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

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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 ruler 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 ruler area of district Nowshera Khyber Pukhtan 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

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 feedback¹⁴.

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%)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.

Total # of HCFs	Proper record maintenance	Daily record maintenance	Weakly record maintenance	Monthly record maintenance	# of HCFs submit Regular monthly report to EDO Health	
8	6	1	3	4	8	
# of HCP interviewed	Fully aware	Moderately aware	Not aware at all	Data Record accuracy	Monthly report accuracy	Feedback from EDO H.
32	29	2	1	30	30	Nil
Doctors	7				# of HCPs submit Regular monthly report for compilation	
LHVS	7	1	2	5	8	
MT/FMT	7	2	3	3	8	
EPI technician	8	3	3	2	8	
# of HCF who compile monthly report					8	
MCH Follow up LHV's	ANC visits	PNC visits	Immunization referral	Growth monitoring chart maintenance	Health and Nutrition education	Family planning motivation
	7	7	7	7	7	7
EPI, follow up by EPI Technician(out reached activities)	Out reach	Drop out	Graphs updating	Parents consoling	Coordination with Doctor/MT/FMT	Inventory sheet
	5	4	7	5	4	7
Stationary provided by govt.	OPD slips	OPD registers	MCH registers	Growth charts	Vaccination cards	Monthly report forms
	3	3	3	3	7	5

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 facilities¹⁷. 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.

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