ENABLING INFORMATION TO ACTION AND EVIDENCE BASED DECISION MAKING IN PUBLIC HEALTH CARE SYSTEM IN HARYANA, INDIA.

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BACKGROUND

PROBLEM STATEMENT-

➢ Haryana launched Health Management information System(HMIS) along with many need based state innovative web applications in 2012.

➢ In following years Robust information systems were developed with little use at district and sub district level.

➢ Information was escalated to State level where analysis and decision making was done without taking into account the local contextual factors.

➢ Information usage at sub district level for evidence based decision making was minimal thus resulting in incomplete, inconsistent and poor quality of data.

SOLUTION-

➢ Evidence based decision making with the help of information systems to be done at the peripheral level (by Medical Officers at district and sub district level).

➢ Skill building for Data use at district and sub district level was introduced by Alliance for Health Policy & System Research, WHO, Geneva(2014) and implemented by State along with technical Collaboration of School of Public Health PGIMER Chandigarh (2014 onwards).
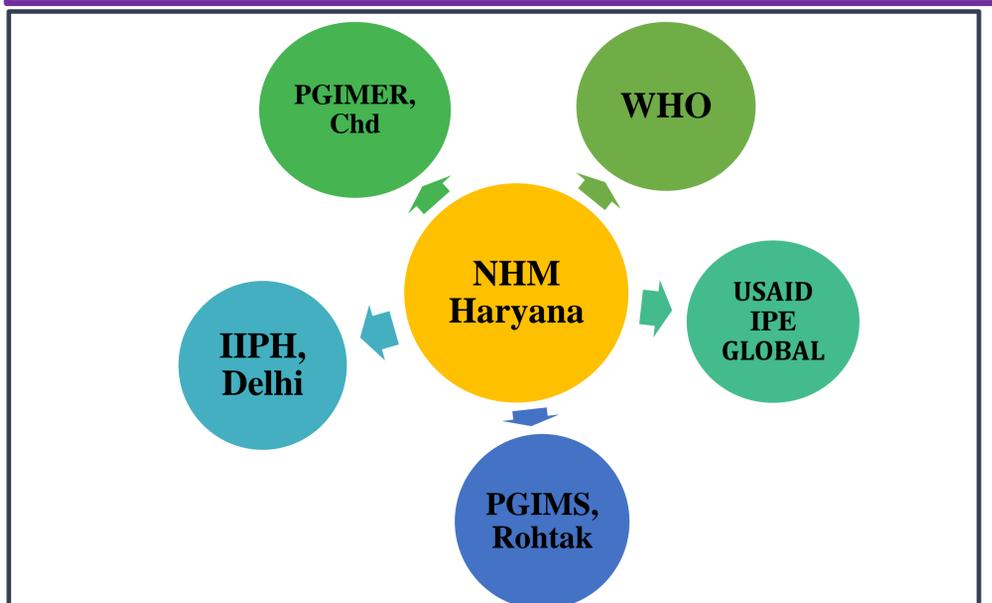
➢ A Flagship project of Haryana.

OBJECTIVES

▪ **To promote evidence based decision making and strategy implementation in health care systems of the state.**

▪ **To use the available public health databases to answer the implementation questions.**

DATA USE PROJECT INITIATION

First of its kind in India-
Data Utilisation Project for Evidence Based Decision making was launched at Panchkula in May 2014.

COLLABORATING PARTNERS

PGIMER, Chd · WHO · NHM Haryana · IIPH, Delhi · USAID IPE GLOBAL · PGIMS, Rohtak

METHODOLOGY

- Medical officer in charges at PHC level are trained to use the available data sources for programmatic decision making.

- Workshops are conducted in the State/Districts where State/Partner Trainers impart training to Medical Officers, Senior Medical Officers, Civil Surgeon, Dy. Civil surgeon, District Program Managers, District Monitoring and Evaluation Officers.

- **Modality-** Videos and presentation by trainers followed by group work where participants access portals and subsequently present the data to the audience.

- **Follow up strategy-** Data usage questions are given at the end of each workshop for practice and solving within a week

- **Next Step-** Mentor and Monitor District Monthly Meetings for actual usage of data post Workshops

PHASES OF THE PROJECT

- **Phase 1- 2014-15**. Supported by USAID.
  - 5 state level workshops.
  - 21 district level workshops.

- **Phase 2 -2017-18**. Supported by WHO.
  - Divided into 2 rounds
  - Round 1 completed , 27 district workshops conducted
  - Round 2 in progress- 20 District Monthly meetings monitored and mentored

State Data Workshops 2014-15

District Data Workshops 2014-15

District Data Workshops 2017

Mentoring of Dist. Monthly Meetings 2017-18

- The project is being independently evaluated by Indian Institute of Public Health , New Delhi.

- Preliminary results(IIPH, New Delhi) have been promising, indicating the productivity of this exercise.

- "Medical Officers have reported that their knowledge and motivation to use data has increased after these workshops."

- As per feedback of trainers (State and Partners)"The averse attitude of Medical Officers towards IT applications and their over dependency on Information Assistants has reduced"

DATA UTILISATION PROJECT INITIATIVES

SKILL BUILDING INITIATIVES	Number	Year
State Data Utilisation Workshops	5	2014, 2015
District Data Utilisation Workshops	48	2014, 2015, 2017
Monthly meetings mentoring	20	2017, 2018 (ongoing)
Dissemination Workshops	1	2017

Under this initiative more than 1000 Participants have been trained

WAY FORWARD

- Mentor and Monitor at least 3 monthly meetings per district ensuring data analysis and presentations by Medical Officers

CONCLUSION

- This pilot initiative creates a data culture wherein the Medical Officers are apprised and strengthened to use the online web applications.

- A step towards completion of the information cycle starting from information generation to information utilization.

- Medical Officer in Charges are enabled to use routine information for programmatic decision making, finding gaps, bottlenecks /issues and resolving them at the earliest.