

## **Technical Supervision Report of HMIS**

**Date of Visit: 4<sup>th</sup> to 8<sup>th</sup> march 2013**

**District: Gariyaband**

**Selection of Health facility**

<b>S.N.</b>	<b>CHC</b>	<b>PHC</b>	<b>HSC</b>	<b>Inter-acted staff</b>
1	District Gariyaband	Kochway	Parsuli	CMHO, DPM, DDO, MO, Staff nurse, ANM, MPW
2	Mainpur	....	Bardula	BMO, PADA, BE, Supervisor ANM, MPW, DEO
3	Chhura	Patsiwni	Piperhatta	BMO, PADA, BE, Supervisor ANM, MPW, DEO

Along with district two blocks CHC, Two PHC's and Three 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 2012 to Feb 2013, based on the available records and feedback given by the available staff and officials.

### **GENERAL OBSERVATION**

#### **District Gariyaband HMIS:**

1.The district HMIS reports from April 2012 to Feb 2013 are forwarded but data is not verified by proper cross checking. The reports should be properly checked and send to next level within stipulated time given.

2.HMIS Training is given to the staff of CHC & District but training was not provided to peripheral health staff (In PHC & HSC). Persons filling the HMIS forms (ANM, MPW, Nurse, RMA) were not known to many indicators which can be easily filled. Primarily proper training is necessary for peripheral health staff to improve the data quality and these needs to be planned on priority basis..

3.Printed HMIS registers were not available in all surveyed health facility. At peripheral surveyed Health facility (CHC, PHC and HSCs) only one copy was

prepared and sent it to the Block CHC. The second copy is not kept for future reference or review for meeting

#### CHCs:

1. BMOs 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 for verification regarding reported data.
2. After verification of primary registers and other reports, over reported and under reported 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.
3. 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.
4. 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. Feedback should be passed from the district regarding their reported issues and queries.
5. Monthly MCH reporting system still exist in surveyed Health centers.

#### PHCs:

1. The printed register of HMIS formats was not available at all surveyed PHCs. There is a need to supply adequate to the peripheral health institute for smooth flow of the information.
2. They fill HMIS forms at PHC. Supervisor collects the forms from PHC and submit the same directly to block (DEO/BPM). DEO & computers not available at PHCs, all data feeding are carried out at CHC.

3. There is no proper validation and cross checking by medical officer/RMA before sending the HMIS forms to block.

4. The staff was not trained in 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 was unaware of actual meaning of zero/blank.

o 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 posted in all surveyed HSCs, MPW posted in Bardula HSC only & they were not trained in HIMS.
2. They are 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.