booklets were not available in all surveyed different health facility. At peripheral surveyed Health facility (PHC and HSC) only one copy was prepared and sent to the BLOCK. The second copy is not kept for future reference or review for meeting.

### **CHCs:**

- 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 concerned officials should take ownership and responsibility of the filled data.
- After verification of primary registers and other reports, over reported and underreported data items were observed in HMIS reports. We observed that none of the reports were checked by BMO and MO at PHC for validation as well as for quality of data.
- 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.

### **PHCs:**

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

### **HSC OBSERVATION**

- 1) ANM & MPW posted in all surveyed HSCs & they were trained in HIMS.
- 2) They were not known the meaning of ZERO/BLANK & many data items.
- 3) Supervisor collecting the HIMS forms & then sent to CHC.
- 4) Cross checking of the filled formats was not done by immediate authority.
- 5) No feedback available as per HIMS from CHC/District.
- 6) Printed register (HIMS) not available in all surveyed HSCs.

**PHC observations:**

- 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 .also there were non availability of previous month report at Kurda PHC.
- 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.