



Republic of The Gambia

The Gambia Health Information System

**HIS Strategic Plan 2007 to 2016
Tendaba, The Gambia
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By:

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Abbreviations and Acronyms

AIDS	Acquired immunodeficiency syndrome
DHS	Demographic Health survey
DOSH & SW	Department of State for Health & Social Welfare
DPI	Directorate of Planning & Information
EDC	Epidemiology & Disease Control
EPI	Expanded Programme on Immunization
GBOS	Gambia Bureau of Statistics
GIS	Geographic Information System
HIS	Health Information System
HIV	Human immunodeficiency virus
HMIS	Health Management Information System
HMN	Health Metrics Network
ICD	International Classification of diseases
ICT	Information Communication Technology
IDSR	Integrated Disease Surveillance and Response
IT	Information Technology
MICS	Multiple Indicators Cluster Survey
MDG	Millennium Development Goals
NGO	Non Governmental Organization
PHC	Primary Health care
RCH	Reproductive and Child Health
RHT	Regional Health Team
UNFPA	United Nations Fund for Population Affairs
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

METHODOLOGY

Each chapter of the strategic plan is divided into three elements

1. Issues

These are issues raised in the HIS need assessment studies in August 2007

2. Strategies

Strategies are drawn based on the issues raised during the HIS assessment

3. Activities.

Activities were drawn to achieve each strategy.

2 VISION

A well developed health management information system that meets the needs of The Gambia.

3 MISSION

Provision of timely, relevant and complete information on a sustainable basis by well-trained and motivated staff, with the necessary resources, for effective and appropriate health decision-making.

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2.9.4 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

Objective: To ensure timely availability of relevant information for effective planning, implementation, monitoring and evaluation of the health system.

Strategy: Strengthen information generation for effective planning, monitoring and evaluation at all levels

Key result area: National health report available by 2008

MAJOR ACTIVITY	HOW ACHIEVED (MICRO ACTIVITIES)	WHEN(MON/YEAR)	PERSON RESPONSIBLE	ESTIMATED COST
Develop mechanism for mandatory reporting by private and NGO health care providers	<ul style="list-style-type: none"> organise meeting with private and NGO health care providers (including pharmacies and drug stores) to discuss relevance of reliable national health data for the management of the sector and to review data tools and reporting system Print and distribute data collections tools to all NGO and private sector health care providers Support the HMIS to develop a 		DPI	

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	register for private and NGO facilities reports			
Put a mechanism in place for timely collection, processing and dissemination of health information	<ul style="list-style-type: none"> Organise meetings at central and regional levels with personnel of the HMIS to discuss data collection, processing and dissemination and to develop a working plan to address deficiencies Senior data managers at central and regional levels to provide monthly inventory of collected data from all sources to Director of Planning and Information HMIS Manager to provide bi-monthly reports for discussion by Directorate of Planning Organise quarterly meetings for senior management and key partners to discuss the HMIS report and to make recommendations on dissemination of the report to the public Provide information to the public based on recommendations of the Senior management and partners meeting. 		DPI	
Advocate for the utilization of generated health information for planning and resource allocation	<ul style="list-style-type: none"> organise a meeting of Program managers, RHTs and HMB to request for them to support all plans and resource requests on evidence as provided by the HMIS Organise training for Program managers, RHTs and HMB on the use of data to support planning. 		DPI	
Develop capacities at regional health directorate to process and utilize health information.	<ul style="list-style-type: none"> Set up a small technical team to assess the level of data collection, processing and use at regions Using the assessment report organise training on data collection , analysis and interpretation in all regions Provide the required logistics to support production of accurate and timely health information in all regions. 		DPI	
Regular maintenance of the website	<ul style="list-style-type: none"> Establish IT support Technician team in all regions Provide them the required logistics for regular maintenance of IT equipments and the website Provide resources for the maintenance of the website at central level 		DPI	
Promote compliance and implementation of ICT Policy	<ul style="list-style-type: none"> Conduct quarterly training on the ICT guidelines Set up a small ICT Guidelines compliance monitoring team to conduct regular inspections of all IT users in health Print guidelines and distribute. Provide required resources to support the inspection 		DPI	

POLICY AND LEGAL FRAMEWORK

INTRODUCTION

The Legal and Regulatory context within which health information is generated and used is an important element, since it enables the establishment of mechanisms to ensure data availability, exchange, quality and sharing. Legislation and regulation are of particular significance in relation to the ability of the health information system to draw upon information from both private and public health services, and from non-health sectors. Furthermore, the existence of a legal and policy framework consistent with international standards enhances confidence in the integrity of the results.

The legal framework also defines the ethical parameters for data collection, information dissemination and use. The policy framework for health information should identify main actors and coordinating mechanisms, ensure links to programme monitoring, and identify accountability mechanisms. An institutional policy, which defines the respective roles of the health and statistics institutions, should be in place. It should ensure the independence of health data from external influences and facilitate accountability for health statistics.

Quality information is essential for guiding policy makers in the evidence based decision-making necessitated by budgetary constraints. When used effectively, information can maximize the use of limited resources, support policy formulation, and facilitate priority setting, planning and programme monitoring. Investment in improving the quality of available information will be returned with optimized resource management.

However the development of the health information legal framework to ensure mandatory and timely reporting by all health institutions to the HIS is essential, as this helps ensure that all health and health-related act conforms to the health policy.

Issue:

HIS policy available but not implemented

Strategy:

Review, up-date and implement the HIS policy.

Activities:

1. Conduct national consultative workshop to review the existing HIS policy
2. Organize regional sensitization meetings with all stake holders on the draft HIS policy
3. Organize a national validation workshop
4. Submit the final policy to the Permanent Secretary for onward transmission to the cabinet for approval
5. Production, printing and dissemination of the final policy document

Issue:

No legal framework for mandatory reporting of health information

Strategy:

Development of health information legal framework to ensure mandatory and timely reporting by all health institutions.

Activities:

1. Set-up a Multi-sectoral task force to develop a TOR for the legal consultant
2. Hire legal consultant to draft the bill
3. Conduct a national validation workshop
4. Send draft bill to the National Assembly for debate and enactment.
5. Production, printing and dissemination of the Health information legal framework

Issue:

Non functional National and Regional HIS Committees

Strategy:

Strengthen the existing HIS Committees

Activities:

1. Conduct a national consultative meeting to review the composition of the existing HIS committees
2. Conduct quarterly regional meetings
3. Conduct bi-annual meetings at national level
4. Training of the committee members on data management and use

Issue:

Inadequate resources at the HIS Unit

Strategy:

Strengthen the HIS unit

Activities:

1. Procure two vehicles and provide running cost
2. Procure six computers and accessories
3. Procure furniture

Issues:

Non functionality of the ICT policy

Strategy:

Enforce the use and compliance to the ICT Policy by all stakeholders

Activities:

1. Review and update the ICT policy
2. Sensitize all stakeholders on the policy
3. Print, disseminate and distribute the policy

Strategy:

Strengthen the legal frame work for the registration of vital events

Activities:

- a) Review and update existing Acts on Vital Registration
- b) Print and distribute Revised Acts on Vital Registration

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT), DATA MANAGEMENT AND INTEGRATION AND HEALTH INFORMATION PRODUCTS

Outlined below are key strategies and lined activities to address identified issues as recommended in the needs assessment report:

Information Communication Technology

ICT can be broadly defined as technologies that provide an enabling environment for physical infrastructural and services development of applications for generation, transmission, processing, storing and dissemination information in all forms, including voice, text, data, graphics and video. ICT has a role to play in any country's HIS development. Information needs of various interest groups can be met through open communication channels. ICT has made it easier and faster for end users to access, store and retrieve a broad range of information.

Issue:

Insufficient ICT resources including trained personnel

Strategy:

Strengthen the capacity of ICT unit at the central level and setup ICT units at the regional levels.

Activities:

- a) Expand and renovate the ICT units at the central & regional levels
- b) Procure photocopiers, printers and accessories at both central and regional levels for the production of data collection tools.
- c) Procure vehicle and its operational costs for the ICT unit.
- d) Conduct quarterly maintenance and servicing of computers, printers and photocopiers at all levels.
- e) Purchase licensed software (operating systems, Microsoft office, data base and anti-virus)
- f) Train ICT Personnel at both Central and Regional Levels to BSc & Masters levels.

Issue:

Procurement and installation of standard computer equipment are not inline with the ICT policy.

Strategy:

Procurement & Installation of computers which are in line with the ICT policy of DOSH& SW.

Activities:

- a) Procure and install licensed computer equipment & accessories.
- b) Establish networking of equipment for proper linkage.

Data Management & Integration

Modern data management requires professional skills in information technology (IT). Most data managers at GBOS and DOSH are computer users but needs special training in data management. To properly manage health data, a conducive working environment with the requisite hard and software need to be in place.

The existence of a data warehouse will put together and relate data from sources such as disease surveillance, vital registration, censuses, financial, human resources, surveys, geographical and routine service statistics information. There is need to integrate hospitals and private sectors into HIS unit.

Issue:

Data from Hospital, private/NGOs Health facilities and some program Units are not integrated.

Strategy:

Promote the integration and use of standardised HIS data collection tools and return of data to HIS by hospitals, the private sector and some program units under DOSH.

Activities:

- a) Sensitize stakeholders (hospitals, private/NGO and program units) on HIS & provide standardized data collection tools.
- b) Provide backup storage facilities.
- c) Revitalize coding of health facilities

Issue

Inadequate data management procedures and limited capacity at all levels.

Strategy

Strengthen data management procedures and improve on the limited capacity for each level of the health system.

Activities:

- a) Provide conducive HIS working environment at both central and regional levels.
- b) Provide supervisory vehicle and operational cost for HIS.
- c) Conduct quarterly supervisory treks.
- d) Train health workers on data collection.
- e) Train all the data entry clerks on data management.
- f) Train HIS staff at MSc level on core health information sciences.
- g) Train DoSH staff on Geographical Information System (GIS).

Issue:

Inadequate data storage and security at central and regional levels.

Strategy

Establish a fully integrated data warehouse with backup servers for data security at central and regional level.

Activities

- a) Procure servers for the central level for storage of data and other relevant information.
- b) Provide internet communication facilities at National, Regional and District Levels.
- c) Provide regular maintenance of the DOSH website & its operational cost.

Information products

It is important that the HIS report be produced annually and the information be made available to managers and policy makers at all times.

Issue:

Limited access to the information and the product are hardly used by managers & policy makers.

Strategy:

Increase access to information product & advocate for the use of information for planning & decision making.

Activities:

- a) Conduct advocacy meetings with policy & decision makers on the use of information.
- b) Produce report and disseminate findings to relevant stakeholders
- c) Establish a forum for information sharing at all levels
- d) Support the production of a news letter.

Issue:

HIS reports do not include information on accidents (Road and other forms of accidents)

Strategy:

Establish a mechanism to capture information on road and other forms of accidents

Activities:

- a) Collaborate with the Law enforcement agents to conduct a base line surveys on all forms of accidents
- b) Review the data collection tools and templates of DoSH to include information on accidents.
- c) Disseminate information to stakeholders

Issue:

No information is collected on smoking and alcohol consumption related problems.

Strategy:

Establish a mechanism to capture information on problems relating to smoking and alcohol consumption.

Activities:

- a) Conduct survey to establish baseline data on smoking and alcohol consumption related problems.
- b) Disseminate the information to stakeholders

DATA SOURCES

NATIONAL POPULATION CENSUS

Introduction

The history of population censuses in The Gambia dates back to 1881 when the country had its first census. Since then several censuses have been conducted with varying extents of coverage. In 1963, however the first attempt at a simultaneous count of the population was undertaken. Since then population censuses have been conducted at regular intervals of ten years with the last one conducted in 2003. There are plans to conduct the next population and housing census in 2013.

Censuses have been a critical source of socio-demographic data in the Gambia for many years. With only limited inter-censal surveys and the country not having conducted a Demographic and Health survey yet, censuses continue to be an important source of indicators for development planning and the evaluation of development initiatives, particularly in the health sector. Key among indicators generated using census data are mortality and fertility indicators often disaggregated by geographic region and socio-economic groups. These indicators together with population counts have been used to guide national health plans and programmes for many years.

National censuses have been conducted by The Gambia Bureau of Statistics, formerly the Central Statistics Department. Until 2003, censuses have been largely funded through donor support. UNFPA has for many years been a principal donor that provided a significant chunk of resources required for census taking. Other donors and bilateral agencies have also supported censuses in the country in the past. By 2003 major donors such as the UNFPA scaled down on their support to census taking in The Gambia and the country had to seek alternative sources of funding. Through World Bank support Government eventually had to provide most of the funds needed for the 2003 Population and Housing Census. Due to the shortfall in the funding of that census, however, a Post-Enumeration Survey could not be undertaken and some of the capacity building programmes earmarked for the census could not be implemented.

The capacity problems identified with the Gambia Bureau of Statistics has for long been an impediment to timely data analysis and publication of census results. With plans underway for the publication of the 2003 Population and Housing Census results and preparatory activities, mainly related to capacity building activities, scheduled to commence soon after there is need to develop strategies to alleviate some of these problems which appear to be perennial.

Issue:

Due to the high cost of conducting population and housing censuses government cannot meet the entire cost and needs support to meet some of the costs.

Strategy

Support the 2013 Population and Housing Census and Post Enumeration Survey

Activity

Organize donor conferences to mobilize funding for census and Post Enumeration Survey

Issue:

The capacity problems identified with the Gambia Bureau of Statistics has for long been an impediment to timely data analysis and publication of census results

Strategy

Build capacity in the areas of demography, cartography, data processing and analysis

Activity:

Provide training for a demographer (at masters level), a statistician (first degree level), 2 diploma level in statistics, 2 certificate level in statistics, a masters degree in computer programming, a diploma in software management, and a Cartographer at 1st degree level

Issue:

There is still need in strengthening the Bureau for the 2013 Population and Housing Census.

Strategy

Strengthen the Gambia Bureau of Statistics in preparation for the 2013 Population and Housing Census

Activities:

- a) Purchase 2 (4-wheel) vehicles for the Gambia Bureau of Statistics for the 2013 Population and Housing Census
- b) Purchase cartographic equipment for use in the census mapping
- c) Purchase 10 computers for GBoS for 2013 census

Issue:

Limited public access to and use of census data

Strategy

Raise awareness on the importance of Population and Housing Census

Activity:

Sensitize the populace on the importance of the population and housing census

Strategy

Improve public access and use of census data

Activities:

- a) Create a forum to share available statistics from the census results with the general public using radio and television.
- b) Provide census publications to key sectors and local authorities at the regional level to improve access to such data.
- c) Publish abstract summarizing key findings of the 2013 Population and Housing Census for circulation.
- d) Organize regional workshops to sensitize the Technical Advisory Committees (TACs) on the census results using the abstract of key census findings.

VITAL STATISTICS

Introduction

The institutional framework for the registration of vital events in The Gambia has been in place since the colonial era with the registration of marriages under the purview of the Department of State for Justice, the then Ministry of Justice and that of births and deaths under the Department of State for Health, the then Ministry of Health. Since the introduction of the registration of these vital events registration has largely been centralized with offices located in Banjul. It was not until few years ago when attempts were made to decentralize registration of some of the vital events.

With the advent of the Primary Health Care (PHC) Programme in 1978, notification of births and deaths was institutionalized through TBAs and Village Health Workers in PHC villages. Recently, efforts have been made to integrate birth registration with the Reproductive and Child Health (RCH) programme using RCH clinics as avenues. Although these measures contributed significantly in improving access to birth registration and to a smaller extent data collection on deaths, success has been impeded by limited human resources in RCH clinics on one hand and dwindling support to the PHC programme on the other.

Notwithstanding the significant gains made in the improvement of the registration of births amongst under-five children (from 32.2 percent in 2000 to 55.1 percent in 2006) coverage levels remain quite low. Registration of births is also often late and the information generated is primarily used for certification.

Coverage of the registration of deaths, marriages and divorces are even lower than that of births. Although mandatory, registration of these events for certification is not enforced. Death, marriage and divorce certificates are largely required for inheritance claims and other legal matters.

As a potential component of the health information system it is important that measures are taken to improve the state of vital registration in the Gambia. Major strides in that direction should initially aim at improving the human capacity of the units in terms of providing training and also computerizing the registration processes. Attempts should also be made to strengthen the decentralization of vital registration for better access to services across the country.

Issue:

Coverage of the registration of deaths, marriages and divorces are low.

Strategy:

Raise awareness for timely registration of vital events (births, deaths, marriages and divorces)

Activities:

a) Conduct radio and TV programmes to sensitize the public on the essence of Vital Registration

- b) Conduct regular health talks on Vital Registration at all RCH clinics
- c) Use print media to raise awareness on the essence of Vital Registration

Issue:

The vital registration system has not received adequate attention and funding for many years. Investment in modern technology and trained human resources has been quite limited.

Strategy:

Build and strengthen capacity for Vital Registration in the Gambia

Activities:

- a) Conduct an assessment of the current Vital registration system
- b) Train physicians and clinical staff in ICD 10
- c) Computerize birth registration throughout the country.
- d) Train a Demographer and a Statistician
- e) Provide the requisite stationery (registers and certificates) at central and regional levels
- f) Train and retrain staff responsible for vital registration.
- g) Train Health Workers on verbal autopsies
- h) Train community health workers & key informants in recording births and deaths
- i) Procure a vehicle and provide maintenance for monitoring and supervision
- j) Establish a reporting mechanism at community level for vital events
- k) Expand & refurbish vital registration office at both central and regional levels
- l) Decentralize the registration of marriages and divorces

HOUSEHOLD SURVEYS

Introduction

In The Gambia household surveys remain the major source of health related data with 17 out of 23 health related MDG indicators generated through household surveys. Indicators generated through household surveys relate to nutrition, fertility, health seeking behaviour, beliefs and practices related to disease prevention and transmission, maternal, child and adult mortality and HIV/AIDS among others. Health related indicators generated through household surveys have been used in health planning, monitoring and evaluation of interventions in the health sector.

Household surveys have been an important source of health related indicators considering the fact that censuses are conducted every ten years and are often limited in contents in terms of indicators. Often over the inter-censal period there is need to update most indicators which change over time. The need for in-depth studies of certain phenomena in society justifies the conduct of surveys which help to have a better insight into underlying factors and determinants of trends in indicators.

Overall the assessment of household surveys as a source of data in the country has been rated as inadequate. Access to such data has also been rated as inadequate and the need expressed for improved access to such data. In light of the aforementioned issues raised in the assessment of data sources conducted in 2006, the strategies presented below are being recommended as remedies to the problems identified

Issue:

The Gambia is amongst a few countries in Sub-Saharan Africa yet to conduct a Demographic and Health Survey (DHS). Several attempts in the past to mobilize resources to conduct a DHS failed because of lack of funds.

Strategy:

Mobilize adequate resources to conduct a Demographic Health Surveys (DHS) within the planned period

Activity:

Conduct Demographic Health Survey in 2008

Issue:

Both the EPI Cluster and the Nutritional Surveillance have since their introduction mainly relied on donor funding. The availability of funds dictated the frequency of the surveys and their coverage.

Strategy:

Institutionalize EPI Cluster Surveys, Nutritional Surveillance Surveys and Multiple Indicator Cluster Survey (MICS)

Activities:

- a) Advocate for the creation of budget line items within the National Health Budget to conduct EPI Cluster surveys annually, and Nutritional Surveillance every 6 months.
- b) Provide financial support to conduct MICS every three years

Issue:

Household survey reports are not incorporated into the HIS reports

Strategy:

Appropriately integrate and streamline surveys with other health data sources

Activities:

- a) Organize a consensus building meeting for all stakeholders engaged in health related research on information sharing and harmonizing methodologies
- b) Organize annual meetings of the Health Information System and other data producers on information sharing and harmonizing research methodologies

Issue:

Overall the assessment of household surveys as a source of data in the country has been rated as inadequate. Access to such data has also been rated as inadequate and the need expressed for improved access to such data

Strategy:

Improve access and utilization of survey results

Activities:

- a) Disseminate findings of surveys through workshops, pamphlets, fliers and use of print and electronic media in a user friendly format.
- b) Organize advocacy meetings on the essence of information sharing among stakeholders within the Health System context

MEDICAL RECORD SYSTEM

Issue:

HIS reports do not reflect reports from hospitals.

Strategy

Strengthening the hospitals' medical records system

Activities:

- a) Create a data base for medical records
- b) Train and encourage staff on the use of ICD 10 (International Classification of Diseases)
- c) Adopt the ICD 10 guidelines
- d) Train medical record clerks on record keeping.

DISEASE SURVEILLANCE SYSTEM

The WHO recommended Integrated Disease Surveillance and Response (IDSR) strategy was introduced in 2000 to strengthen surveillance system of our priority diseases. The IDSR has been incorporated as part of the national HMIS and would provide baseline data for all major diseases and interventions.

It is worthy to note that EPI and IDSR made steady progress in geographical access (85%), routine immunization coverage (90% DPT 3), Polio eradication (attained a polio free status in 2004), control measles, yellow fever, and eliminated neonatal tetanus just to name some of the major achievements. However, the achievement of EPI and IDSR Surveillance system have been curtailed by high staff attrition, and aging cold chain system, inadequate financial resources for the implementation and monitoring of planned EPI/IDSR activities compounded by the inadequate number of reliable vehicles. It will therefore be critical to strengthen the IDSR services in the context of the Health Information System.

Issue:

Inadequate planning and response to disease outbreaks

Strategy

Strengthening disease surveillance system

Activities:

- a) Review and harmonize the data collection tools
- b) Train staff on disease surveillance
- c) Establish rapid response teams at all levels
- d) Provide additional financial support for the implementation and monitoring of surveillance activities
- e) Conduct monthly integrated surveillance monitoring and supportive supervisory field visits
- f) Conduct bi-monthly disease surveillance meetings.

- g) Purchase a vehicle and provide fuel and maintenance for disease surveillance

INDICATORS

INTRODUCTION

Indicators produced through routine health statistics are useful in providing indicators on the existing health problems and also help in determining the personnel needs of the national health programmes. They also reflect the needs at regional level and guides interventions by development partners, Non Governmental Organisations, private sectors and other service providers.

Selected health indicators generated through routine health statistics include demographic indicators, measures of, health status, reproductive health indicators, inpatients/out patients statistics and overall service delivery.

Despite efforts towards the reduction of some of the health indicators (e.g. Maternal Mortality Rate, Infant Mortality Rate, and Neonatal Mortality), the observed rates are still unacceptably high and need improvement.

Although a substantial proportion of MDG related indicators are being produced by the health information system, some indicators are either yet to produced on a regular basis by the system or are not being produced at all. As a member of the international community, it is essential that all the MDG related indicatora are regularly tracked to ensure timely reporting.

Issue

The core indicators revised in 2002 do not capture all the MDG health related indicators (number of children orphaned by HIV/AIDS)

Strategy:

Review the core health related MDG indicators with a view to identifying gaps and developing strategies to fill the data gaps and ensure timely production of indicators.

Activity:

- a) Review the health indicators to capture the health related MDG indicators

CAPACITY BUILDING

Introduction:

The national Health Management Information System cannot be improved unless attention is paid to the training, deployment, remuneration and career development of human resources at all level. At the national level skilled epidemiologists, statisticians and demographers are needed to oversee data quality and to ensure appropriate analysis. At peripheral level health information staff should be accountable for data collection, reporting and analysis.

Over the years high attrition among highly trained personnel of the HMIS has serious implications on the running of the information system. There is an urgent need to invest in training of personnel to replenish the pool of trained staff lost to other sectors. Such a capacity building initiative should specifically target epidemiologists, statisticians, computer programmers and demographers.

Issues: Inadequate number of trained personnel for a more efficient running of the HMIS

Strategy: Provide training to staff of the HMIS

Activities:

- Provide training to staff of HMIS in the areas of Epidemiology, Statistics, Computer programming and Demography.
- Conduct study tours for personnel of the HMIS to countries that run an efficient Health Information System
- Train data managers at RHTs in Statistics

QUALITY ASSURANCE

Introduction

Improvements in data availability, quality and use often require interventions that address a wide range of possible “determinants of performance”. Sustainable production and use of quality health information are affected by technical factors (existence of user-friendly, standard data collection tools and guidelines for data management).

Issue:

Non utilization of data management guidelines

Strategy:

Promote the utilization of data management guidelines by all stakeholders

Activities:

- a) Review and update the data management guidelines
- b) Sensitize all stakeholders on the data management guidelines
- c) Print, disseminate and distribute the data management guidelines
- d) Train health staff on the data management guidelines
- e) Monitor and evaluate the use of the data management guidelines

ANALYSIS, DISSEMINATION AND USE

Data themselves have little value until cleaned, controlled organized and analyzed. At this stage the data become information. Yet information is of limited value until it is integrated with other information and evaluated in terms of issues confronting the health system. At this stage the information becomes evidence of use to decision-makers. The synthesis of evidence is still insufficient however until packaged, communicated and disseminated to decision-makers in a form that impacts on their understanding of the issues and needs. At this stage, the evidence becomes knowledge. Once knowledge is applied through the planning process, it results in action and change and an impact on the indicators is expected.

Health information systems tend to be data-rich, but information-poor. This is a consequence of the belief that data can be used directly for decision making, without the value added approach. Raw data alone are rarely useful. The point of the system is not just to generate data and hope that it will be used. Raw data must be cleaned, validated, organized and entered into a first-levelled data repository ware house.

Issue:

HIS reports are not user friendly to policy makers

Strategy:

Development of HIS reports that are user friendly to policy makers

Activities:

- a) Set up an editorial board to simplify the HIS report for easy consumption by policy makers
- b) Conduct annual HIS report validation meetings with all stakeholders
- c) Develop monthly feed back bulletins on disease surveillance to the basic health facilities
- d) Restructure the Medical record system in all the hospitals and major health centres
- e) Conduct bi monthly meetings with all the RHTs to give feed back and share information and experience.

COORDINATION AND DEVELOPMENT OF HIS INTRODUCTION

The Health information system has evolved in a haphazard and fragmented way. Responsibility for the health data is often divided among different state departments or institutions (and even units within departments) thus making coordination difficult.

This is further compounded by disease focussed programme demands which often respond to donor and international initiatives directed to specific diseases. Special efforts are therefore needed to ensure adequate coordination, development and sharing of information between different health programmes and also between the health sector and other sectors including the private sector. Coordination is required to gather information in an efficient manner from the operational level to the centre. Efficient information exchange requires willingness to share information in compatible formats with common technical standards. Currently there are limited mechanisms in place to facilitate these changes.

To conclude, implementation and monitoring mechanism are considered /developed in relation to the policy and planning of the HIS

Issue:

Parallel system exists for data management within the public sector as well as between the public and the private sectors, hence the difficulties in coordination of the HIS.

Strategy:

Integrate data management system within the public sector

Activities:

- a) Organise advocacy meeting with stakeholders on the integration of data management system in the context of HIS
- b) Organise a consensus building meeting with program units and RHTs on the integration of data management system
- c) Sensitize district level health staff on the integration of data management systems

Strategy

Institute a mechanism for the coordination of HIS

Activities:

- a) Develop linkages within data sources to facilitate coordination of HIS information
- b) Sensitize all stakeholders on the linkages.
- c) Review and update existing memoranda of understanding between DoSH and other stakeholders.

Issue:

- Ineffective coordination committee in place

Strategy:

Revitalising and expanding the HIS coordination committee at central level

Activities:

- a) Review and update membership of central level HIS committee
- b) Hold quarterly HIS coordination meetings and disseminate the minutes to stakeholders

Strategy:

Establishing HIS coordination committees at regional level

Activities:

- a) Organise consultative meetings with regional staff on the importance of forming a HIS coordination committee
- b) Support regional level staff to conduct HIS coordination meetings

MONITORING OF HEALTH FINANCES, HEALTH WORK FORCE, SERVICE AVAILABILITY AND QUALITY

INTRODUCTION

Routine health management information system yields regular administrative reports on inputs to the health system including finances, human resource commodities, equipment and infrastructure. However these reports provide mainly information from the public health sector thus excluding private and individual expenditure on health. To have comprehensive information on health finances, workforce, service availability and quality, health facility censuses and mapping need to be conducted at regular intervals.

ISSUES

Limited financial records on private, community and individual or external expenditures on health

STRATEGY

Institutionalize National Health Account system

ACTIVITY

- a) Advocate for the creation of budget line in the National Health budget to conduct NHA
- b) Raise awareness of stakeholders, communities and individuals on the importance of providing information on health expenditure
- c) Conduct annual National Health Account survey

ISSUES

Limited data for the management of health work force

STRATEGY

Increase data on the management of the health workforce

ACTIVITIES:

- a) Review the existing data on health workforce and determine deficiencies
- b) Create data base to accommodate the result of the review

ISSUE

Poor quality of services

STRATEGY

Improve quality of services

ACTIVITES

- a) Conduct health facility survey to determine quality of services
- b) Conduct bi annual health facility census
- c) Support the conduct of supportive supervision at all levels

ISSUE

No proper management system for equipment, drugs and other medical supplies

STRATEGY

Institute a computerised management system for equipment, drugs and other medical supplies

ACTIVITES

- a) Review and update the existing inventory system on drug, equipment and other medical supplies
- b) Identify and procure the appropriate software for inventory system control
- c) Install and operationalise the software system
- d) Train staff in software application
- e) Monitor and supervise the implementation of the management system