

Empowering Lagos Community on Information Management and Data Collection

For Evelyn Eseroghene, a Disease Surveillance and Notification Officer (DSNO) from Shomolu LGA of Lagos state, health care data collection has always been a tedious adventure. Not anymore. Recently, Evelyn benefited from a training of trainers on the harmonized Health Management Information System (HMIS) tools. The training organized by the UKaid funded Partnership for Transforming Health Systems phase 2 (PATHS2) was to familiarize participants with the tools and equip them with skills on how to utilize the tools to collect quality and accurate data from the PATHS2 assisted facilities. An elated Evelyn had this to say after the training; "The training has empowered me on how to organize people in the communities to help with data collection. I have been taught how to use community level HMIS tools. Although they are new to me, but they are very useful and will help me improve on my job in the communities."

A reliable health information system is essential for planning and improving health care delivery and management of the system at all levels. Timely and relevant health information is also essential for planning a responsive health care delivery system. Recognising this fact, the Federal Ministry of Health in collaboration with National Primary Health Care Development Agency (NPHCDA) introduced the revised, harmonized Health Management Information System (HMIS) tools in the country. Roll-out of the HMIS usage at

the state levels has commenced.

In Lagos State, private health facilities account for about 70% of health service delivery. This is due to the greater number of functional private health facilities and their spread across the LGAs. Lagos has 1,727 private health facilities compared to 276 primary health centres, 24 secondary health centres and 13 Tertiary health facilities. In spite of the high number of private health facilities in the healthcare delivery system in Lagos State, there has been a weak reporting system and data management.

Compliance rate to HMIS reporting especially among the private health facilities is particularly very low. As at December 2010, 17% of these private health facilities and 90% of the public health facilities were yet to comply. Consequently, the low compliance rate to HMIS reporting in Lagos State has created a huge gap in obtaining relevant and adequate data from the state thus leading to incomplete information on the health status of the populace.

As a first step to addressing the multi-faceted challenges of HMIS implementation in the state, Lagos State Ministry of Health (SMoH) with

technical support from PATHS2 conducted a baseline assessment study of HMIS situation in Lagos State in October 2010. The survey identified improper coordination of HMIS data reporting, data management, data quality assurance and data use for evidence-based policy and decision making as major challenges to HMIS implementation.

In addition, the survey also identified absence of electronic database and platform, insufficient HMIS tools at facility and state levels, weak involvement of the private sector in the HMIS reporting, shortage of trained and dedicated personnel and lack of feedback mechanisms or systems on reported HMIS data sets among others. All these challenges contributed to poor implementation of HMIS in Lagos State.

Further, PATHS2 worked with the Lagos State Ministry of Health to review the harmonized tools in order to appreciate the magnitude of change being envisaged and facilitate its adoption. With the adoption, key personnel were then trained to equip them with the necessary skills. So far, 230 health workers have been trained in the state by the SMOH with PATHS2 support.

Participants at a group work session during the HMIS training





*Distributing
the Health
Management
Information
System (HMIS)
seed stock in
Lagos*

These trainings comprised of state level 'Training of Trainers' (TOT) in which 42 M&E Officers and DSNOs from the 20 LGAs were trained as master trainers. 121 health personnel from public health facilities and 67 health workers from private health facilities were also trained. The Master Trainers initially trained in the state level training constituted the pool of facilitators used to step down the training at the facility levels, across the LGAs.

Commenting on the training, Helen Ebila, a staff Nurse from Efan Hospital, OlodiApapa, said the training was a welcome development. "We have never been exposed to this type of training. The previous forms and registers were given to us without any guidelines or training. We have been filling the forms without full understanding of the contents of the forms. Now I have a better understanding. The registers will be useful to us first as a private hospital and we will be able to submit good data now".

In addition to the trainings, PATHS2 also supported SMOH and Health Facility

Monitoring and Accreditation Agency (HEFAMAA) to hold sensitization and engagement meetings with the umbrella associations of private practitioners in the health sector including Association of General Private Medical Practitioners of Nigeria (AGPMPN) and Association of General Nursing Practitioners (AGNP) among others. The purpose of the meeting was to sensitize the private practitioners on the NHMIS tools and reporting process with a view to improving compliance. Critical issues hindering full compliance of the private health sector to HMIS reporting were discussed and actions taken to ensure compliance.

These efforts have begun to yield positive results with improved participation and compliance to HMIS by private health facilities. As at December 2010, 145 health facilities were reporting in the focal LGAs. These increased to 156 health facilities in March 2011, representing close to 8% increase. Ikorodu LGA with 66% of health facilities reporting recorded the highest compliance rate in the number of health facilities reporting according to the HMIS. Generally, the number of

private health facilities reporting in the six focal LGAs increased from 90 to 120 representing 33% increase.

PATHS2 has supported the Lagos state government to produce seed stock of the harmonized HMIS tools for public and private health facilities in 20 LGAs in the state. The seed stock is estimated to support over 500 health facilities for at least one year. This process has helped to address the problem of parallel and multiple data tools in the system and non availability of forms and registers in the several health facilities.

PATHS2's efforts to promote data reporting and data usage include strengthening the Health Data Committee (HDC) and supporting the monthly M & E meetings in the six focal LGAs in the state. The HDC meets regularly and this provides a platform to strengthen data reporting, improve data quality and promote feedback. The monthly M&E meeting at the LGA level is a new initiative in Lagos State especially for the private health facilities. The meetings serve as a forum for both public and private facilities to review their data and provide feedback on the level of health data obtained from the facilities.

A key objective of PATHS2 is to strengthen systems and structures for the effective delivery of quality, affordable and accessible health care services in the country. Putting these structures in place has resulted significantly in improved data reporting by health facilities from the LGAs. It has also helped to reduce the number of parallel and multiple tools for HMIS reporting in Lagos state as well as reduced burden of reporting among health workers to improve consistency in data reporting.

ABOUT PATHS2

The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKaid, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders, to improve the planning, financing and delivery of sustainable health services for those most in need.

Apart from working at the Federal level, PATHS2 is working in the five States of Enugu, Jigawa, Kano, Kaduna and Lagos.

PATHS2 follows the successful PATHS1, which was implemented from 2002 to 2008.

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