

Dissertation

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Submitted to:

Dr. Monika Choudhary



By: Gopal Swarup Bhatnagar

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Roll No. 568

“Assessment Of Use Of UP Health Dashboard By District Officials In High Priority And Non High Priority Districts Of Uttar Pradesh”

UP Health Dash Board

- UP Health Dashboard is a tool developed by IHAT (UPTSU) for 75 districts of Uttar Pradesh which shows the performance of all the districts in terms of ranking and composite score.
- The analysis can be seen even at the block level also on basis of specific health indicators. The tool helps to rule out performance at district and block level even for a given specific indicator in a given period of time.
- Use of dashboard has made considerable improvement in the quality of decisions made and has also made them effective and efficient.

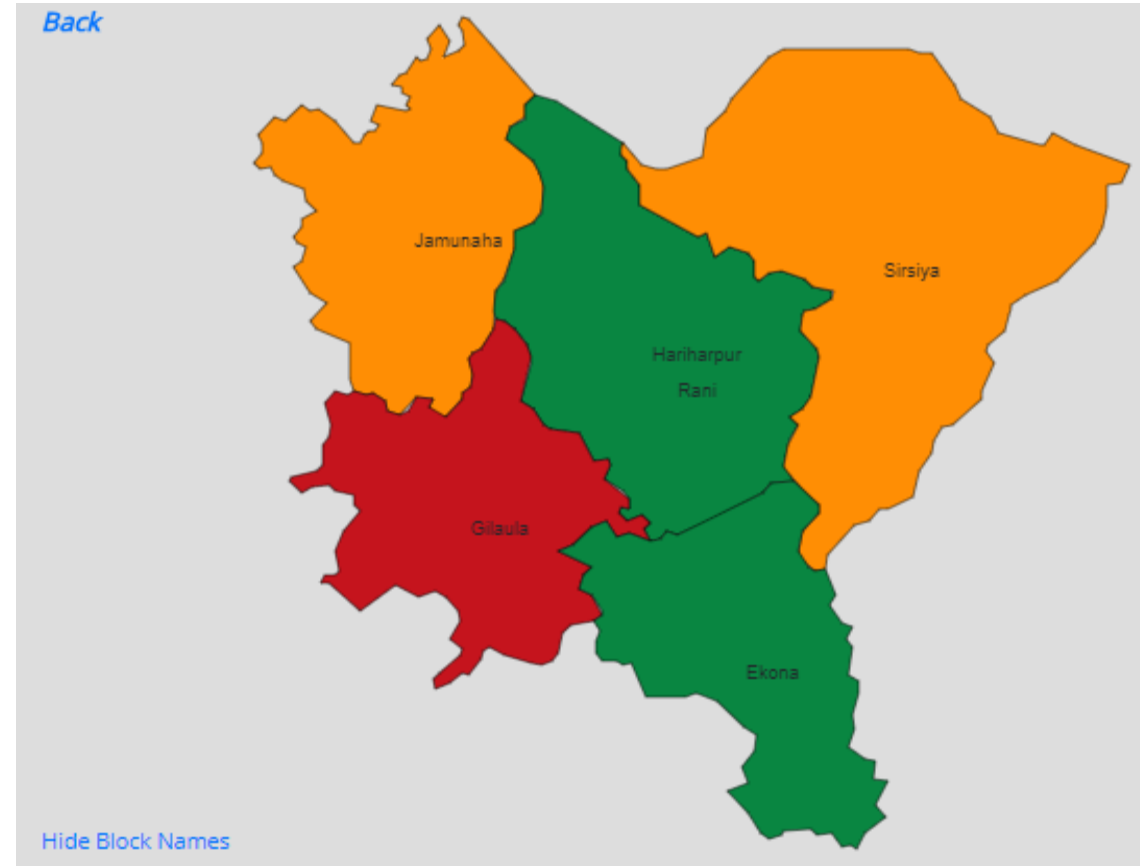
DISTRICT AND BLOCK RANKING (MARCH-19)

District Rank-35

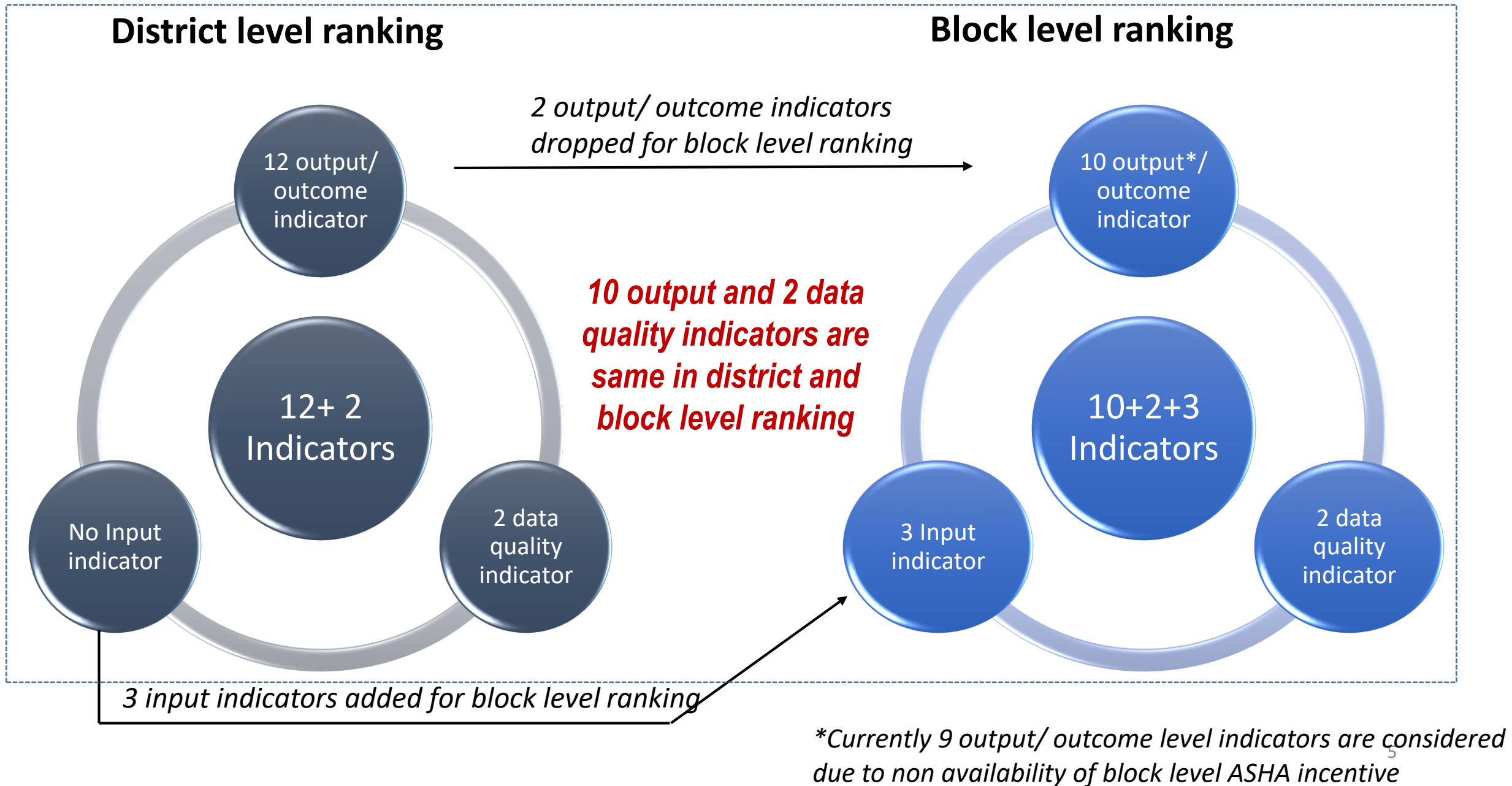
Block	Overall Rank	Composite Score
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Hariharpur Rani	1	0.56
Ikauna	2	0.55
Sirsiya	3	0.5
Jmunaha	4	0.5
Gilaula	5	0.49

District Shrawasti- Block wise map as per rank



DISTRICT AND BLOCK RANKING INDICATOR



DISTRICT AND BLOCK RANKING INDICATOR

#	Domain	Indicator	Level of ranking
1a	Ante Natal	% of pregnant women received 4 or more ANC against estimated PW*	Both
1b	Ante Natal	% of pregnant women tested for Hb for 4 or more times against estimated PW*	Both
1	Ante Natal	% of pregnant women received 4 or more ANC and tested for Hb against estimated PW*	Both
2	Delivery care	% of pregnant women delivered in institution against estimated delivery*	Both
3	Delivery care	% of C-section delivery against reported delivery (70% weightage to CHC and 30% to DH)	District ranking
4	Delivery care	Still birth ratio* per 1000 live birth	Both
5	Post natal care	% of women receiving postpartum check within 48 hour of home delivery against reported delivery (Home +institutional)*	Both
6	Immunization	Ratio of Pentavalent 3 to BCG*	Both
7	Immunization	% of children received full immunization (BCG, Penta 1, 2, 3, Measles)*	Both

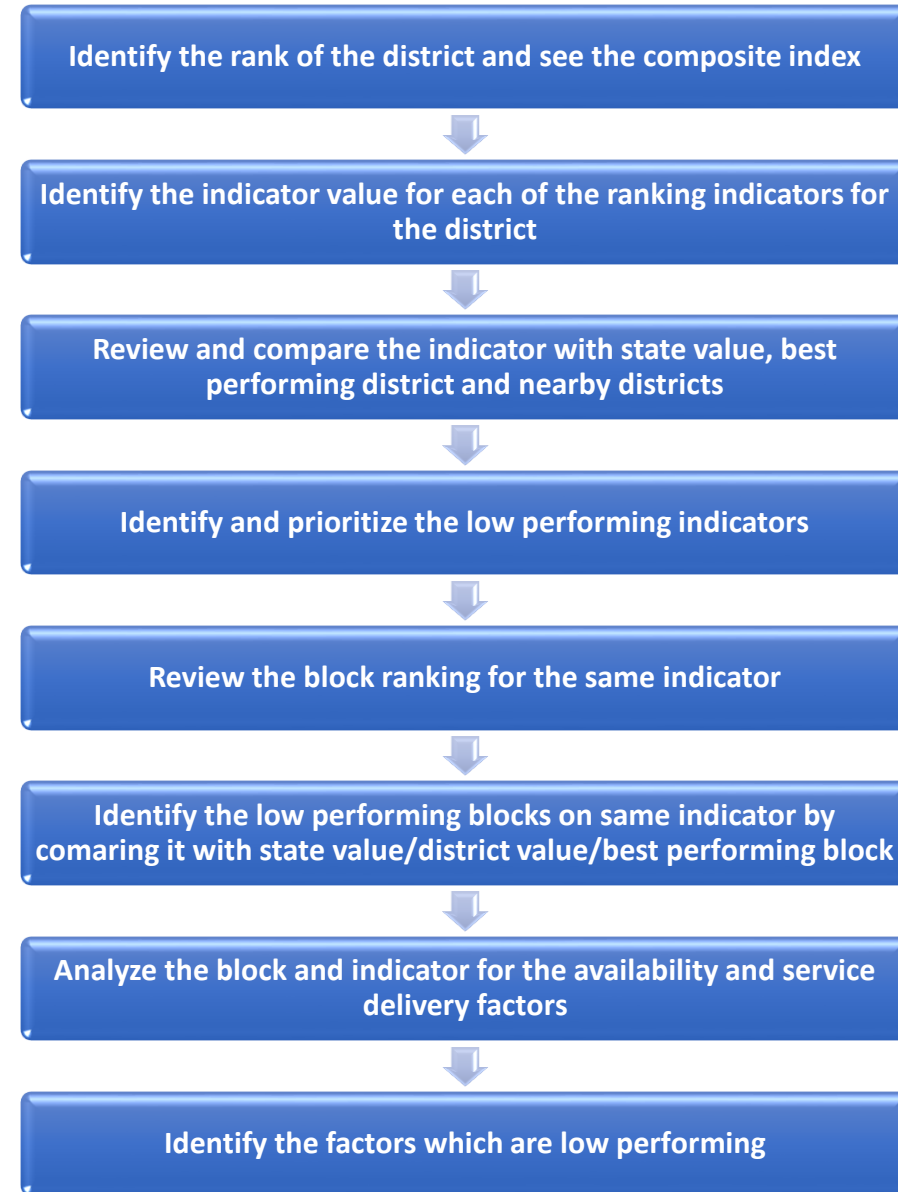
DISTRICT AND BLOCK RANKING INDICATOR

#	Domain	Indicator	Level of ranking
8	Family Planning	% of eligible couple accepted limiting method (Minilap, Lap, PPS, PPAS, NSV)	Both
9	Family Planning	% of eligible couple accepted spacing method (IUCD, PPIUCD, 4 th dose DMPA)	Both
10	Communicable disease	Total case notification rate of TB against expected TB cases	District ranking
11	Communicable disease	% of PW screened for HIV against estimated pregnancy	Both
12	Fund utilization	Per ASHA expenditure of ASHA incentive fund*	Both (currently only in district)
13	Completeness	% of units reported non blank value (including zero) for the identified indicators of ranking	Both
14	Consistency	% of units reported outlier for the identified indicators of ranking	Both
15	Availability	Availability of ASHA against total rural population	Block ranking
16	Availability	Availability of DP (L2+L3) against estimated delivery	Block ranking
17	Availability	Availability of SBA trained staff nurse and ANM against estimated del.	Block ranking

IDENTIFICATION OF LOW PERFORMING INDICATOR (MARCH 2019)

INDICATOR	<i>UP AVG</i>	<i>BEST PERF.</i>	<i>MONTHLY</i>	<i>FY</i>
PW Received 4 Or More ANC With Hb Testing	69.39 %	100 %	86.77 %	59.41 %
Institutional Delivery Rate	67.84 %	100 %	66.73 %	64.37 %
C-Section Delivery Rate	5.21 %	29.77 %	0.1 %	0.38 %
Still Birth Ratio	12.93	1.52	15.86	27.6
Post-Partum Checkup Within 48 Hours	44.04 %	91.64 %	81.33 %	50.2 %
Ratio Of Pentavalent 3 To BCG	1.11	2.1	0.83	0.8
Full Immunization	15.48 %	30.69 %	9.17 %	51.49 %
Limiting Method Acceptance By EC	0.05 %	0.27 %	0.03 %	0.24 %
Spacing Method Acceptance By EC	0.15 %	0.59 %	0.16 %	1.15 %
TB Notification Rate	0	0	0	100
PW Screened For HIV	41.76 %	100 %	68.37 %	43.07 %
Per ASHA Incentive	2,824.21 Rs	3,311.41 Rs	2,744.19 Rs	15,836.13 Rs

Process of reviewing district and block ranking



Literature Review

- Effective role of public sector monitoring and evaluation in promoting good governance in Uganda : suggested that data use enhances the quality of decisions made ,their accountability, organizational learning and promotes good governance. Data use should be properly channelized and institutionalized and hence should be used in planning and implementation process.
- Study on Big data in Public health, telemedicine and health care suggests that big data use improves quality of treatment. It reduce the probability of adverse effects of policies made, less medical errors, cross-linkage of health care providers and professionals and intensification of research networks

Rationale

- Data use is one of the most important aspects in public health which helps in making evidence based decisions. This helps to make effective and efficient decisions which can be measured in terms of quality and quantity. Up Health dashboard is a prominent tool which depicts the performance of the 75 districts of UP on the basis of their performance in terms of ranking and composite score.
- Use of dashboard needs to be assessed so as to rule out the difficulties faced by health officials and what corrective measure to be taken for further improvisations to support its use. The district officials should know its utility and complete and systematic use of dashboard is to be made.

Research Objectives

- To assess the use of UP Health Dashboard by District level health officers in making decisions in HPD and Non HPD districts.
- To assess the utility of data needed by health program managers.
- To draw lessons from practice and provide a recommendation to improve data use by Health Program Managers

Research questions

- To what extent the UP Health Dashboard is used by district level health officers and its accountability in making decisions in HPD and Non HPD districts?
- What are the lessons learnt to improve the data use by Health program managers?

Research design

Study area: 18 Districts (9 HPD and 9 Non HPD)

Study design: Cross sectional

Sample size: 60

Data collection method: Primary and Secondary

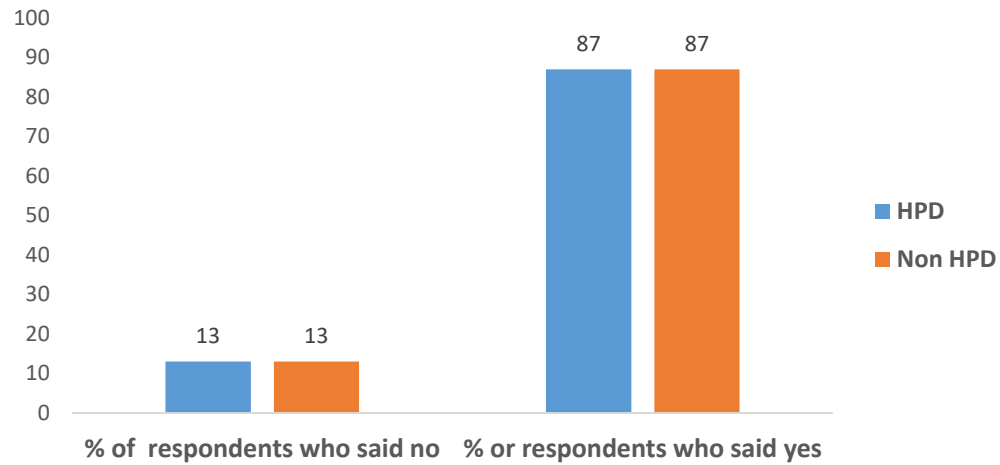
Questionnaire: Structured close ended questionnaire

Primary data: Interview was made with the help of a structured questionnaire consisting of close ended questions to assess the knowledge of health program managers about UP Health Dashboard, its utility to them and what steps should be taken to increase its use. Interview was conducted to CMO, ACMO, ARO and DPM of the districts.

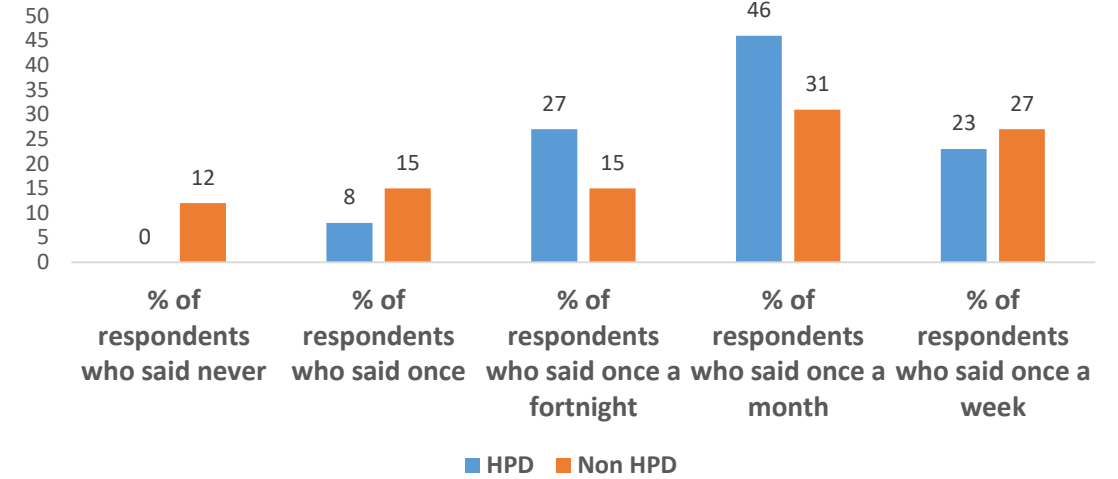
Secondary Data: Usage of UP health dashboard login frequency in 75 Districts of UP and thus selecting the HPD and Non HPD.

District	Type of district	# of times districts used dashboard in a month			# of months districts doesn't use dashboard in last 3 months (Total time >1 min)	Classification
		Jan-19	Feb-19	Mar-19		
Amethi	Non HPD	7	12	8	0	Consistent User
Amroha	Non HPD	0	0	0	3	Poorest
Bahraich	HPD	6	11	6	0	Consistent User
Barabanki	HPD	10	10	5	0	Consistent User
Etah	HPD	2	3	0	1	Promosing
Etawah	Non HPD	0	0	0	3	Poorest
Fatehpur	Non HPD	2	7	1	0	Consistent User
Hathras	Non HPD	0	0	0	3	Poorest
Kanpur Dehat	Non HPD	0	0	0	3	Poorest
Kushinagar	Non HPD	0	0	0	3	Poorest
Lucknow	Non HPD	6	4	3	0	Consistent User
Pilibhit	HPD	0	0	5	2	Low in use
Rampur	HPD	1	2	4	0	Consistent User
Sant Kabir Nagar	HPD	0	0	1	2	Low in use
Shrawasti	HPD	2	10	10	0	Consistent User
Siddharth Nagar	HPD	0	1	1	1	Promosing
Sonbhadra	HPD	6	8	2	0	Consistent User
Varanasi	Non HPD	8	13	3	0	Consistent User

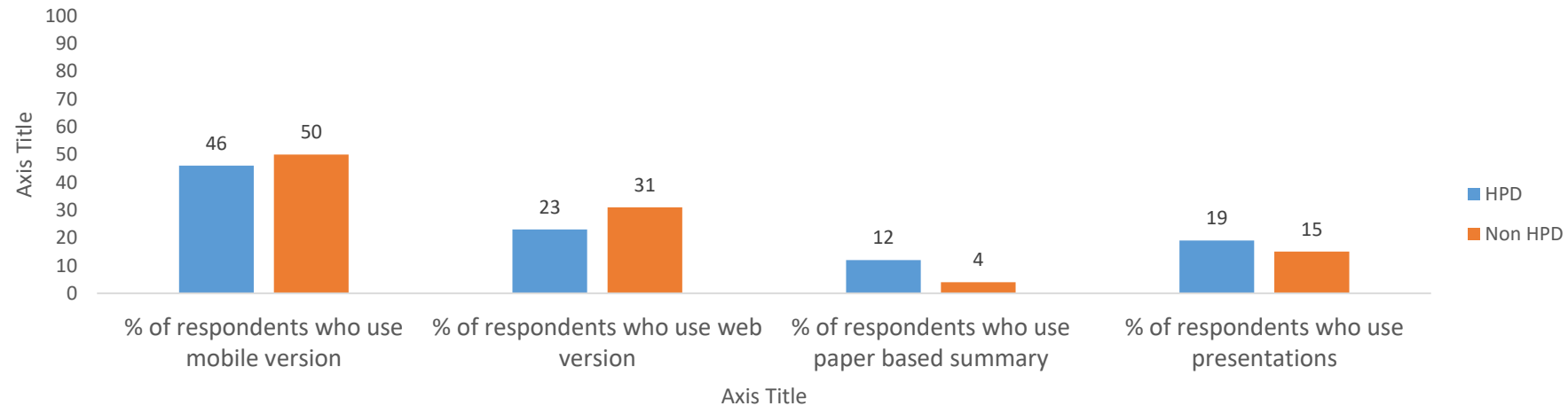
Respondents who knew about UP Health dashboard



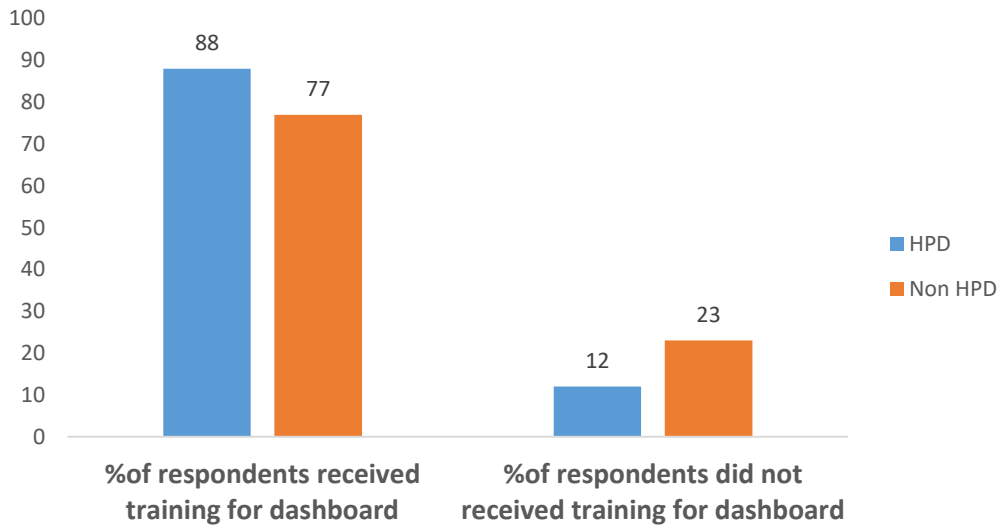
Frequency of use by respondents



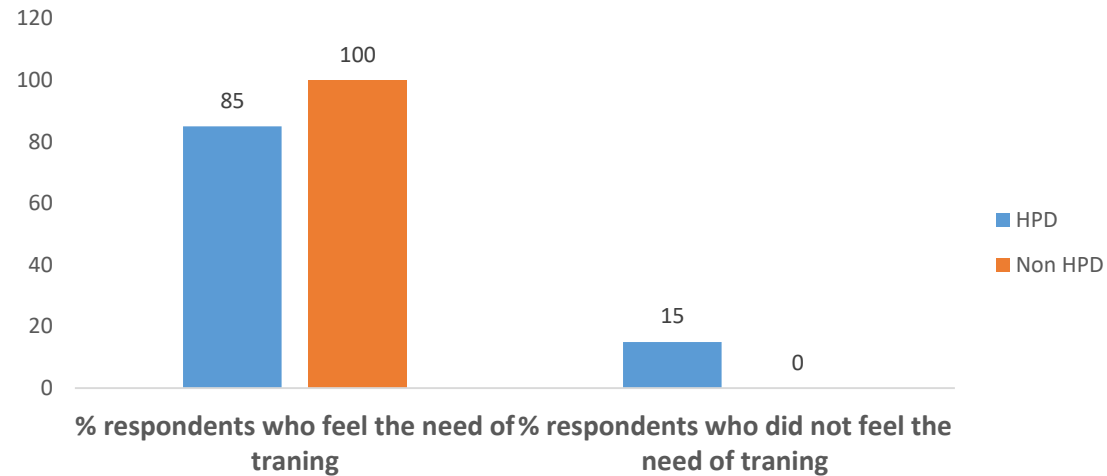
Medium of use of information



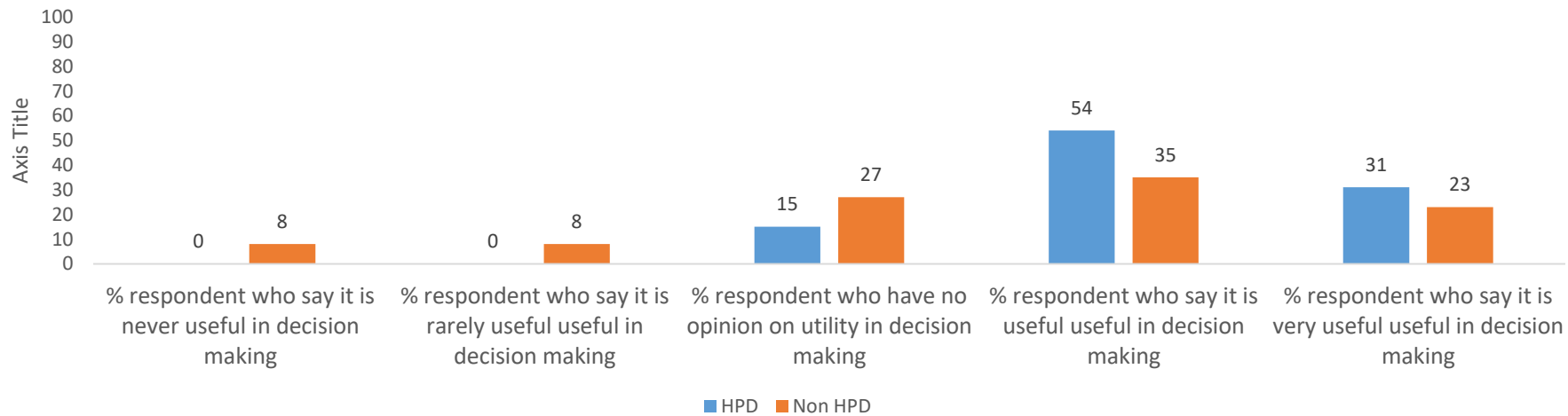
Traning status on UP Health dashboard

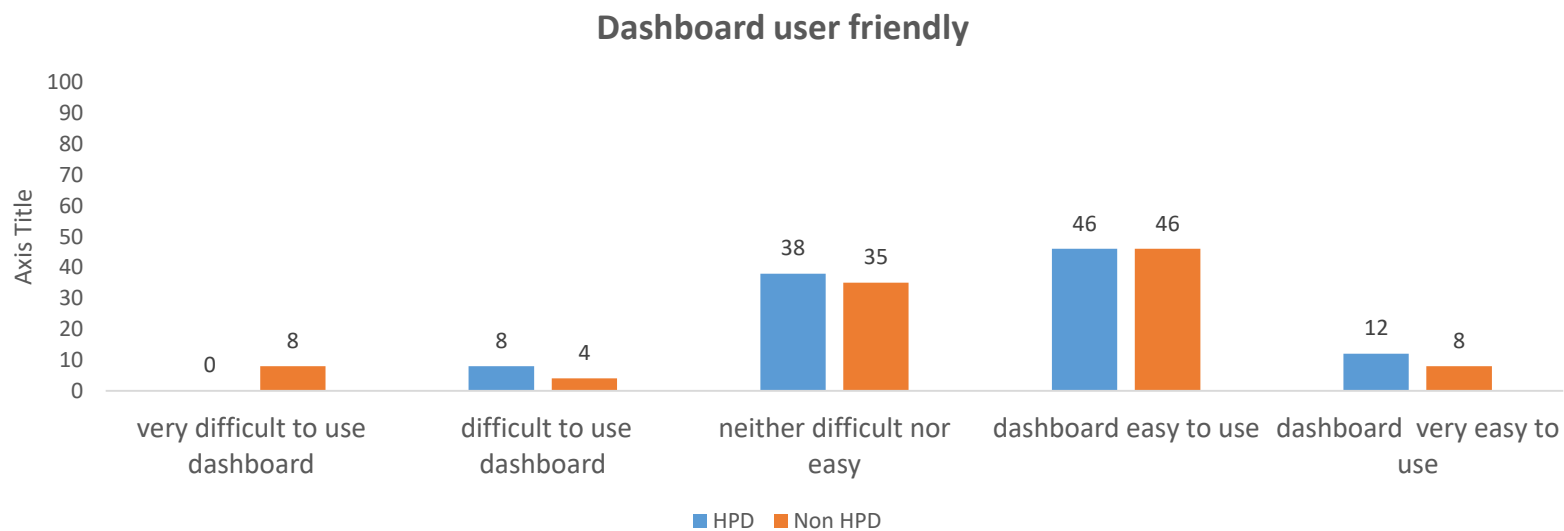
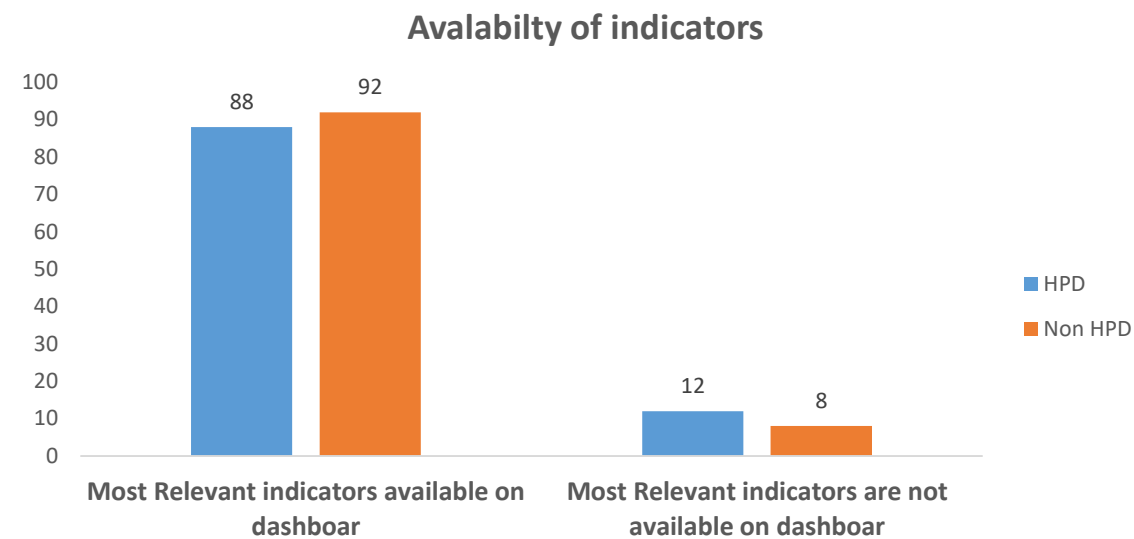
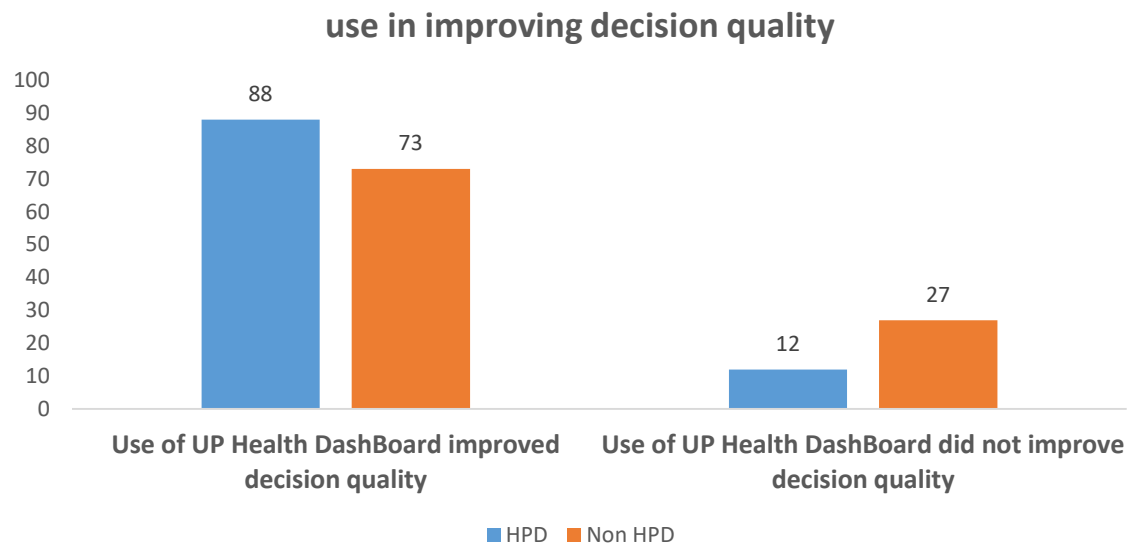


Need of Training

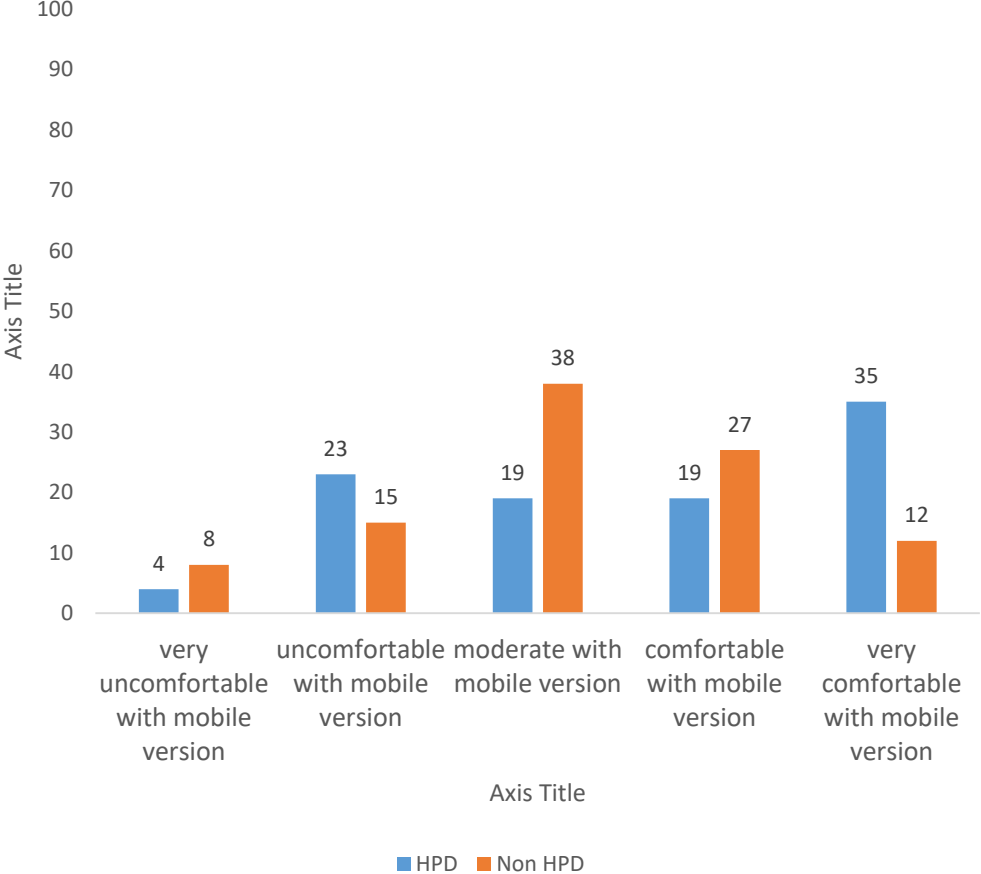


Utility in decision making

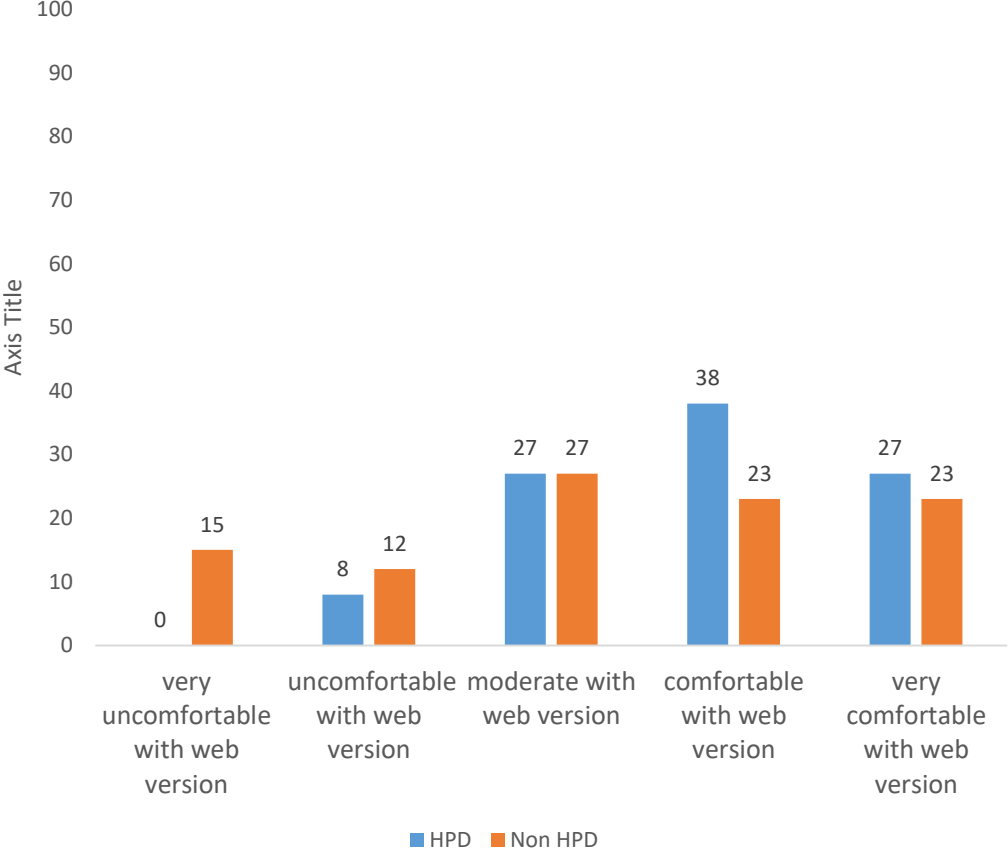




Comfort level with mobile version



Comfort level with web version



Interpretation

HPD

- Poor use web based and mobile based versions.
- Untrained staff at both district level and block level
- Indicators and their explanations not sorted.
- less awareness about UP Health dashboard and its utility.
- poor internet connectivity to be resolved in many districts.

Non HPD

- Train the staff for better learning about indicators and and data shown on dashboard and how to work on dashboard.
- Encourage UP Health Dashboard use by explaining its features
- Web poratal and mobile app to be improved and made user friendly.
- Poor internet connectivity to be resolved in many districts.

Challenges

- Poor internet connectivity is one of the prominent reasons which hamper the use of UP Health Dashboard in many districts.
- Lack of understanding of data depicted on dashboard and how to interpret it to get productive outcome.
- Poor understanding of how composite score and other calculations are made.
- Lack of enough skilled staff who knows how to handle the portal and extract the data accordingly.
- Lack of training in many districts has been one of the prominent cause of declined use of portal.
- Poor or no involvement of ARO or ACMO influences the use negatively in many districts.
- In Non HPD districts poor knowledge about portal has made them negligent towards the Dashboard.

Suggestions

- Web based and mobile applications to be updated so show correct results.
- District and Block level officials should know what formulas are used and what calculations are made to show the data on dashboard.
- Training of staff in all the districts focusing more on Non HPD to make them understand all the data shown on the portal and how to make use of it.
- Involvement of all the officials especially ARO and ACMO so that proper follow ups can be made.
- Dashboard to be updated in its features timely as per the need.
- Encourage to use web based or mobile application rather than paper based summary.

References

- Can. Inst. Health Inf. **2005**. *Select Highlights on Public Views of the Determinants of Health*. Ottawa, Canada: CIHI. 28 pp.
- **2.Kiefer L, Frank J, Di Ruggiero E, Dobbins M, Manuel D, et al. 2005**. Fostering evidence-based decision-making in Canada: examining the need for a Canadian population and public health evidence centre and research network. *Can. J. Public Health* 96(3):11–40
- **3.Burratta V, Egdili V. 2003**. Data collection methods and comparability issues. See Ref. 92, pp. 187–202
- **4.Carey IM, Cook DG, De Wilde S, Bremner SA, Richards N, et al. 2004**. Developing a large electronic primary care database (Doctors' Independent Network) for research. *Int. J. Med. Inf.* 73(5):443–53



**THANK
YOU!**