Use of Information at the district level
Why Use Data?

- Need to know the disease profile—epidemiology is the study of prevalence and determinants of disease.
- Need to know the burden of disease—
  - So that we know what are the health priorities and their determinants
- Need to know situation in service delivery/access & utilization of services:
  - So that areas/communities which lag behind/have greater need could be allocated more resources and inputs.
Sources of Data/Information

- External Surveys
- Data from Routine Monitoring Systems.
- Commissioned Surveys and Studies.
External Surveys

- SRS: Sample Registration System
  - Birth Rate, Death Rate, IMR, Total Fertility Rate,
- NFHS- III- 2005-06- RCH service delivery data
- DLHS-III- 2007-08- RCH service delivery data.
- UNICEF Coverage evaluation survey- 2009
- NSSO- 60th round- cost of health care

Strengths and Limitations of each source
Use of information from external surveys

**Uses**
- For policy purposes
- For accountability - reply to legislature
- For district planning

**Strengths:**
High perception of reliability.

**Issues:**
- Available after a significant time lag.
- Does not have mortality data
- Dis-aggregation to facility/block level not available - essential for district planning. - except for DLHS others do not even have district level data !!-
- Limited number of parameters.
Routine Monitoring Systems

- Malaria- API, ABER, SPR, SFR, PF rate- by state, district and even by facility.
- Other VBDs- disease prevalence.
- Tuberculosis- case detection rates, cure rates, death rates,
- Leprosy- New MB cases and cases in children.
- IDSP- other communicable disease, disease outbreaks,
- Hospital Data: From hospitals which maintain reasonable case records.
Health Management Information System

- Mostly pertain to Output indicators- not as useful for outcomes or for processes. Mostly relate to service delivery:
  - Indicators of strategy:

- Most process and inputs data would be from programme reporting- these have to be collected by programme officers independently.

- Impact/larger health outcome indicators present- but require greater interpretation- Maternal deaths, infant deaths, deaths under 5, peri-natal mortality, still births,
Barriers to use of HMIS

1. Perception of reliability - very low.
2. Quality of data – varied, needs interpretation to use.
3. Conversion to indicators, and interpretation of data very weak.
4. Information not available in easily accessible and usable form.
5. Clarity on what information would be most useful and for what purpose is weak.
6. Decentralisation process needs strengthening.
Issues of Data Quality

- Completeness of Reporting
  - Non reporting areas eg corporations, company townships etc.
  - Non reporting public sector facilities
  - Non reporting private sector facilities

- Timeliness of Reporting: (Just leave out data from last one or two months to improve data quality.)

- Accuracy and Reliability of Reporting.
  
  Primary recording systems / Duplication-/ Data definition problems/- Problems in data entry/ aggregation-

Need to build confidence in data — most who question it have never seen it.
Issues of data interpretation...

- Know which indicators to use – and for what...
- The choice of denominators:
  - expected population based vs reported- data based.
  - For population based- updating to current population size-
  - Uncertain/overlapping catchment area- for example institutional delivery rate in the headquarters block would be difficult to estimate- since the DH serves block mainly- but also the rest of district.
  - At facility level and in small blocks- use of data elements rather than indicators may be justified.
- Understanding of indicators and their inherent characteristics are useful.
False reporting and Falsification:

- False reporting: Not as common as expected. Only a 1% over-reporting at primary level. Also it affects some data elements more than others. - those highly monitored, those that beg it- e.g. no of cases of ANC, no of ANC cases where BP taken!!

- Falsification- usually more at district and higher levels. Though recent trend is to give each block/each facility a target number for each data element and encourage reporting accordingly. Also done to compensate for data quality errors- which really confuses the picture.
HMIS in district planning

- Despite problems – more useful than any other existing data
- Information interpreted in context. Not possible at state/national level- but block officer, could explain gaps. Great tool of decentralised programme management, but a very poor tool for enforcing accountability, or information for casting policy.
- Could be used for setting targets/outcomes/baselines- but greater use in understanding patterns across facilities – with regard to access and quality of care.

Five patterns to look for:
1. The gap between what is reported and what is expected... indicates those not reached!!
Tables could give the same information - if you know what to look for. –


<table>
<thead>
<tr>
<th>Muzzafar pur- 2009-10 HMIS data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population</strong></td>
</tr>
<tr>
<td><strong>Home SBA</strong></td>
</tr>
<tr>
<td><strong>Home Non SBA</strong></td>
</tr>
<tr>
<td><strong>Home SBA %</strong></td>
</tr>
<tr>
<td><strong>Home Non SBA %</strong></td>
</tr>
</tbody>
</table>
Uttarakhand- Pithoragarh Dist. Block-wise delivery status against estimated deliveries (2009-10)

- **Munsyari Block CHC**: Home Deliveries: 88%, Institutional deliveries: 13%, Unreported deliveries: 0%
- **Gangolihat Block CHC**: Home Deliveries: 76%, Institutional deliveries: 18%, Unreported deliveries: 6%
- **Dharchula Block CHC**: Home Deliveries: 57%, Institutional deliveries: 20%, Unreported deliveries: 22%
- **Pithoragarh District**: Home Deliveries: 41%, Institutional deliveries: 15%, Unreported deliveries: 44%
- **Egyardevi Block PHC**: Home Deliveries: 31%, Institutional deliveries: 2%, Unreported deliveries: 67%
- **Badalu Block PHC**: Home Deliveries: 31%, Institutional deliveries: 16%, Unreported deliveries: 53%
- **Didihat Block CHC**: Home Deliveries: 30%, Institutional deliveries: 39%, Unreported deliveries: 31%
- **Kanalichina Block PHC**: Home Deliveries: 20%, Institutional deliveries: 21%, Unreported deliveries: 59%
- **Berinag Block PHC**: Home Deliveries: 20%, Institutional deliveries: 51%, Unreported deliveries: 28%
- **Pithoragarh District Hospital**: Home Deliveries: 0%, Institutional deliveries: 218%, Unreported deliveries: -118%
2. Case Loads distribution across facilities-

1. Which facilities are managing the case loads? For any given service? How they need to be strengthened.

2. What is the population that is unable to access services—what facilities need to be built up/revitalised?

3. What is the range of services offered? Are there gaps between service guarantees and what is available?

This has implications on which facilities to take up for strengthening and for differential financing …..
### Facility Development: Identification of Case Load in Various Groups of Facilities (Barwani Dist.-MP) 2009-10

<table>
<thead>
<tr>
<th>BARWANI DISTRICT</th>
<th>SCs</th>
<th>PHCs</th>
<th>CHCs</th>
<th>SDH/DH</th>
<th>Other State owned institution</th>
<th>Private Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliveries conducted</td>
<td>1%</td>
<td>31%</td>
<td>39%</td>
<td>28%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Complicated deliveries managed</td>
<td>-</td>
<td>18%</td>
<td>21%</td>
<td>49%</td>
<td>0%</td>
<td>12%</td>
</tr>
<tr>
<td>C Sections Conducted</td>
<td>-</td>
<td>0%</td>
<td>0%</td>
<td>81%</td>
<td>6%</td>
<td>13%</td>
</tr>
<tr>
<td>Sterilisations conducted</td>
<td>-</td>
<td>9%</td>
<td>55%</td>
<td>36%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
## Facility Development - Identification of case load in various group of facilities (Barwani Dist.-MP) 2009-10

<table>
<thead>
<tr>
<th>BARWANI DISTRICT</th>
<th>Sendhwa Block</th>
<th>Thikari Block</th>
<th>Pansemal Block</th>
<th>Pati Block</th>
<th>DH Barwani</th>
<th>Silawad Block</th>
<th>Niwali Block</th>
<th>Rajpur Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliveries conducted</td>
<td>14%</td>
<td>19%</td>
<td>9%</td>
<td>8%</td>
<td>23%</td>
<td>4%</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>Complicated Pregnancy managed</td>
<td>5%</td>
<td>11%</td>
<td>6%</td>
<td>0%</td>
<td>51%</td>
<td>8%</td>
<td>6%</td>
<td>13%</td>
</tr>
<tr>
<td>C-Section conducted</td>
<td>7%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>93%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Sterilisations conducted</td>
<td>31%</td>
<td>8%</td>
<td>10%</td>
<td>2%</td>
<td>20%</td>
<td>7%</td>
<td>8%</td>
<td>13%</td>
</tr>
</tbody>
</table>
Facility Development– Identification of case load in various group of facilities (Delivery)– Manipur State

- Deliveries at accredited Private Institutions; 23%
- Deliveries conducted at CHCs; 9%
- Deliveries conducted at Other State Owned Public Institutions; 48%
- Deliveries conducted at PHCs; 3%
- Deliveries conducted at SubCentre; 1%
- Deliveries conducted at Sub-divisional hospital/District Hospital; 16%
Facility Development- Identification of case load in various group of facilities (Delivery)- Chandel (Manipur) 2009-10

- Deliveries conducted at Sub-divisional hospital/District Hospital; 70%
- Deliveries conducted at CHCs; 0%
- Deliveries at accredited Private Institutions; 0%
- Deliveries conducted at PHCs; 21%
- Deliveries conducted at Sub Centre; 9%
Facility Development – Identification of case load in various group of facilities (Sterilisation) – West Imphal (Manipur) 2009–10

- Sub-divisional hospital/District Hospital; 52%
- Private facilities; 7%
- Other State Owned Public Institutions; 41%
- PHCs; 0%
- CHCs; 0%
## 3. The range & quality of delivery services

<table>
<thead>
<tr>
<th>Reported Deliveries</th>
<th>South 24 paraganas- west bengal</th>
<th>Pallakkad - kerala</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reported Deliveries</strong></td>
<td>125497 (91%)</td>
<td>37689 (91%)</td>
</tr>
<tr>
<td>C- sections</td>
<td>4355 (3%)</td>
<td>10219 (27%)</td>
</tr>
<tr>
<td>Other Compl. pregnancies</td>
<td>4244 (3%)</td>
<td>11602 (26%)</td>
</tr>
<tr>
<td>PNC complications</td>
<td>16019</td>
<td>2</td>
</tr>
<tr>
<td>Still births</td>
<td>1501</td>
<td>121</td>
</tr>
<tr>
<td>Iv antibiotics</td>
<td>1237</td>
<td>11938</td>
</tr>
<tr>
<td>Iv hypertensive</td>
<td>86</td>
<td>241</td>
</tr>
<tr>
<td>Iv oxytocics</td>
<td>1137</td>
<td>1343</td>
</tr>
<tr>
<td>Blood transfusion</td>
<td>65</td>
<td>157</td>
</tr>
<tr>
<td>severe anemia treated</td>
<td>1304</td>
<td>99</td>
</tr>
<tr>
<td>Abortions managed</td>
<td>2156 (1%)</td>
<td>1963 (5%)</td>
</tr>
<tr>
<td>RTI/STI- per lakh OPD cases</td>
<td>33508 (810)</td>
<td>5838 (150)</td>
</tr>
</tbody>
</table>
MP - Barwani - Blocks - Percentage for obstetric complications attended against Institutional (Pub & Pvt) deliveries - Apr'09 to Mar'10

- DH Barwani: 13%
- Silawad Block: 11%
- Rajpur Block: 5%
- Niwali: 4%
- Pansemal Block: 4%
- Thikari Block: 3%
- Sendhwa Block: 2%
- Pati: 0%
Percentage of deliveries discharged under 48 hours (MP-Barwani) 2009-10

<table>
<thead>
<tr>
<th>Block</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>DH Barwani</td>
<td>83.7</td>
</tr>
<tr>
<td>Pansemal Block</td>
<td>80.9</td>
</tr>
<tr>
<td>Sendhwa Block</td>
<td>78.5</td>
</tr>
<tr>
<td>Niwali</td>
<td>70.0</td>
</tr>
<tr>
<td>Rajpur Block</td>
<td>69.1</td>
</tr>
<tr>
<td>Pati</td>
<td>62.1</td>
</tr>
<tr>
<td>Thikari Block</td>
<td>58.8</td>
</tr>
<tr>
<td>Silawad Block</td>
<td>46.1</td>
</tr>
<tr>
<td>Block</td>
<td>RTI/STI per lakh OPD</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Jhirniya Block</td>
<td>8655</td>
</tr>
<tr>
<td>Barwah Block</td>
<td>1849</td>
</tr>
<tr>
<td>Gogawa Block</td>
<td>899</td>
</tr>
<tr>
<td>Oon Block</td>
<td>591</td>
</tr>
<tr>
<td>CH BARWAH</td>
<td>444</td>
</tr>
<tr>
<td>CH SANAVAD</td>
<td>209</td>
</tr>
<tr>
<td>DH KHARGONE</td>
<td>154</td>
</tr>
<tr>
<td>Bhagwanpura Block</td>
<td>154</td>
</tr>
<tr>
<td>Maheshwar Block</td>
<td>50</td>
</tr>
<tr>
<td>Kasravad Block</td>
<td>47</td>
</tr>
<tr>
<td>Segoan Block</td>
<td>27</td>
</tr>
<tr>
<td>Bhikangoan Block</td>
<td>0</td>
</tr>
</tbody>
</table>
# Family Planning Services (MP-Dewas) 2009-10

<table>
<thead>
<tr>
<th>MADHYA PRADESH- DEWAS Dist.-Sterilisations - Apr'09 to Mar'10</th>
<th>MADHYA PRADESH- DEWAS Dist.-FP Methods - Apr'09 to Mar'10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported</td>
<td>%age of Reported Sterilisation</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Total Sterilisation</strong></td>
<td>8,522</td>
</tr>
<tr>
<td>NSV</td>
<td>187</td>
</tr>
<tr>
<td>Laproscopic</td>
<td>5,856</td>
</tr>
<tr>
<td>MiniLap</td>
<td>1,773</td>
</tr>
<tr>
<td>Post Partum</td>
<td>706</td>
</tr>
<tr>
<td>Male Sterilisation</td>
<td>187</td>
</tr>
<tr>
<td>Female Sterilisation</td>
<td>8,335</td>
</tr>
</tbody>
</table>

- Total Sterilisation: 8,522
- Male Sterilisation: 187
- Female Sterilisation: 8,335
- Condom Users: 26,361
- OCP Users: 9,903
- Sterilisations: 8,522
- IUD: 7,406
- NSV: 187
- Laproscopic: 5,856
- MiniLap: 1,773
- Post Partum: 706
- Total Reported FP Methodd (All types) Users: 52,192
- Spacing Methods: 43,670
- Limiting Methods: 8,522
- %age of All Reported FP Methods: 16%
# Lab Services Indicators (MP-Jhabua) 2009-10

<table>
<thead>
<tr>
<th></th>
<th>Total OPD</th>
<th>Total HB tested</th>
<th>Total HIV Tested</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>219,993</td>
<td>31,882</td>
<td>1,024</td>
<td>1,656,802</td>
</tr>
<tr>
<td>HB test conducted as % age of OPD</td>
<td>14.5%</td>
<td>9.2%</td>
<td>0.5%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Services</td>
<td>kanwara block</td>
<td>DH Katni</td>
<td>Bahoriband Block</td>
<td>Dhimarkheda Block</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Operations Major as percentage of OPD</strong></td>
<td>0%</td>
<td>0.3%</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Operations Minor as percentage of IPD</strong></td>
<td>0.3%</td>
<td>0.2%</td>
<td>0%</td>
<td>0.9%</td>
</tr>
<tr>
<td><strong>AUYSH OPD as percentage of total OPD</strong></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Adolescent counselling sessions as percentage of total OPD</strong></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Dental procedures as percentage of total OPD</strong></td>
<td>0%</td>
<td>1.3%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
List of indicators used in Dist. Analysis

- **OPD/IPD**
  - Total OPD cases and per capita OPD attendance
  - IPD as percentage of OPD
  - Operation major as percentage of total OPD
  - Operation minor as percentage of total OPD
  - AYUSH as percentage of total OPD
  - Dental procedures done as percentage of total OPD
  - Adolescent counseling services as percentage of OPD

- **Lab**
  - Hb test conducted as percentage of OPD
  - Hb<7gm as percentage of Hb tested
  - HIV test conducted as percentage of OPD
  - HIV positive as percentage of HIV tested
  - Blood Smear Examined as percentage of Population
4. Outreach Services – achievement by block/ by sector

- What is the extent of population coverage - where are the gaps? Eg ANC
- What is the quality of outreach care?
- *Is it* too few immunisation points/VHNDs planned, or many sessions being missed? Or adverse facility to VHND/immunisation points ratio or sub-centers without staff?
Uttarakhand - Pithoragarh - Blocks - % HB<11 gms against Reported ANC Registration - Apr'09 to Mar'10

- Pithoragarh District Hospital: 81%
- Pithoragarh District: 16%
- Dharchula Block CHC: 29.0%
- Didihat Block CHC: 5.7%
- Egyardevi Block PHC: 1%
- Gangolihat Block CHC: 0%
- Kanalchina Block PHC: 3%
- Munsyari Block CHC: 9%
- Badalu Block PHC: 0.0%
- Berinag Block PHC: 0.0%
Outreach Service Indicators

¬ ANC
  ¬ ANC Registration against Expected Pregnancies
  ¬ ANC Registration in First trimester against Total ANC registration/Expected pregnancies
  ¬ 3 ANC Checkups against ANC Registrations
  ¬ TT1 given to Pregnant women against ANC Registration
  ¬ 100 IFA Tablets given to Pregnant women against ANC Registration
  ¬ Hypertension cases detected against ANC registration
  ¬ Eclampsia cases managed against ANC registration
  ¬ Percentage of ANC moderately anemic (Hb<11) against ANC registration
  ¬ Percentage of ANC severe anemia treated (Hb<7) against ANC registration

¬ Postpartum Care
  ¬ PNC within 48 hours as percentage of reported delivery
  ¬ PNC between 48 hours to 14 days as percentage of reported delivery
Outreach Services Indicators

- **Immunization**
  - BCG given against Expected Live Births
  - OPV3 given against Expected Live Births
  - DPT3 given against Expected Live Births
  - Measles given against Expected Live Births
  - Fully Immunized Children against Expected Live Births - by sex and totals
  - Percentage of immunisation sessions held against planned
  - Percentage of immunisation sessions attended by ASHA against sessions held

- **Family Planning**:
  - All Methods Users (Sterilizations(Male & Female)+IUD+ Condom pieces/72 + OCP Cycles/13)
  - Percentage of sterilizations against reported FP Methods
  - Percentage of IUD Insertions against reported FP Methods
  - Percentage of Condom Users against reported FP Methods
  - Percentage of OCP Users against reported FP Methods
Immunisation status against reported live births (MP-Chhatarpur) 2009-10

MADHYA PRADESH - CHHATARPUR
Dist.-Immunoisation (0 to 11mnths)
Against Reported Live Births - Apr'09 to Mar'10

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>98%</td>
</tr>
<tr>
<td>DPT3%</td>
<td>101%</td>
</tr>
<tr>
<td>OPV3%</td>
<td>101%</td>
</tr>
<tr>
<td>Measles %</td>
<td>95%</td>
</tr>
<tr>
<td>Fully Immunised %</td>
<td>95%</td>
</tr>
</tbody>
</table>
# Immunisation sessions (MP-Ratlam) 2009-10

<table>
<thead>
<tr>
<th>Block</th>
<th>Immunisation sessions Planned</th>
<th>Immunisation sessions held</th>
<th>Immunisation sessions attended by ASHAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratlam District</td>
<td>11857</td>
<td>11502</td>
<td>8979</td>
</tr>
<tr>
<td>Billpank Block</td>
<td>2334</td>
<td>2334</td>
<td>2334</td>
</tr>
<tr>
<td>Kharwa Kala Block</td>
<td>2158</td>
<td>2148</td>
<td>1810</td>
</tr>
<tr>
<td>Bardiagoyal Block</td>
<td>2144</td>
<td>2025</td>
<td>1392</td>
</tr>
<tr>
<td>Sailana Block</td>
<td>1735</td>
<td>1634</td>
<td>1128</td>
</tr>
<tr>
<td>Piplodha Block</td>
<td>1386</td>
<td>1386</td>
<td>1018</td>
</tr>
<tr>
<td>DH Ratlam</td>
<td>1280</td>
<td>1176</td>
<td>928</td>
</tr>
<tr>
<td>Bajna Block</td>
<td>820</td>
<td>799</td>
<td>369</td>
</tr>
</tbody>
</table>
Family Planning users Blocks-wise (Pithoragarh-UK) 2009-10

![Bar chart showing the percentage of family planning users by blocks and the blocks included are Didihat Block CHC, Gangolihat Block CHC, Badalu Block PHC, Egyardevi Block PHC, Kanalichina Block PHC, Berinag Block PHC, Pithoragarh District, Munsyari Block CHC, Dharchula Block CHC, and Pithoragarh District Hospital. The chart compares the users using limiting methods and spacing methods.]
4. Community Level Interventions.

- Functionality of ASHAs (immunisation sessions attended, paid for JSY)
- Effectiveness of ASHAs: BF in first hour, newborn weighing efficiency.
- Health Practices in the community
- JSY payments.
# Newborn care status (Mandla-MP) 2009-10

<table>
<thead>
<tr>
<th>District Block</th>
<th>Live Births</th>
<th>Breastfeeding in first hour</th>
<th>Birth weighed</th>
<th>Percentage of Breastfed in first hour</th>
<th>Percentage of births weighed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niwas Block</td>
<td>1203</td>
<td>857</td>
<td>810</td>
<td>71%</td>
<td>67%</td>
</tr>
<tr>
<td>Nainpur Block</td>
<td>2892</td>
<td>2302</td>
<td>3321</td>
<td>80%</td>
<td>115%</td>
</tr>
<tr>
<td>Bichhiya Block</td>
<td>3919</td>
<td>1528</td>
<td>2650</td>
<td>39%</td>
<td>68%</td>
</tr>
<tr>
<td>DH Mandla</td>
<td>408</td>
<td>0</td>
<td>408</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Bamhani banjer block</td>
<td>3169</td>
<td>2602</td>
<td>2266</td>
<td>82%</td>
<td>72%</td>
</tr>
<tr>
<td>Mohgaon Block</td>
<td>1633</td>
<td>1116</td>
<td>1435</td>
<td>68%</td>
<td>88%</td>
</tr>
<tr>
<td>Narayanganj Block</td>
<td>1368</td>
<td>1115</td>
<td>1245</td>
<td>82%</td>
<td>91%</td>
</tr>
<tr>
<td>Mawai Block</td>
<td>1604</td>
<td>404</td>
<td>713</td>
<td>25%</td>
<td>44%</td>
</tr>
<tr>
<td>Ghughari Block</td>
<td>2007</td>
<td>1767</td>
<td>1794</td>
<td>88%</td>
<td>89%</td>
</tr>
<tr>
<td>Bijadandi Block</td>
<td>1373</td>
<td>1045</td>
<td>1375</td>
<td>76%</td>
<td>100%</td>
</tr>
</tbody>
</table>
## Monitoring ASHA programme:

<table>
<thead>
<tr>
<th>Output indicator</th>
<th>Process Indicator</th>
<th>Data source and frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Institutional delivery+ % of home SBA delivery</td>
<td>JSY payment to Mother / To ASHA</td>
<td>HMIS</td>
</tr>
<tr>
<td></td>
<td>proportion of pregnant women who had a birth plan</td>
<td>ASHA divas/ monthly</td>
</tr>
<tr>
<td></td>
<td>proportion of pregnant women who were streamed appropriately for a complication.</td>
<td>ASHA divas- monthly</td>
</tr>
<tr>
<td>% of pregnant women who received three ANCs</td>
<td>Immunisation sessions held as % of required/planned Attending immunisation day</td>
<td>HMIS</td>
</tr>
<tr>
<td>Quality of ANC-cases of HT detected, anemia detected, severe anemia treated</td>
<td></td>
<td>HMIS</td>
</tr>
</tbody>
</table>
## Monitoring ASHA programme

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>Process Indicator</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Newborns Breastfed in first hour</td>
<td>% of newborns visited by ASHAs- within first hour.</td>
<td>HMIS + AD</td>
</tr>
<tr>
<td>% of LBW</td>
<td>% of newborn weighed in the last month</td>
<td>HMIS+ AD</td>
</tr>
<tr>
<td>% of newborns referred/admitted as sick</td>
<td>% of newborns who received full complement of visits % of newborns referred as sick.</td>
<td>HMIS+ AD</td>
</tr>
<tr>
<td></td>
<td>% of ASHAs who made visit to last three newborns in their area.</td>
<td></td>
</tr>
<tr>
<td>% of children admitted for ARI</td>
<td>% of children with diarrhoea who got ORS % of children who got appropriate care for ARI</td>
<td>HMIS+ AD</td>
</tr>
<tr>
<td>% of children severe dehydration in diarrhoea</td>
<td>% of children or pregnant women with fever for whom testing was done</td>
<td></td>
</tr>
</tbody>
</table>
MP-Harda Birth weighing and low birth weight (2009-10)

- Handiya Block: Live births weighing rate = 81.9, Low birth weight rate = 5.6
- Timarni Block: Live births weighing rate = 89.4, Low birth weight rate = 39.8
- DH Harda: Live births weighing rate = 100.0, Low birth weight rate = 48.3
- Khirkiya Block: Live births weighing rate = 88.7, Low birth weight rate = 66.7
List of indicators used in community care

Analysis

- **Births & Neonates Care**
  - Live Births Reported against Estimated Live Births
  - New born weighed against Reported Live Births
  - New born weighed less than 2.5 kgs against newborns weighed
  - New born breastfed within one hr of Birth against Reported live Births
  - Sex Ratio at Birth

- **JSY**
  - JSY incentives paid to mothers as percentage of reported delivery
    - For home delivery
    - For institutional delivery
    - For private institutional delivery
5. Health Outcomes - Mortality
( could also and Low Birth weight.

- Maternal Deaths and their causes
- Child deaths and their causes
- Perinatal mortality rate - neonatal mortality rate and still birth rates.
- Deaths in all age groups.

- Low birth weight.
## MP - Cause of Maternal Death 2009-10

<table>
<thead>
<tr>
<th></th>
<th>Abortion</th>
<th>Obstructed/prolonged labour</th>
<th>Severe hypertension/fits</th>
<th>Bleeding</th>
<th>High fever</th>
<th>Other Causes (including causes not known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madhya Pradesh</td>
<td>45</td>
<td>17</td>
<td>42</td>
<td>91</td>
<td>61</td>
<td>274</td>
</tr>
</tbody>
</table>

### Graph

- **Madhya Pradesh**
  - **Abortion**: 8%
  - **Obstructed/prolonged labour**: 3%
  - **Severe hypertension/fits**: 8%
  - **Bleeding**: 17%
  - **High fever**: 12%
  - **Other Causes (including causes not known)**: 52%
NAGALAND-MOKOKCHUNG DIST. - Causes of Infant & Child Deaths against Total
Reported causes of Infant & Child deaths - Apr'09 to Mar'10

- Other: 44%
- Sepsis: 11%
- Asphyxia: 11%
- LBW: 0%
- Pneumonia: 22%
- Measles: 0%
- Diarrhoea: 0%
- Fever related: 11%
Death Profile - Comparison of HMIS data with RGI

RGI, Causes of Death India 2002-03

- Communicable, maternal, Perinatal and Nutritional Conditions: 38%
- Non Communicable Diseases: 42%
- Injuries: 10%
- Symptoms, Signs and ill defined conditions: 10%

Kerala, Causes of Death (HMIS – Apr-Sept 2010)

- Communicable disease deaths, maternal & child deaths under 5: 31%
- Others: 38%
- Injury: 3%
- Non Communicable Diseases: 28%
MP- Weighing efficiency & Low Birth Weight 2009-10

![Bar chart showing live births weighing rate and low birth weight rate for different districts from 2009 to 2010.](chart.png)
Promoting use of information:

- Present it in CHMO review meetings- and with programme officers in a session called “Conversations over data”
- Make it readily available to all programme officers- keep meeting and distributing.
- Make it available on the web-site
- Respond to requests - Reduce information service delivery time to less than 30 minutes
- Disseminate it along with books/ training manuals etc.
- Call for its use in making PIPs.
Barriers to information use

- HMIS personnel see themselves as eyes/data entry hands of the administrators above or at that level - not as assistance (brains?) of the service providers and lower level managers.

- HMIS personnel see accountability function - do not see themselves as service providers.

  - Need for HMIS personnel to see themselves as information service providers: the programme officers become clientele - they would ply the latter with information.

  - Need for HMIS personnel to promote (market) the value and use of the information provided.

  - Need for HMIS personnel to see feedback forms as the central output of the system - not sending up - but sending down - that is what decentralisation is about!!
Need to perceive what is useful.

- Eg Kerala- the identification of areas of low RCH service delivery and its links with programme design.
- Eg. Need to find out which sub-centers or PHCs conduct delivery.
- Eg. Which facilities have poor coverage.

The power to understand the needs, customize the application and deliver the report.

*Whose task is this? Programme officers or HMIS managers?*
Need reforms in public health management..

- Differential Financing: Funding goes to facilities according to the volume of cases, range of cases seen and the quality of care. Blended Grants- Baseline grant plus Additional Performance Based Grant. Would need to build in equity considerations.

- Human Resources Deployment and incentivisation.

- Area focussed Behaviour change communication and demand side/community side investments: eg of Malaria/ Kala-azar.
Supplementary Commissioned Studies

• Cluster Sample Surveys- for validation/triangulation
• Qualitative Studies- for understanding determinants of poor coverage of services eg home delivery, high malaria, no deaths/high deaths.
• Qualitative studies for understanding high prevalence of diseases,
• Exit interviews and sample surveys for understanding costs of care.
• Hospital Based Epidemiology – case –control studies for understanding determinants and risk factor and patterns of disease
THANK YOU