SUPPORTIVE SUPERVISION OF HMIS/UPHMIS INDICATORS FOR ITS DATA QUALITY AT BLOCK FACILITY LEVEL: STUDY IN FARRUKHABAD DISTRICT OF UTTAR PRADESH

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BATCH-21st

INTRODUCTION:ABOUT ORGANIZATION

- The Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) have signed a Memorandum of Cooperation on December 13th 2012.
- In pursuance of the MOC, BMGF has contracted the University of Manitoba (UoM)/India Health Action Trust (IHAT) to set up a Technical Support Unit (TSU) that will report to the Principal Secretary Health, Government of Uttar Pradesh in Lucknow.
- IHAT is the Lead implementer of the TSU and the technical and managerial support provided to the GoUP in all health related thematic areas.

KEY LEARNINGS

- Organizational structure OF Indian Health Action Trust.
- About RMNCH+A program run by health department of Uttar Pradesh, and technical support provided by the UP-TSU.
- Orientation on various software used like sukshma software to make bulletin, GIS for mapping.
- Learnt the concepts of HMIS/UPHMIS/MCTS and the analysis using the HMIS/UPHMIS data.
- About the Supportive supervision of HMIS/UPMIS .
- Monitoring of the data and sharing it with District and state officials.

OBJECTIVES:

To analyze the current status of HMIS/UPHMIS in terms of quality

To identify the issues of HMIS/UPHMIS poor data quality.

RESEARCH QUESTION –

What are the Major factors which results into the poor data quality of HMIS/UPHMIS?

METHODOLOGY:

The present study was descriptive study.

Study Area: The respective study was conducted in Four Technical support unit Blocks (Kamalganj,Kayamganj,Rajepur,Barun) of District Farrukhabad, Uttar Pradesh

Study Respondents:Staff nurse, Pharmacist, Lab Technician, Block Program Manager, Data Entry Operator

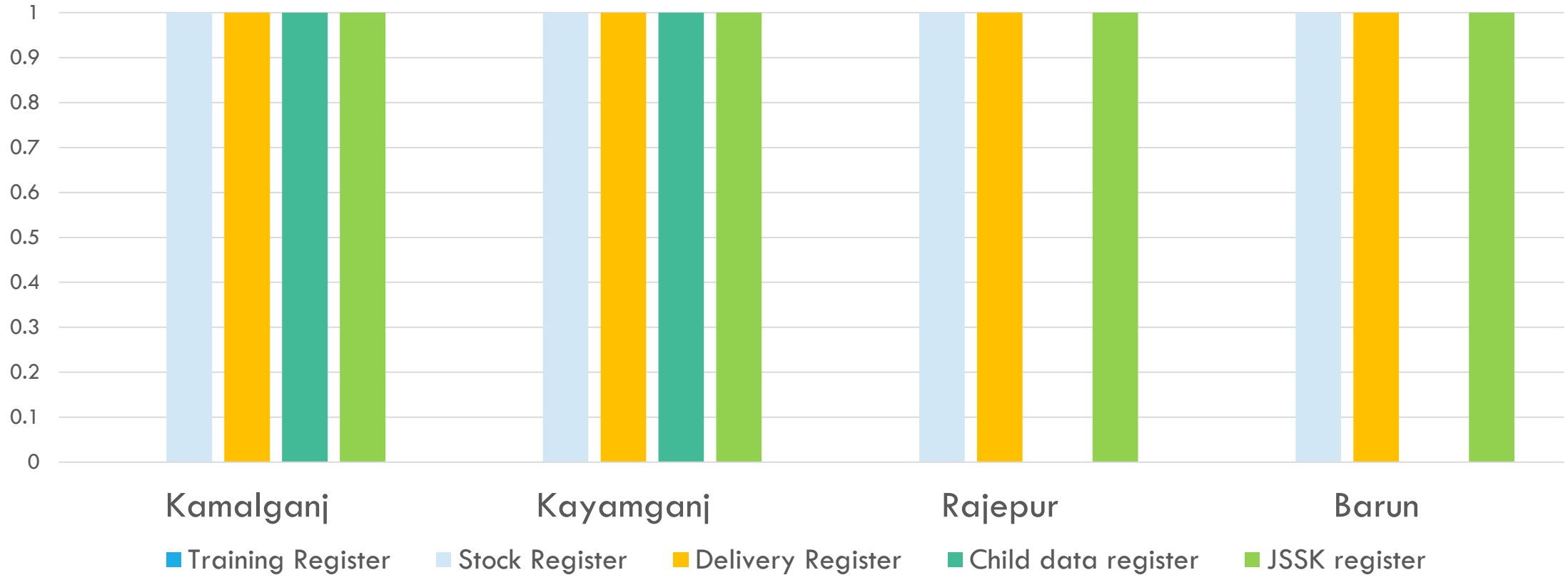
Sample Size-20

Sampling And Sample Selection- In Farrukhabad district Four blocks were chosen out of Seven blocks which are supported by Technical support unit. Purposive sampling was used in the present study.

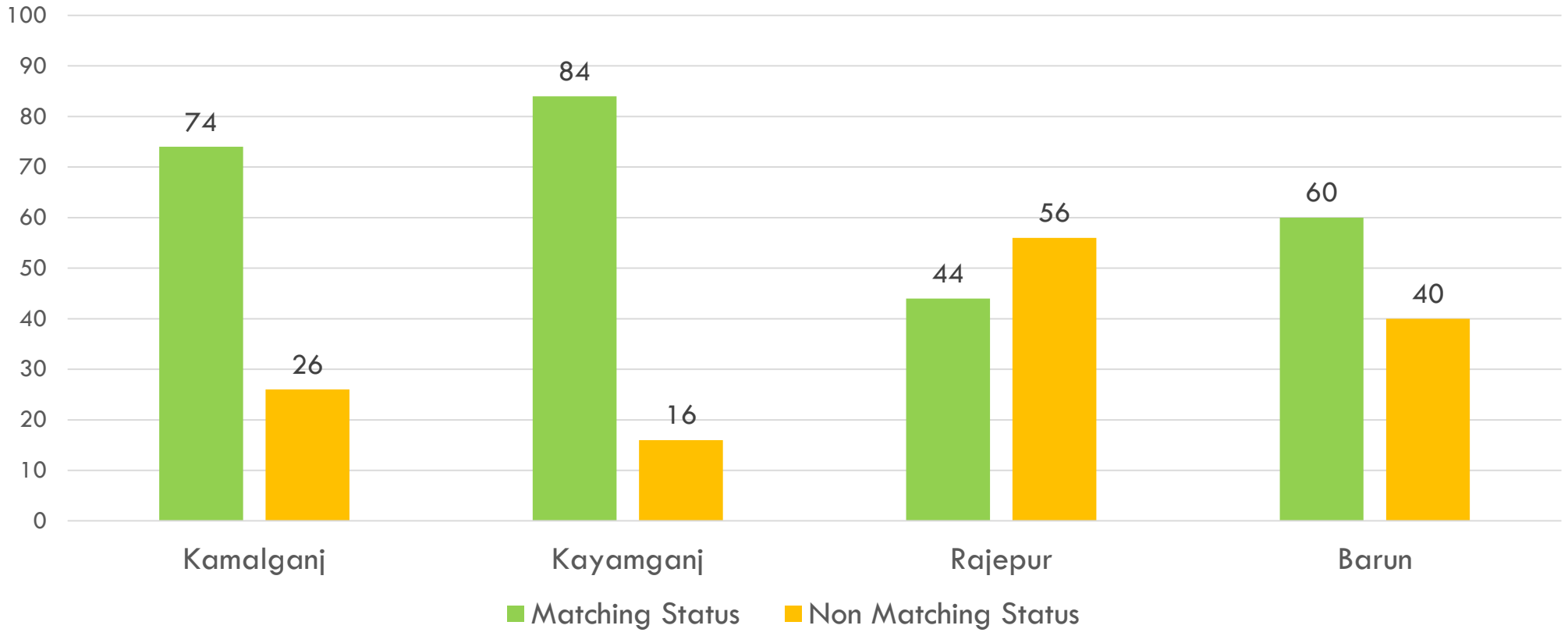
Data collection tool- HMIS/UPHMIS Supportive supervision checklist

RESULTS

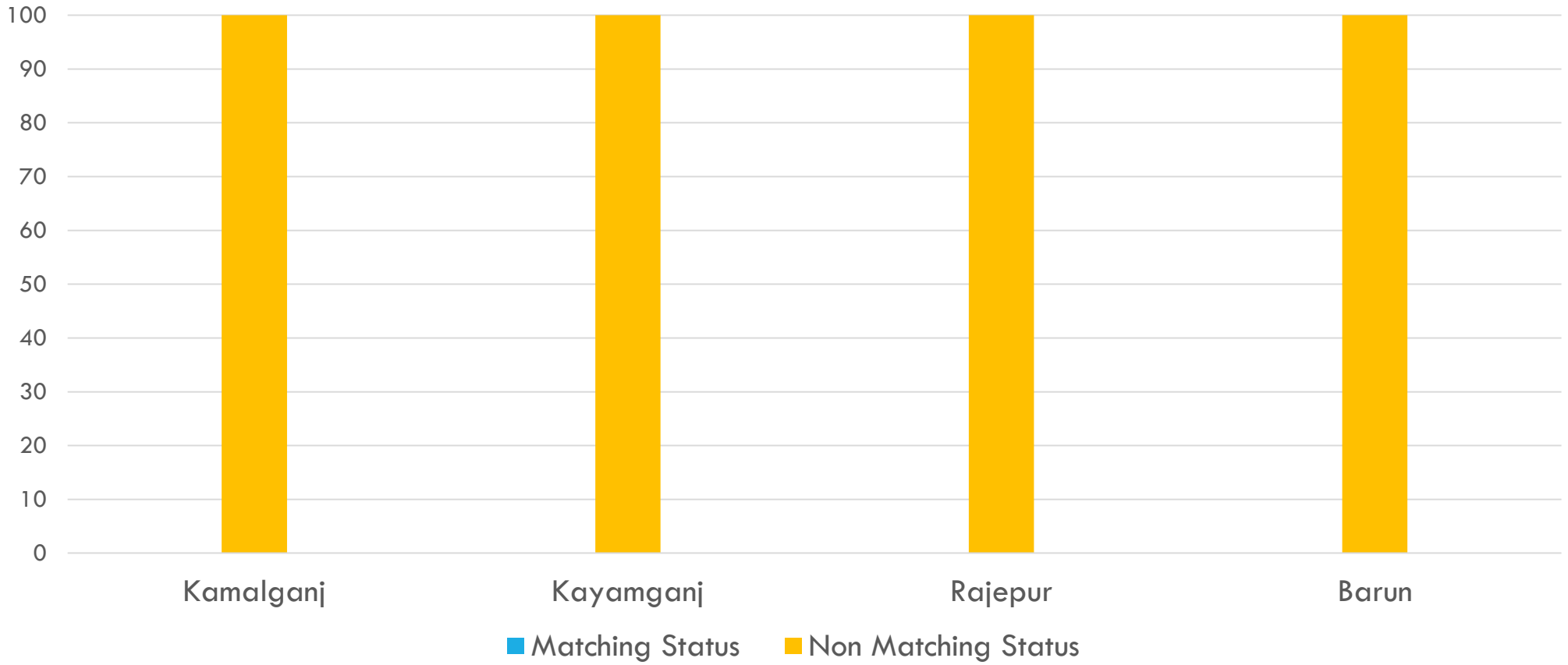
HEALTH FACILITY HAVING PROPER SOURCE REGISTERS.



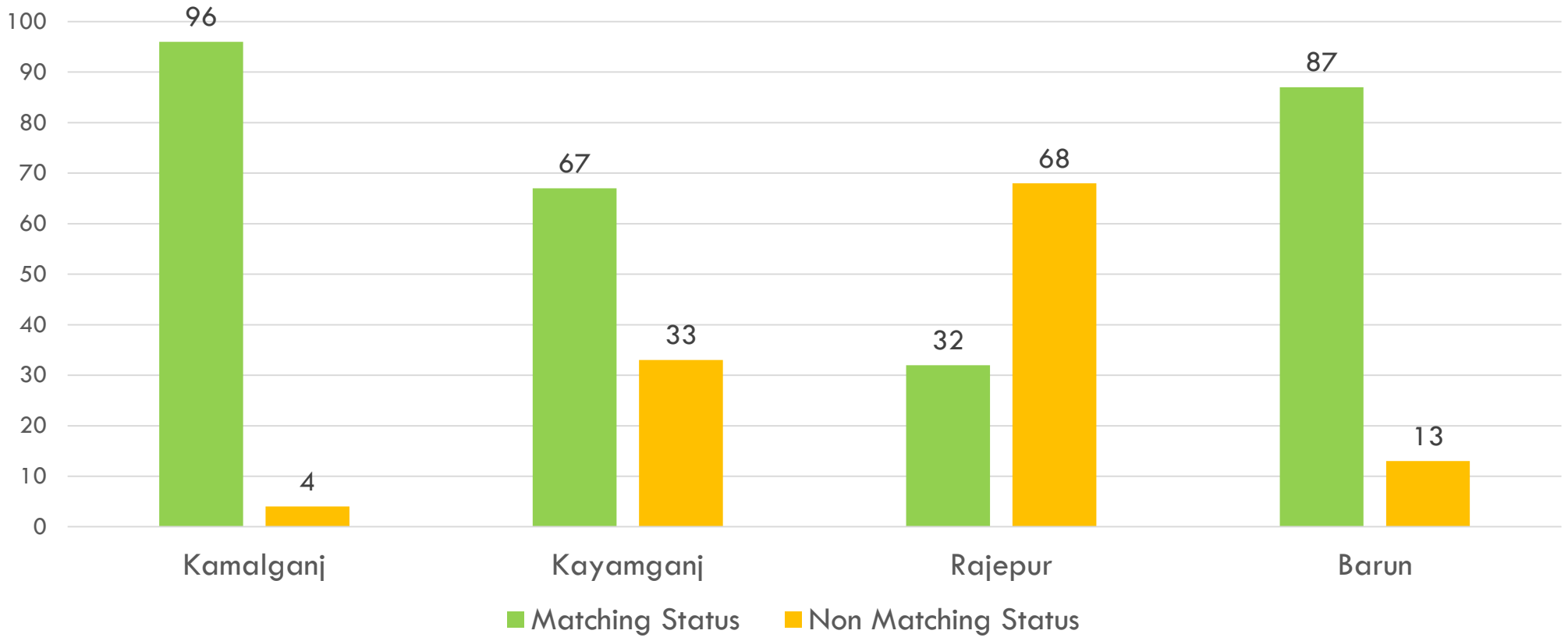
MATCHING AND NON MATCHING STATUS OF HR SECTION



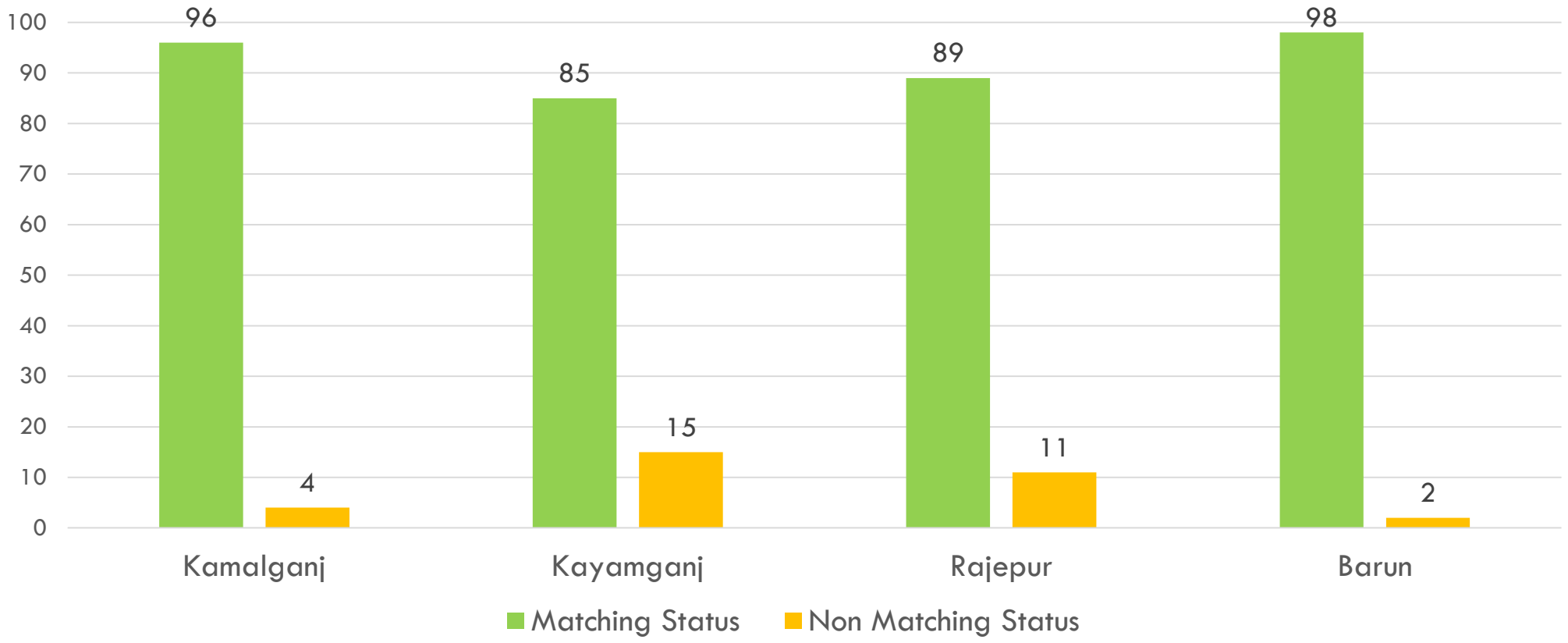
MATCHING AND NON MATCHING STATUS OF TRAINING SECTION



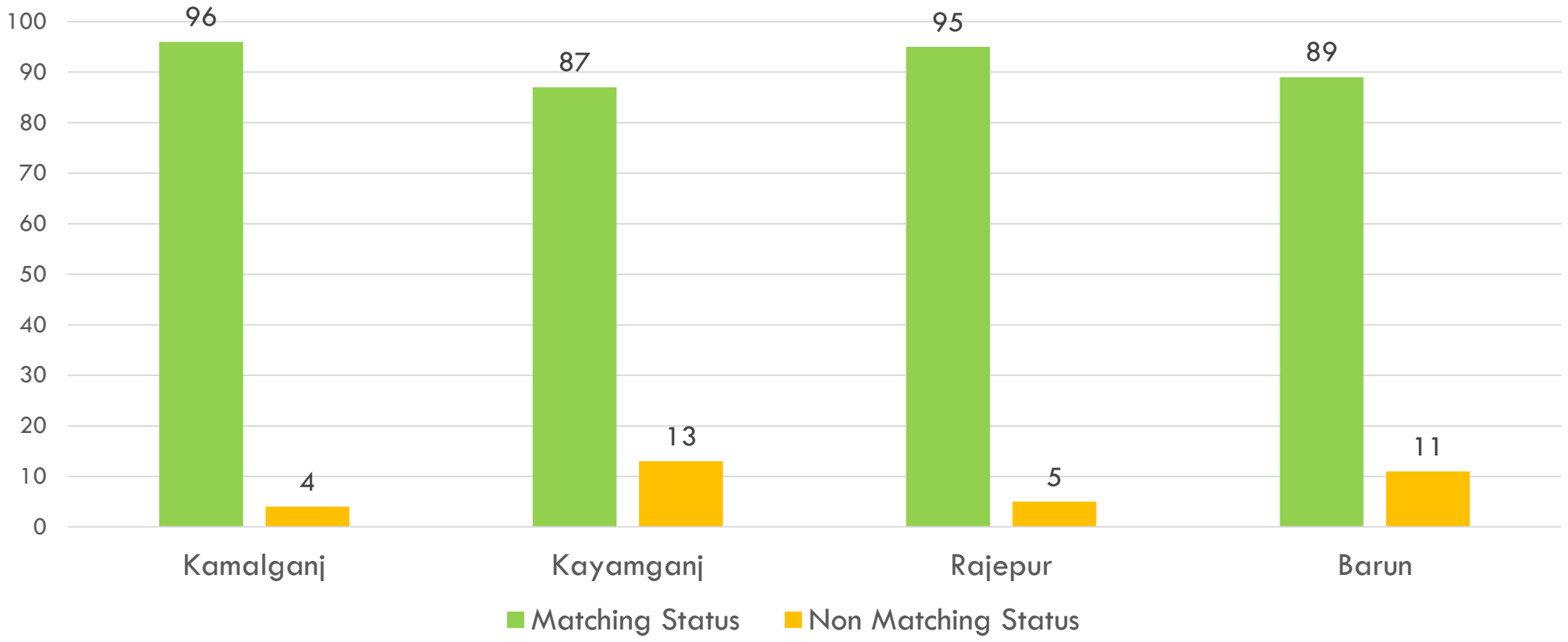
MATCHING AND NON MATCHING STATUS OF DRUGS AND SUPPLY



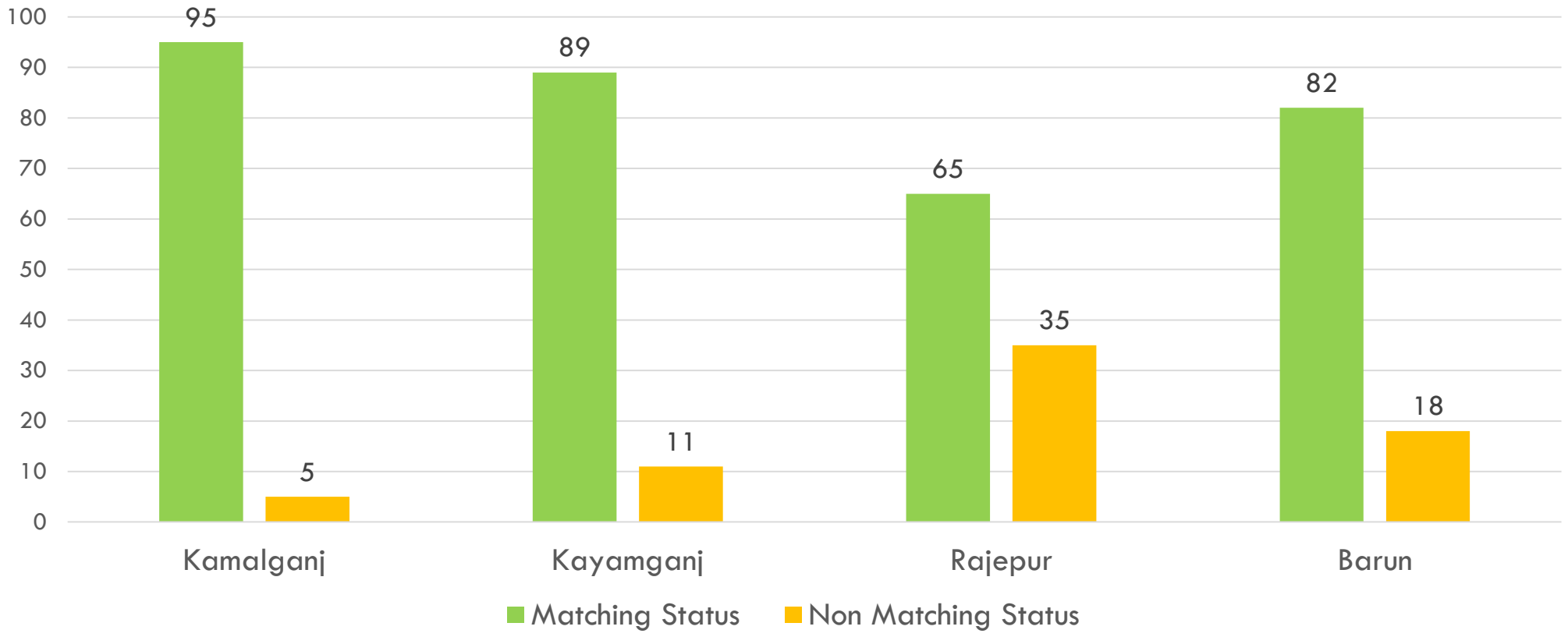
MATCHING AND NON MATCHING STATUS OF HMIS DATA ELEMENTS(IMPORTED ON UPHMIS)



MATCHING AND NON MATCHING STATUS OF CHILD HEALTH



MATCHING AND NON MATCHING STATUS OF JSSK PROGRAM



COLOR RANKING OF IDENTIFIED ISSUES

HMIS/ UPHMIS QUALITY ISSUES	**Unavailability of Source Documents**		can be achieved with little efforts
	Data Status	**Lack of cross-check**	can be achieved with little efforts
		lack of usage	Will take sometime to achieve, but is achievable(challenging)
		lack of completion and updation	Very difficult to achieve, and require immediate attention. Proper followups and feedbacks
	Difficulty in Understanding of data elements		Will take sometime to achieve, but is achievable(challenging)
	Data timeliness		Will take sometime to achieve, but is achievable(challenging)
	Data accuracy		Very difficult to achieve, and require immediate attention

CONCLUSION

HMIS/UPHMIS QUALITY ISSUES IDENTIFIED

- Unavailability of source documents.
- Lack of usage and completion and updation of registers and records
- Lack of understanding about the data elements in the HMIS/UPHMIS format
- Lack of submission of reports on time
- Lack of Data accuracy
- Lack of cross check of data before uploading on portal

RECOMMENDATIONS

- Timely upload of data must be ensured within the time frame .
- Data must be thoroughly checked by BPM and MOIC before uploading it on portal by Data Operator.
- Summary should be made on monthly basis
- Proper documentation and Records must be maintained .

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THANK YOU