Improving the use of Health Management Information System for evidence-based decisions

Introduction

The Health Management Information System (HMIS) in Nepal was first set-up in 1994[1], to collect data from public and private health facilities about the extent to which their services were being used. Over the years, the HMIS has reached out widely and currently generates information for more than 200 indicators covering all government health programmes, and is an important evidence base for decision-making across all spheres of governance. HMIS generally provides key support to decision-making by identifying areas or population that are being left behind, by enabling policy dialogues to be evidence-based, and tracking progress in health at different levels. But its use in Nepal has been limited to a few areas and its full potential for informing wider audiences is yet to be realised. The Integrated Health Information Management Section (IHIMS) which is a part of the Management Division in the Department of Health Services, under the Federal Ministry of Health and Population produces annual reports based on HMIS data that form the primary means of disseminating HMIS information.

Findings

Tracking and monitoring:
One of the most important uses of HMIS data is for the monitoring of Nepal Health Sector Strategy (2015-2020) and reporting against its results framework. During the annual health reviews the progress in key indicators of this framework are reviewed and discussed at national level to identify gaps in health programmes[2]. Government organisations at the Federal level use HMIS frequently to track progress against various indicators, for example, the National Planning Commission tracks progress against the Sustainable Development Goal 3 on health and wellbeing, based on HMIS data[3]. In addition, development partners refer to the HMIS to monitor the performance of the activities and projects they support or implement.

Annual work planning, budgeting and strategy development:
Data from the HMIS provides the hard evidence to inform annual work planning and budgeting of all government health programmes at the Federal level[7,8]. Several future strategies and interventions in the health sector also heavily draw on the analysis from HMIS data[9], for example, the Nepal Safe Motherhood and Newborn Health Roadmap 2030 relied on patterns emerging from this data to develop strategy and draw up plans for the next ten years.

Research and surveys:
HMIS data is being used as foundational information for designing national surveys and studies in Nepal as it informs decisions on sampling strategies. For example, the Nepal Health Facility Survey uses HMIS information to draw up its sampling frame. It also forms the major source for undertaking international estimates of health-related indicators. Students and academicians also use HMIS data for research, fulfilling university curricular requirement, as well as for developing dissertations[4].

Sub-national level use:
Despite its good use at the federal level, HMIS is not adequately used at the provincial or local levels to support planning, monitoring or decision-making processes. The online access to HMIS is enabled with features that generate tables and create dashboards that are disaggregated for local use and can aide context specific decision-making.

Methodology

This briefing reports on a review that was carried out to explore the extent to which HMIS data is used in the health sphere in Nepal. A number of evidence-based documents produced within the government (e.g. national policies, guidelines, strategic plans, reports, manuals and documents), official websites of governmental and non-governmental organizations, other reports, scientific publications, and websites were reviewed to identify the use of HMIS data. This included a review of the use of HMIS data in the national and global context. The desk review involved a thorough study of the various documents gathered, and listing of the different sectors that have been accessing and utilizing HMIS data. An in-depth interview was also conducted with the HMIS focal person in the IHMIS to gather first-hand information on how the data is being used and who has been using it.

Challenges to better use of HMIS

- Incomplete and irregular reporting from non-public health facilities; and late reporting from public health facilities.[11]
- Inconsistent measurement of indicators and discrepancies in estimated vs. actual target populations.
- Insufficient capacity at the local levels to generate and use HMIS data; and insufficient capacity to advocate decisions based on such data.[13]

Way Forward

Although HMIS data is being used in many areas within the health sphere, there is potential for its further use. The practice of regularly referring to evidence and using it for strategic planning as well tracking day-to-day progress needs to be strengthened at all levels of the health system. Some steps that can help achieve this include:

- Providing adequate human resources and training them well to manage the HMIS at the local level.

- Strengthening the capacity for understanding and interpreting data, and where possible undertaking analysis within the various spheres of government as well as at facility level. This will have to be prioritised not only through budget allocations but also via well-designed activities that strengthen skills in relevant areas.

- Strengthening monitoring and feedback mechanism at the facility level, to improve the data quality and to increase the use of HMIS data.

- Support local levels to set up strong and accountable systems for timely and complete reporting covering all health facilities.

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NHSSP — Nepal Health Sector Support Programme

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