

# Health Information Systems (HIS)

## Country Profile Indicators

Current as of March 2016

| HISS component              | Possible indicators                                      | Description   |
|-----------------------------|--|---|
| HIS governance & leadership | Country has set of core health indicators (year updated) | This is a list of core health indicators that track health progress. Availability of indicators and information on definitions, data sources and data collection methods are indicative of the HIS performance and organization. Data should be comprehensive and cover all categories of health indicators: determinants, inputs, outputs, outcomes and health status. Should include key health indicators. Core list of indicators can be part of the health sector M&E plan.                    |
| HIS governance & leadership | Country has master facility list (year updated)          | A Master Facility List is a complete listing of health facilities in a country (both public and private) and is comprised of a set of administrative information and information that identifies each facility (unique ID). This list needs to have a schedule for updating. A MFL is important in monitoring the health infrastructure and the services provided to the population and it assists in calculating the percentage of facilities that are included in routine health data collection. |
| HIS management              | Conducted HMN assessment (year)                          | This is a self-assessment conducted to identify strengths and weaknesses of the national HIS, identify priorities for improvement, establish baseline to monitor progress, and provide basis for strategic planning.  |
| HIS management              | National HIS coordinating body/committee                 | An interagency body or steering committee to oversee the implementation of the national HIS strategy. This body should include representatives from the ministry of health, national statistics office, academia, telecommunications, local government and the private health care sector. This committee can provide technical advisory role for health and social welfare data management in close collaboration with other strategic partners.   |
| Data sources                | Availability of national health surveys                  | This is a national survey that includes data collection about health related behaviors and bio-clinical measurements, e.g. DHS, MICS, living standards measurement survey   |

## MEASURE Evaluation

| <b>HISS component</b>           | <b>Possible indicators</b>  | <b>Description</b>  |
|---------------------------------|---|---|
| Data sources                    | Population census (within the last 10 years)  | A population census collects data on the size, distribution, and composition of population as well as social and economic information about the population. It provides sampling frames for household and other surveys and the population projections are used to calculate health indicators.   |
| Data sources                    | Completeness of vital registration (births and deaths)  | Vital registration systems record the occurrence and characteristics of vital events pertaining to the population and serve as a main source of vital statistics. Countries with complete vital statistics registries may have more accurate and timely demographic indicators.   |
| Data management                 | Country has electronic system for aggregating routine facility and/or community service data    | Many countries are transitioning from paper-based systems of aggregating routine facility and or community service data to electronic systems to collect data for routine facility and or community data to help facilitate transmission, quality, and aggregation.   |
| Data management                 | Country has national statistics office  | Designated and functioning institutional mechanism charged with analysis of health statistics, synthesis of data from different sources and validation of data from population-based and facility-based sources   |
| Info products and dissemination | Country's MOH has an updated website  | This involves having an updated website with most recent health data as well as various reports covering different program areas available. This can have links to other federal departments as well as sub-national websites.  |
| Info products and dissemination | National health statistics report (annual)  | Health statistics report is a report that summarizes the status of key health indicators. It is produced annually and should provide information on health statistics nationally and by region. This can include service delivery statistics as well as specific health outcomes. It can be called various names including the annual HMIS report, annual performance report, health and health related indicators report, etc. |
| Data use                        | Proportion (Facility, District, National) offices using data for setting targets and monitoring | Use of routine and non-routine data for setting targets for the year and monitoring key indicators is critical for evidence-based decision-making.  |

## MEASURE Evaluation

| HISS component  | Possible indicators   | Description  |
|-----------------|---|--|
| Data quality    | DQA conducted on prioritized indicators aligned with most recent health sector strategy (year of most recent) | Data quality assessments are important in assessing the overall data quality of routine data. DQAs are conducted at the facility level because of the heavy dependence on these data for monitoring interventions to address specific health areas such as HIV, tuberculosis and malaria. DQAs are not conducted on annual basis so we are looking for a DQA that was conducted within the health sector strategy cycle.   |
| Data quality    | Percentage of facilities represented in HMIS information  | Countries should define core data series that should be reported by all facilities and reported to districts and compare reports against this list The percentage of facilities reporting should be reported in HMIS reports. Numerator: Number of health facilities that report data into HMIS annually. Denominator: Total health facilities.  |
| Data quality    | PRISM assessment conducted in any regions/districts   | Assessment to assess the performance of RHIS/HMIS. The framework consists of tools to assess RHIS performance, identify technical, behavioral and organizational factors that affect RHIS, aid in designing priority interventions to improve performance, and improve quality and use of routine health data.   |
| HIS performance | Number of institutional deliveries available by district, and published within 12 months of preceding year    | Deliveries in institutions such as hospitals and health clinics are attended by skilled health staff. Births attended by skilled health staff are the percentage of deliveries attended by personnel trained to give the necessary supervision, care, and advice to women during pregnancy, labor, and the postpartum period, to conduct deliveries on their own, and to care for the newborns. Public health interventions in maternal health encourage women to deliver in institutions. |
| HIS performance | Measles coverage reported to WHO/UNICEF   | Proportion of children aged one who received one dose of measles vaccine. This is used as a measure of HIS performance. The WHO site listed as the data sources present information from both the UN/WHO estimates and the official government figures.  |