HMIS Initiative in Hard-to-Reach Districts

Naikhongchhari Upazila Achieved its HMIS Target

Population of Bandarban District is 364,832 excluding the Municipality of Sadar upazila. Despite of the difficulties caused by poor internet coverage, inadequate power supply and shortage of functional hardware CHCPs of Bandarban have ensured 100% submission of online monthly report with special arrangements and initiative. Yet the day-to-day data entry for individual pregnant women and under five children is still a challenge. However CHCPs of Naikhongchhari has set an extraordinary example with 100% data entry for individual records. Naikhongchhari has a population of 65,167 among which 1,516 are pregnant and 7,201 are children under 5 years old were registered in the online system. incidentally these numbers are above the projected figures against the population. All these women and children's data were recently successfully captured in the online registration system including the EPI and other healthcare services provided to them. An initiative was taken on June 16, 2015 by the HMIS Consultant to revisit the skills of the CHCPs with regards to data entry and other features of DHIS2, the online system. Necessity and importance of data was described to them thoroughly as a mean of motivation. One of the CHCPs was asked to volunteer as instructor for others which created a sense of responsibility and inspiration for himself and motivation for his fellow CHCPs. Interaction among CHCPs was encouraged in the process which resulted in regular communication among themselves and with HMIS Consultant as well as PHD Staff. As a result finally they

Re-examining CHCPs skill at Naikhongchhari

have achieved their ultimate target of data entry for each cases of individual service delivery. Encouraged by the result the UHFPO could be convinced to hold separate monthly meeting for CHCPs to keep the performance consistent. Since June 2015 CHCPs of Naikhongchhari are holding separate meeting and HI, FPI, AHI, MT-EPI, HA are also contributing them with data available to them. Motivated by the result both the upazila managers from the Health and Family Planning department are monitoring HMIS performances in regular basis. An interesting fact was revealed at Naikhongchhari that the both the number of pregnant women and under five children were above the approximated/projected figures against the population.

A CHCP was motivated to volunteer as instructor for his fellows

Coverage of Online Records, Bandarban 2015

Maternal / Under 5 Child

Location	Maternal	Under 5 Child
Alikadam	81%	81%
Sadar	92%	107%
Lama	91%	72%
Naikhongchhari	102%	107%
Rowangchhari	97%	78%
Ruma	50%	74%
Thanchi	74%	60%
District	87%	85%
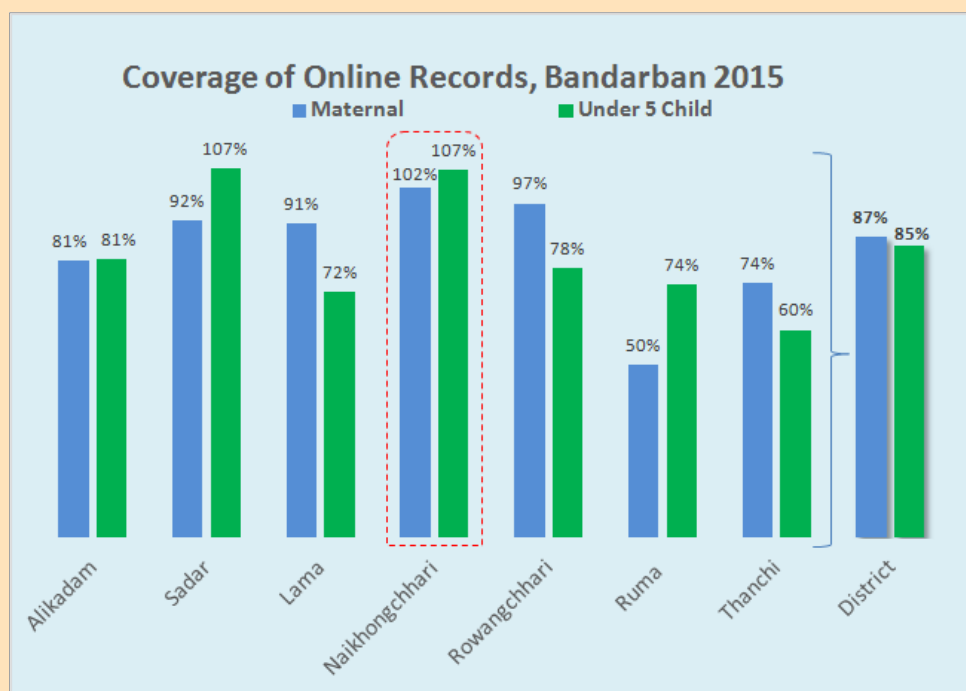
An interesting fact was revealed at Naikhongchhari upazila, both the number of pregnant women and under five children were above the approximated/projected figures against the population, thus the coverage is shown above 100% in the chart. It was learnt from UNHCR that about 20,000 Rohingyas are believed to have migrated here from Myanmar in 2013, which probably resulted in this unexpected figure.

## Canadian High Commissioner at Cox's Bazar

High commissioner Canada at Bangladesh Mr. Benoît-Pierre Laramée had visited Upazila Health Complex and a community clinic at Ramu upazila. At 10am on August 2, 2015 the high commissioner appeared at Upazila Health Complex of Ramu with his wife. They were greeted with bouquet of flowers by the staff members of the health complex. A meeting head at the complex for exchanging ideas. The Civil Surgeon of Cox's Bazar Dr. Kamar Uddin and the upazila manager Dr. Akhterul Islam explained the ANC, PNC and delivery services under maternal program as well as services for the general patients, DSF program, diarrhea, malaria, tuberculosis, Hospital-Clinic-School meetings under BCC program and services against six diseases. Later the high commissioner visited the operation theater, obstetrics and gynecology department, IMCI and Nutrition corner. UNICEF's head of zone for Chittagong division, Ms. Madhuri Banarji and the Zone Health Officer Dr. Fahmida Banu were present during this visit.

At 11am the high commissioner went to Rashidnagar union to visit Lamarpara community clinic. Chairman of the UP Mr. Abdul Karim and the president of community group Mr. Irfan Akber Chawdhury welcomed the high commissioner and thanked him for the supports from the Canadian government. The High commissioner addressed the local crowd and expressed his delight for his first visit at Cox's Bazar and thanked the locals for their hospitality. Ms. Banarji interpreted his speech to the local people.

Using DHIS2 for Data Analysis and Planning at Jamalpur

Recently Civil surgeon's office of Jamalpur has taken an initiative to increase the online reporting with an objective to figure out needs and constraints. The office arranged number of meetings engaging upazila managers and statistician to ensure cent percent reporting from both community and facilities. In every monthly meeting held at civil surgeons office status of reporting is observed and discussed for resolutions if any report wasn't submitted in time. The HMIS Consultant supports civil surgeon's office to visualize status of online reporting.
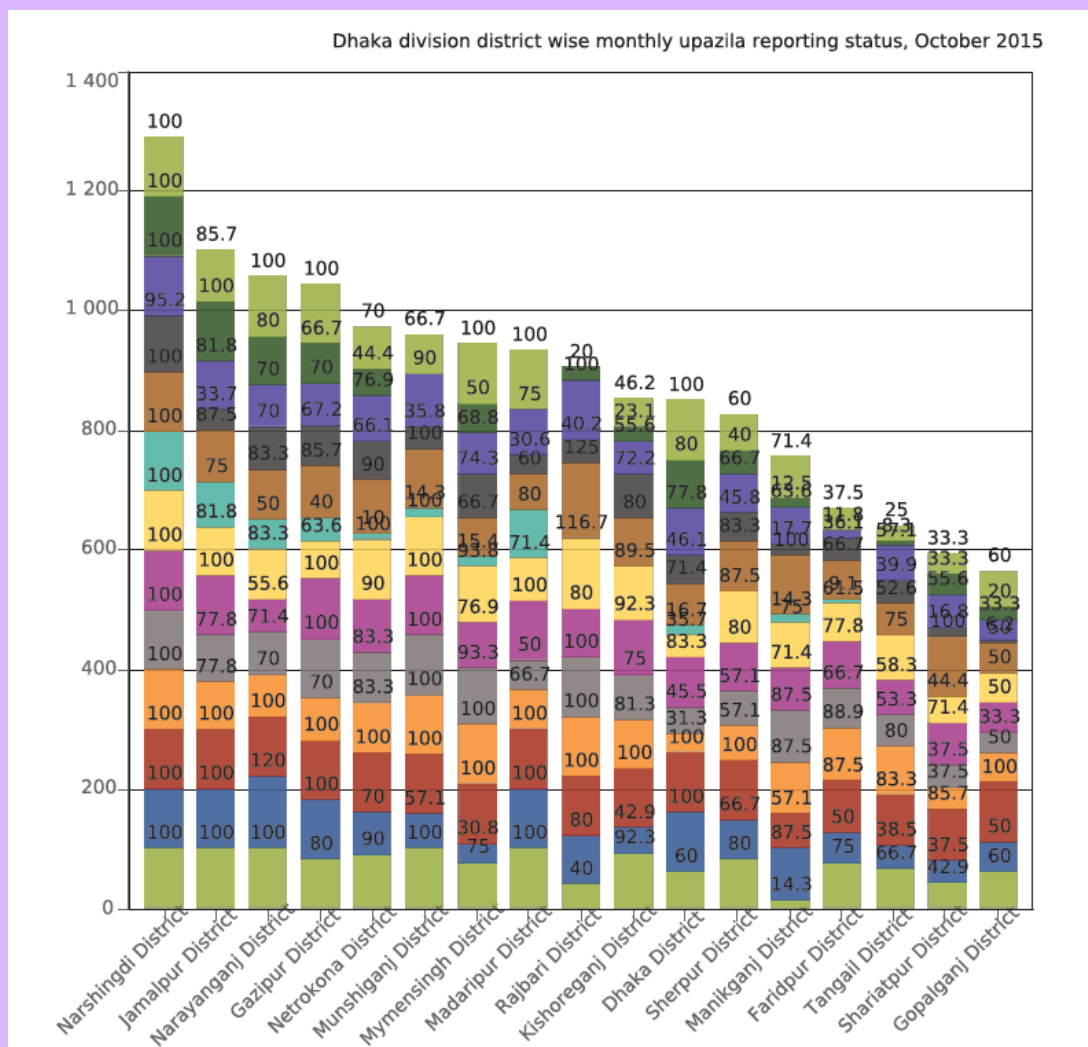
*Dhaka division district wise Upazila reporting status, October 2015*

Bottlenecks are then figured out and through participatory discussion potential solutions are noted for bridging the gap. If required on-job-training sessions are planned for the underperforming CHCPs for inadequate skills. Best performers among CHCPs and upazila statisticians are appreciated with vote of thanks. Low performers are inquired for any difficulties they are stumbling upon or reprehended in case of reluctance with responsibilities. These initiatives have improved the overall performance of Jamalpur district with regards to Health Information System and has earned a respectable position in the division.
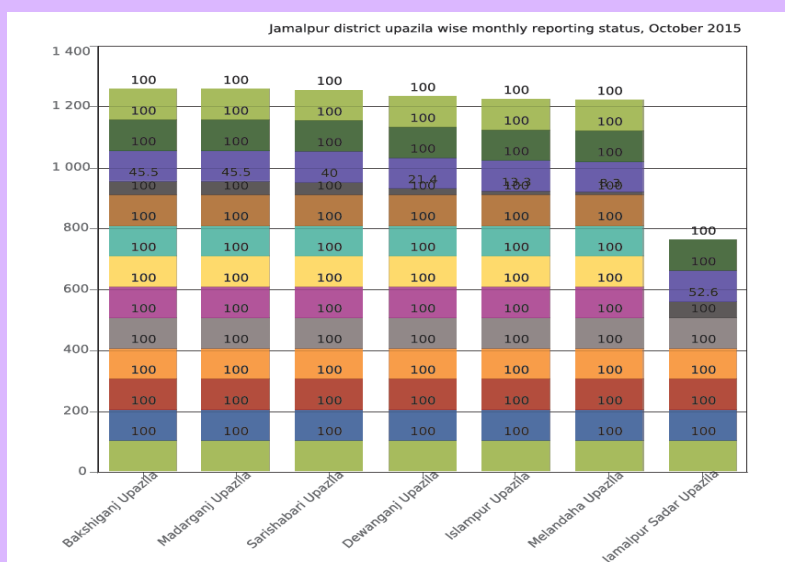
Jamalpur district Upazila wise monthly reporting status, October 2015

Deputy Country Representative of UNICEF Visits Gopalpur Community Clinic

Deputy country representative of UNICEF Bangladesh and Head of Mymenshing Field Office with their team had visited Gopalpur community clinic of Jamalpur Sadar Upazila on August 23, 2015. During the visit Khandaker Badrul Alom, Senior Health Education Officer and UH&FPO of Jamalpur Sadar Upazila accompanied them and explained community service systems, data collection mechanism and online reporting systems. Md. Alomgir Hossain, Health Officer was also present on the occasion and explicated the community support system and service mechanism of pregnant mother and under five children from community clinic. Anisur Rahman the CHCP demonstrated the service providing systems, data collection process and online reporting systems from community clinic. Unicef chief of Mymenshing zone facilitated the sharing session

and translated the speeches of local people. The CHCP explained how they register the services provided to pregnant women on daily basis and then aggregate those on monthly basis to prepare and submit online monthly report. Upon query from the representative CHCP explained how the defaulters of service recipients are listed by the system and how they are contacted and insisted to receive the service in due time. Then the country representative observed was also present at a courtyard meeting at an adjacent community beside Gopalpur community clinic.
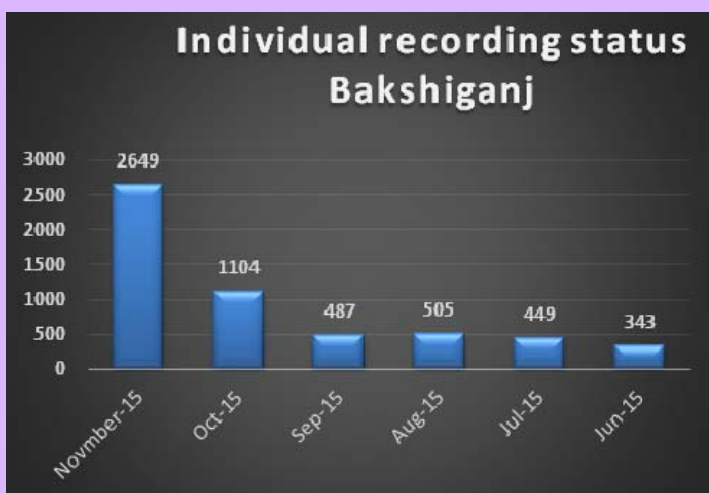
Bakshiganj the Model Upazila in Jamalpur for HMIS Performance

CHCPs and Upazila Statistician of Bakshiganj upazila have proved their credentials with regards to Health MIS and their ICT skills. Both the aggregate reports from Upazila Health Complex and Community Clinics and the records against each service provided to pregnant women or under five children are now captured into DHIS2. The UHFPO of Bakshiganj reviews performance of each CHCP during the monthly meeting. AHI and HI are now held responsible for the performance of their respective union.

Coordination among CHCP, HA, FWA are also enforced utilizing their supervisory role. Any issue that is hindering usage of DHIS2 are discussed in the monthly meeting for resolutions. To achieve an unambiguous list of pregnant women registers of HA, FWA are tallied at CSG committee meetings. To ensure the sincerity and dedication of CHCPs best performers are rewarded with prizes. This has created competition among CHCPs and in the month of November 9 CHCPs were awarded for their performances. To ensure full coverage NGO workers are also directed by the UHFPO to ensure no service recipient goes without being noticed.

Workshop at 3 Hard-to-Reach Districts on Denominator Review for MNCH&N

The UNICEF supported Community HMIS intervention started in early 2014 with three hard-to-reach districts of Bangladesh: Bandarban, Cox's Bazar and Netrokona. The goal of the intervention was to collect routine and individual recording of MNCH&N data from the community in order to better follow-up and conduct default tracking to serve the un-served. The objective was to ensure improved measurement and standardization of the health services through evidence based good quality data. As a result it will enable better decisions support for the local level managers and as a result ensure better health outcomes. Aligned to

the idea a "Workshop on Denominator Review for Health and Family Planning for MNCH&N" was organized by the all the Civil Surgeon Office at these three districts in mid September 2015. The workshop provided a discussion platform for the local Health and Family Planning Managers along with their field staff to share their findings and local innovation regarding the MNCH&N service data collection using the DHIS2 software and how they can achieve their targets of collecting their correct denominators for the MNCH&N indicators.


From very early period almost all the health and family planning related indicators are calculated based on the data being collected and provided through periodic surveys. These surveys typically collect information of a specific of time span only and do not reflect whole truth. With the advent of the new technologies and tools, the Government

of Bangladesh has established a Routine Health Information System and collect regular data as per the requirement of respective program perspective. But these program specific data is not sufficient either for not covering the whole population. These only carry the data for people who visit the health facilities for a check-up or medical support and the rest remain uncounted. However, Bangladesh is such a country where we have field workers who visit their respective catchment areas and reach out their service recipients. Alongside them there are community clinics for every 6,000 population where there is a Community Healthcare Provider who are equipped with a laptop computer and a modem with internet connection. Thus, to count every mother and every under 5 child the Management Information System of the Directorate General of Health Services has commenced a routine community Health Management Information System and UNICEF is providing technical support in the central level as well as in 3 selected hard to reach districts (Bandarban, Cox's Bazar and Netrokona) under IH&NHMYC, beside those districts UNICEF extend support to 8 district on HMIS with dedicated consultants. Previously the government put emphasis on the regular reporting from facility level in a monthly basis. There were several factors guiding the reason behind the choice of community based routine health information system. The major reason was to generate the denominator from the community rather than the survey data for all the required indicators. The most crucial part of the community HMIS intervention was to design the intervention plan. With this revamped community HMIS the data are now collected and verified from the community level. The community staff (CHCP, HA and FWA) collects and consolidates their service recipients data and update their own registers. The service recipients (pregnant mother and under 5 children) get registered in the software for once. Everyone receives a unique software generated ID and continue to receive services from different service providers as per their requirements. Based on the service data the relevant indicators get populated in the software. These indicators enable the management at all level to have clear understanding of the performance in the field and take necessary steps to improve their service delivery.

There are 2 directorates (DGHS and DGFP) under the MOHFW who are providing MNCH&N and other relevant services to the people. They have separate reporting tools for their staff. CHCPs are also there with a CC. At least 3 days in a week (in every alternate day) the HA from DGHS and the FWA from DGFP are sitting in the CC with the CHCP. These 3 field worker from government side are reporting through their own verticals and they have a separate catchment area. There are some NGOs who are also
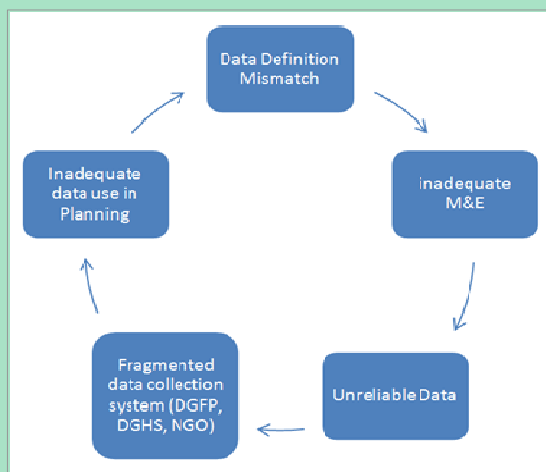
providing health & FP services in the community and they are also reporting through their own channel. This results a different denominator for the community, union, upazila, district, division and country. This occurs due to the different catchment area of the service providers, data definition mismatch, inadequate M&E, fragmented data collection system and ultimately inadequate use of data in the overall service delivery plan. This vicious circle of HMIS can be corrected through to introduction of community HMIS in the field, where data will be filtered right from the community with the engagement of all the stakeholders.

A Supplement Software Developed to Support Community HMIS
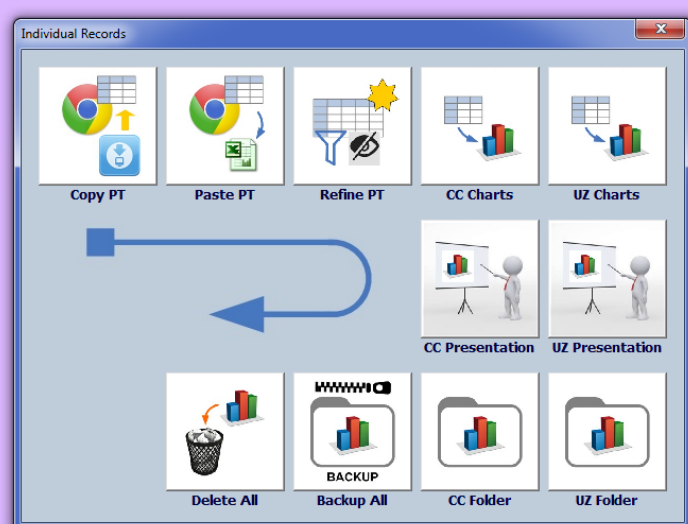
A software named as Usai2 has been developed by HMIS Consultant of Cox's Bazar to supplement the Community HMIS performance monitoring module of DHIS. DHIS is used by MIS, DGHS for capturing data from the government owned health facilities and community health workers to produce data reports, charts, GIS maps and health indicators. Since the inception of UNICEF sponsored community HMIS intervention in 2014 the necessity of a fast and robust computer based monitoring tool was realized. To ensure success of the intervention visualization of performance in a more frequent interval and action thereafter was crucial. Manual data processing to figure out each CHCP's performance was impacting the efficiency of monitoring as well accomplishment of the officials responsible for supervision.

Although the individual service record data for each community clinic are available in DHIS, it lacks clarity and comprehensibility. On top of that poor internet coverage restricts utilization of features of DHIS contentedly and uninterruptedly, especially from the remote rural areas. Addressing these constraints Usai2 was developed to extract raw data from DHIS and to refine those into structured data tables and human comprehensible illustrations that give the monitoring officials a detailed picture of performance and progress. Addition of few more modules has been planned to be incorporated into Usai2 to assess the data quality. Inconsistencies, incompleteness, inaccuracies etc. can be measured and presented once the modules are in place. Feature for logging complaints from community clinics with regards to HMIS issues will be added in to Usai2 to help management tracking issues and constraints and to plan remedial measures.
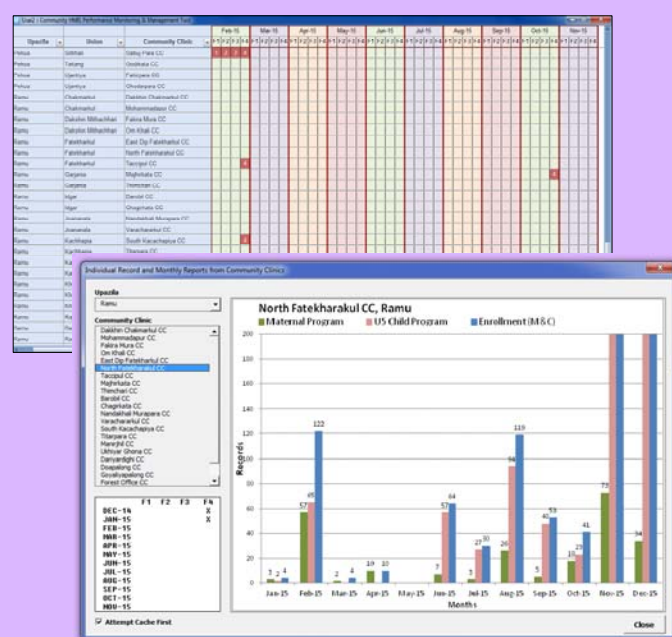
Whoever responsible for overseeing the performances of community clinic can be benefitted by Usai2. The Civil Surgeon, UH&FPO, UFPO, ICT Focal Persons(MO), Statisticians and NGO personnel working for community clinics can extensively use Usai2 as a monitoring and management tool.