



PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

STRENGTHENING THE HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

Responding to the need for improved and disaggregated data

HIGHLIGHTS

- ▲ Nepal's health sector needs accurate, comprehensive and disaggregated data to gauge its performance, identify disparities between social groups and geographic areas, and plan future interventions.
- ▲ The Health Management Information System (HMIS), based within the Department of Health Services (DoHS), has played an important role to date in providing data but it needs to be strengthened to meet current demands.
- ▲ Work is already underway to make the recording and reporting system more accurate, comprehensive, and user-friendly. This includes revising HMIS indicators, enabling the disaggregation of data, revising the data collection and reporting formats, and strengthening the reporting process.



Data recording at a regional hospital

- ▲ All staff engaged in data management will be trained to use the improved system and so enable effective monitoring of the end of Nepal Health Sector Programme-2 (NHSP-2) and to inform the design of NHSP-3.

STRENGTHENING THE HEALTH MANAGEMENT INFORMATION SYSTEM

Health facilities across Nepal are required to report on more than 200 indicators each month. This data is aggregated by district (public) health offices (DHOs/DPHOs) and sent to the MIS Section, DoHS. The system is in the process of being revised to improve data collection and reporting across all 75 districts.

1. Reporting on NHSP-2 logframe indicators — The current HMIS recording and reporting formats only collect data on 24 of the 35 indicators in NHSP-2's logical framework for which HMIS is a data source. The revised HMIS will be able to generate data for the remaining 11 indicators (see table on reverse).

2. Bringing vertical systems into HMIS — The revised HMIS will incorporate current vertical systems, including Aama Programme, EOC monitoring, TB, HIV/AIDS, CMAM and CBNCP.

3. All health facilities to report to HMIS — Under the revised HMIS, data will be collected from all health facilities across the country including police and army hospitals, mission hospitals, teaching hospitals and all non-public facilities, thereby providing a comprehensive picture of the national health status.

4. VDC and health-facility level data will be available — The current HMIS cannot report on data below district level across the country as the system is designed to aggregate data at each reporting level. The revised reporting system within HMIS and new software will enable sub-district level data to be generated.

5. Disaggregation by caste / ethnicity — The current HMIS tools do not enable data to be disaggregated by caste and ethnic group to allow the accurate tracking of progress made in social inclusion. In the revised HMIS the DoHS have proposed 10 indicators that will be disaggregated by caste/ethnicity.

6. Disaggregation by age/sex and cause - Improvements will be made to the hospital recording and reporting systems in the revised HMIS to enable mortality and morbidity data to be generated by age, sex and cause.

7. Use of DHIS-2 software — New database software will be developed. The District Health Information System-2 (DHIS-2) is an open source generic software tool that is already being used in more than 30 countries to record, analyse, report and disseminate data. The revised HMIS will be established within the DHIS-2 environment.

8. Move to electronic reporting systems — Most data recording in Nepal's public health facilities is carried out manually on paper. The revised HMIS will include:

- Real time electronic data entry and logging;
- The generation of data showing progress made against key indicators at facility level; and
- Web-based reporting by DHOs/DPHOs.

9. Data from all MoHP information systems to be linked — There are nine separate management information systems (MIS) within the Ministry of Health and Population (MoHP) including HMIS. These include MIS for logistics, financial management, infrastructure, human resources, training and drug supplies. These systems use different architecture, software environments and coding systems and report vertically to their respective divisions and centres. Work is underway to introduce a unified coding system that will provide all health facilities with unique identifier codes to enable data from the different MIS to be linked.



Facility level data entry at a district hospital

NEXT STEPS

Once finalised the revised HMIS will be rolled out across all 75 districts by 2014/15. This will enable the end of NHSP-2 to be effectively monitored and help set targets for NHSP-3. In moving towards the roll out the following steps will be taken:

- ▲ **Field testing** of the revised HMIS recording and reporting tools, process, and user manuals will take place in the Fall of 2013.
- ▲ The new HMIS **software and IT system** will be developed by December 2013.
- ▲ **Training** of all staff involved in HMIS data recording and reporting, at all levels, to use the revised system in collaboration with the concerned divisions, centres, programmes and partners will take place in January and February 2014.
- ▲ **Printing** and distributing the revised tools in February 2014.
- ▲ **Implementation** of the revised HMIS will start in all 75 districts in mid-March 2014.
- ▲ **Link data** from the revised HMIS with other MoHP MIS using a unified coding system.

MoHP and NHSSP contributions

The initiatives reported here are being undertaken by the Management Information Section (MIS), Management Division, DoHS. NHSSP is providing funding and technical assistance for some of the improvement measures.

The 11 additional NHSP-2 indicators now included in HMIS

1.	% obstetric direct case fatality rate (P14)
2.	% population utilising outpatient services at SHP, HP, PHCC and district hospitals - disaggregated by sex and caste/ethnicity (OC1.2)
3.	% met need for emergency obstetric care (OC1.5)
4.	% of districts with at least one public facility providing all CEONC signal functions (OP4.5)
5.	% of PHCCs providing all BEONC signal functions (OP4.6)
6.	% of health posts with birthing centre (OP4.7)
7.	% of safe abortion (surgical and medical) sites with long acting family planning services (OP4.8)
8.	% of health posts with at least five family planning methods (OP4.9)
9.	% of health information systems implementing (using) uniform standard codes (OP6.2)
10.	% of tertiary and secondary hospital (public and private) implementing ICD 10 and reporting coded information to health information system (OP6.3)
11.	% of health facilities (public and private) reporting to national health information system (by type or level) (OP6.4)

NHSSP (Nepal Health Sector Support Programme) is funded and managed by DFID and provides technical assistance to the Nepal Health Sector Programme (NHSP-2). Since its inception in January 2011, NHSSP has facilitated a wide variety of activities in support of the NHSP-2 objectives, covering health policy and planning; health financing; human resource management; essential health care services (EHCS); gender equality and social inclusion (GESI); procurement and infrastructure; and monitoring and evaluation. For more information visit our website: www.nhssp.org.np