



Regional Workshops for Improving and Strengthening Health Information System

Northern and Western Regions
New Delhi : 28-29 August, 2002

Southern and Central Regions
Bhopal : 8-9 May, 2003

Eastern and North Eastern Regions
Bhubaneswar : 22-23 January, 2004

Follow up Workshop
New Delhi : 7 April, 2004

COMBINED REPORT & RECOMMENDATIONS

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FOREWORD

The health data originate from the periphery levels and flow upward to District, State and Central levels. The Central Bureau of Health Intelligence (CBHI) is the national nodal institution for health statistics in the country. Similar nodal division is essential to be established by each State/UT in their respective Health & Family Welfare Directorates.

In order to facilitate national updated health database, CBHI regularly collects health information from the Directorate of Health & Family Welfare Services of States! UTs and other source agencies. For improving and strengthening health data collection from the States! UTs and electronic health data transmission through e-mail (dircbhi nb,nic,in), CBHI through four regional workshops had closely interacted with all States/UTs.

These workshops deliberated in detail on the issues and constraints influencing the health information system and through this report have come out with important recommendations towards its efficient functioning at all the levels of health care delivery. The sincere efforts on parts of all the States/UTs and various concerned organizations in prompt implementation of these recommendations will go a long way for achieving our National Health Goals.


(S.P. AGARWAL)

Executive Summary

Central Bureau of Health Intelligence (CBHI) is the national nodal Institution for Health Statistics in the country. The Directorates of Health Services of States/UTs are the primary source agencies for health data and responsible for its transmission to central level. In order to improve and strengthen health data collection & flow from States/UTs to CBHI, a series of regional workshops were conducted with the **objectives to suggest** :

- (1) to improve & strengthen the timely flow of validated requisite health information from States/UTs to CBHI as well as to enhance the linkages.
- (2) to improve & strengthen the infrastructure, both, physical and functional for efficient Health Information System from periphery through State/UT.
- (3) for computerized Health Information System by the States/UTs and timely health data dispatch to CBHI through electronics means.
- (4) for improving the annual CBHI publication "Health Information of India" in terms of need for including new data series, modifying present data series and presentation as well as requirement for new publication(s) on relevant health related aspects.
- (5) for strengthening the use of ICD-10 for morbidity & mortality coding by all medical/health care facilities in the States /UTs, and
- (6) enhanced efforts of States /UTs towards optimal utilization of CBHI's in-service training programs for better human resource development and capacity building for efficient health information system.

Four workshops were organized in order to cover all States/UTs viz (i) Northern & Western Region, 28-29 August 2002 at YMCA New Delhi, (ii) Central and Southern Region, 8-9 May 2003 at Academy of Administration, Bhopal, (iii) Eastern and North Eastern Region, 22-23 January 2004 at Bhubaneswar and (iv) Follow up workshop for all those states/UTs which could not attend earlier workshops, 7th April 2004 at Dte GHS, Nirman Bhawan, New Delhi.

Each Workshop programme included Registration and Inaugural Session, Plenary Technical Sessions wherein the problems in data receipt from States/UTs faced by CBHI, introduction to website of CBHI and presentations by States/UTs about their health information system & its functioning etc. were made and deliberated. Subsequently the groups discussions were held towards the workshop objectives and their reports were thoroughly discussed during the plenary session leading to finalisation of the recommendations.

Besides the representatives from the States/UTs, these workshops were attended by senior officers & experts from Dte GHS, Department of Family Welfare, the Registrar General of India, WHO, National Informatic Centre (Central & State), Central Statistical Organisation (CSO), Planning Commission, National Health Programmes, Institute for Research in Medical Statistics (ICMR), Medical Record Officers of state Hospitals and officers of CBHI.

Twenty one major recommendations as emerged on the six broad objectives of workshop are summarized in the next chapter. It could be seen that most of these recommendations are feasible to be implemented immediately while a few like establishment of an equipped State/UT & Distt. Health Statistic cells and computerization of Medical/Health Information system need to be initiated now so that they can be possibly implemented in due course with appropriate planning and resource mobilization.

Major Recommendations

- I. **To improve & strengthen the timely flow of validated requisite health information from States/UTs to CBHI as well as to enhance the linkages**
 1. While prioritizing Efficient Health Information System (HIS), to begin with the existing State/UT health statistics unit in health directorate be strengthened with an identified nodal officers, trained personnel and computer so as to effectively coordinate for validated health data base & capacity building in State/UT & closely link with CBHI. Subsequently make efforts for establishing a dedicated State/UT Health Statistics Division, equipped with adequate infrastructure This Division be responsible for efficient HIS, validated health database of the State/UT, monitoring & evaluation as well as capacity building, while keeping close linkages with CBHI and various reporting unit within the State/UT. (Action :States/UTs)
 2. States/UTs to punctually and regularly send the consolidated and validated weekly, monthly, annual reports to CBHI on the prescribed formats. Even 'Nil' report is required timely.
(Action :States/UTs)
 3. All the Regional Offices for Health & Family Welfare of GOI also need to further strengthen their supportive and coordinating roles with the State/UT

Health Directorates for facilitating timely submission of validated data by States/UTs to CBHI as well as their capacity building for efficient health information system.

(Action : ROHFW/GOI and CBHI/DteGHS)

4. Central & State/UT Governments may bring an act for compulsory registration of all private / non govt. medical institutions and practitioners with the State/UT Government and mandatory for them to furnish medical/health reports to appropriate Govt. Health Facility in their vicinity.

(Action: Centre and States/UTs)

5. For better linkages, communication & capacity building, CBHI may hold review-meetings and workshops with States/UTs at appropriate intervals.

(Action : CBHI)

6. The existing CBHI formats for sending health information by States/UTs should be reviewed for their further simplification while avoiding duplication and redesign them as per present need, with definition of the key terminologies used. (Action : CBHI)

II. To improve & strengthen the infrastructure, both physical and functional, for efficient Health Information System from periphery through State/UT

7. At district level, Chief Medical & Health Officer is responsible for all health statistical activities under whom the existing Distt. Health Statistics cell be strengthened on priority basis and efforts be initiated to equip this cell with a dedicated trained officer as its incharge and a Group C staff oriented in computer operation and atleast one computer with accessories. This Distt. Health Information Unit can then coordinate for efficient health information system in the district, including on the spot supervision and related capacity building of PHCs & other Medical/Health units in the district.

(Action: States/UTs)

8. An expert group to review and suggest an appropriate Health Information System (HIS) from subcentre to district to state level with reference to the contents of records/registers, data recording, their validation, appropriate reporting and analysis for timely corrective measures at various levels. A manual to this effect needs to be prepared and shared for better understanding and uniformity of HIS at all levels and by all concerned authorities/ agencies.

(Action: CBHI and States/UTs)

9. At PHC/CHC/Dispensary level, the medical officers and health supervisors should be oriented to health data management through continued supportive supervision and wherever necessary through in service training program organized by State(s)/UT, CBHI and other Institutions. A close coordination with all the existing govt./non govt. health institutions in respective jurisdiction will ensure maximum coverage of health & medical data with requisite quality & timeliness.

(Action: States/UTs)

10. To strengthen Health Information System at Sub-centre/PHC/CHC Level, the State/UT may ensure the full compliment of Multipurpose H.W.(Male & Female), Health Supervisor, Doctors and other supportive staff as per GOI norms with their specified responsibilities and continued supportive supervision (Action: States/UTs)

11. At the Sub centre level the non-availability of formats/ registers needs be taken seriously and the State/UT may ensure their adequate supply & timely replenishment.

(Action: States/UTs)

III. For Computerized Health Information System by the States/UTs and timely health data dispatch to CBHI through electronics means.

12. Validated and authenticated health data should be transmitted by States/UTs to CBHI through electronic media (**e-mail:** dircbhi@nb.nic.in) with immediate effect as all the States/UTs have been sensitized to this effect by CBHI during 2003-04 and computerised data entry formats of CBHI are already available in CBHI **website** (cbhidghs.nic.in) for this purpose.

(Action: States/UTs)

13. The data collection for CBHI may be done through computerized formats to be made available on the Internet. Necessary on-line and off-line systems may be designed in order to automate this process and NIC's expertise may be used for designing appropriate systems including databases. NIC's connectivity in districts and states can enable on-line updation as well as transmission of data electronically.

(Action: CBHI & NIC)

14. Like CBHI has developed a central website for health information, the States/UTs may also initiate efforts to develop similar websites along with district specific health information, while utilizing the available expertise of state & districts NIC units.

(Action: States/UTs and State/Distt. NIC)

15. States/UTs may initiate steps towards computerizing the Hospital Information System in a phased manner to begin with state/regional level hospitals. This will facilitate efficient hospital database on morbidity & mortality based on ICD-10, essential for District/State/ National Statistics on morbidity & mortality.
(Action: States/UTs)
- IV. For improving the annual CBHI publication "Health Information of India" in context of need for including new data series, modifying present data series and Presentation as well as requirement for new publication(s) on relevant health related aspects. (Action: CBHI)**
16. The Annual Publication "Health Information of India (HII)" with latest/updated information be brought out within six months of the following calendar year and for this purpose all the States/UTs and other reporting units should furnish requisite updated information to CBHI positively within three months following the calendar year. The presentation of HII may be improved in context of well-designed cover/back pages, quality of inner pages, their printing and contents with relevant analysis wherever necessary.
 17. Following new health data series are suggested to be included in CBHI publication "HII":
 - (i) Morbidity and Mortality due to trauma/road traffic accidents, disaster/natural calamities.
 - (ii) Incidence/prevalence as well as estimation of important non-communicable diseases such as diabetes and hypertension, based on sample survey through NSSO &/or other such agencies.
 - (iii) Data on age, sex & disease specific mortality rates.
 - (iv) State/UT specific innovative schemes for the welfare of people like in Madhya Pradesh "Rogy Kalyan Samiti, Jan Swasthya Rakshak Samiti and State Illness Fund".
 18. CBHI may bring out publication on; (i) Information on hospitals for specialised treatment including facilities available, cost thereon etc., and (ii) Directory of Health Research Organisations, including National Surveys in health and related subjects, along with brief on their contributions.
- V. For strengthening the use of ICD-10 for morbidity & mortality coding by all medical/ health care facilities in the States /UTs.**
19. ICD-10 coding system be implemented throughout the country for comparison at both, national and international levels and the use of ICD-10 be concurrently monitored by hospital administration for timely corrective measures at various levels, including meeting the ICD-10 trained manpower needs
(Action: States/UTs)
 20. Both, CBHI and States/UTs should design and initiate appropriate training course on ICD-10 for human resource development/capacity building at all levels, instead of presently run long (5 weeks) course on Medical Coding. WHO may support CBHI for training of master trainees on ICD-10 from all States/UTs. Only trained personnel should be kept for efficiently handling the medical & health records.
(Action: CBHI, States/UTs and WHO)
- VI. Enhanced efforts of States /UTs towards optimal utilization of CBHI 'In-service Training programs for better human resource development and capacity building for efficient Health Information System.**
21. States/UTs may ensue all measures to fully utilize the in-service training programs of CBHI on Health Statistics and Medical Coding (ICD-10) as well as Medical Record Management, being organized for various categories of medical/non-medical staff involved in handling medical/health data, for which purpose CBHI communicates its annual training calendar well in advance to all States/UTs. For this purpose, every State/UT should prepare district wise inventory of such training needs, people trained and remaining to be trained and utilize this inventory for promptly recommending the names of untrained personnel to various CBHI in-service training courses.
(Action: States/UTs and other agencies requiring training of their staff)