

## **RHINO Workshop**

### **Issues and Innovations in Routine Health Information Systems in Developing Countries**

#### **Working Group 7**

#### **Strategies for Promoting use of Information**

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#### **Lessons Learned**

Data produced are not being used because:

- Lack of confidence in existing data
- Lack of access to data
- Data systems are not user-friendly
- Data inappropriate in relation to level of user

Data produced are not being used because:

- End users not involved in determining essential data requirements
- Data is too complex
- Data is not presented in a useful format  
(Too much, too little, too late, too complex)

Use of Information declines without supportive supervision

- Unless user has authority to take action, there is no need for HMIS
- Unless information is used, it's quality does not improve
- External demand for data that is not already collected is sometimes counter-productive
- Computers can contribute to improved use through rapid processing and improved presentation, improved communication
- There is a gap in knowledge about what health information / data is needed by communities (e.g. routine planning, and performance review workshops at all levels, annual budgets and workplans)

- Comparative analysis is critical
- Routine HMIS have not been designed to include environment and lifestyle information
- Private sector/civil society have different mechanisms for data use than government sector
- Other processes\* create demand for high quality data

(e.g. routine planning, and performance review workshops at all levels, annual budgets and workplans)

#### **Recommendations: Guiding Principles**

- HIS must not be designed as an end in itself but only as part of a larger management – strengthening strategy
- Information presented must be appropriate to level of use / stakeholders (from CHWs to policy makers)

- Channels of communication must be set up between data users and producers
- A mechanism for sharing, exchange and review of information from related sectors should be established
- Practical or competency-based training and follow-up in information interpretation and use should be integral part of HIS process
- All data collected must be locally used before reporting up;
- Self-assessment /peer review and comparative analysis within and between levels are the basis for data use
- Each data element must be reviewed for use
- No information without feedback
- Ad hoc external demands should not be entertained
- Technology must be appropriate to the local context

### **Recommendations: Activities**

1. Virtual documentation of case studies of information use by stakeholders/levels *including: good examples of successful presentation formats: feedback reports, monthly reports for different levels of use (figures, graphs), use of media, direct to households*
2. Evaluation of management actions to assess use of routine HMIS
3. Produce/share training modules for data use
4. Develop mechanisms to link different essential data sets) for health profiles (health, education, water)
5. Establish virtual database of minimum HMIS data sets and definitions

### **Recommendations: Research Questions**

1. Why is available information not used?
2. How to measure the use of information for management? What's the metric?
3. Can RHIMS be expanded to include essential community/environmental information?
4. How do we promote use of information from the private sector (and vice versa)?
5. How does the lack of private sector information affect the use of information and decisions?
6. What is the right mix of routine HMIS, surveys and research to promote information use?

**JUST USE IT!**