BOTTLENECK ANALYSIS OF HMIS INDICATORS FOR ITS POOR QUALITY AT SUB CENTER LEVEL: STUDY IN BAHRAICH DISTRICT OF UTTAR PRADESH

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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. Daughter entity of the University of Manitoba

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/MCTS and the analysis using the HMIS/MCTS data.
- About validation rules, validation errors, validation checks.
- About the Supportive supervision of HMIS.
- Monitoring of the data and sharing it with District and state officials.

DISSERTATION:

RESEARCH QUESTION –

What are the bottlenecks which results into the poor data quality of HMIS?

OBJECTIVES:

To analyze the current status of HMIS in terms of quality

To do the bottleneck analysis of HMIS data quality.

METHODOLOGY:

The present study was cross sectional descriptive study.

Study Area: The respective study was conducted in Four Technical support unit Blocks (Chittaura, Mahsi, Mihipurwa, Shivpur) of District Bahraich, Uttar Pradesh

Study Respondents: ANM was taken as respondents to collect the desired information for the study.

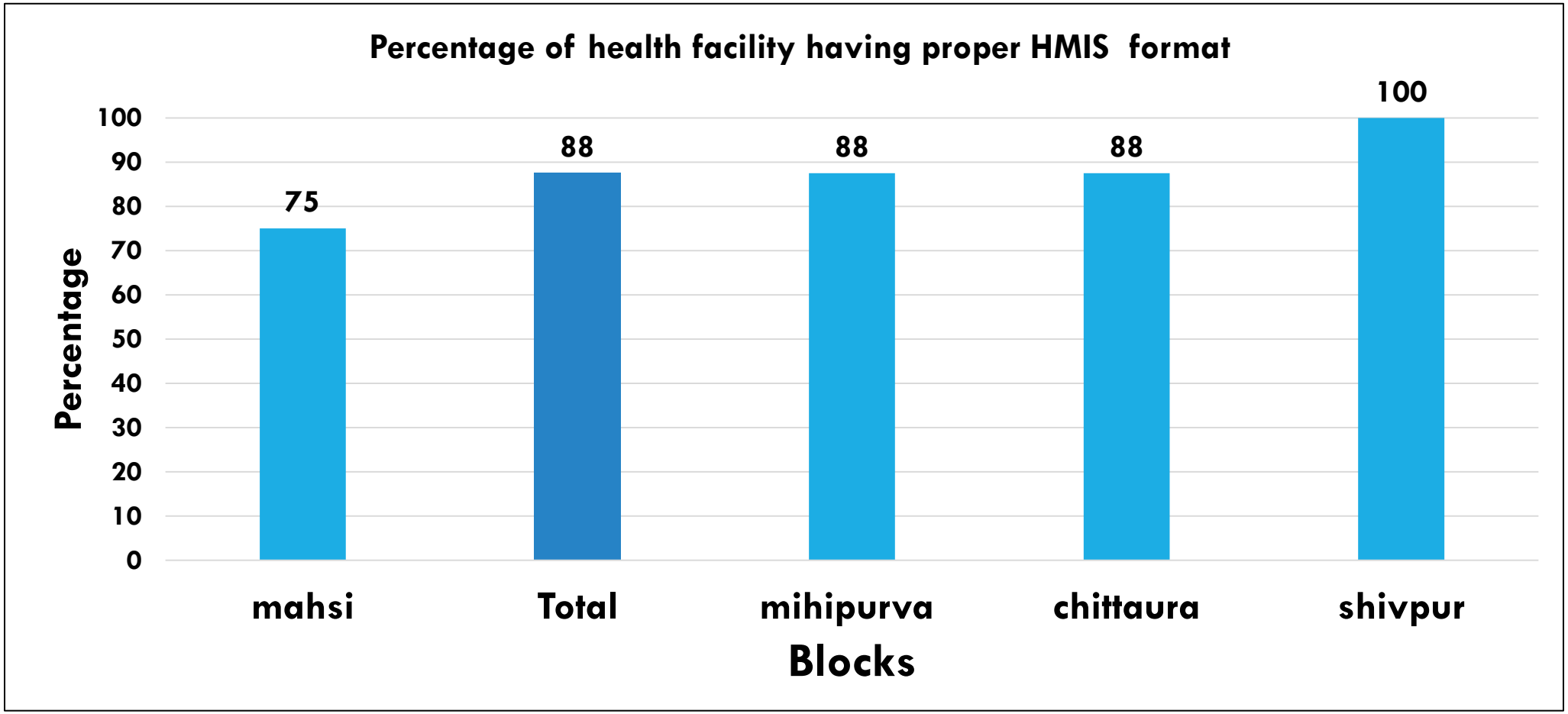
Sample Size-32 ANM (8ANM*4BLOCKS)

Sampling And Sample Selection- In Bahraich district Four blocks were chosen out of fourteen blocks which are supported by Technical support unit. Random sampling was used in the present study. Eight Sub Centers from each block PHC was selected randomly. 32 subcenters out of 106 subcenters were studied.

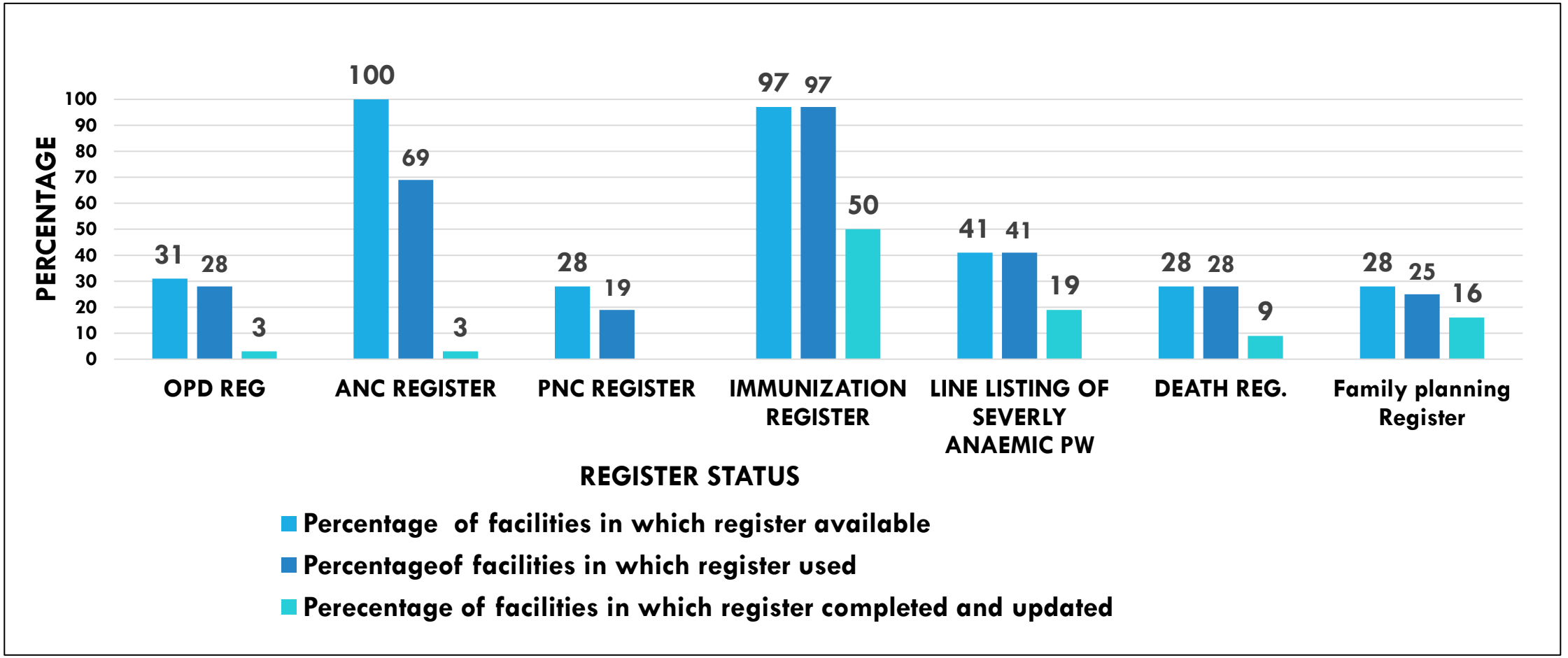
Data collection tool- HMIS Supportive supervision checklist

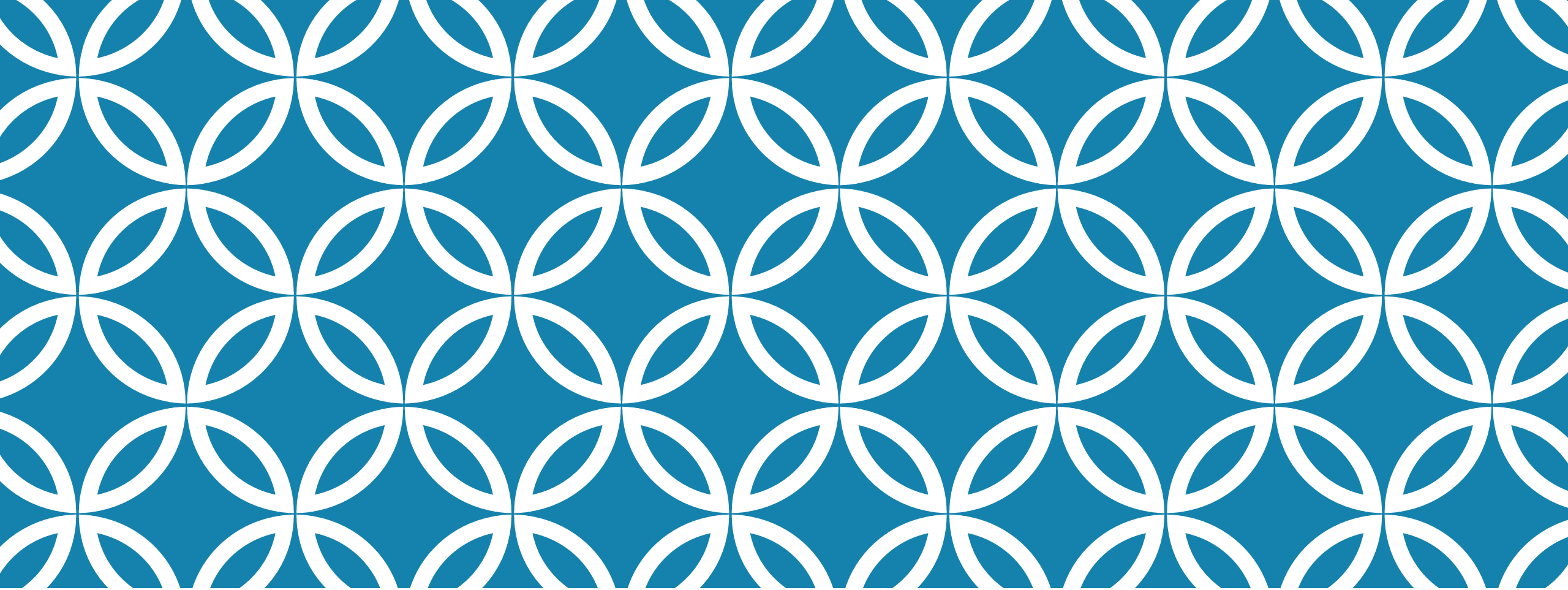
RESULTS

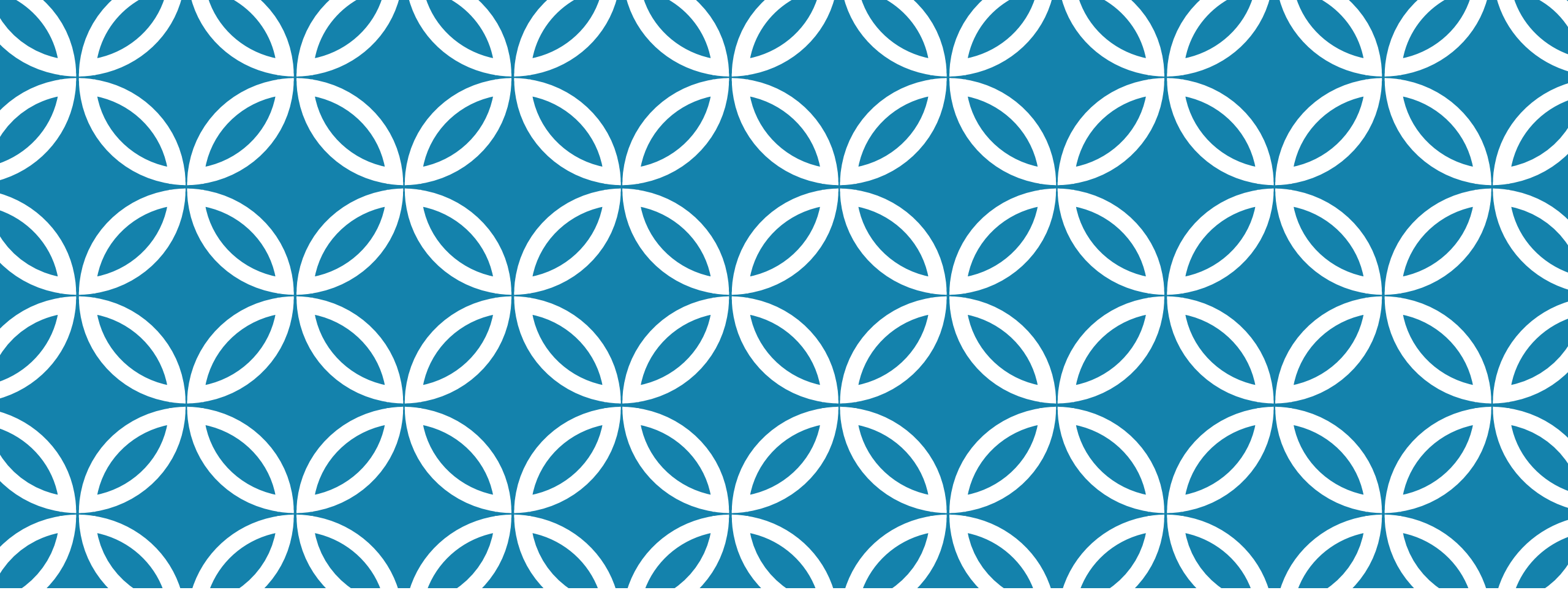
HEALTH FACILITY HAVING PROPER HMIS FORMAT.



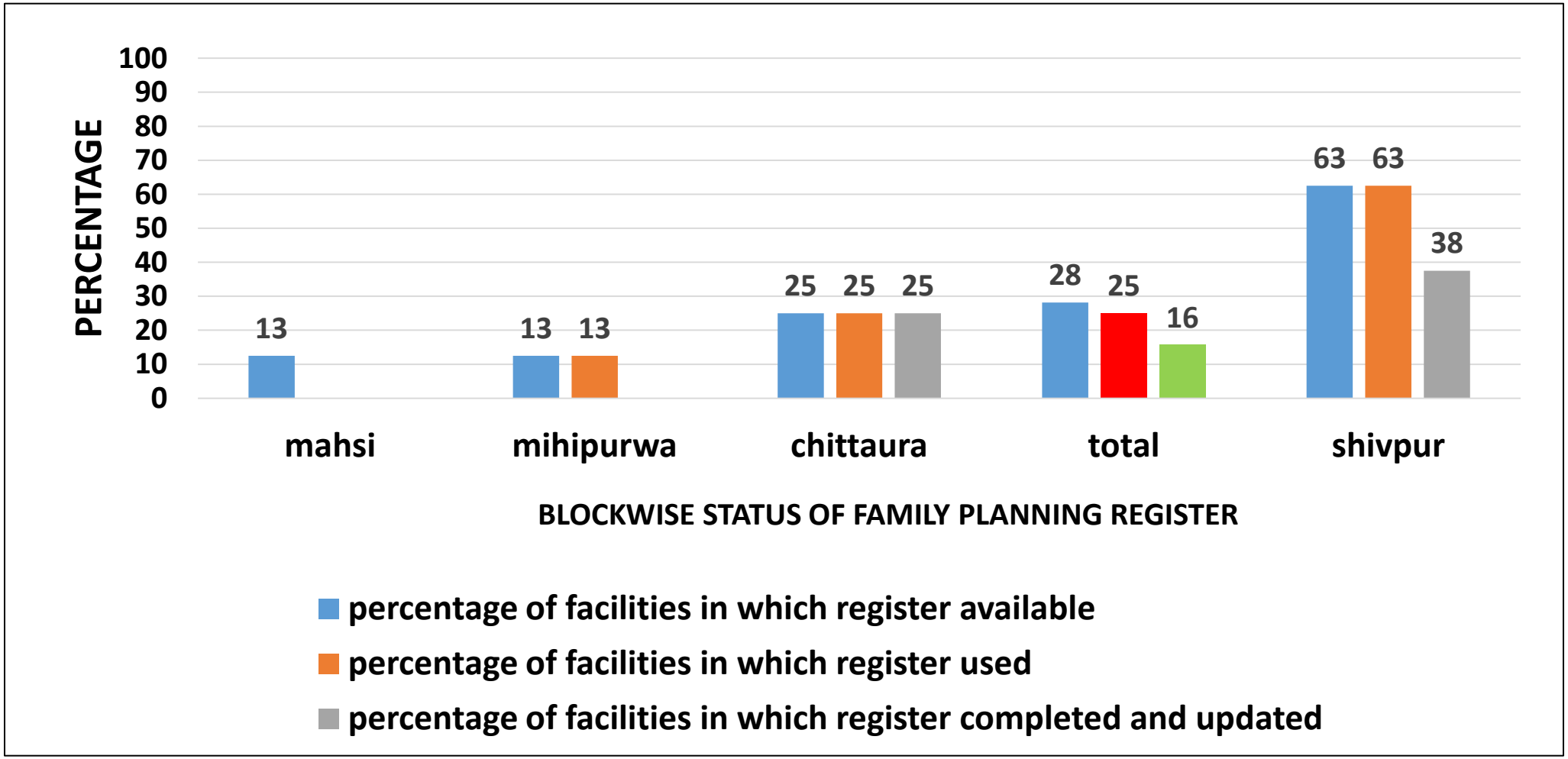
STAUS OF REGISTERS/RECORDS IN TERMS OF AVAILABILITY, USAGE, COMPLETION AND UPDATION AT SUBCENTER OF THE FOUR BLOCKS





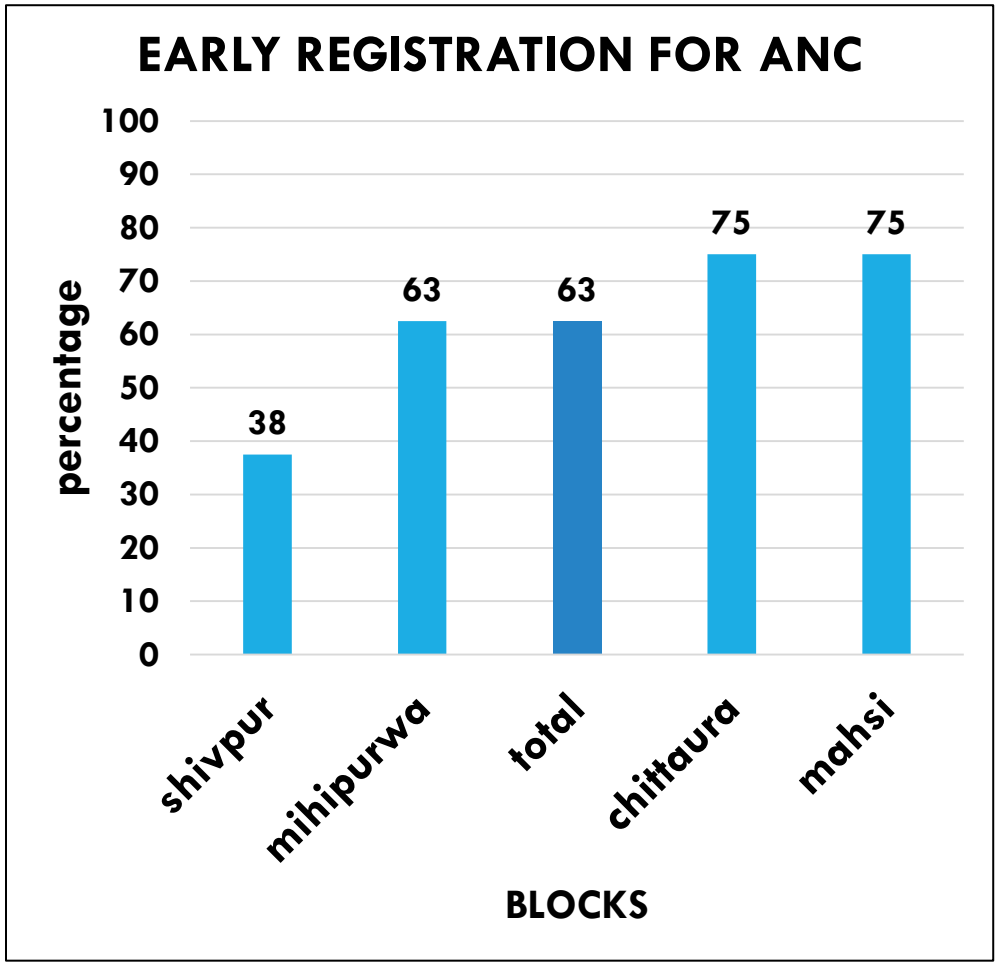


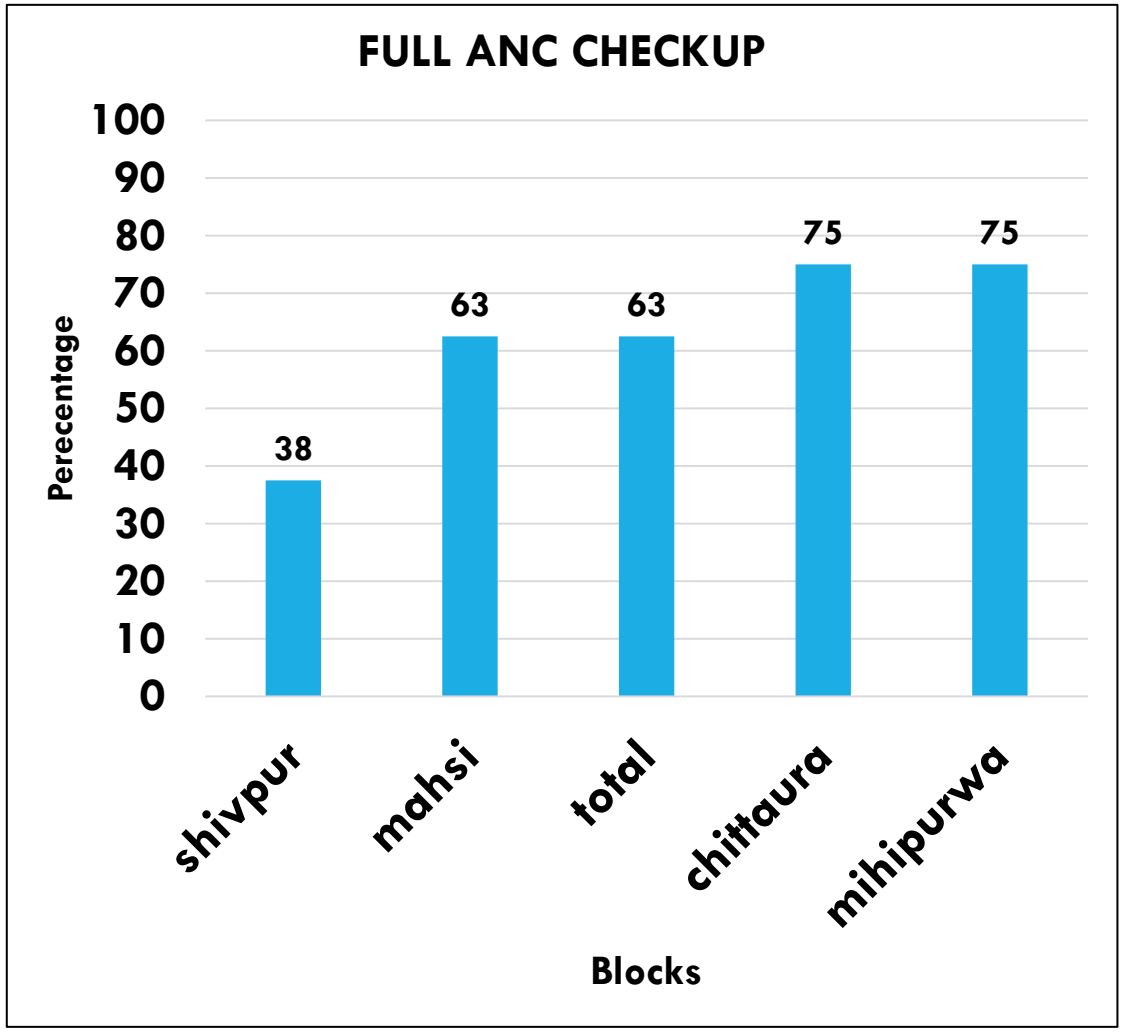
FAMILY PLANNING RECORDS

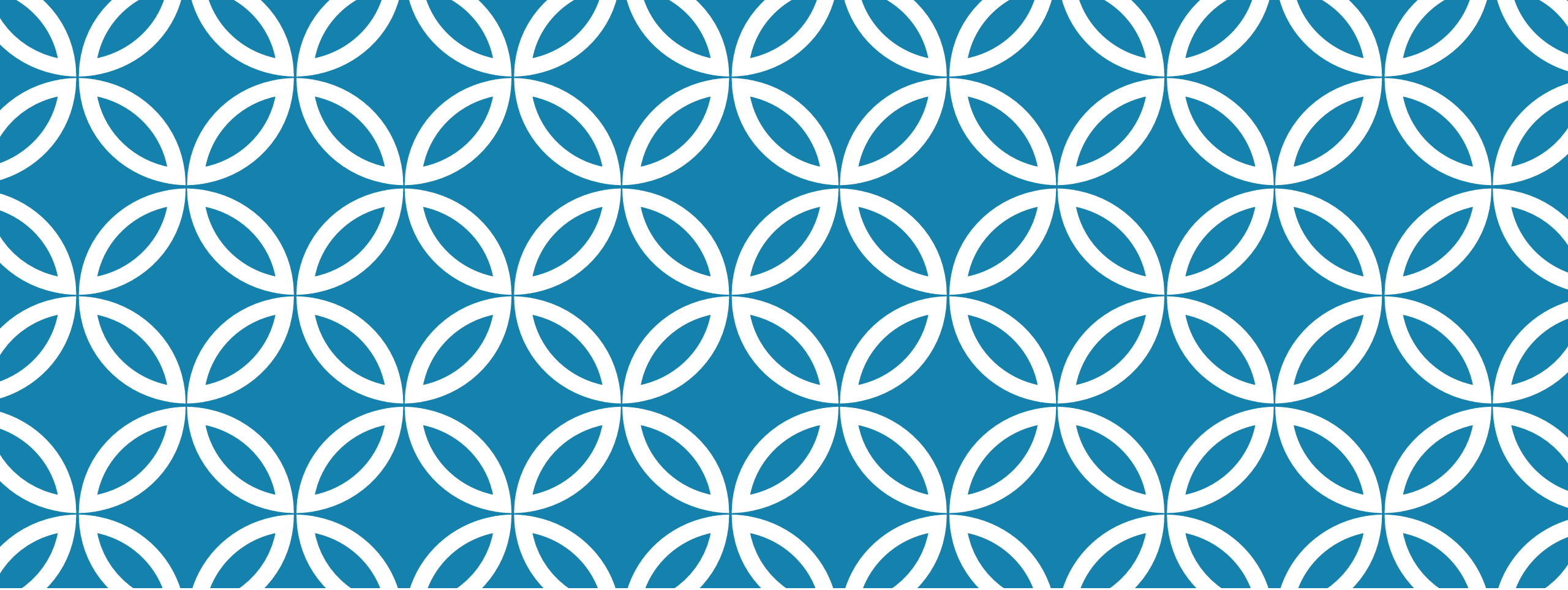


UDEERSTANDING OF ANM ON DATA ELEMENTS TO BE FILLED IN HMIS FORMAT FOR SUBCENTER LEVEL

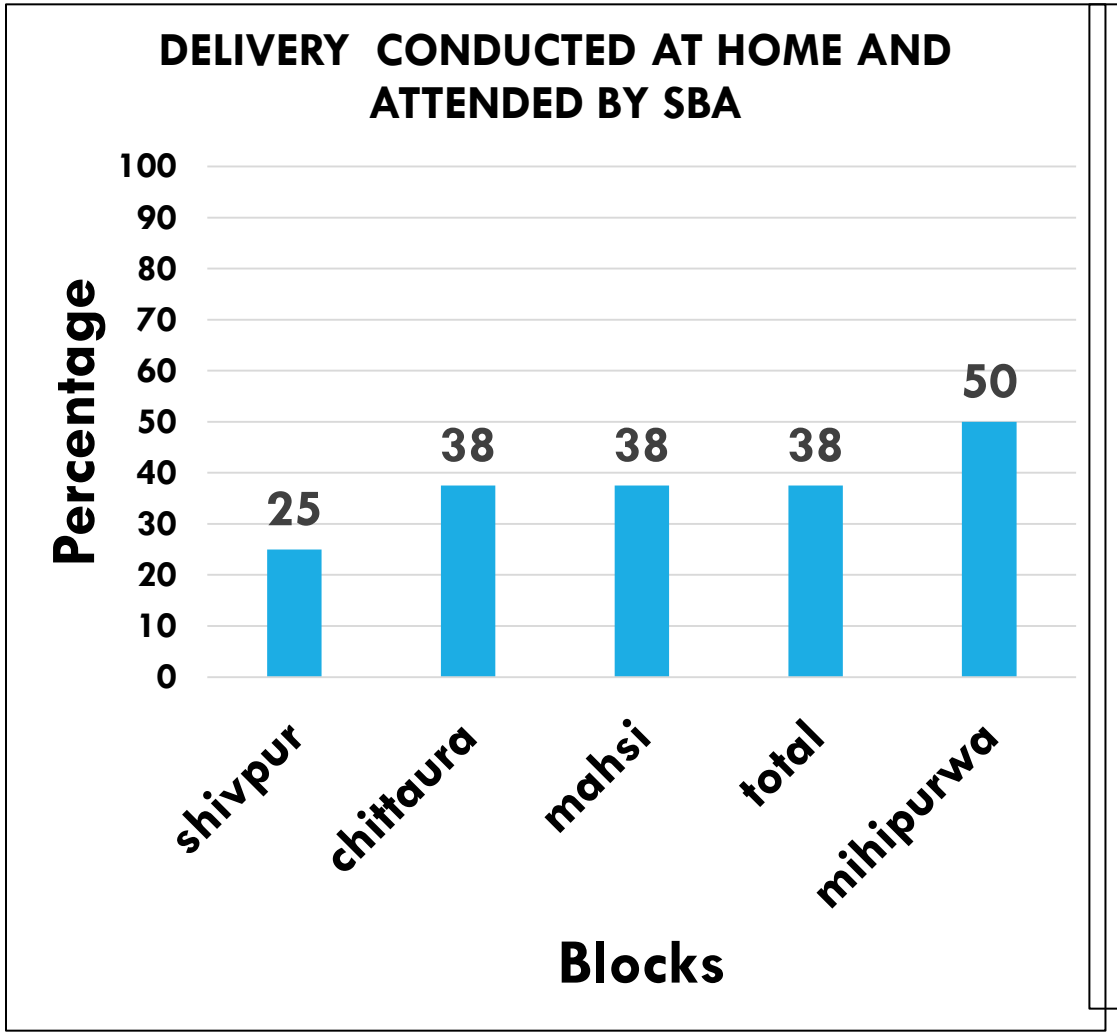
PREGNANCY CARE

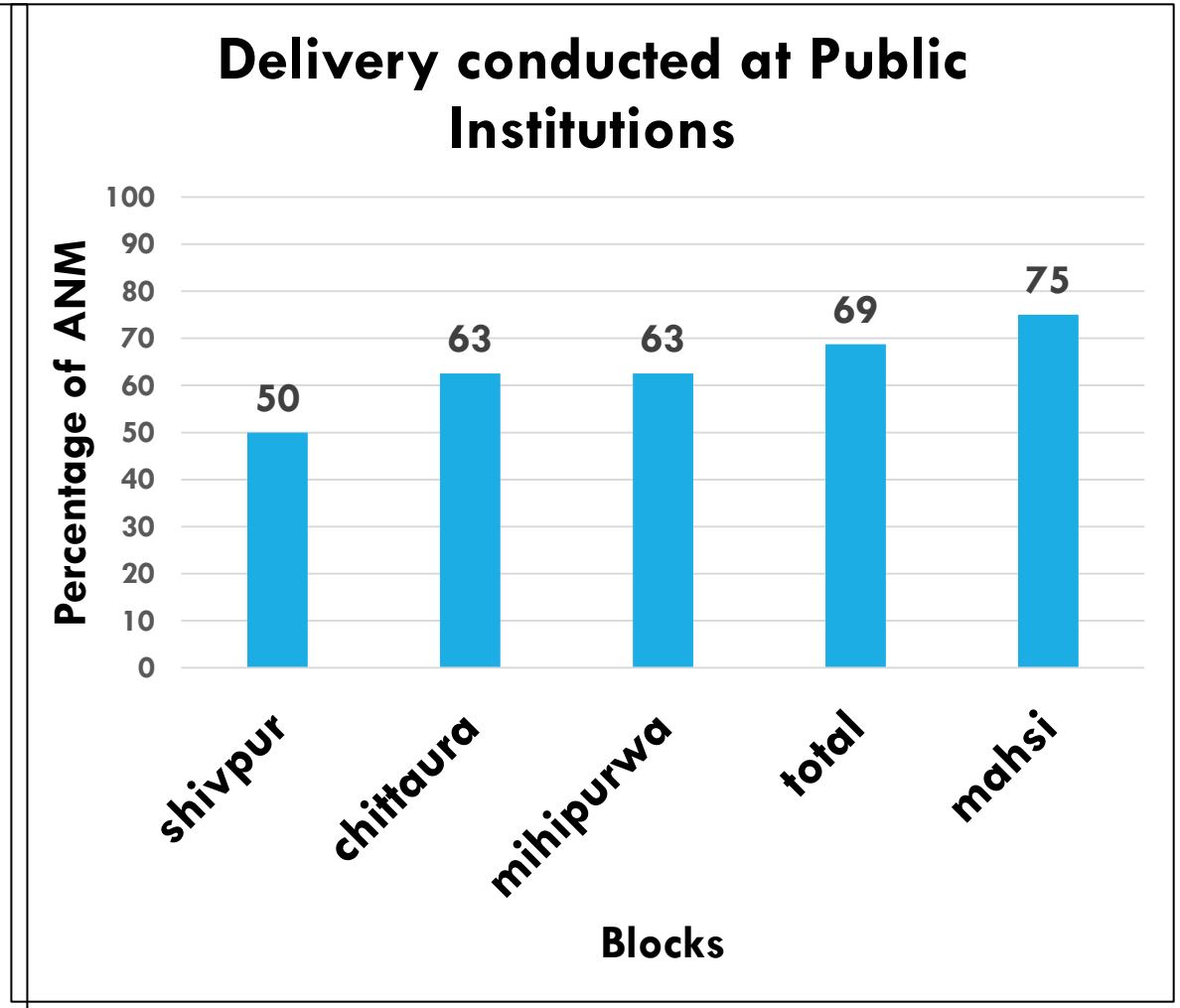




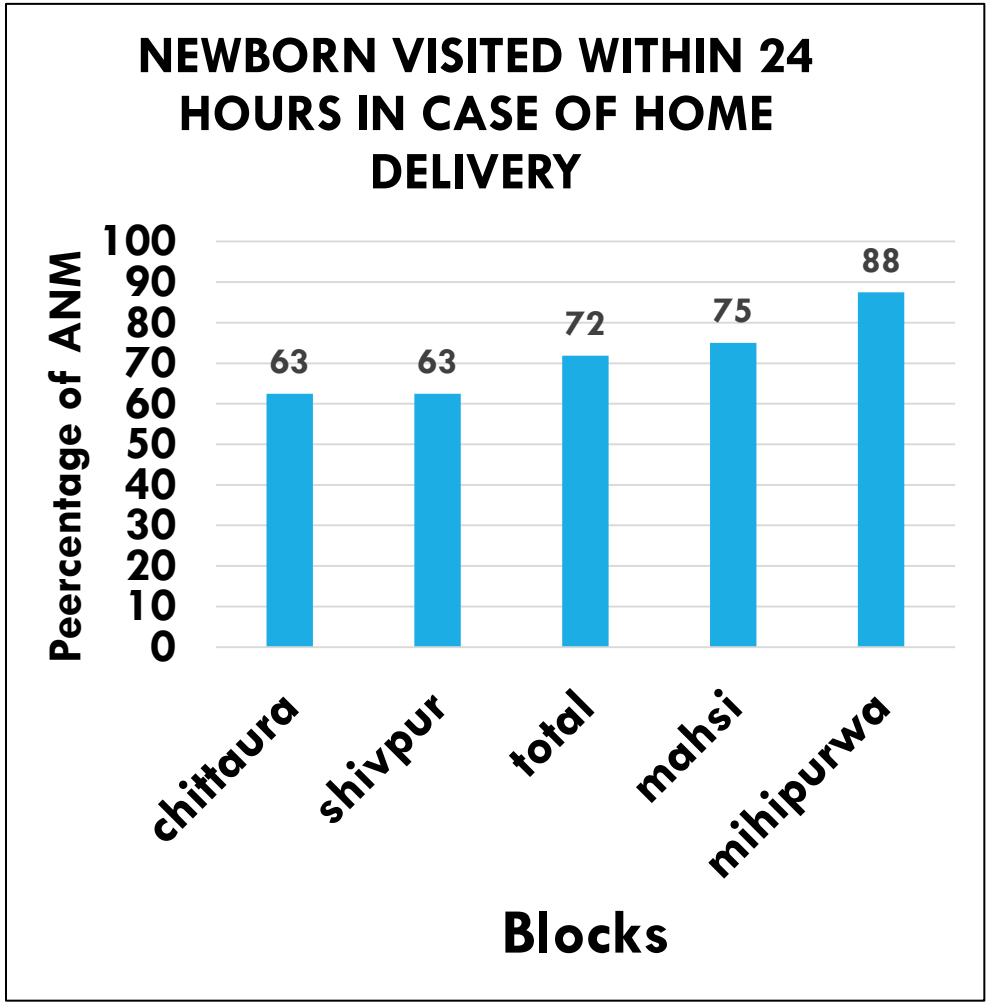


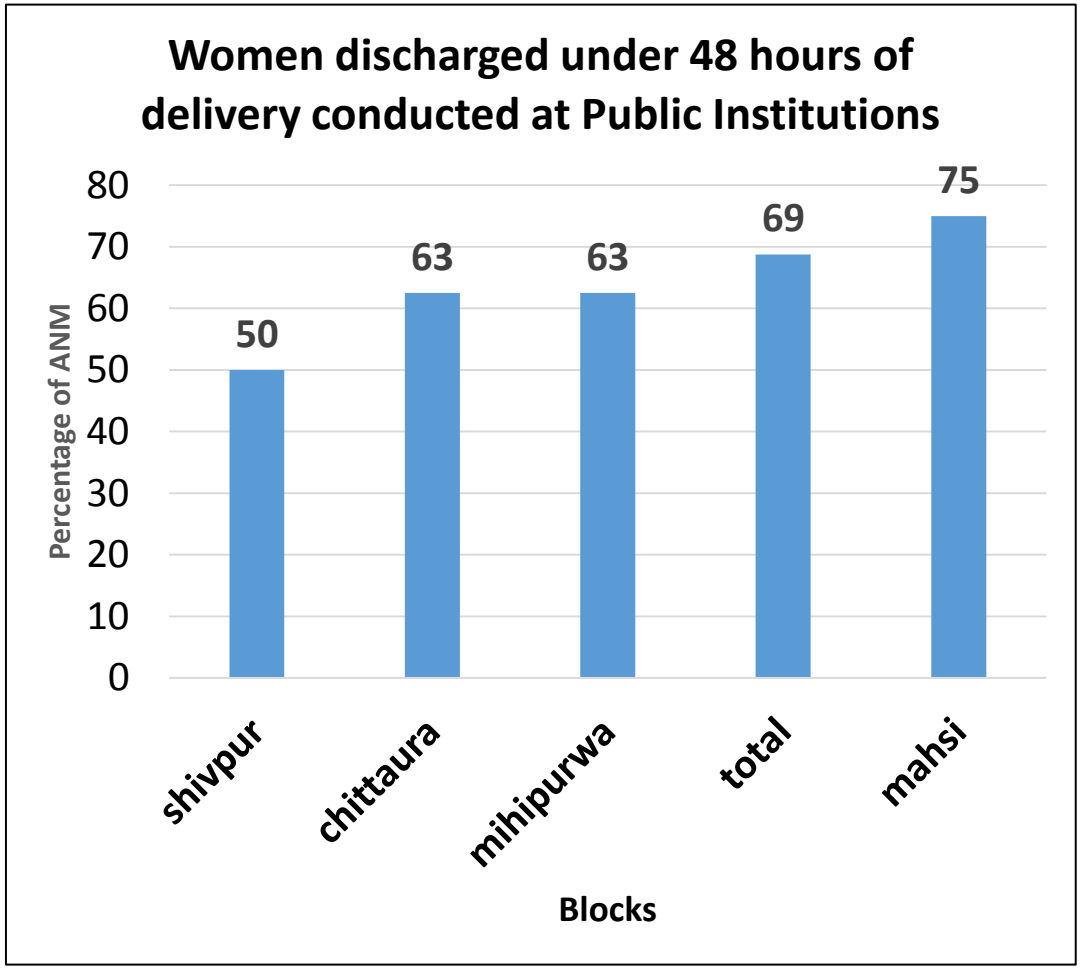
DELIVERY


DELIVERY CONDUCTED AT HOME AND ATTENDED BY SBA
Percentage
100
90
80
70
60
50
40
30
20
10
0
25
38
38
38
50
shivpur
chittaura
mahsi
total
mihipurwa
Blocks

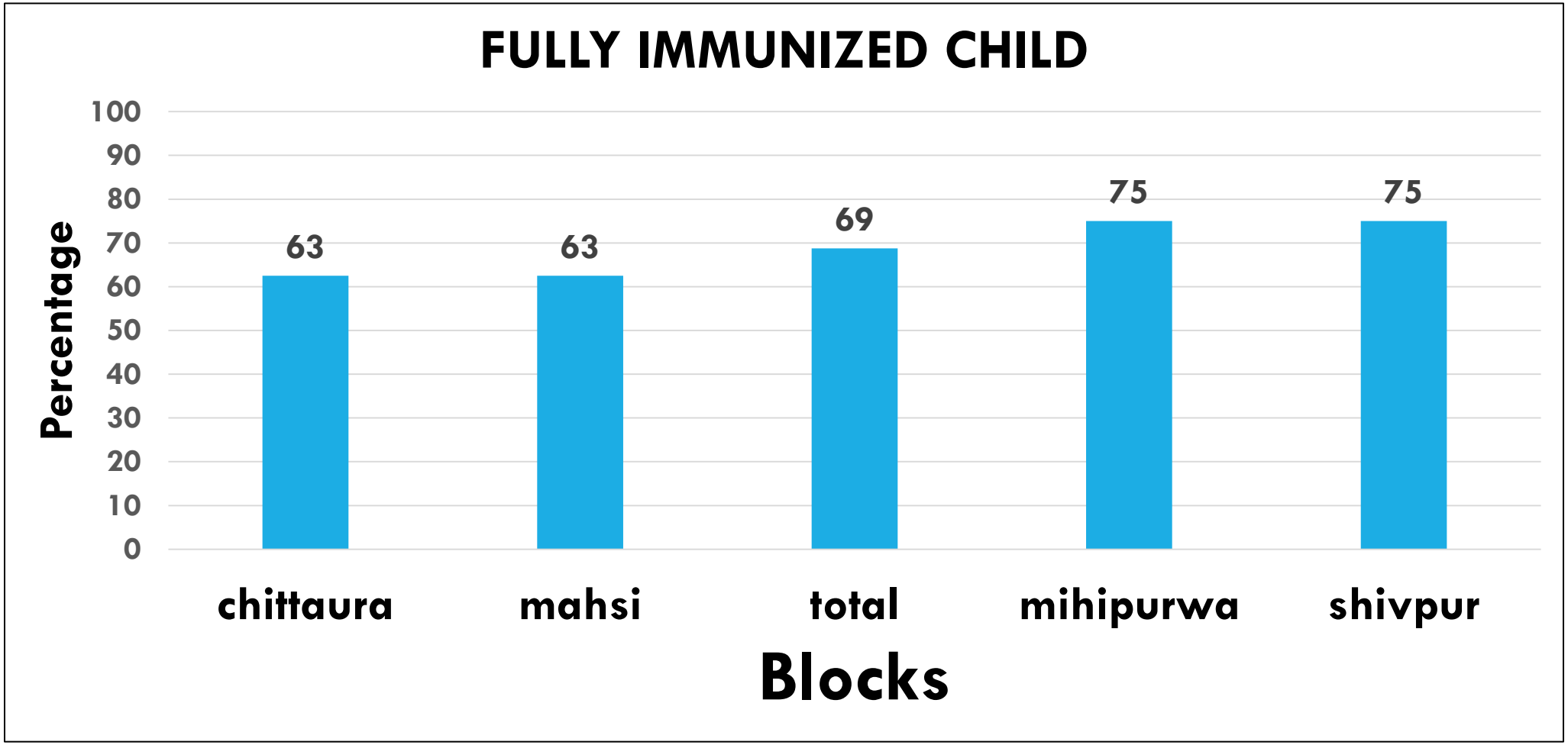

Delivery conducted at Public Institutions
Percentage of ANM
100
90
80
70
60
50
40
30
20
10
0
50
63
63
69
75
shivpur
chittaura
mihipurwa
total
mahsi
Blocks

POST NATAL CARE-

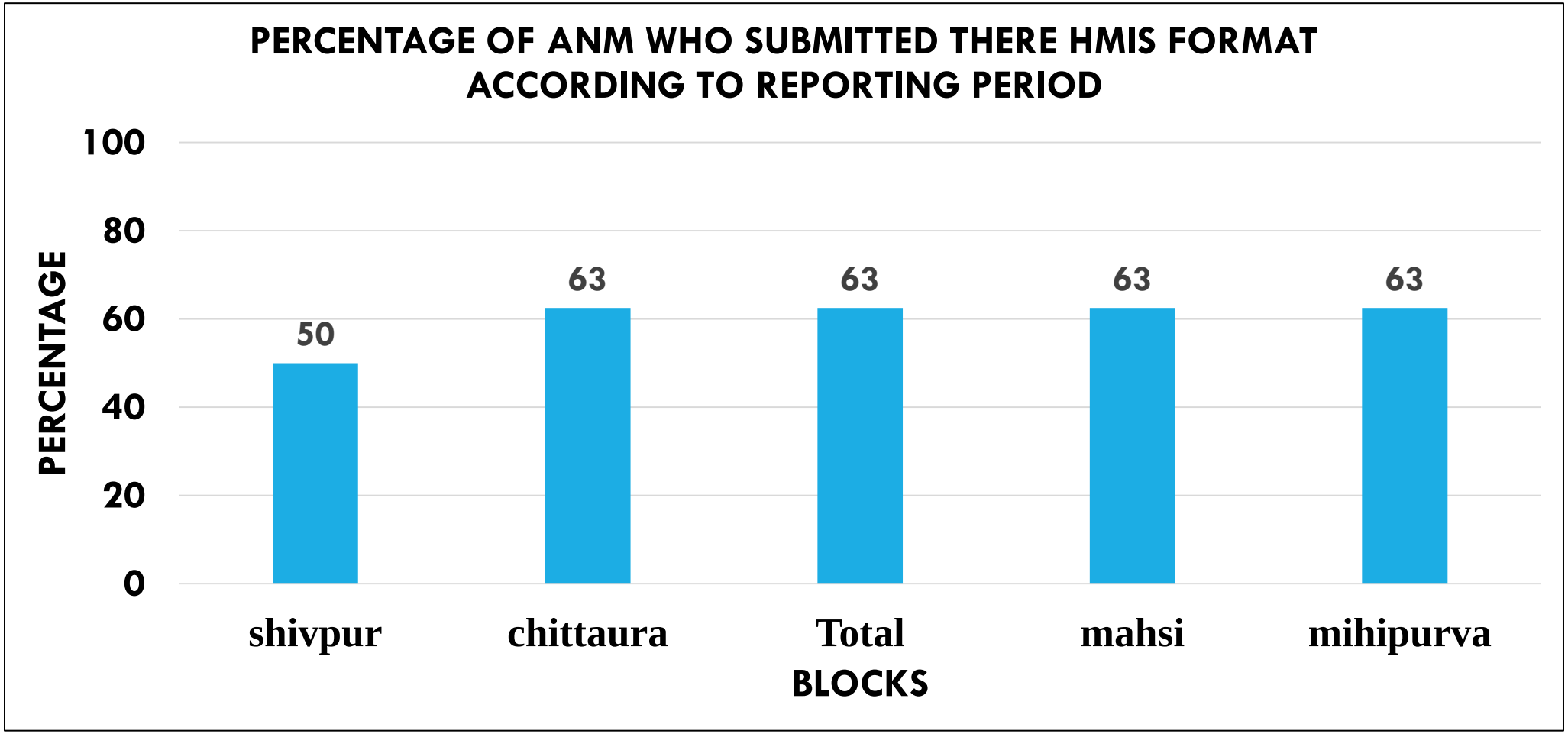




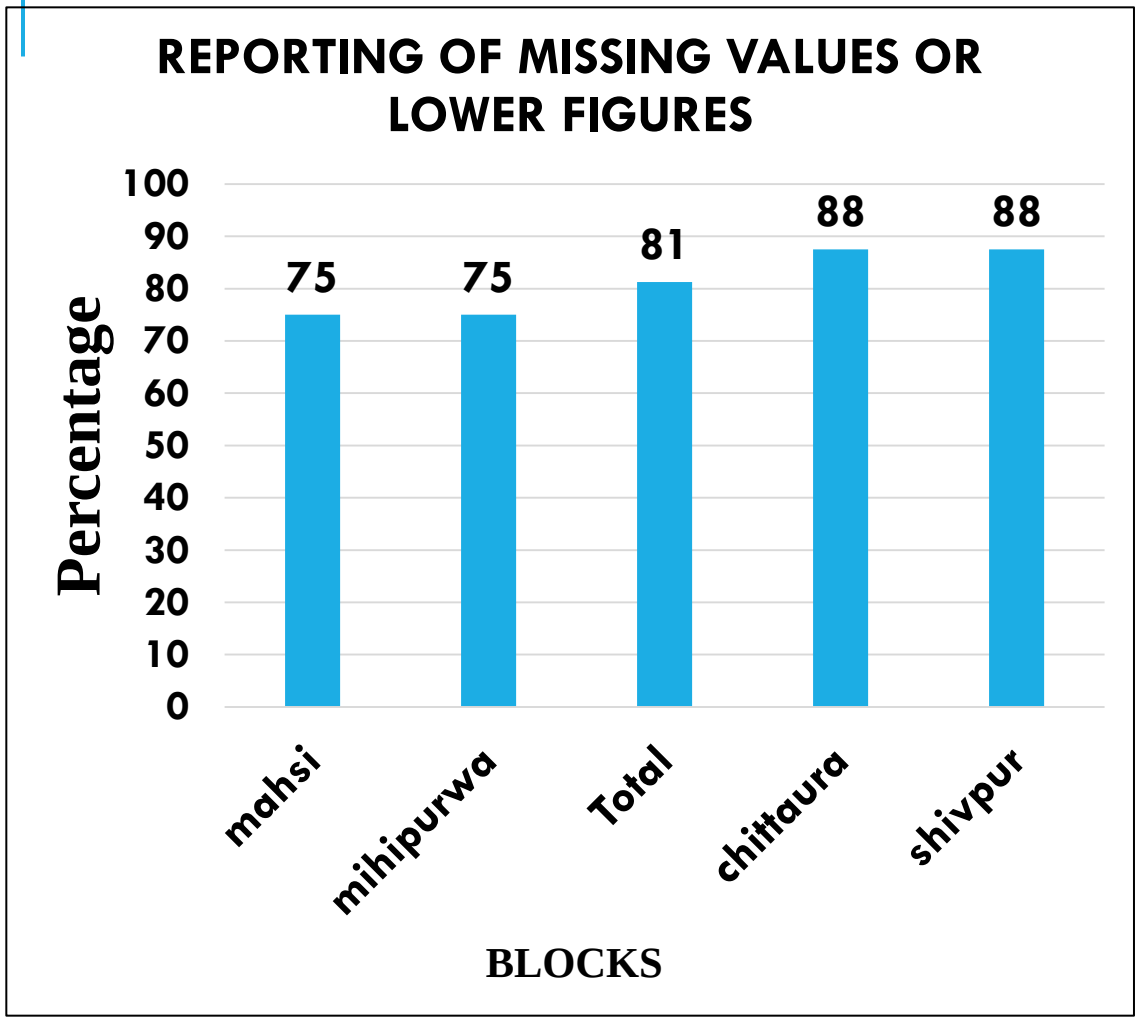
IMMUNIZATION

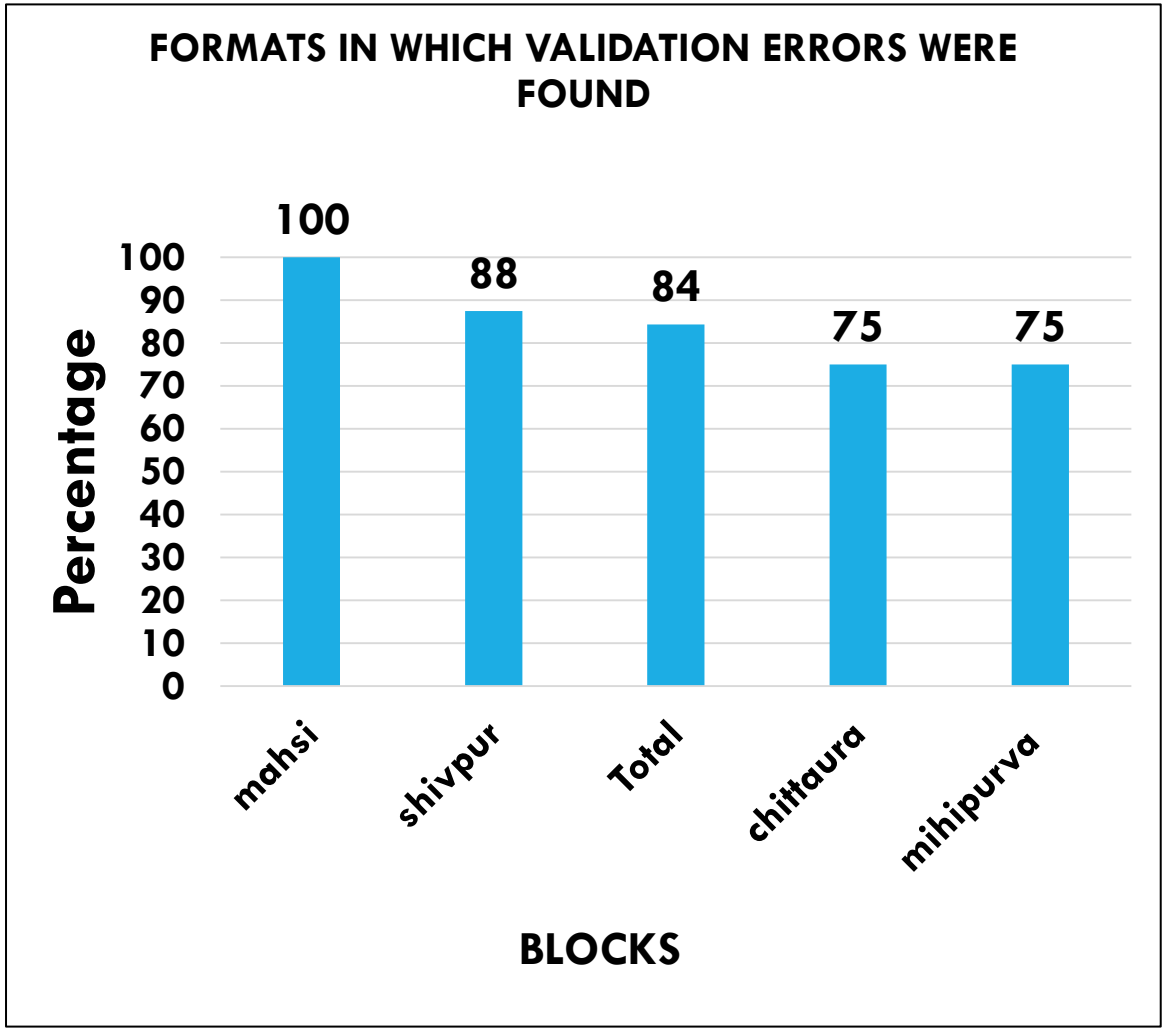


DATA TIMELINESS



DATA ACCURACY





COLOR RANKING OF IDENTIFIED BOTTLENECKS

HMIS QUALITY BOTTELNECKS	Unavailability of Hmis formats		can be achieved with little efforts
	Status of registers	Unavailability	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
	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 QUALITY BOTTELNECKS IDETIFIED

- Unavailability of hmis format
- Lack of availability, usage and completion and updation of registers and records
- Lack of understanding about the data elements in the HMIS format
- Lack of submission of reports on time
- Lack of Data accuracy

RECOMMENDATIONS

- Proper set of guideline and procedure should be explained to ANM. For this training should be conducted at block level. ANM and data operators should be the participants. And all the data elements should be explained to them. Reporting period should be clearly mentioned. A pretest and posttest should be scheduled to know the effectiveness of the training.
- A Log register should be made and maintained on monthly basis by ANM. HMIS report should be timely reviewed on regular basis by the Block managers.
- The ranking of sub-centers on the performance on quality of HMIS data (completeness and accuracy) and related feedback should be provided to the ANM in monthly review meetings. This will help in motivating grassroots level health workers by creating health competitive environment.

- When ANM submit the HMIS format it should be properly reviewed by the Block program manager, and necessary corrections should be made before giving the formats to data operators.
- By 25th of every month Block program manager should identify those ANM who have not submitted the report, and should take necessary action.
- Supportive supervision checklist to be filled by the government district officials also and hand holding support should be provided to the ANM and the data operators during the field visit
- There are many registers which have to be maintained by the ANM. They should be replaced by one or two registers and those printed registers should be provided to the ANM. And entries in rough diaries should be discouraged. It leads to data error.

- Validation checks should be done to identify the validation error and ANM should be given feedback about it. So that in the next month those errors can be corrected.
- Every month name of those ANM who do not submit the HMIS format according to the defined timeline should be noted down. If any name comes consistently then reason should be identified and proper action should be taken
- Formats, guidelines/procedures should be in Hindi language as local language of UP is Hindi. And a dictionary for the data elements of HMIS should be provided.

THANK YOU