PROJECT TITLE: IMPROVING INPATIENT AND OUTPATIENT HMIS DATA REPORTING WITHIN HEALTH UNITS IN RAKAI DISTRICT.

PROJECT REPORT SUBMITTED TO CDC-MAKSPH

BY:

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OCTOBER, 2013
DECLARATION

I, SAKOR MOSES and KAVEESI RASTO MUHANGI do hereby declare that this end-of-project report entitled IMPROVING INPATIENT AND OUTPATIENT HMIS DATA REPORTING WITHIN HEALTH UNITS IN RAKAI DISTRICT has been prepared and submitted in fulfillment of the requirements of the Medium-term Fellowship Program at Makerere University School of Public Health and has not been submitted for any academic or non-academic qualifications.

Signed ………………………………… Date……………………………………

Sakor Moses, Medium-term Fellow

Signed ………………………………… Date……………………………………

Kaweesa Rasto Muhangi, Medium-term Fellow

Signed ………………………………… Date……………………………………

Mayanja Robert

Institution Supervisor

Signed ………………………………… Date……………………………………

Rose Baryamutuma

Academic Supervisor
ACKNOWLEDGEMENT

Sincere thanks go to our mentors Dr Mayanja Robert and Ms Rose Baryamuntuma for their encouragement and support during the period of project implementation.

We are also grateful for the staff of Makerere University School of Public Health for the training and facilitation.

Thanks to the records assistants, the DHT, and facility in charges for their corporation.

We also thank the district administration especially the Chief administrative officer, Mr Batambuze Abdu for being supportive and so understanding.

We also thank our beloved families for enduring our absence during the training.

Finally, thanks to the almighty God who led us through the training in good health.
## LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>CDC</td>
<td>CENTER FOR DISEASE CONTROL</td>
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<tr>
<td>DHT</td>
<td>DISTRICT HEALTH TEAM</td>
</tr>
<tr>
<td>DHO</td>
<td>DISTRICT HEALTH OFFICER</td>
</tr>
<tr>
<td>DHMIS</td>
<td>DISTRICT HMIS OFFICER</td>
</tr>
<tr>
<td>HMIS</td>
<td>HEALTH MANAGEMENT INFORMATION SYSTEM</td>
</tr>
<tr>
<td>HSD</td>
<td>HEALTH SUB DISTRICT</td>
</tr>
<tr>
<td>H/W</td>
<td>HEALTH WORKER</td>
</tr>
<tr>
<td>MakSPH</td>
<td>MAKERERE SCHOOL OF PUBLIC HEALTH</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>MONITORING AND EVALUATION</td>
</tr>
<tr>
<td>MOH</td>
<td>MINISTRY OF HEALTH</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>UNITED NATIONS</td>
</tr>
<tr>
<td>WHO</td>
<td>WORLD HEALTH ORGANISATION</td>
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EXECUTIVE SUMMARY

In the last half of the previous year, July-December 2012, Rakai district performed poorly in OPD & IPD reporting. It was ranked 102/112 districts. The poor performance was attributed to non-availability of data collection and reporting tools; incomplete or inaccurate data; late reporting; and lack of appreciation of data presentation, analysis and interpretation. As a result meaningful information is not obtained and appropriate action or decision not taken. It is against this background that Rakia district health office with support from the CDC-MUSPH fellowship program implemented a project aimed at improving HMIS data reporting.

The following objectives were addressed

To strengthen the capacity of health workers on quality HMIS data reporting in three health sub-district in Rakai district by September, 2013.

To strengthen utilization of HMIS data by health workers in three health sub-districts by September, 2013.

To elicit multiple stakeholder participation in HMIS data reporting by September, 2013.

To improve data storage facilities of the health sub-district by September, 2013.

Methods

Mentorship followed by regular support supervision was conducted in the HSDs, roles of DHMIS clarified and health unit in charges oriented in basic M&E concepts. A review meeting was held with the records officers and an implementing partner involved. Shelves were constructed and box files provided.
Achievements

As a result of these interventions completeness and timeliness of reporting improved to 99%. There is evidence of data analysis and utilization. There is multiple stakeholder involvement. Archiving and easy retrieval of data improved.

Conclusions

Mentorship and supervision with multiple stakeholder involvement necessary for improved outpatient and inpatient data reporting.
1.0- BACKGROUND INFORMATION

INTRODUCTION

Health management information system (HMIS) is specially designed to assist in the management and planning of health programmes as opposed to delivery of care only (WHO 2005). HMIS involves collection of data from different service points like OPD, wards antenatal clinic, ART clinic, store, accounts office and administration among some. Collected data is then checked for completeness, accuracy and consistency there after analysed into information. Information is then used to take decision for health service improvement on site and recommendations made to higher offices. A copy of the report is retained by the health unit after approval by the facility in-charge then submitted to HSD for further review approval and action. Finally, the report is forwarded to the district, reviewed and aggregated and analysis by the HMIS officer. Together with DHT action point are derived. The report is then submitted to the Ministry of Health. Ideally, a feedback report is supposed to be given at all levels. The reports need to be stored in box files placed in shelves for easy access and retrieval for future use.

1.1. Background to study area

Rakai District is located in the South Western region of Uganda, west of Lake Victoria, lying between longitude 310E, 32oE and latitude 0oS. Its southern boundaries are part of the international boundary between Uganda and Tanzania. It is bordered by Masaka District in the East, Kalangala District in the South-East and Isingiro District in the West and Lyantonde in the North.

Rakai district has 46 public HCIIIs, 21 PNFP HCIIIs, 22 public HCIIIs and 5 NGO/private cHCIIIs, 15PNFP HCIIIs, 1HCIV and 2 hospitals. Health center III, IV and hospitals have both outpatient (OPD) and in patient services (IPD) except helth centre II have only outpatient
services. There is only one HCIV (Kakuuto HCIV) located in Kakuuto county and also serving as the health sub district headquarter. Two hospitals (Kalisizo and Rakai hospitals) are located in Kyotera and Kooki county and are also Kyotera and Kooki HSD headquarters.

All these health facilities report to MOH through the district using the national guideline.

The activities involved in OPD and IPD reporting include; inputting data from standard tools, (HMIS 105, 106), processing data into information. Data and information is also stored and outputs such as, management reports produced. These reports are supposed to be checked for completeness, accuracy by the HMIS officers. They are submitted from health units to the health sub-district by 7th of the following month. The hospitals and HCIV in Rakai are equipped with computers to assist in electronic reporting using the DHIS 11 system format where reports go directly to the district. All facility data from sub-districts is received by the district by 14th of the following month entered into DHIS II aggregated and submitted to ministry of health, short of which the report is deemed late.

At all levels data is supposed to be analysed and utilized by stakeholders through taking appropriate action.

Data is important to stakeholders as follows:

**Health workers (Nurses, Clinical Officers, Doctors) -** To provide appropriate care for the patient

**The Health unit** – To forecast and plan for the resources needed to manage the patients e.g. Test kits, Drugs.
**DHOS’s Office** - Know the burden of diseases in the district and plan for resources accordingly

**Ministry of Health (National)** – Aggregate data is used to inform national program in Planning/Budgeting for resources through observing trends of morbidity and mortality.

**International community (WHO, Donors)** – As a result of increased international funding and the concomitant use of result based financing mechanism, reporting is one of the structure demanded by donors to track progress, evaluate impact and ensure accountability (UNAIDS, 2009).

Therefore, HMIS reporting forms the basis for evaluating programs, resource allocation and advocacy, patient tracking, research, policy formulation, initiating intervention and measuring their effectiveness and accountability to donors and other stakeholders.

### 2.0- STATEMENT THE OF PROBLEM

In the last half of the previous year, July- December 2012, Rakai district performed poorly in OPD& IPD reporting. It was ranked 102/112 by CDC. The district health team attributed this situation to non availability of data collection and reporting tools; incomplete or inaccurate data; late reporting; and lack of appreciation of data presentation, analysis and interpretation.

Generally there is lack of knowledge and skills in data management. As a result meaningful information is not obtained and appropriate action or decision not taken. It is against this background that Rakia district health office with support from the CDC-MUSPH fellowship program is proposing to implement a project aimed at improving HMIS data reporting.

### 3.0- PROJECT JUSTIFICATION
The project sought to address the poor performance of HMIS data reporting in Rakai. If these problems are not addressed it may lead to poor performance of the district in the national league table and hence demoralize health workers further resulting in poor performance of other health indices and consequently a poor national health performance. It may also lead to poor decision making or inefficient or ineffective policy formulation thereby affecting quality health service delivery in Rakai. Achievements from this project will be replicated in other health units of Rakai District while lessons learnt from challenges in implementation will be harnessed to improve future projects.

4.0- PROJECT DESCRIPTION

Goals and Objectives

4.1- General Objective

The overall objective of the intervention was to contribute to the improvement of reporting of outpatient and inpatient data by health units in Rakai district.

4.2- Specific Objectives

- To strengthen the capacity of health workers on quality HMIS data reporting in three health sub-district in Rakai district by September, 2013.
- To strengthen utilization of HMIS data by health workers in three health sub-districts by September, 2013.
- To elicit multiple stakeholder participation in HMIS data reporting by September, 2013.
- To improve data storage facilities of the health sub- district by September, 20
5.0- LOGICAL FRAMEWORK MATRIX

The matrix below shows the expected outputs and activities involved per objective.

<table>
<thead>
<tr>
<th>Project description</th>
<th>OVI</th>
<th>Target</th>
<th>Means of verification</th>
<th>Time frame</th>
<th>Responsible person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> To contribute to the improvement of reporting of outpatient and inpatient data by health units in Rakai district.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 1:</strong> To strengthen the capacity of health workers on quality HMIS data reporting in Rakai district by September, 2013.</td>
<td>1.1. complete report. 1.2. timely reports 1.3. Accurate reports.</td>
<td>All HSD health units</td>
<td>Review of reports</td>
<td>June-Sept</td>
<td>Fellows/ DHMIS</td>
</tr>
<tr>
<td><strong>Output</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health workers skilled</td>
<td>No. of H/W coached/ mentored h/w</td>
<td>11H/W</td>
<td>Mentorship report</td>
<td>June</td>
<td></td>
</tr>
<tr>
<td>Support supervision strengthened</td>
<td>No. of s/s visits</td>
<td>5 supervision visits</td>
<td>Supervision reports</td>
<td>June-Sept</td>
<td></td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coach/ mentor 11 H/ws</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Objective 2
To strengthen utilization of HMIS data by health workers in Rakai district by September, 2013.

<table>
<thead>
<tr>
<th>Output</th>
<th>No. of reports analysed</th>
<th>100%</th>
<th>Review of reports</th>
<th>June-September</th>
<th>Fellows/ DHMIS person</th>
</tr>
</thead>
</table>

### DHMIS responsibility streamlined
- No of meeting held
  - One harmonisation meeting held
- Minutes
  - June
- DHO, Fellows

### Reports reviewed
- No reports reviewed
  - 100%
- Reports
  - July

### Data analysis tools available
- No of HSD with tools availed
  - All HSDs
- Supply list
  - August
- Fellows

### Activity
- Streamlining responsibilities of DHMIS officers
- Conduct monthly review meetings
- Procure and distribution of Manilas/graphs

## Objective 3
To elicit stakeholder participation in HMIS data reporting by

<table>
<thead>
<tr>
<th>Objective 3</th>
<th>Multiple stakeholders involved</th>
<th>Stakeholders meetings held</th>
<th>Minutes</th>
<th>June/ July</th>
<th>Fellows/ DHT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stakeholders oriented in</td>
<td></td>
<td>Training report</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>September, 2013.</td>
<td>M&amp;E</td>
<td></td>
<td></td>
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<td>------------------</td>
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<td></td>
</tr>
</tbody>
</table>

### Outputs

<table>
<thead>
<tr>
<th>3.1. Stakeholder meetings held</th>
<th>No. of meetings held</th>
<th>2 meetings</th>
<th>Minutes</th>
<th>July</th>
<th>Fellows, DHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholders identified</td>
<td>No. of stakeholders identified</td>
<td>26 members</td>
<td>Stakeholder list</td>
<td>July</td>
<td>Fellow</td>
</tr>
<tr>
<td>Training conducted</td>
<td>No. stakeholders trained</td>
<td>All identified stakeholders</td>
<td>Training report</td>
<td>July</td>
<td></td>
</tr>
</tbody>
</table>

### Activity

- Identification of relevant stakeholders
- Making phone calls to identified stakeholders
- Training of stakeholders

### Objective 4: To improve data storage facilities of selected 3 health units by September, 2013

<table>
<thead>
<tr>
<th>Improved data Storage facility</th>
</tr>
</thead>
</table>

### Output

<table>
<thead>
<tr>
<th>Shelves constructed</th>
<th>No. shelves constructed</th>
<th>3 shelves constructed</th>
<th>Receipt</th>
<th>April-Sept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box files available</td>
<td>No. box files procured and receive Box</td>
<td>All HSD receive Box</td>
<td>Supply list</td>
<td>April-Sept</td>
</tr>
<tr>
<td>Activity</td>
<td>distributed files</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>-------------------</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camera procured</td>
<td>No. camera procured</td>
<td>One camera procured</td>
<td>Receipt</td>
<td>April</td>
</tr>
</tbody>
</table>

**Construction of Shelves**

- Procurement and distribution of Box files
- Purchase of a camera

**Target group**

The main target group included in charges, records officers and senior nursing officer in each of the three health sub-district health facilities.

**Location**

The project activities were carried out in all the three health sub-districts of Rakai district. HSD units were purposively chosen because they are mandated to oversee reporting from lower level health units. Through supervision, mentoring and coaching of records person and in-charges were expected to extend support to lower levels to improve reporting.

**6.0- PROJECT METHODOLOGY**

The project activities were implemented in three health sub-district units.

**6.1- Methods**

**Objective 1**
Fellows informed the respective HSD in-charges, senior nursing officers and HMIS officers about dates of mentorship visit. Fellows together with the district HMIS officer travelled to the HSD with the necessary logistics and offered mentorship and coaching. Participants signed an attendance list and accountability forms where facilitation was received.

Monthly supervisory visits were conducted in these HSD to provide, continued mentorship and help to ensure application of knowledge and skills acquired from coaching.

Objective 2
A meeting between fellows and the 2 DHMIS officers was to be held to streamline responsibilities of the two HMIS officers and reporting line. DHT members were oriented on data use and importance of data analysis, data dissemination and timely reporting.

Airtime support to track delays and incomplete or inconsistent reports was given to DHMIS office.

Objective 3
Fellows identified key stakeholders of up to 26 members mainly health centre in charges and invited the stakeholders for an M&E orientation course.

Objective 4
We constructed shelves in two HSDs selected on the basis of the dire storage state as depicted below. Box files were availed to the health facilities to improve on archiving of records for easy retrieval and access.

6.2- Institutionalizations arrangements
Fellows are stationed at the DHOs office in Rakai. They are responsible for all planning and co-coordinating of project activities. They were aided by the district HMIS focal person and the HSD records focal person.

The activities of the project implementers were carried out under the supervision of the DHO, Dr Mayanja Robert.

6.3- Monitoring and Reporting

A team from MakSPH visited fellows who made a short presentation of progress of project implementation.

Fellows were in constant touch with their mentors who have been guiding the process.

6.4- Quality control

Fellows were in constant touch with academic and institutional mentor for support and conformity to standards.

6.5- Dissemination

Project achievement, challenges and lessons will be shared with fellows, CDC-MakSPH staff, district officers and other stakeholders in dissemination workshop that will be organized by CDC.MakSPH.

6.7- Limitations

Time is too short for effective project completion but this will be offset by adherence to stipulated timelines.
We also anticipate competing and compelling priorities at the workplace. Efforts will be made to work with other team members to ensure project activity implementation.

7.0 Achievements

Objective 1.

Fellows met with 3 HSDI/Cs, 3 HSD Senior nursing officers, 3 HSD Focal HMIS officers mentorship and 2 DHMS officers.

Fellows introduced the objectives of the meeting as provision of mentorship to H/W selected on OPD/IPD Data quality and reporting; and Provision of knowledge on the overview of M&E principles.

In the session, the importance of collecting accurate data was emphasized. The cause of inaccuracy was discussed and one way to prevent inaccuracy was to for in charges of lower health facilities to give summaries on daily, weekly and monthly basis. Where clarification of data was needed, the HMIS officer would liaise with any staff on duty.

Completion of reports was discussed and what is responsible for incompleteness such as; leaving blanks, Dashes. We agreed on having all spaces filled with a figure.

After completion of reports we discussed about analysis of data and why it was important as a decision making tool.

We have been able to register improvements in reporting and completeness of reporting.
Monthly support supervision was concluded in all the 3 HSD in the project implementation period.

In the first visit we were following the implementation of the Knowledge and skills acquired in the mentorship.

There were still issues of report completion. Special attention was made and affected units supervised.

Some of Kakuuto HSD reports had not yet been submitted due to a breakdown of one of the computers. Identified also was underreporting due to guessing by the HSD HMIS officer. This was resolved by an immediate transfer and replacement by a more committed officer.

Analysis of data was inadequate due to incompetence but through the frequent visits improvements have been made and there is now evidence of data analysis.

**Objective 2.**

The District HMIS focal person was tasked with the responsibility of following up delayed report, verifying un clear entries and to inform other officers of new developments and feedback

With this, we were able to identify problems, ascertain the reason non completeness and delays. Some PNFPs were responsible for late reporting and data incompleteness of reports. This was attributed to the high staff turnover and attrition of competent staff. We addressed this problem by ensuring regular supervision to these health facilities.

DHMIS officers’ responsibilities were clearly spelt as data entry, completion, analysis and submission of reports.
As a District we are progressing well in District Led Programming. In this, we have a major District partners- Rakai Health Sciences Program (RHSP) with whom we have engaged in a three one framework.

We have managed to implement our District Plan in this which we have built the capacity of records officers through a refresher training on data tools.

District HMIS focal person Performance was monitored by the DHO and it was satisfactory.

Identified was the fact that the District HMIS was pre-occupied with the other duties which could be handled by others.

He was summoned and told to do work aligned to his duty in order to be very efficient and effective.

Following the second supervisory visit we called all stakeholders to have a joint review meeting.

We appreciated the achievements so far done. Each officer gave highlights on achievements bottlenecks and action plans. The team brain stormed on the presentations, clarifications made where necessary and finally we agreed on the way forward.

Here we agreed on reporting timeliness as follows;

- Report submission from lower health facilities as 5th of the following month

- Follow up of delayed reports by 7th

- Submission of complete reports to the district by 10th of the following month.

- Submission of report to the Ministry of health by 14th of the following month.
The reduced time line was to give time for tracking delayed reports, avail time for data analysis, validation of data and cleaning.

We agreed on providing timely feedback on HMIS reports through quarterly in charges meeting.

The District HMIS focal person had a problem producing graphs because of a break in DHIS that was later rectified but as for now they are displayed. For HSDs, manilla papers were provided and a soft board provided for Kakuuto HSD.

**Objective 3**

Stakeholders, mainly records officers, were mobilized for a short M&E course. The outgoing DHO, one M&E fellow and the DHMIS were oriented in regional training on basic M&E principles. The former DHO got a full insight and appreciation of M&E and made us convene an in charges meeting to convey these principles. Issues related to performance like target setting and performance monitoring were discussed.

We agreed on production of score card to publicize timelines of reporting / completeness portrayed in a way that help compare against HSDs and across facilities.

The DHT was urged in charges and record officers to monitors performance through reviewing reports and feedback meetings.

The HSDs were able to carry out in service coordination meetings monthly on recommendation of the DHT.

We also the introduced the M&E concept to our implementing partner in district led programing.
Under the DLP we have

- Established a robust M&E system that is operationalized to produce a consolidated M&E report produced

- We have oriented all Health Sub-District Heads to analyze M&E data and do validation.

Further, Rakai Health Sciences Programme (HRSP) has helped in supporting collection of tools from Ministry of Health headquarters by providing transport and facilitation to allow distribution of these tools and help in photocopying available but inadequate tools.

In this partnership we have been able to develop an M&E data base for which we were concertedly involved in collection and dissemination of baseline data.

We have been able to establish service coordination committee, in which we shall jointly monitor, supervise health service delivery, share data on a quarterly basis. In this arrangement, monthly data will be shared with HSD heads. An aspect hindering quality of data and reporting is absenteeism which the service coordination committee will monitor.

The District plans to scale up DHISII to all HCIIIs beginning with those with computers

Facilitation to DHMIS and HSD officers was provided. At the district the HMIS officer is now able to do data analysis, validation, alerts on timeliness and follow up the progress of data entry.

DHIS II performance is at 61% in first year of implementation.
Low performance in inpatient reporting is because of a denominator of 108 HF instead of 40 inpatient facilities. We have as a result resubmitted 40 health facilities as those providing inpatient services.

**Objective 4**

In order to ensure proper storage, shelves were constructed in Kalisizo and Kooki HSD with modification of one of the sagging shelves in Kooki HSD.

Decongestion of shelves was done in Kooki by relocation of old and outdated files.

We procured some box files and helped the staff in archiving for easy retrieval because the earlier arrangement could not allow for that.

We requested the HSD heads to procure more files on a quarterly basis until enough is availed.

**8.0 Opportunities**

We were blessed by one of the fellows being assigned as DHO, Dr Sakor Moses, following the assignments of the former DHO as programme Manager EPI, MOH, Uganda while the other fellow, Kaweesa Rasto is the Assistant District Health Officer – Maternal and child health. Therefor the M&E fellowship was timely and appropriate to our roles and responsibilities. With this peculiar opportunity we are employing M&E principles in our management practice with data management taking mention. Fellows think that M&E will trickle to the lowest level and Rakai will be portrayed as a model District in M&E.

All Heath Sub-District (HSDs) had internet connectivity using Modems of various networks depending on receptiveness.
The District Health Office in addition to Modems has direct internet connectivity.

The HSDs and the DHOs office have more than one computer situated in most departments and sections. Further lower health units (7 HCIIIs) that provide comprehensive HIV care are equipped with computers.

Plans are under way under the District Led Programming to have internet connectivity to the remaining 15 HCIIIs.

We have a committed IP which offer great support to the district in training records officers, joint mentorship and supervision and in review meetings.

9.0 Challenges

- There are experiences of DHIS system

- There is a concern of the denominator for analysis of inpatient reports

- HMIS officers are preoccupied with other competing gainful tasks at the expense of their mandate

- There are still knowledge gaps among records officers

- There was no recognized work plan for M&E activities to attract support

- An identified challenge is the inadequate storage space

- The department lacks a substantively appointed Biostatistician
• Health centre IIs which comprise the majority of health units has no staff provision for and therefore lacks records assistant to handle data issues.

• There was high expectations among records officers

10.0 Sustainability arrangements

The DHT, HSD in charges and records officers were involved from project inception throughout implementation.

DHT and HSDs agreed on M&E reflected in all work plans.

M&E is priority item on the supervision checklist

DHT agreed with HSD in charge to remit a quarterly facilitation to HSD HMIS officers

11.0 Lessons learnt

Collective responsibility through coordination of HMIS activity at all levels was vital for effective implementation of project activities.

Sharing of findings of progress of project implementation with stakeholders increase their understanding, support of project activities

Hands on training yield better results as people learn faster when engaged practically than theoretical knowledge transfer.

Conclusions

Improvement in reporting can be achieved through mentorship and regular support supervision.
Involvement of stakeholders at all levels is needed for the success of improved reporting

Recommendations

There are experiences of DHIS system

Ministry of health should revise the denominator for inpatient data

The DHT should provide regular support supervision, coaching and mentorship

Work plans reflecting M&E should be developed by in charge in conjunction with records officers

The district should recruit a Biostastician

Ministry of health and Ministry of Public Service should revise the staffing structure at health centre IIs to include records assistant to handle data issues.

REFERENCE
# ACTIVITY BASED BUDGET FOR REPORTING PROJECT IMPLEMENTATION

<table>
<thead>
<tr>
<th>NO</th>
<th>Item</th>
<th>Unit Cost</th>
<th>Quantity</th>
<th>Amount</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1:</strong> To strengthen the capacity of health workers on quality HMIS data reporting in Rakai district by September, 2013.</td>
<td><strong>1.1 mentorship/coaching</strong></td>
<td><strong>Fuel</strong></td>
<td>3800</td>
<td>20Lx3HSD</td>
<td><strong>228,000</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facilitation to H/W</td>
<td>10,000</td>
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<td><strong>110,000</strong></td>
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</table>

**Objective 2:** To strengthen utilization of HMIS data by health workers in Rakai district by September, 2013.

<p>| <strong>2.1 Support to DHMIS</strong> | Tracking HMIS reports | 20,000 | (Airtime) | 5monthsx4(3HSD+1DHMIS) | <strong>400,000</strong> |</p>
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<tr>
<th></th>
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<tr>
<td></td>
<td>Streamlining responsibilities of DHMIS officers</td>
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<td>Covered by DHOs office</td>
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<td></td>
<td>Transport facilitation for monthly review meetings</td>
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<td></td>
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<tr>
<td></td>
<td>Provision of Manilas/graphs</td>
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<td></td>
<td></td>
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**Objective 3:** To elicit multiple stakeholder participation in HMIS data reporting by September, 2013.

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<tr>
<th>3.1 Training stakeholders</th>
<th>Mobilization of stakeholders</th>
<th>40,000 (Air time)</th>
<th>40,000 x 1 day</th>
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<th>Fellows</th>
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<td></td>
<td>Generator Hire</td>
<td>100000/day</td>
<td>100000</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>facilitation</td>
<td>2pplex50000</td>
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**Objective 4:** To improve data storage facilities of selected 3 health units by September, 2013.
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<td><strong>Grand total</strong></td>
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**BUDGET JUSTIFICATION**

The monies enlisted above will be utilized for costs incurred in carrying out activities as itemized and as detailed in approaches of project implementation above. Per Diem will facilitate fellows in support supervision and mentorship since this will be a daylong activity. Fellow will spend the night at the venue of supervision/ mentorship. Also health workers will be given facilitation for water and lunch to ensure adherence to time and sessions.

The DHMIS officer will be facilitated with airtime to enable him track delayed reports and for clarifications. Shelves will be bought to support storage of files and easy retrieval. Files for storage of outpatient, inpatient reports and quarterly reports will be bought for each HSD. Money will also be spent to purchase tools (graphs, Manila paper) for data analysis and presentation.

A photographer will be hired to take pictures to document the state of data storage infrastructure before and after project implementation. He will also enable us document mentorship and coaching sessions.
Additional funds will be solicited from the district administration. All monies received will be fully accounted for.
<table>
<thead>
<tr>
<th>SUBCOUNTY</th>
<th>Reports On Time</th>
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<th>Expected Reports</th>
<th>Percent</th>
<th>Percent On Time</th>
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