



# **Health Information and Decision Making at the Community Level: Building and Using Simple Systems**

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**RHINO Workshop**

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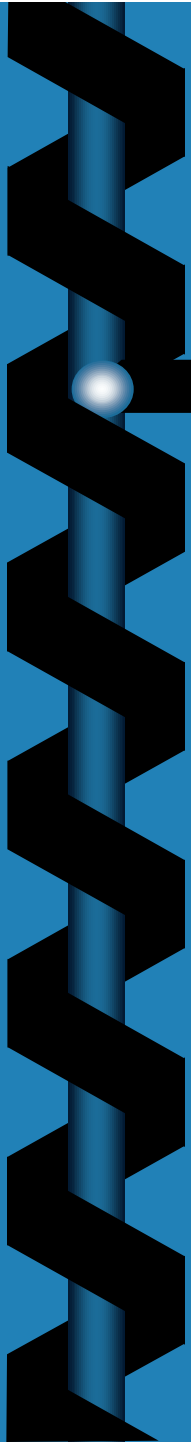


## Key Message

**Minimal information should be gathered:**

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- **for the purpose of *decision making* and  
for *decision support***

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- ❁ **Modern health care sector management, including health care services provision, public health management and health insurance are information driven businesses. They depend heavily on the reliable and efficient acquisitions, storage, retrieval, transmission and analysis of information**

**HMIS are institutional capacity building projects, and should be seen in the big picture**

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graph TD; A[Health Care Delivery System] --- B[ ]; B --- C[Computers]; B --- D[Telecommunications];
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Health Care  
Delivery System

Computers



Telecommunications

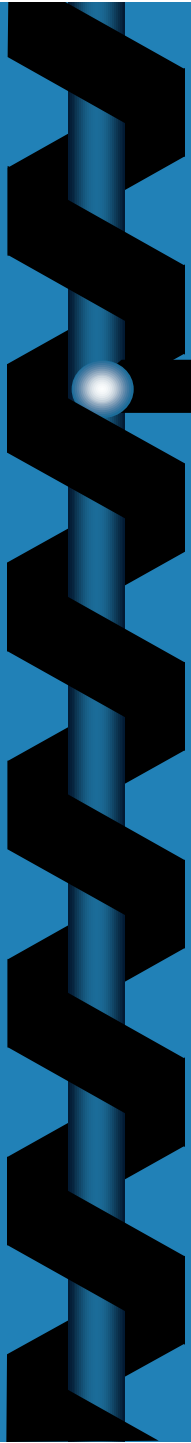
# **HMIS is necessary:**

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- **for achieving operational efficiency gains, and**
- **for a more decentralized management structure**

## **What have been some past mistakes in the HMIS at the community level**

-  **Information gathering as just an activity, with little understanding of its functions and use**
-  **Data collection as tedious and time consuming, and could take as much as half of the workers time**

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- ❁ **Data as recorded, but implementers did not know how to use this data in their work or its relevance, as workers had not received training on purpose of data collection, and use of the data recorded in their works**
  - ❁ **Data needs were identified from top down  
Mostly data was collected to fulfill donor needs**

## **CSSUD : Community based HC project in Urban Slums of Karachi, Pakistan**

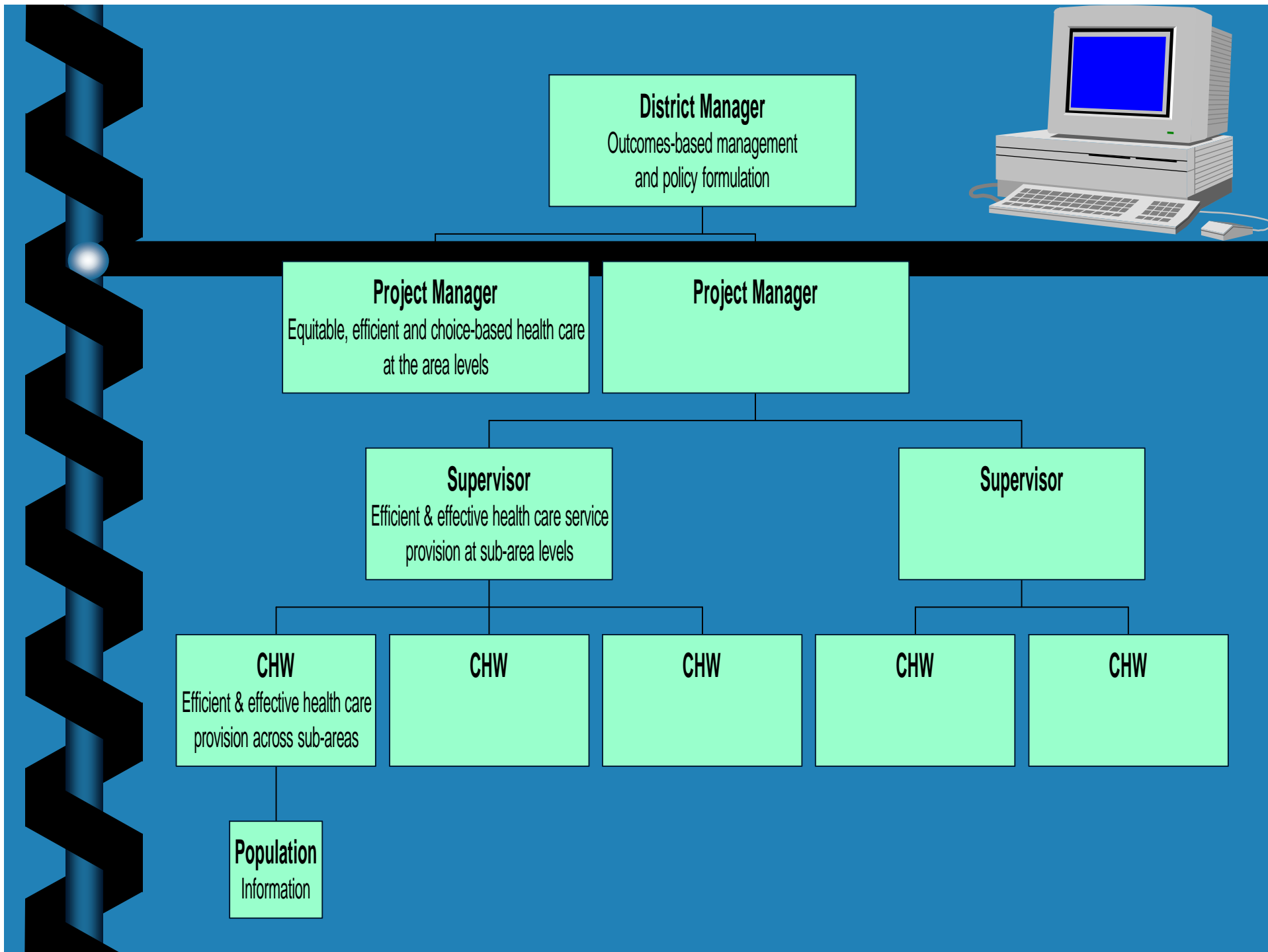
- Population Covered 10,000**
- Children Under 5 years 2,000**
- Community Health Workers 10**
- Supervisors 2**
- Project Manager 1**
- Primary health concern: communicable disease among children**
- Provision: continuing primary health care and referral health centers, hospitals**

## **HMIS had 2 critical functions in the project:**

- **to gather information required for oversight of the functions and performance of the health care system as a whole, and**
- **for the production of statistics on morbidity and mortality**

*Regular tracking is a key characteristic of performance measurement*

- **Each Child had a health registration card, with name, age, vaccination status due dates, nutrition growth chart, morbidity history action taken, and CHW visits**
- **Each CHW had two registers: i child visit register to monitor children during visits and update register from child health card, and ii target population register to assess condition overall, and make decisions on an informed basis**



**for example:**

- **At the community level, workers use data to assess which children are to receive vaccination today, what is the outcome of today's visit, and who needs to be targeted tomorrow**
- **At the supervisory level, data is used to assess how many children are fully immunized in a particular area, and which workers need special attention**



- **At the program managers level, data is used to assess what strategies should be adopted to improve immunization status in a particular area**

- **At the policy makers level, data is used to assess equity consideration, such as where should resource be allocated to improve immunization status**

- **Data is also flowing from top down through *timely and appropriate decision, feedback and support***

## **What are some innovations that are taking place in the HMIS at the community level**

- **Information needs are being identified at the *community level* the community is involved in the development of the key output outcome indicators and data needs**
- **Workers are receiving training on the purpose of the data being collected, and how they can *use* the data in their jobs**



- The need to *minimize* data collection recordings are being emphasized, and therefore data collection recording time is being replaced with data analysis time

- Data collection at the community level is part of the Health Management Information System, and a support for the Health Delivery System

- Data is flowing from *bottom-up*, with decision making at each level on informed basis

- Data is also flowing from top down, through support and decision on informed basis

## **What are some benefits to the project from HMIS:**

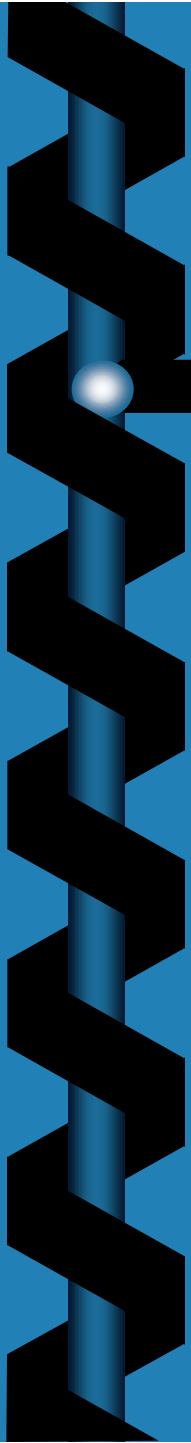
- needed information is readily available**
- information is standards based**
- decision is made on informed basis**
- information is integrated throughout the project's health delivery system**
- local decision making capacity**

## **What are some challenges facing the project**

- **Broaden use of computer systems in health sector**
- **make information more accessible to providers**
- **integrate information for provider network of providers**
- **confidentiality of patient information**

## **What are some lessons for future investment in HMIS at community level**


- **Community level needs to be involved from the very beginning of the Health Management Information System development bottom up approach , within the Health Delivery System**
- **Key output and outcome indicators and standards need to be identified from the start**
- **Minimal data need to be emphasized**

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- **Data are for decision making and for decision support**
  - **Capacity needs to be built and to be sustained at the community level**
  - **Resources need to be mobilized for HMIS at the community level for manpower training, supervision, technical tools e.g computer , etc**

## Investment agenda

*HMIS is an increasingly important component of health reform in the developing world*

- ❁ It is essential to make sure that the capacity to build, and to sustain, such systems is in place
- ❁ It is essential to develop the technical and organizational capacity in the developing countries to design, develop and implement appropriate and affordable HMIS

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- **Improved infrastructure**
  - **reliable power supplies**
  - **improved telecommunications**
  - **reliable supplies**
  - **governance structure**
  - **HMIS capacity building**

