

RHINO Workshop

Issues and Innovations in Routine Health Information Systems in Developing Countries

Working Group 3

Restructuring HIS and HIS Sub Systems

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Assumptions

- Many countries with fragmented, vertical systems want to increase integration of services and thus HIS.
- Service integration is not such an issue at District or facility level but information systems are not integrated.
- Restructuring of HIS should follow and support the decision to restructure the health system.
- Restructuring is a continuous process – not a one shot deal.
- Focus should always be on changes that improve management of health care delivery to the population (including planning, implementation and M&E).

What can be Restructured?

- Sub-systems
- Organizational Units
- Responsibility for different HIS functions (Centralization or Decentralization)
- Data collection methodologies
- Staff roles/responsibilities
- Tools (formats, tally sheets, analysis tools)
- Timing/frequency of reporting

Lessons Learned: Gaps in Existing Sub-Systems

- Surveillance
- Surveys
- Routine Service Statistics
- General Mgmt (logistical, financial, human resource management systems)
- Civil/vital registration (Birth, Deaths, Census)

Approach:

- Don't expect quick fixes
- One size doesn't fit all
- Seek sustainable solutions
- Process should be participative (Lessons could be learned and ownership ensured by talking to providers and users).
- Bottom – up focus on improving data use
- Ensure that restructuring is a practical not purely theoretical exercise.

Recommendations

- Start by doing info systems assessment – looking at the big picture – establish a baseline about how existing subsystems function and interrelate.
- Harmonize HIS restructuring with Health System restructuring
- Restructuring should be in the context of the specific country and should reflect the country's situation.
- Phased implementation of restructuring works best:
 - By level: Health centers * hospitals *national *
 - By geographic area (pilot projects)
 - By priority subsystems.
- Where service is integrated (same person doing multiple functions) review tools and methodologies (in team context) with view to simplify and integrate.
- Restructuring works best when there are clear policy directions and priorities (political will & support from the top)
- Ensure financial/material resources for restructuring are not purely dependent on donors
- Improve data flow – include timely feedback loop and mechanisms for local use of data. Facilitate mechanisms for discussion of feedback interactively (reports & discussions)

Data Sets

- Establish essential/minimum data sets:
- Reviewing indicators through a consensus building process is an excellent way to reduce data requirements and build ownership with priority health problem focus.
- Make sure data collected meets a services delivery requirement – eliminate the rest
- Data elements selected should be indicator driven, to enable measurement of progress

Tools

- Standardize tools (better quality, simpler)
- Ensure that health staff involved in service delivery are provided with “provider friendly” tools
- Provide clear simple guidelines and definitions for indicators
- Ensure availability of tools through improved logistics

Human Resources

- Plan for Human Resource needs at district and central level to support HMIS restructuring,
- These may include:(District information officers, Trainers, Medical/epidemiologists, bio-statisticians)
- Multidisciplinary team at central level (not just statisticians)
- Include data management responsibilities in their job descriptions of medical staff and in pre-service training
- Make more effort to train in problem solving with data as opposed to training people on merely filling in forms
- Establish system for motivation of staff (feedback, supervision)
- Decentralization of authority and functions make data use more meaningful