Technical Supervision Report of HMIS

Date of Visit: 16th to 20th July 2012

District: Korea

Selection of Health facility

Sr No	Block CHC	PHC	HSC	Interacted staff
1	Sonhat	Katghodi	Nawgoi	BMO,MO,BPM,PADA,BADA,ANM
2	Manendragarh	Nagpur	Ujijarpur	BMO,MO,BPM,PADA,BADA,ANM
3	Khadgawan	Pondibachara	Jilda	BMO,MO,BPM,PADA,BADA,ANM

Korea is one of the district of Chhattisgarh covered by 80% forest, with total 5 block CHC's, Out of the 5 blocks, Three blocks CHC's ,three 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 2011 to March 2012, based on the available records and feedback given by the available staff and officials.

GENERAL OBSERVATION
Surveyed Blocks
1. 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.
2. After verification of primary registers and other reports, over reported and underreported data items were observed in HMIS reports of April 2012and May 2012. 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 PADA 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 may also be trained in HMIS, so that their services can also be utilized for the validation at grassroots level.
5. Data reporting centers were established at block level for MCTS, but the data entry operators/PADA entering data related to MCTS from the peripheral primary health centers, were engaged without proper training. As such many columns are not correctly filled or kept blank. The team found the pattern and repetition in the HB, BP, Weight of mother, Infant heart beats. 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. Presently focus is given only to data entry instead of quality.
6. 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.
7. The level of knowledge of data entry operators/PADA regarding data items of HMIS, the operators in the surveyed blocks needs training for further improvement in the HMIS data quality.
8. Printed HIMS registers were not available in CHC, PHC & HSC.

Death were not reported properly in HIMS.

PHCs:

1. 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.
2. Even no photocopy of previous month report available in any of the PHC exp. One PHC Pondibachhara .all the staff related to HIMS data feeding were attached to BLOCK in all surveyed PHC.
3. 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 available at PHCs but they are doing smart card preparation and all data feeding are carried out at CHC.
4. There is no proper validation and cross checking by Medical officer/Ayurvedic medical officer/RMA, before sending the HIMS forms to block.
5. 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.
6. All the staff interacted were able to explain the meaning of ZERO/blank/nil but still committed mistake while feeding the data as cross verified by old reports. 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:

1. The printed booklet of HMIS formats was not available at all surveyed HSCs. There is a need to supply adequate number of Booklets to the peripheral health institute for smooth flow of the information.
2. HMIS forms were filled by ANM with help of their MPW. The staff was not properly trained in the filling of the HMIS format and the validation checks. So many discrepancies were observed in the current reviewed formats, many items are inadvertently mentioned. The primary registers are not properly maintained. 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 feedback regarding the HMIS formats were not shared with Block.
3. HMIS data are incomplete and inaccurate at HSC. 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.