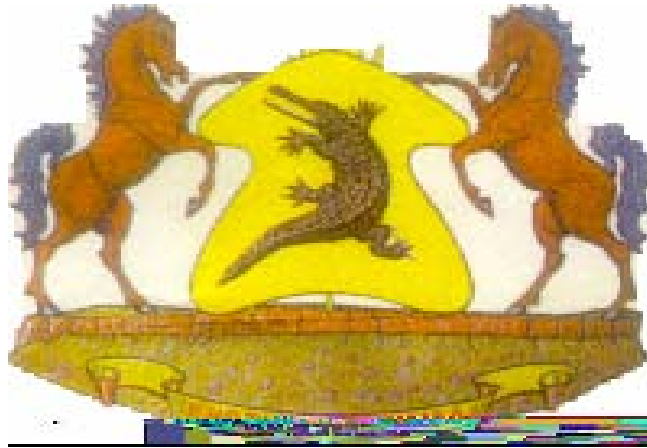


Government of Lesotho

Ministry of Health and Social Welfare



**Health Management Information System
Guidelines Policy**

2003

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List of Abbreviations

BOS	Bureau of Statistics
CHAL	Christian Health Association of Lesotho
DCU	Disease Control Unit
DHT	District Health Team (s)
EDF	European Development Fund
FHD	Family Health Division
FMIS	Financial Management Information System
HRMIS	Human Resource Management Information System
FP	Family Planning
GOL	Government of Lesotho
HMIS	Health Management Information System
HPSU	Health Planning and Statistics Unit
HRD	Human Resource Development
HSA	Health Service Area
ICD-10	International Classification of Diseases, 10 th revision
ICT	Information Communication Technology
LHSR	Lesotho Health Sector Reform
M&E	Monitoring and Evaluation
MCH/FP	Maternal and Child Health/Family Planning
MOHSW	Ministry of Health and Social Welfare
NHTC	National Health Training College
PHC	Primary Health Care
SS	Statistical Section (of HPSU)
MOLG	Ministry of Local Government

Foreword

What can be measured can be improved!!!!

The Ministry of Health and Social Welfare is committed to building a comprehensive performance measurement and management system that supports achievement of its objects and collect results on this regards. In the absence of reliable and relevant health information, health care managers cannot make accurate decisions to allocate resources effectively or improve the quality of health services in the country.

As the Ministry decentralises its core business, the demand for sound information and skilled workforce to manage and use the information will need to be strengthened. To this end the Ministry will mobilize resources to improve and strengthen database management and communication technology in order to provide information that meets the needs of policy makers, managers and service providers. The focus is the use of health management information at local levels. This calls for development of infrastructure and human capacity to process the data and use the information for decision making.

Ideally HMIS is a part of the health and social welfare system and supports it. It is logical therefore that strengthening of the information system be positioned in line with the business system it serves. The main agenda in the MOHSW is implementing the reforms geared to improve service delivery. The HMIS entry point is strengthening knowledge on the quantity and quality of service currently delivered against needs. It is imperative that the HMIS provides means of tracking and measuring these parameters.

In Lesotho therefore HMIS shall be decentralized progressively and efforts will be made to promote data use at the point of collection. Managers of health and social welfare at all levels should be able to recognise their specific accountabilities for the achievement of national objectives and use the HMIS tools to measure their progress. Obviously measurement should not be an end to itself. At all levels HMIS should avail information to gauge the efficiency and effectiveness of the system and provide lessons for the next step.

I wish to end with a quotation from Admiral Grace Hopper of the US Navy; ‘*One accurate measurement is worth more than a thousand expert opinions*’. The primary objective of the HMIS is to provide data for measurement and it must be as accurate as it is humanly possible. Once again, what we can measure, we can improve.

It is my sincere hope that this HMIS policy is a positive step in the right direction.

Hon. Dr. Motloheloa Phooko
Minister for Health and Social Welfare

1. Introduction

In Lesotho, Health Management and Information System (HMIS) serves to capture relevant data on the MOHSW core business and generate necessary information for performance measurement, accountability for results and set a learning framework defining what is working and what is not working. The information is expected to indicate the efficiency with which resources are being transformed to service, how results are compared with national objectives and the effectiveness of organizational activities over time.

The HMIS therefore ‘watches over’ the National Health and Social Welfare Policy (2003) vision, through a set of specified performance indicators, maintains follow-ups of conformity to priorities and monitor the extent to which MOHSW objectives are being achieved.

To this end the HMIS agenda in Lesotho shall focus on building a decentralized system based on a sound database and appropriate technology capable of addressing the information needs for all stakeholders.

2. The Policy Environment (Situation Analysis)

Ideally the HMIS is supposed to be comprehensive and integrated. The main elements include the health and social welfare activity data, the Financial Management Information System (FMIS), Human Resource Management Information System (HRMIS), Equipment Management System, Physical Assets Management Information System Transport Management Information System, and Vital Statistics etc. The development of these many subsystems is at different levels but the strategic direction is a unified integrated HMIS.

The routine health activity data is recorded daily in all GOL and CHAL health facilities using standard registers and record forms before being transcribed into standard reporting forms monthly. The Health Posts are expected to submit monthly report to their supervising Health Centres while the Health Centres report to District Health Teams. All centres receiving reports are expected to check completeness, accuracy and relevance before passing to the next level. Also expected is simple compilation and summary of the data collected to make an impression of the catchment area position.

Due to poor technical and human resource capacity, no processing of the data is currently done routinely at district or unit levels and all data ends up at the Planning and Statistics Unit (HPSU) of the MOHSW. On the other hand, the MOHSW intentions are to make the health data a management tool at all levels. For example, weekly notification of selected diseases should start a chain of reaction that culminates into control actions at the point of notification. Likewise, a nurse at a health post should be alarmed by an unusual number of measles and notify relevant authorities for action and so on.

The health activity data especially morbidity and mortality is recorded in line with the ICD 10 at least in all hospitals. However, very little training has been conducted in this perspective and supervision is fairly weak. There are no guidelines governing recording and reporting and in all hospitals the filing system including information retrieval needs improvement.

In the long term, Lesotho will have to progressively establish hospital health information system that takes into account advances in technology including Electronic Medical Record System. However this will require building up the necessary critical mass of skilled manpower and the necessary infrastructure.

Recording is critical to improvement of data and HMIS in Lesotho and an attempt to improve the latter should focus on this aspect. Designation of a well trained Medical Record Clerks at district hospital levels is important. The current practice leaves a lot to be desired. The cadre is untrained and of low morale. They however come across privileged information and they should know the implications of such situations.

In an ideal situation, the HMIS team at central level consists of statisticians, ICT officers, epidemiologists and information users including planners, managers and policy makers. As of now the roles are not well defined leading into inefficient data management and information use. At district levels no particular person is responsible for data management while at hospitals the data collectors have a multitude of other duties. Lastly, coordination among departments generating data is weak and the format or soft ware used for data collection is not always compatible. Parallel systems of data collection exist leading to duplication and omissions in some cases.

In response to some of the above challenges the Ministry has commenced the process of decentralizing data management to the DHT level. In a way this will improve data ownership, data use and improve supervision of lower levels thus enhancing data quality. Provision has been made to designate an officer responsible for data management at DHT level when these are constituted. In future therefore some of the activities previously done at national level like coding, editing, entry, initial analysis of the data will be shifted to this level.

3. Rationale for HMIS Policy

The HMIS policy is an expression of the goals, priorities and strategies of improving performance in the Ministry. It underscores the importance the MOHSW places on performance measurement as a means of gaining insight into and making judgement on the effectiveness and efficiency of delivery of health and social services. The application of the HMIS principles is also expected to enhance accountability and provide a forum for learning from previous experiences.

The HMIS policy is thus described with the understanding that it shall guide and measure the extent to which the health sector achieves its objectives as specified in the national health policy. The end results should go beyond data gathering and processing but use of

the information for improvement of service delivery in the context of fairness and better quality.

This is the first HMIS policy and the development of the document overlaps with the compilation of a comprehensive National Health and Social Welfare Policy (2003). It is envisaged that the policy shall guide health and social welfare practitioners in developing and implementing an information initiative that will produce quality benchmarks towards MOHSW vision.

4. The Vision

A HMIS system with capacity to maintain continuous support for planning and performance measurement at all levels in the Health and Social Welfare sector, for knowledge, accountability and judgement about the efficiency and effectiveness of the care system.

5. The Mission

Provision of timely, relevant, accurate and complete management information on a sustainable and integrated basis by well trained and highly motivated staff with necessary resources and appropriate technology.

6. Specific Objectives

The specific objectives of the HMIS policy are to contribute to optimal:

- 6.1 Collection of relevant and reliable health statistical data pertaining to the health and social welfare status of the nation; health and social welfare services coverage and utilisation; and the distribution of health and social welfare resources.
- 6.2 Production and dissemination of timely, easily understood statistical reports for use by managers at various sectors managerial levels.
- 6.3 Enhancement of closer co-operation between users and producers of health statistics through regular meetings, seminars, training and publications.

7. The Guiding Principles:

- 7.1 The policy supports the establishment and maintenance of a simple, coherent, scientifically sound and easily understandable information system tracking the degree of achievement of the MOHSW objectives at all levels, taking into accounts the national values of universal coverage, equity, quality and social justice.
- 7.2 The policy recognizes the need to establish clear structures in support of the system and accountability for results by well trained and motivated personnel.

7.3 The policy strives to build a system of effective communication, using appropriate technology and feedback to all stakeholders.

7.4 Focus is shifted from data collection to transforming data into information for management. A holistic approach that seeks for unified and decentralized HMIS shall be operated and only usable information shall be collected.

7.5 All data as much as it is practical, shall be disaggregated by gender, age groups, geographical areas and social income groups.

8. General Policies:

8.1 Recording and Reporting System

8.1.1 Patients records are by far the biggest primary source of health data. All persons attending patients shall undertake to record in ink and legible writing or electronically if provided, essential information in line the prescribed format.

8.1.2 All registers in various programs in the Ministry of Health and Social Welfare shall be developed in consultation with the HPSU to facilitate reporting and avoid duplication. To maintain efficiency, all the registers shall have unique identification numbers.

8.1.3 The HPSU shall participate in designing and bulk printing of all registers and reporting forms used in the sector and make necessary arrangements for distribution.

8.1.4 All health and social welfare activities shall be recorded in relevant registers on daily basis and reported to appropriate levels on monthly basis with exception of some notifiable diseases which shall be reported to supervising DHTs on weekly basis.

8.1.5 In cases of an out break as shall be defined by specific programs policies, notification of the target disease shall be submitted on daily basis. Zero case or death notification shall be practiced as determined by Disease Control Unit from time to time.

8.1.6 All recorded health and social welfare activities shall be reported in line with the existing regulations which will be updated from time to time by the HPSU.

8.1.7 All inpatient activities and outcomes shall be recorded in line with ICD10 or any other similar nomenclature if the MOHSW so authorizes.

8.1.8 The MOHSW shall maintain and update a register of all health facilities of care delivery points and maintain a system of supervision.

8.2 Data Transmission and Capture

8.2.1 DHTs shall maintain an efficient database for all health and social welfare activities in the areas under their supervision. Data within the districts shall be collected, edited, coded, entered using a standardized software as recommended by HPSU.

8.2.2 All DHTs shall submit an electronic and hard copy of their data to HPSU on a monthly basis.

8.2.3 Centres or facilities generating high volumes of data as will be determined by HPSU shall be provided with teleform (or scanning) facilities to expedite the process of data capture.

8.3 Data Analysis, Reports and Feedback

8.3.1 The HPSU shall develop and publish guidelines with templates for essential data analysis at all levels and conduct relevant training in this respect.

8.3.2 All levels of health and social welfare system shall conduct essential analysis of their data regularly but not later than annually, generating necessary information for their core business.

8.3.3 The HPSU shall aggregate and analyse the national health and social welfare data annually and provide a comprehensive report for all stakeholders. A copy will also be posted on the MOHSW web site for the wider public.

8.3.4 The reports shall be regularly submitted to the next level of service who shall observe timely feedback to submitting facilities.

8.4 Data Storage Retrieval

8.4.1 All facilities shall be responsible for safe storage and easy retrieval of all records under their care and in line with GOL archives regulations. All records in electronic formats shall be stored in CD-ROMS and safeguarded by passwords.

8.4.2 Until otherwise regulated, records belong to patients who die in health facilities shall be kept for ten (10) years subject to availability of space.

8.4.3 All other patients' records and registers shall be disposed every ten (10) years after closure and report forms shall be disposed as soon as electronic versions are made.

8.3.5 The HPSU in collaboration with the Documentation Centre shall keep data and important records and reports back-up in both CD-ROMS and hard copy forms.

8.4.3 Unless otherwise regulated authority to destroy medical records will only be obtained by application to the Director General of Health Services.

8.5 Data Security

8.5.1 All health data from health and social welfare system shall be shared with all stakeholders within Lesotho. Publication of unpublished data outside Lesotho however shall only be after consultation with relevant authorities.

8.5.2 Access to health and social welfare databases shall be restricted to authorized individuals only.

8.6 Data Quality Assurance

8.6.1 HPSU shall develop and publish guidelines on data management to ensure standardization.

8.6.2 The MOHSW shall implement skills development programs and regular training on data management and benchmarking for all levels of service.

8.7 Information Use

8.7.1 The HPSU shall create demand and promote use of HMIS through timely supply of accurate and easily understandable information.

8.7.2 The HPSU shall regularly publish the HMIS on the MOHSW web site to enhance access by individual researchers, research institutions and the public at large. Limited hard copies will be available to strategic partners and negotiations will be undertaken with the government printers to supply copies on sale.

8.7.2 All publication intended for the press or other public media shall be cleared by relevant authorities in the MOHSW before release.

9. Some Specific Policies

9.1 Confidentiality

9.1.1 The publication of the information from MOHSW shall be guided by the provision of Statistics Act and the Public Health Act and any other existing regulations on privacy. In all HMIS operations, efforts shall be exercised to protect the clients' rights without compromising safety and knowledge development.

9.1.2 Personal data as inpatient records are in reality the property of the facility and are held on trust on behalf of the patients. All patients shall have managed access to information on the facility inpatient records on request or whenever it is considered to be of benefit to the patient.

9.1.3 Health workers who have privileged access to patient's records shall be accountable to maintain the highest level of confidentiality and ensure that shared confidentiality is only practiced in the interest of the patient.

9.1.4 Notwithstanding the provision of item 9.1.1 to 9.1.3 on matters of litigation, health workers can divulge information obtained in confidence on the instruction of legal authority and in line with the existing laws

9.2 External Collaboration

9.2.1 The MOHSW shall ensure that data and information required for defined global surveillance systems is collected in compatible formats and submitted to relevant authorities.

9.3 Financing of HMIS

9.3.1 The MOHSW in collaboration with partners shall mobilise financial resources through appropriate and sustainable means to enable all the levels of health care to produce high quality health and social welfare data.

9.3.2 Resources shall also be sourced to develop staff skills and provide critical inputs to convert data into meaningful information readily available for decision making

10. Program Management and Organizational Responsibilities

10.1 The Role of Bureau of Statistics (BOS)

10.1.1 The Lesotho Bureau of Statistics Act (2001) defines responsibilities for data collection and management in Lesotho. The Act gives BOS statutory responsibility for data collection, collation, analysis and dissemination. The BOS has however delegated management of health data to MOHSW with conditions that they receive regular reports and the standards are acceptable.

10.1.2 Data management in the Ministry of Health shall continue to be guided by the above Act and regulations thereof as prescribed from time to time by relevant authorities.

10.1.3 More robust data sets like the Census, Demographic Health Survey or House Hold Budget Surveys shall continue to be generated with active participation of the MOHSW but the main responsibility shall remain with BOS.

10.2 The Role of the Health Planning and Statistics Unit (HPSU)

10.2.1 The HPSU shall provide leadership for health and social welfare data management in close collaboration with other strategic partners including BOS. A HMIS Advisory Committee with representation from senior level officers in the MOHSW and

development partners shall be formed to strengthen this function. The DHPSU shall recommend to the Principal Secretary suitable individuals for appointment.

10.2.2 The unit shall ensure unified and timely data collection, collation, processing and dissemination.

10.2.3 To maximise efficiency, the unit shall develop strategic options for human resource development in data management and participate in operational research

10.3 The Role of the Ministry of Local Government (MOLG)

10.3.1 The Ministry of Local Government is responsible for collection of vital statistics. The information in many cases is incomplete and analysis is hardly available. The MOHSW shall continue to work with MOLG to streamline the process through active participation in strengthening notification of vital events to relevant authorities and processing the data.

10.4 The Role of Districts Health Team

10.4.1 The districts shall be the centre for data management. The team shall ensure district data collection, capture and analysis for decision making. A copy of the analysis report shall always be shared with members of District Development Council, CHAL and the MOHSW.

10.4.2 The team shall also be responsible for the training and supervision of the lower level data personnel and report regularly to the HPSU.

10.5 The Role of Health Facilities

10.5.1 All Hospitals, Health Centres and Health Posts both GOL and CHAL shall maintain registers and records of all health and social welfare activities as prescribed by the MOHSW. The health facilities shall transcribe information from these registers and records and report regularly to the DHT as required by the existing regulations. Essential analysis conducted at this level shall be shared with respective Community Councils in their locality and supervising levels within the MOHSW.

10.5.2 The health facilities shall ensure the proper recording and coding in line with the existing internationally recognised format.

10.5.3 All health facilities shall be responsible for efficient records management at their level and ensure easy accessibility, confidentiality and retrieval.

10.6 The Role of Community Health Workers

10.6.1 The community health workers shall maintain registers recording daily activities and reporting regularly to supervising health Centre.

10.7 The Role of the General Public

10.7.1 All users of the health and social services shall keep their individual records e.g. “the bukana” in a safe and secure environment and make it available whenever consulting a health service provider. These ‘take home’ cards shall be individual specific and no two persons shall use the same card under any circumstances pending introduction of electronic person based master cards.

10.7.2 The public shall ensure that any vital events or other significant health occurrences in the community are reported to the responsible authorities.

10.7.3 On the other hand the public shall be entitled to information on the MOHSW performance through relevant publications by the Ministry or on specific special requests.

10.8 The Role of the Private Sector

10.8.1 Currently there is no legal obligation for the private sector to provide their activity data to MOHSW. It is however proposed that DHTs persuade those in their areas of jurisdiction to submit their data regularly in order to create a comprehensive picture of the sector.

10.8.2 When the Public Health Act is reviewed, it is proposed that statutory provision be made to require the private sector to notify at least all diseases under surveillance.

10.9 The Role of CHAL

10.9.1 The MOHSW and CHAL shall endeavour to work together to build a unified health and social welfare data collection, collation, analysis and publication system.

10.9.2 In spirit of partnership, CHAL will motivate all health facilities under its umbrella to adhere to national health and social welfare data management system.

10.9.3 In collaboration with MOHSW and other partners, CHAL shall mobilize resources for HMIS, and ensure efficient data management in all its satellite facilities.

11. Implementation of the Policy

11.1 Strategic Plan

11.1.1 A long term strategic plan complemented by an annual action plan shall be developed to guide implementation of these policy guidelines.

11.2 Monitoring and Evaluation

11.2.1 The HPSU shall ensure that the HMIS policy and its implementation are regularly reviewed to maintain relevancy and appropriateness to the broader objectives of the MOHSW.