PERCEPTIONS OF HEALTH WORKERS INVOLVED IN DISTRICT HEALTH INFORMATION SYSTEM NOWSHERA, KHYBER PAKHTUNKHWAA

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ABSTRACT

OBJECTIVE: To explore the perceptions of health workers regarding Health Management Information System (HMIS), within their health facilities providing health care facilities in multiple disciplines under single roof.

METHODS: A prospective study was planned to explore, understand, and describe the perceptions of health workers regarding HMIS within their health care facilities. The study was carried out in eight selected health care facilities of district Nowshera four facilities were selected from urban and four from rural area of the district Nowshera.

RESULTS: In 6 out of 8(75%) HCFs HMIS record was properly maintained, 29 out of 32(90%) of health care provider were fully aware of the system, 7 out of 8(87%) MCH centers were follow the proper protocol of the system, in 5, EPI centers out of 8(63%) outreach activity, in 4(50%) drop out activity and in 7(87%) all relevant graphs were updated. In 3(37%), OPD slips and OPD registers, MCH registered and growth charts were available in 7(87%) vaccination cards and in 5(50%) units monthly report charts were found. No feedback or coordination with HMIS coordinator was reported in all 8 Health care providing facilities monitoring and supervision,

METHODOLOGY: This prospective study was conducted from July 2014 to October 2014 in eight health care facilities four from urban and four from rural area of district Nowshera Khyber Pakhtan Khawa Pakistan. Data was collected on pre formed preforms from 32 health care providers who were involved/ responsible for the record maintenance, keeping and reporting of HMIS, i.e. (From in charge OPD, MCH and EPI centers). The OPD register was tailed with the disease register and record maintenance behavior of the HCP was noted. In the same way registers of MCH centers were tailed with the maternal health register and child health register and growth monitoring registered. Similarly EPI center register were tallied with the daily vaccination register. Multiple pre designed questions were asked from all concerned and their responses were recorded

KEY WORDS: HMIS, Health care provider, monthly report form.

INTRODUCTION

Health Information is one of the key building blocks of a health system1. Information system supports the decision making process at each level of an organization2. Health information system is the process of data collection, reporting and use of the information necessary for improving health service effectiveness and efficiency3. Health management information system is the management and planning of health programs4. The vision of District Health Information System (DHIS) was proposed and developed in South Africa as “to support the development of an excellent and sustainable health information system that enables all health workers to use their own information to improve coverage and quality of health care within our
A study conducted in Uganda for evaluation of a Health information system concluded that after introduction of HMIS resulted in better data generation and decision making as well as improved access to health care. Many of the system evaluations have also explored the utility of health information system as a tool for development of organizations. Health Information system at district level comprises of monthly reports of the health facilities sent to district as 'district forms' that are then disseminated to the provincial office. The district health office receives a number of health reports from each facility, then aggregated into another set of form and is sent to the province. Health information if used as basis for policy or planning purposes, it will bring incentives for the use of information. Health professionals think that public health specialists can understand and interpret epidemiological data, making the information understandable to decision-makers. Therefore many perceive the health information system unclear and non-useable. In several developing countries health reporting is based on such techniques of data collection that tend to generate invalid, incomplete and inaccurate reports. Health service delivery is compromised if there is continued use of improper methods for health information that results in poor data quality in terms of reliability, timeliness and completeness of data. In any planning, assessment is an initial step in identifying nature, distribution and magnitude of severity of problems. It helps to determine strength and weaknesses of existing system.

Health information systems in several countries are inadequate in providing the needed planning & management support. Most health workers in developing countries consider information systems with just filling the registers with demographic information of patients and diseases every month, and sending the reports without ever receiving any feedback.

Currently there are dual modes of administration. Basic Health Units are administratively under the control of District Support Manager of PPHI while District & Tehsil Headquarter Hospitals and Rural Health Center are under the control of District.

**Figure: Reporting of Health Information from Health Facilities at Nowshera**

RESULT
As shown in 6 out of 8(75%) HCFs HMIS record was properly maintained, 29 out of 32(90%) of health care provider were fully wear of the system, 7 out of 8(87%) MCH centers were follow the proper protocol of the system, in 5 EPI centers out of 8(63%) outreach activity, in 4(50%) dropout activity and in 7(87%) all relevant graphs were updated. In 3(37%), OPD slips and OPD registers, MCH registered and growth charts were available in 7(87%) vaccination cards and in 5(50%) units monthly report charts were found. No feedback or coordination with HMIS coordinator was reported in all 8 Health care providing facilities.
DISCUSSION

Bringing improvement in data collection, dissemination and feedback will strengthen the delivery of health services by improving the quality of information for planning district and facility-level programs. This quantitative assessment has demonstrated that a variety of interventions can be taken to strengthen health information system.16

Various studies conducted in Pakistan have indicated that leadership & management styles as well as structure of public sector in health system is not supportive to the HIS., marked by diverse relationships between seniors and the subordinates. Various decisions are made by managers excluding subordinates from consultations and there is lacking of feedback to the health facilities.17 Evidences show that there are great hurdles in integration of various vertical programs to health information system even in the developed countries where donor-driven vertical public health programs operate with separate systems, manpower, and management.16

This study shows that district health information system in the district is lacking support, weak DHIS working relationships among health workers at facility level and giving less priority to this system. More than half of the respondents expressed dissatisfaction over the district health information system. Among the workers there is a sense of lack of motivation due to absence of appreciation or rewards for hard work. Regarding integration of data from various sources two of the health workers suggested integration and coordination among various NGOs and program’s information systems as a solution to this problem.

There is overall agreement among health workers that regular supervision of this system either on monthly or quarterly basis is necessary for sustaining and implementation. On the one hand, training and refresher courses need to be
offered on a regular basis, and on the other, the process of training and progress monitoring of training and training evaluation need to be given stronger emphasis.

RECOMMENDATIONS

There is need to make financial arrangements for the health information system and make appropriate strategic and operational planning for bringing about well planned changes when required. Trainings, skill development and capacity-building of the relevant workers need to be institutionalized. In service training and refresher courses along with regular monitoring need to be given higher priority. After 18th amendment there is need to integrate data reporting of LHW program with the district health information system.

There should be a great deal of political will and administrative skills is required to bring transparency in decision making in health planning & management based on HIS being an important tool.

REFERENCES


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