

HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

To thrive in recent times, organizations made of people must share not only data (words, numbers, and images) but also interpretations and analysis of that data.

The importance of information as key to decision-making cannot be over-emphasized. This is amply demonstrated by efforts of different development partners to improve information management in almost all sectors as required for monitoring progress and targets. In recent times, the Ghanaian health sector is going through a rapid process of change, and within the framework of the national health policy and the 2007- 2011 Programme of Work, a new health system is being built up, whereby the MOH will be increasingly performing the role of the legislative, coordinating and regulatory body, while health care financing (through the National Health Insurance Authority) will be separated from service provision (through the Ghana Health Services, the Christian Health Association of Ghana and the private sector).

Efforts to establish an adequate management information system throughout the Health sector have been going on for sometime now.

Examining the current state of play within the Health Sector, it can be concluded that the essential building blocks for establishing a proper HMIS were in place:

- HMIS Strategic Plan
- Policy and Legal framework for health data reporting
- Medical records policy
- Framework for a central data repository
- Computerised District Health Management Information System
- The establishment of a Centre for Health Information at central level

Nonetheless, serious concerns about proper data collection, management, analysis and reporting have been raised for quite some time now. This is not different from what pertains in CHAG.

The lack of accurate information for policy development and planning purposes has been identified as one of the managerial weaknesses within CHAG.

Now that competition is going to play a more pivotal role within the sector, CHAG needs to be able to justify its added value by providing hard and relevant data to the development process. CHAG MIs need capacity to satisfy the new information needs of the NHIA/DHIS alongside existing statutory, policy, management, research and other stakeholder information requirements.

In addition, improved data collection and analysis is also required for CHAG to be in a better position to advocate for more equitable allocation and distribution of resources within the health sector. The ability of CHAG to be pro-active in advocating and influencing policy towards increased health insurance coverage for the poor and underprivileged is essential.

Thus, CHAG through the support of CORDAID and ICCO attempted to build a health information management system in May 2005, unfortunately, implementation of the HMIS pilot project came to a standstill in the course of 2006, due to a variety of reasons, such as lack of consensus on the architecture of the system, delay in data entry, absence of sufficient qualified staff at the CHAG Secretariat, insufficient coordination and leadership. Triggered by the introduction of a 'purchase provider' system, requiring health institutions of having to comply with the contractual obligation from the District Health Insurance Scheme, the importance of adequate information management within CHAG gained a new momentum in the latter part of 2007. Therefore, CHAG submitted an initial request to CORDAID and ICCO for continued technical and/or financial assistance in the areas of information management, health financing and health insurance.

In July 2008 the HMIS initiative was started and a proposal was sent to CORDIAD/ICCO to support the process with Technical Assistance (TA). A HMIS Implementation Team was put in place by management and was tasked to take an inventory into the activities of CHAG MIs (to document the types of health institutions located all over the country and the services they provide) and develop data capture forms for service data collection. The information generated from this would then be analysed and a report written for dissemination to the CHCUs, MIs and other stakeholders.

The inventory was commissioned and by the end of the March 2009, 134 facilities had filled and submitted the Inventory questionnaire that was sent out. The report of this is in draft and is yet to be published. Out of the 158 facilities that were to report on their service provision, 111 submitted data spanning from January – December 2008. As at now, those who did not submit for all the months are still submitting.