

The National Health Databank Establishment in Uganda

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Background

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- Initiation of the Databank

Uganda in Summary



- Located in East Africa
- Area: 236,040 Sq. Km
 - » *land*: 199,710 sq km
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- Climate: Tropical; generally rainy with two dry seasons
- Population: 31,367,972 (World Fact Book)
- Economy based on Agriculture (40% of GDP)
- GDP per capita \$225
- Doctor: population ratio 1: 19,000
- Infant Mortality rate 88/1000 LB
- Maternal Mortality Rate 435/100,000LB
- Life expectancy at birth 51 years men 52 years women
- Total Fertility rate (TFR) 6.7 (UDHS)

Source: Uganda Bureau of Statistics (UBOS), World Fact Book, UN,2007

National Health Databank, MoH, Uganda

- The National Health Databank (known as The Databank) is a unit/section of the Resource Centre Department, MoH Headquarters, Kampala, Uganda.
- It is one of the support systems of MoH
- Main purpose is to store health and health related data.
- The databank replaced the Statistical/Computer Section, which was then one of the units in the Health Planning Department, MoH, which was taking care of the HIS

Initiation of the Databank

- Plans to have health data in one place were enacted during the revision of the 1985 Health Information System (HIS)
- In 1992, the HIS was reviewed again and management components were included.
 - Management (human resources, drugs, financial and management of services)
- Then, the name changed from HIS to Health Management Information System (HMIS).
- 1999, The National Health Databank (NHDB) was established to take care of the HMIS data and other health related data.

Main Objectives

- To have a one stop centre for health and health related data / information.
- To establish and maintain a comprehensive source of health information for planning, monitoring and evaluation of the Health Sector Strategic Plan.
- To improve quality of data collection, processing, dissemination and feedback
- To strengthen use/utilisation of data
- To improve coordination and sharing of health statistics

Specific Objectives

- Build capacity in data management at all levels of the health care delivery system (National, District, facility and community).
- Strengthen technical support supervision at all levels
- Provide Standardised tools for data collection, compilation, storage and reporting.
- Hold Monthly meetings involving all stakeholders, at all levels.

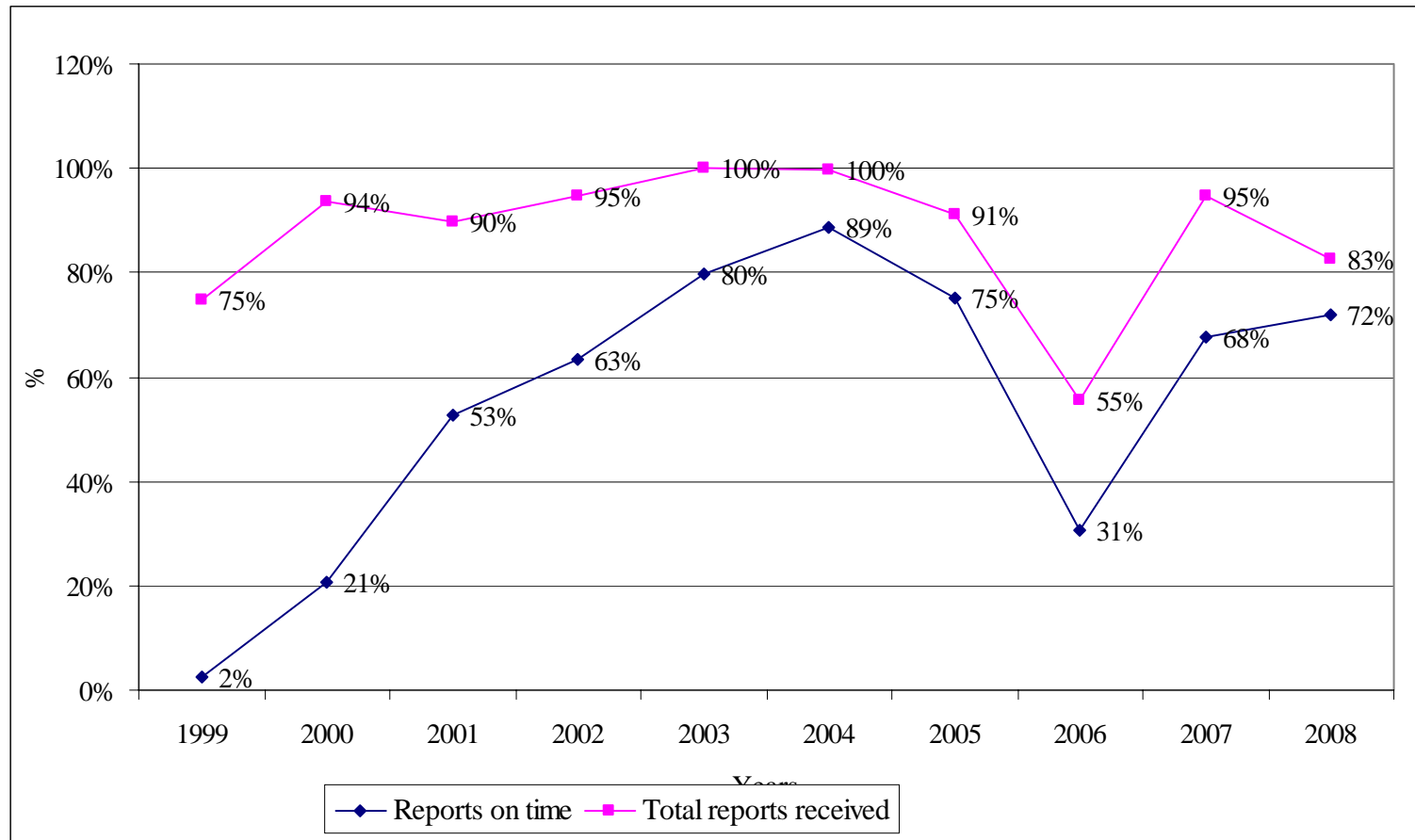
Results

- National Health Databank established in 1999, within the Ministry of Health Building.
- Integrated standardised data collection tools were designed and in use at all levels of the health care delivery system.
- Periodic reviews of these tools done every 5 years (1992, 1995, 2001, next – 2010).
- Training health workers in data management and how to use these tools, done periodically
- Electronic data management systems have been designed and in use at the centre (Ministry of Health) and at the district levels (40/80).
- Significant progress has so far been registered by regular reporting

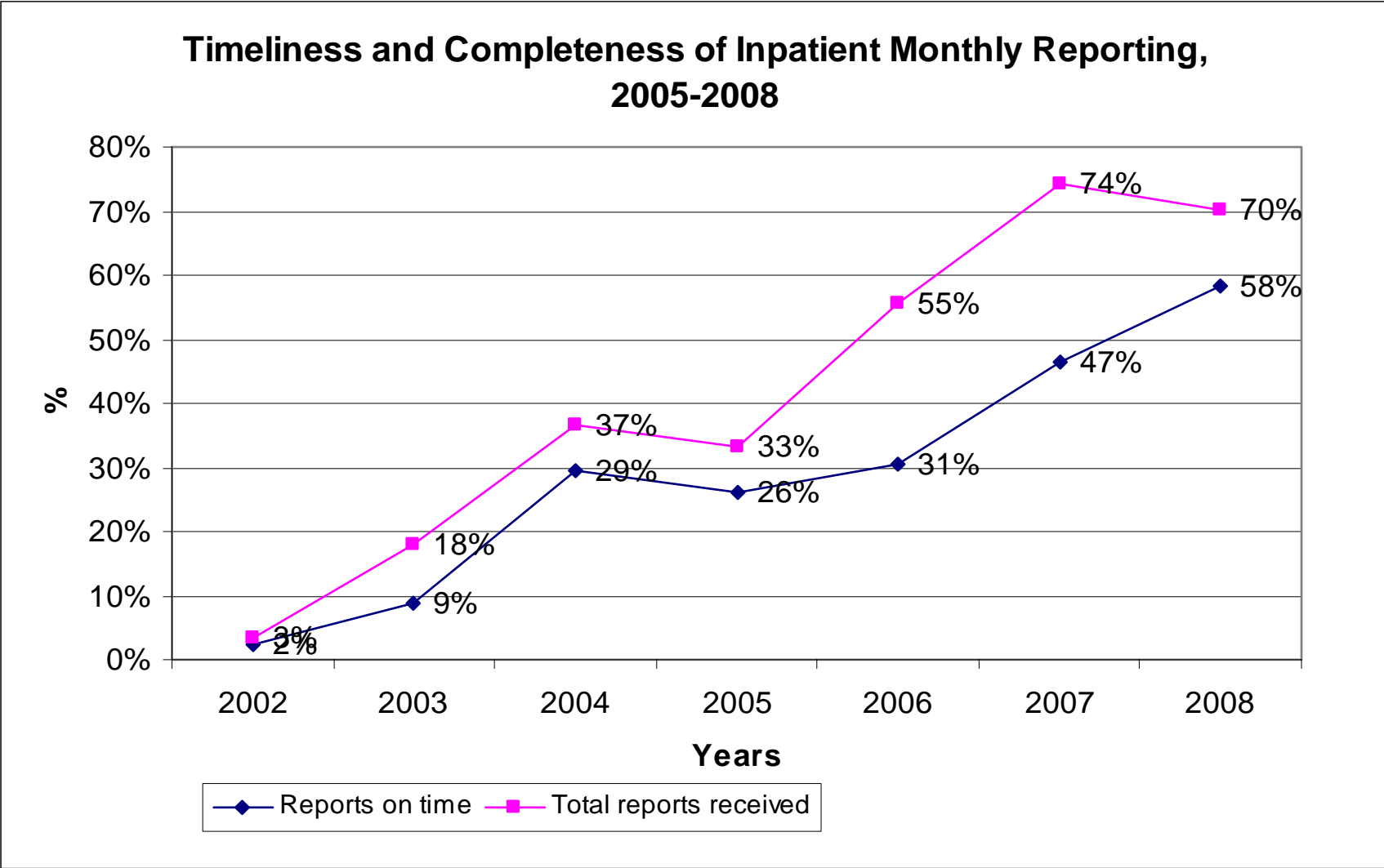
Results

- Improved Timeliness from a national average of 21% in 2000, 53% in 2001, 63% in 2002 to 76% in 2005. (sharp drop in 2006 – New tools with many variables), 65% in 2007 and 72% in 2008 (Jan – March)
- Completeness Improved from 72% in 1999 to 95 % in 2007 and this improvement is continuing to be registered in 2008 (95%).
- Technical support supervision in data management has been strengthened.
- Appreciation of the system – Many people requesting for data, and performance reports are done based on available data
- Improved HMIS supplies to districts
- Improved communication to stakeholders

Timeliness and completeness of OPD Monthly Reporting, 1999 - March 2008



Timeliness and Completeness of Inpatient Monthly Reporting, 2005-2008



Timeliness:

- Report must be received by next higher level within the following timelines:
 - H/Units to HSD- 7th of next month
 - HSD to district -14th of next month
 - District to centre- 28th of next month

Lessons Learnt

Establishing a National Health Databank.

- This requires collective efforts and commitment of all stakeholders to make the system(s) functional.
- Skilled personnel are required to keep the system(s) functional.
 - Inadequate human resource undermines the smooth running of any system.
 - In the data bank, the approved positions are: one Senior Biostatistician and one Computer Operations Assistant. A position of a Biostatistician and of a Records Assistant exists at the district to take care of this issue.
 - Weak managerial capacity; lack of interest; and or under resourced are other factors which destabilize systems
- Need adequate finances to build capacity, support supervision, buy computers, print tools, etc....

Lessons Learnt ...

Quality of Data.

- Inaccuracy in data collected for example not counting correctly, not recording numbers carefully and not understanding the purpose or the value behind data collection undermines the quality of data.
 - Prompt feedback, validation exercises and use of information helps district personnel to correct common errors and reinforce the value of that information at all levels.
 - A quarterly Assessment form was designed to help providers derive actions required to improve the delivery of services at the health facility level.
 - The purpose of this is to create a sense of “data” ownership in an effort to establish a data culture.
- Quality data depicts quality services

Lessons Learnt

Strengthening use of data:

- Demonstrating the value of health information and making sure it is used to make management decisions, is the biggest challenge faced in the Uganda's health delivery sector.
- The process of linking analysis and action is a long-term one and requires training in data utilization, on-site support supervision, feedback and information dissemination.
- **EVIDENCE BASED DECISIONS BY HEALTH WORKERS**

Lessons Learnt ...

Dissemination of Information.

- It is important to share information at all levels.
- Sharing information among interested parties allows them to know what is occurring in their region and encourages them to address health issues in their community.
- Monthly feedback reports are sent to districts, Annual Health Sector Reports are done every year and dissemination done at the Joint Annual Health Sector Meetings. This creates competition amongst districts.

Coordination

- Regular monthly meetings and dissemination strengthens coordination and linkage with stakeholders.

Lessons Learnt

Electronic Information System (eHMIS)

- improve data collection, processing and reporting at National and district levels. And
- reduce production and distribution costs
- and also allow interested persons/institutions to study and analyse Uganda health information from a distance.
- For this system to function well, immediate follow-up say after one month of initiation, and regular quarterly technical support supervision to every district is necessary.

THANK YOU