

HMIS Development – Conceptual Overview

This paper provides the “big picture” overview for HMIS development. This includes:

- What needs to be done in the short and medium term to make HMIS fully functional
- How the HMIS links to the broader strategic context
- How HMIS will be integrated and sustained over the long term

A five-year programme is envisaged. It is designed to achieve 100% coverage of districts within two years, followed by further refinement in terms of use and quality in years 3-5. This consolidation includes successfully solving institutional barriers to long-term sustainability. <add two sentence summary on the approach: rapid DHIS roll out followed by refinement>

By end of year two [2010], every district in TZ should have DHIS functioning and HMIS data available for 2009 and 2010 for all agreed indicators. By end of year five [2013], data quality will be improved, capacity to use data will be strengthened, the HMIS will have been refined, and vertical information systems will have been absorbed/aligned.

Short Term

Deliverable: Routine HMIS system operational in all districts using DHIS software that captures & aggregates a minimum essential health information data-set *based on existing HMIS registers and books*. The system will be able to generate standard user reports and feedback for all levels and maintain the full data set in a national health information “warehouse”.

Tasks:

1. Put in place project team, project finance/accounts, equipment, project oversight arrangements
2. Key GOT staff designated with clear roles and responsibilities at central, regional, district levels
3. National HMIS strategic plan and budget framework developed
4. Agree minimum set of indicators (collectable from existing HMIS + vertical programs)
5. Define data flow model from PHC units and hospitals
6. Adapt DHIS software to capture, aggregate, analyse data & produce standard user reports *using existing HMIS registers & returns*
7. Design training scheme, training manuals, train trainers
8. Write software documentation, user guides
9. Procure hardware (national, regional, district) & set up the software
10. Conduct training of 2 “Health Information Officers (HIO)” for every district and region
11. District HIOs input prior year (2008) data on to the DHIS
12. Initial data use workshop for 4 “information users” for every district using past year’s data
13. Capture all data from vertical programmes & other info systems (HR, Finance) in national data warehouse & feedback to district level
14. Design data “export” to Local Government Monitoring Database
15. Intensive follow-up in a single “test region” for system optimisation

16. Nation-wide system support (trouble-shooting, hardware maintenance / replacement, software maintenance, user support) in place

Medium Term¹

Deliverables:

1. DHIS refined, based on new registers & books implemented nationwide
2. Integration of related information systems (vertical programmes, HR, finance)
3. Data users at all levels competent in use of information for feedback, reporting, decision-making
4. Institutional impediments to HMIS sustainability solved

Tasks

1. Revised national indicator set agreed
2. Revised registers, forms, data flow designed for primary facilities & (non-specialist) hospitals
3. Facility-training (2 per facility) on new data tools & data flow
4. Continuous refinement & adaptation of DHIS software to meet user requirements
5. Conduct quarterly data use workshops with Districts and Hospitals
6. Conduct annual data use workshops with Facility in-charges
7. Assure effective information dissemination & feedback (all levels)
8. Integration with DHIS of information from related electronic systems
9. Assure fully functional national data warehouse including GIS

Institutional Environment: Conditions for Success

Short Term

1. Strong MOHSW leadership of entire HMIS Strategy
2. Project Financial Management & Implementation arrangement agreed
3. Guaranteed supply of registers & forms
4. National M&E Committee working, meeting regularly, overseeing HMIS development
5. MOHSW Project Co-ordinator assigned (100% of time)
6. Clear assignment of roles & responsibilities within HIR Section

Medium Term

7. National M&E Directorate established
8. MTEF for HMIS (central MOHSW, Regions, Districts)
9. New cadre & position gazetted at district, hospital, regional levels
10. HR requirements at central level identified & filled
11. Long term (computer) system support arrangements in place
12. Pre-service HMIS training course for integration into basic training
13. Specialist HMIS course for new cadre of DHMIS personnel

¹ Note: some of these “medium term” tasks (like dialogue to design new indicators & data forms) can be started earlier, to run in parallel during the first two years

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14. System for funding, printing, ordering HMIS stationery in place
15. Mandatory use of health information & performance indicators in:
 - a. National annual report
 - b. District planning
 - c. District quarterly reports
 - d. Routine supervision visits
16. Absorption & alignment of vertical M&E systems
17. Data use culture established