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Gautham, M; Spicer, N; Subharwal, Manish; Gupta, Sanjay; Mishra, Nirmala Public Health Foundation of India, IMPACT; IDEAS Private Sector Study of Maternal Newborn Child Health Data Sharing in Uttar Pradesh, India. In: Presentation to Uttar Pradesh's Technical Support Unit, 3 September 2014, Lucknow, India. (Unpublished)

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IDEAS Private Sector Study of MNCH Data Sharing

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Lucknow, September 3, 2014

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IDEAS Overview

- IDEAS: **I**nformed **DE**cisions for **A**ctions in maternal & newborn health
- 5 year measurement, learning & evaluation grant
- Funded by Bill & Melinda Gates Foundation
- Delivered by London School of Hygiene & Tropical Medicine, with local partners
- Evaluation of Bill & Melinda Gates Foundation maternal and newborn health strategy across three countries.
- Working in Ethiopia, NE Nigeria and Uttar Pradesh, India



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Study overview

In support of TSU's Objective 3a

- *Sub-obj: Create robust systems for data collection, analysis, and planning to improve programme management (e.g.HMIS)*

Utility of the findings

- To jointly develop and test a strategy for data sharing on key MNCH services with the private health sector in UP.

Aim of the present study

- To explore current data management and reporting systems for MNCH data in the private sector, and barriers and facilitators to obtaining private sector data and setting up such systems



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Private sector in healthcare (UP-AHS, 2012-13)

Table 1: Institutional deliveries

% of institutional deliveries (UP)	% of deliveries in govt. institutions	% of deliveries in private institutions
56.7	39.0	17.6

Table 2: Care seeking for acute and chronic illnesses

% seeking care for acute illnesses, any source	% seeking care from govt. sources	% with chronic illnesses, getting regular treatment	% seeking regular treatment from govt. sources
97.4	5.4	58.7	15.6

Method

Approach

- **Qualitative:** 54 in-depth interviews with stakeholders

Sampling

- **Districts:**
 - Largest number of Level 3 (tertiary) facilities – Allahabad
 - Largest number of Level 1 (basic primary) facilities - Hardoi
- **Constituencies:** government; professional associations; private commercial health facilities; significant NGO programmes
- **Respondent selection:** leadership and knowledge; involvement in data processes; engaged in MNCH services (esp. deliveries and newborn care)



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Process of facility/stakeholder selection (district level)

1. DPMU

Overview of district processes & facilities, who's who, HMIS

2. CMO's office (to select blocks)

Overview of registered private facilities,

Reporting hubs for PCPNDT, MTP, deliveries, births and deaths

Monthly Progress Report (MPR) consolidation

3. Selected block PHCs & CHCs (to select block facilities)

Discussions with key informants to identify private facilities

4. Local pharmacies/pathology centres/other local clinics

Cross verify information on facilities

5. Visits to selected local health facilities

Interviews/scheduled appointments



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Example – Allahabad

Rural (20 blocks)

- 16 have zero reporting out of which Koraon, dhanupur, pratappur, manda have no nursing homes at all.
- Chaka – 45 deliveries/June; 10-12 kms from the city
- Holagarh – 32 deliveries; 32 kms
- Sohraon – 25 deliveries; 22 kms
- Kaurihar – 11 deliveries; 20 kms
- Jasra is zero reporting and is within 20 kms.
- Mauaima is zero reporting and 35 kms.
- Phoolpur is zero, and within 40 kms but its on the main road and has a lot of nursing homes (and the names of nursing homes are given on PHC reports).



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Facilities interviewed

Volume	Hardoi (14 facilities)		Allahabad (11 facilities)	
	Reporting	Non Reporting	Reporting	Non Reporting
High	Facilities: 2	Facilities: 2	Facilities: 2	Facilities: 3
	Beds: 18, 100	Beds 20, 100	Beds: 200, 200	Beds: 3, 20, 30
	Deliveries:100, 144	Deliveries 95, 100	Deliveries:100, 200	Deliveries:100, 40,100
Medium	Facilities: 4	Facilities: 3	None	Facilities: 4
	Beds: 20, 20, 20, 20	Beds: 5, 10, 60		Beds: 15, 15, 15, 10
	Deliveries: 15, 10, 10, 20	Deliveries: 15, 8, 25		Deliveries: 12, 10, 12, 10
Low	None	Facilities: 3	None	Facilities: 2
		Beds: 10, 20, 30		Beds: 10, 10
		Deliveries 1, 2, 2-8		Deliveries 2, 2



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Part 1: Availability of MNCH data in private facilities



Private facilities report and maintain data on ultrasounds, MTPs and deliveries

	No. of private facilities registered	Reporting on ultrasounds (PCPNDT Act)/total regstd.	Reporting on MTPs / total regstd.	Reporting on deliveries
Hardoi	34	19/19	8/8	7
Allahabad	283	217	9	??(na)

Standardised formats for MTP reporting

FORM -II
[Refer regulation 4(5)]

Lord

- Name of the State
- Name of the Hospital/approved place - U.P. Priya Hospital Alld.
- Duration of pregnancy (give total No. only)
 - Upto 12 weeks. - Five
 - Between 12-20 weeks
- Religion of woman
 - Hindu Five
 - Muslim
 - Christian
 - Others
 - Total
- Termination with acceptance of contraception.
 - Sterilisation.
 - I.U.D. None
- Reasons for termination: (give total number under each sub-head)
 - Danger to life of the pregnant woman.
 - Grave injury to the physical health of the pregnant woman.
 - Grave injury to the mental health of the pregnant woman.
 - Pregnancy caused by rape.
 - Substantial risk that if the child was born, it would suffer from such physical or mental abnormalities as to be seriously handicapped.
 - Failure of any contraceptive device or method.

Signature of the Officer-in-charge with date
Pranav
S.M.S
37054

Lord

21-04-14 To 20-05-14

S.No.	Date of MTP	Name of Patient	Age	Religion	Address	Number of Preg.	Reason for MTP	Date of Referral	Date of Delivery	Result of Delivery	Name of Doctor	Name of Reg. Medical Practitioner
1	21-4-14	Devi	65	Hindu	Blatta Kurwa Haridwar	4	Gravida	21-4-14	21-4-14	Unsuccessful	Dr. Jagat Pathan	
2	22-4-14	Manoj	65	Hindu	Chakhatkale Haridwar	4	Gravida	22-4-14	22-4-14	Unsuccessful	Dr. Jagat Pathan	
3	26-4-14	Suresh	70	Hindu	Haridwar	4	Gravida	25-4-14	25-4-14	Unsuccessful	Dr. Jagat Pathan	
4	28-4-14	Uma	71	Hindu	Haridwar	4	Gravida	28-4-14	28-4-14	Unsuccessful	Dr. Jagat Pathan	
5	28-4-14	Seetha	72	Hindu	Haridwar	4	Gravida	28-4-14	28-4-14	Unsuccessful	Dr. Jagat Pathan	
6	29-4-14	Radha	73	Hindu	Haridwar	4	Gravida	29-4-14	29-4-14	Unsuccessful	Dr. Jagat Pathan	
7	29-4-14	Meelan	74	Hindu	Haridwar	4	Gravida	29-4-14	29-4-14	Unsuccessful	Dr. Jagat Pathan	
8	01-05-14	Shyamala	75	Hindu	Haridwar	4	Gravida	01-05-14	01-05-14	Unsuccessful	Dr. Jagat Pathan	
9	01-05-14	Amrita	76	Hindu	Haridwar	4	Gravida	01-05-14	01-05-14	Unsuccessful	Dr. Jagat Pathan	
10	07-05-14	Prerna	77	Hindu	Haridwar	4	Gravida	07-05-14	07-05-14	Unsuccessful	Dr. Jagat Pathan	
11	07-05-14	Ujjwala	78	Hindu	Haridwar	4	Gravida	07-05-14	07-05-14	Unsuccessful	Dr. Jagat Pathan	
12	07-05-14	Swetha	79	Hindu	Haridwar	4	Gravida	07-05-14	07-05-14	Unsuccessful	Dr. Jagat Pathan	
13	08-05-14	Nandini	80	Hindu	Haridwar	4	Gravida	08-05-14	08-05-14	Unsuccessful	Dr. Jagat Pathan	
14	08-05-14	Rachita	81	Hindu	Haridwar	4	Gravida	08-05-14	08-05-14	Unsuccessful	Dr. Jagat Pathan	

Signature of the Officer-in-charge with date
Pranav
S.M.S
37054

Sample of Report Submitted by a Private Health Facility



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Records maintained by pvt. facilities

Types of registers

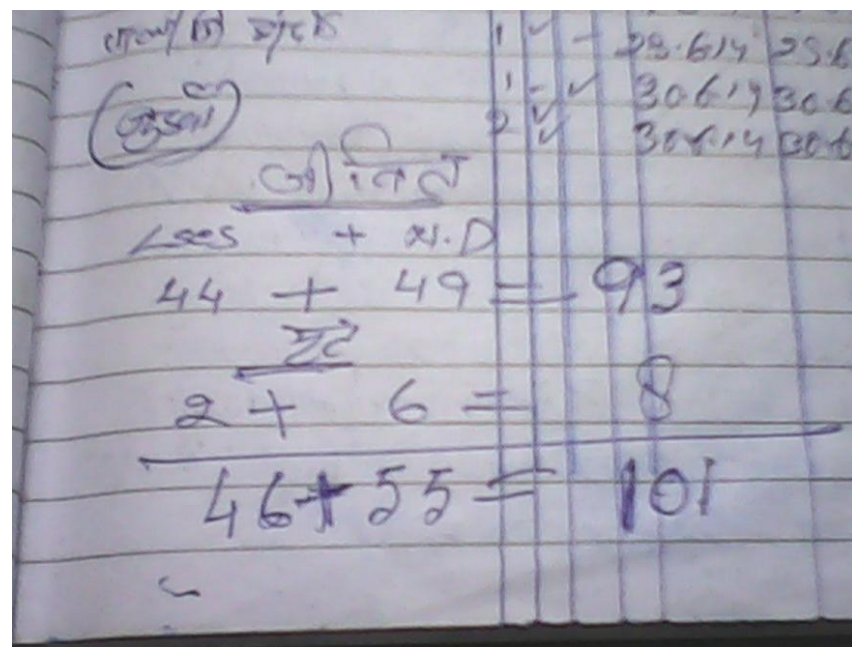
- OP/IP register; OT register; labour/ delivery register; paediatric/ immunization
- max may be 20 registers (incl. medicines & accounts)
- manual but some places computerised

Register clientele

- ANC cases, deliveries, newborns, children

Types of data (varies across facilities)

- name, age, address, date of admission & discharge
- normal / casearean delivery, order of birth
- newborn: sex, birth weight, live/dead, full term/preterm, time of birth



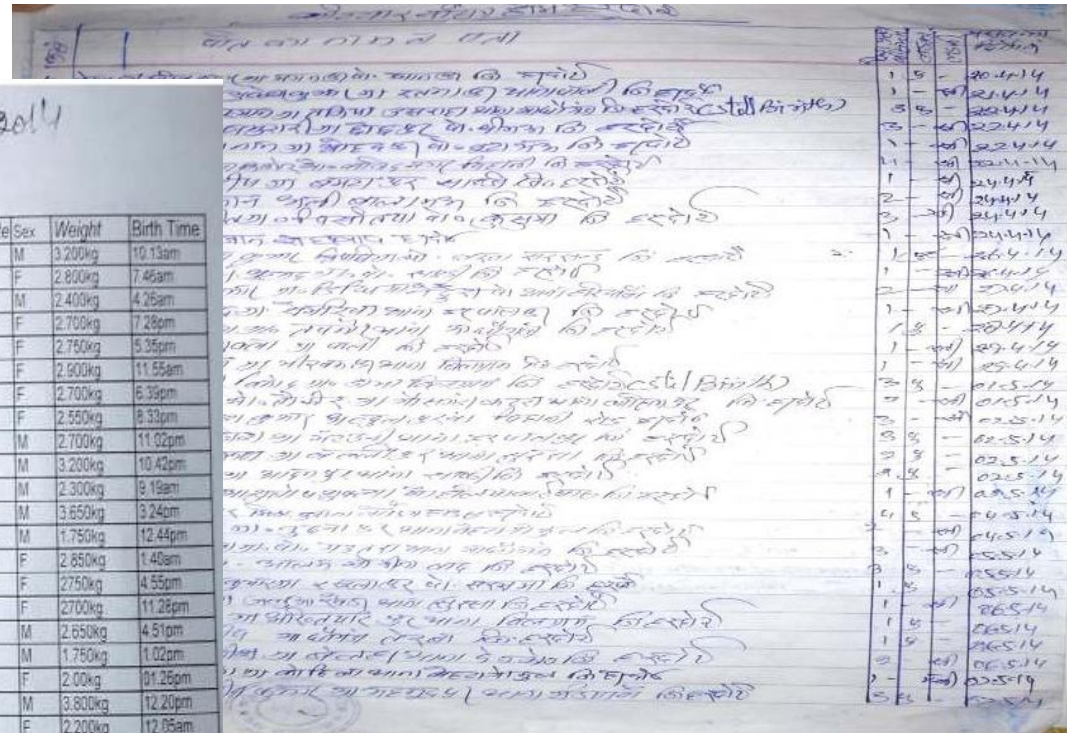
Quality issue: Formats used for reporting deliveries are not standardised

Lakshmi Hospital

21 February To 20 MARCH

20 April 2014

S No	Date of Adm	Admi of T	Patent.s Name	Age	Husband Name-Address	LSCS/ND Date	Sex	Weight	Birth Time
1	21/03/2014	9:00am	Padma sharma	33y/f	W% Ajay Sharma Avas vikas kaloni HDI	LSCS 21/3/14	M	3.200kg	10:13am
2	22/03/2014	17:30am	Tarunum	30y/f	W% Shahrvaj Mo Kot via Pihani HDI	LSCS 22/3/14	F	2.800kg	7:45am
3	23/03/2014	3:15am	Sudha singh	26y/f	W% Sushel singh V/P Shahpur vasudev Madhoganj HDI	LSCS 23/3/14	M	2.400kg	4:25am
4	23/03/2014	11:10pm	Vandika shukla	26y/f	W% Ajeet shukla 239Laxmi purwa HDI	LSCS 23/3/14	F	2.700kg	7:28pm
5	25/03/2014	11:00am	Geeta	35y/f	W% Balraj Ram Badi Bajar Malavaa HDI	LSCS 25/3/14	F	2.750kg	5:35pm
6	25/03/2014	11:40am	Suman	30y/f	W% HareeRam V/P Chhoyya Dhanvan HDI	N D 25/3/14	F	2.900kg	11:55am
7	25/03/2014	1:45pm	Niharika Gupta	28y/f	W% Anuj kumar Gupta Mo. Nabav ganj Sandi HDI	LSCS 25/3/14	F	2.700kg	6:39pm
8	24/03/2014	6:40pm	Pratibha	33y/f	W% Puneet Awstih 183 Vanshi Nagar Hardoi	LSCS 24/3/14	F	2.550kg	9:33pm
9	24/03/2014	6:55pm	Shalghali	25y/f	W% Prem kumar V. Ramapur P. Manour HDI	N D 24/3/14	M	2.700kg	11:02pm
10	24/03/2014	10:00pm	Priyanka Asthana	26y/f	W% Amit AsthanaMo Saray thok Pshchmi HDI	LSCS 24/3/14	M	3.200kg	10:42pm
11	25/03/2014	8:30am	Mamta tiwari	25y/f	W% Mradul Tiwari V Kahra Moia P Bareli HDI	N D 25/3/14	M	2.300kg	9:19am
12	25/03/2014	3:15am	Poonam	25y/f	W% Manmohan V/P. Sadiyapur HDI	LSCS 25/3/14	M	3.650kg	3:24pm
13	25/03/2014	12:00pm	Nagma	30y/f	W% Jainul Abdeen Mo. Bhatan tola pihani HDI	LSCS 26/3/14	M	1.750kg	12:44pm
14	27/03/2014	1:00am	Pooja singh	29y/f	W% Ram singh Mo Aabid nagar pali HDI	LSCS 27/3/14	F	2.850kg	1:49am
15	27/03/2014	6:00am	Aarti singh	24y/f	W% Gyanendra pratap singh Mo Avas vikas kaloni HDI	LSCS 27/3/14	F	2.750kg	4:55pm
16	27/03/2014	6:00pm	Ruby Gupta	23y/f	W% Gaorav GuptaMo Ashraoph tola Pooja hotel ke pichniH	N D 27/3/14	F	2.700kg	11:28pm
17	28/03/2014	3:00pm	Neha swastava	25y/f	W% Vikas swastava M Bording house Bada chaurahaHDI	LSCS 28/3/14	M	2.650kg	4:51pm
18	29/03/2014	12:55pm	Shivani tripathi	22y/f	W% Sanjay tripathi Pihani chungli HDI	N D 30/3/14	M	1.750kg	1:02pm
19	29/03/2013	6:00pm	Rekha singh	36y/f	W% Sarbjeeet singh V. Amilakha Po BaghraeHDI	LSCS 30/3/14	F	2.00kg	01:26pm
20	29/03/2014	10:45pm	Saliya	30y/f	W% Shaikat Ali V. Asigava Po. Aatdanpur	LSCS 30/3/14	M	3.800kg	12:20pm
21	31/03/2014	4:41pm	Rizhara	27y/f	W% Mohand Laligh V/P AhironHDI	N D 1/4/14	F	2.200kg	12:05am
22	31/03/2014	11:00pm	Keerthi swastava	27y/f	W% Sudheer Sivastva Mo Pragthi nagar HDI	ND 31/3/14	F	2.400kg	11:25pm
23	01/04/2014	10:00pm	Preeti agninothri	26y/f	W%Anun Agninothri V/P. Gaju HDI	LSCS 2/14/14	M	3.300kg	12:45am
24	02/04/2014	8:30am	Pratima	30y/f	W%Vneet singh Baghauji chauraha HDI	LSCS 2/14/14	F	2.750kg	11:40am
25	02/04/2014	3:10pm	Rali gupta	20y/f	W%Mayank gupta M. Koyal bag Kaloni HDI	LSCS 2/14/14	M	3.700kg	9:42pm
26	02/04/2014	3:15pm	Kunti singh	22y/f	W%Mahendra vikram singhV Dnhbhetiya P Yeja HDI	ND2/4/14	F	3.00kg	3:20pm
27	02/04/2014	9:45pm	Manju	20y/f	W%Vijay kumar V. Auhadpur P. Bulamau HDI	ND2/4/14	M	1.750kg	10:15pm
28	03/04/2014	11:00pm	Anjali singh	27y/f	W%Vivek singh M. no310Jigiyani Shahabad HDI	ND3/4/14	M	2.800kg	3:18am
29	03/04/2014	9:20am	Reela sharma	20y/f	W%Rajveer SharmaV. ShaoraP. Shahabad HDI	LSCS3/4/14	M	2.600kg	11:40am
30	03/04/2014	5:00pm	Ajra	40y/f	W%Shahid ali M. Giljae. ShahabadHDI	ND3/4/14	M	3.300kg	5:10pm
31	04/04/2014	6:00am	Rahnuma	24y/f	W%Mohsina Anwar M. Stray thok purni HDI	LSCS4/4/14	M	2.900kg	3:56kg
32	04/04/2014	2:20pm	Pooja	25y/f	W% Sandeep mishra V/P. Atava HDI	LSCS4/4/14	F	2.900kg	5:00pm

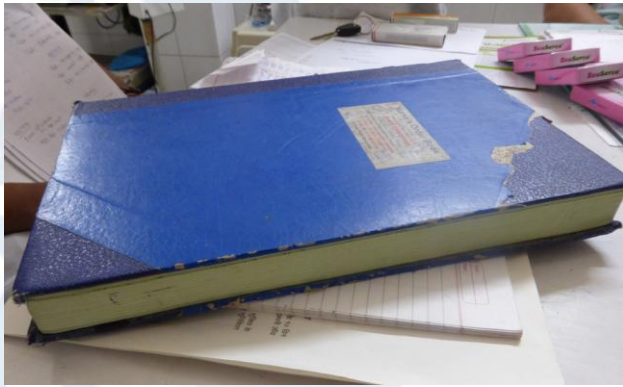


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Types of records at pvt. facilities



August 2012 NURSE'S ORDER BOOK

Sl. No.	Sex	Ward / Bed No.	Name	Address	Religion	Time	Weight	Diagnosis	Remarks
1012	F	1/1	Smt. Asha Srivastava	W/o Santokh Srivastava C-177 B D D Colony, Varanasi	Hindu	Female	1:23 PM, 3-3kg	LSCS (Leaking)	Blood group B Rh Positive
1012	F	1/3	Smt. Suman Gupta	299/293 Buxar Road, Daraganj, Varanasi	Hindu	Male	2 PM, 2.8kg	LSCS (Cervical dystonia)	Blood group AB Rh Positive
1012	GMW		Smt. Pooja Kesarwani	Chakraghat, Varanasi	Hindu	Male	5 PM, 3kg	LSCS (Prenatal LSCS)	Blood group B Rh Positive
1012	F	1/1	Smt. Diphi Kumar	Phappanau, Varanasi	Hindu	Female	2:30 PM, 2kg	LSCS (Prenatal LSCS) (ST not done)	Blood group B Rh Positive
1012	F	1/5	Smt. Sankita Jaiswal	173 A Katgah, Varanasi	Hindu	Male	4:00 PM, 2.75kg	LSCS (Loss of Fln cord)	Blood group B Rh Positive
1012	GMW		Smt. Rakha Mishra	Hindu pur., Panchgaurah	Hindu	Male	1:42 PM, 3.2kg	LSCS (Prenatal LSCS)	Blood group B Rh Positive
1012	F	1/3	Smt. Reena Verma	Pancham nagar, Dillahaabad	Hindu	Male	4:50 PM, 2.3kg	LSCS (Prenatal LSCS)	Blood group B Rh Positive
1012	F	1/1	Smt. Sarika Singh	211/68 Sukumarai, Varanasi	Hindu	Female	3:45 PM, 2kg	LSCS (Loss of Fln)	Blood group B Rh Positive
1012	F	1/4	Smt. Suman		Hindu			FIMD	Blood group B Rh Positive

Facility records are updated frequently

- Data updating on deliveries is very frequent, every delivery is recorded almost as soon as it happens – on the same day or within a couple of days.
- However, deaths may not be recorded even in the facility's own registers; either maternal or newborn



Unregistered facilities & reporting

- Not registered, but well known even to the formal establishment
- But no exact estimates
- Providers informally trained / AYUSH
- Cheap and popular; high delivery loads
- Tie ups for quick and affordable referrals; and for birth certificates (with a doctor)
- NO RECORDS AT ALL



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Private sector barriers and enablers to maintaining MNCH records

BARRIERS

No formal, standardised formats

- Existing ones not developed in consultation with private sector

Varying needs and interest

- Each keeps records that are enough for their needs.
- Govt is more interested in preventive aspects and the private sector in curative aspects

Systems and effort

- Computer system not available everywhere.
- Time consuming to maintain detailed records.

Large numbers of unregistered facilities

- Out of any reporting requirements



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Private sector barriers and enablers to maintaining MNCH records

ENABLERS

The need to keep records

- Bigger hospitals keep records as a safety net against medico legal cases,
- All need some birth proof to give their patients

Basic system is in place

- Some staff time available everywhere for keeping records—multi tasking staff that also look after records.

General willingness to maintain and share records

- Even those with rudimentary records are not averse
- Unregistered also willing if asked
- Associations willing to cooperate



Public sector barriers and enablers to maintaining MNCH records

BARRIERS

Lack of information and sustained follow up of the private sector

- Many private facilities say that they've never been asked to maintain and submit records on deliveries, especially the newer hospitals.
- No sustained or systematic efforts made by the public sector to get private facilities to maintain and submit data on deliveries.



Public sector barriers and enablers to maintaining MNCH records

ENABLERS

Importance attached to official communication by the public sector

- The hospitals that do submit delivery records (older and more established ones) say that they received a communication and a format from the CMO's office.
- So a communication from the health department does carry weight.

Basic data is similar to the 'Births and Deaths Registration' data, so formats can be easily standardised



FEEDBACK AND DISCUSSION



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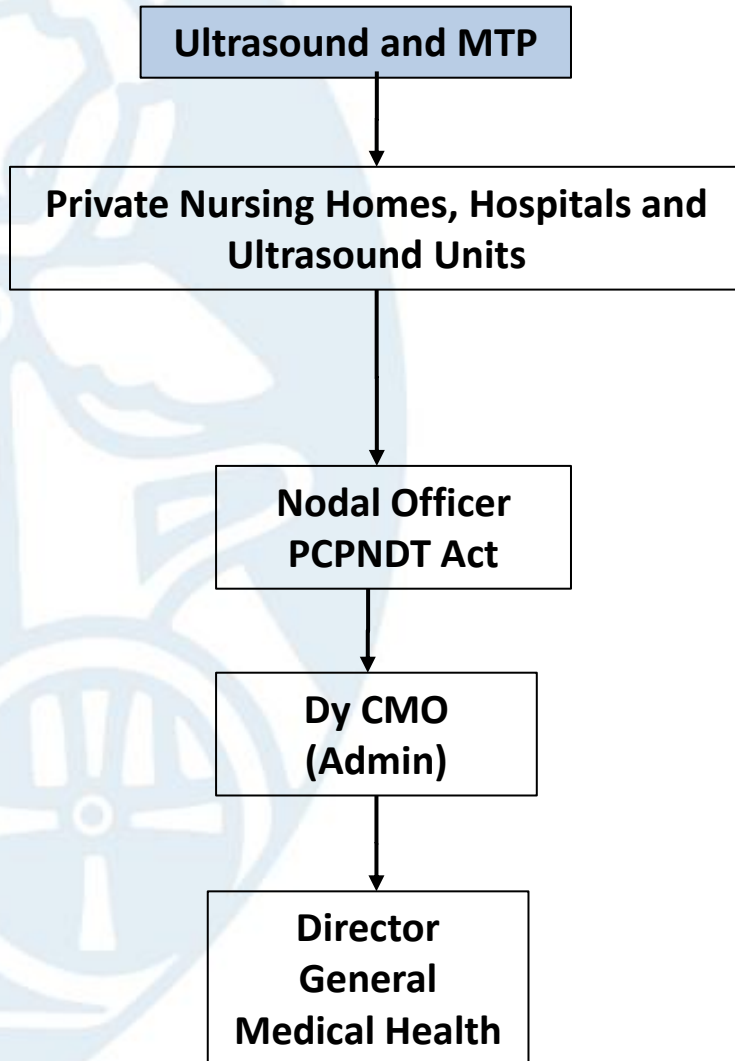


Part 2: Data collection, sharing & utilisation

चिकित्सा स्वास्थ्य एवं परिवार कल्याण, विभाग
हरदोई

संकलित सूचना-माह-जून, 2014

Pathway of ultrasound and MTP reporting: strictly enforced



State Monitoring Format used to Report on Abortions

Comprehensive Abortion Care
State Monitoring Format (Quarterly)
Please do not modify/change/add/delete columns in the format.

Name of State/U.T.: UP Month and Year of reporting: April May 2014
 Number of districts in the State: 20 Reporting period: 1st April to 30th May 2014
 (Specify the quarter)

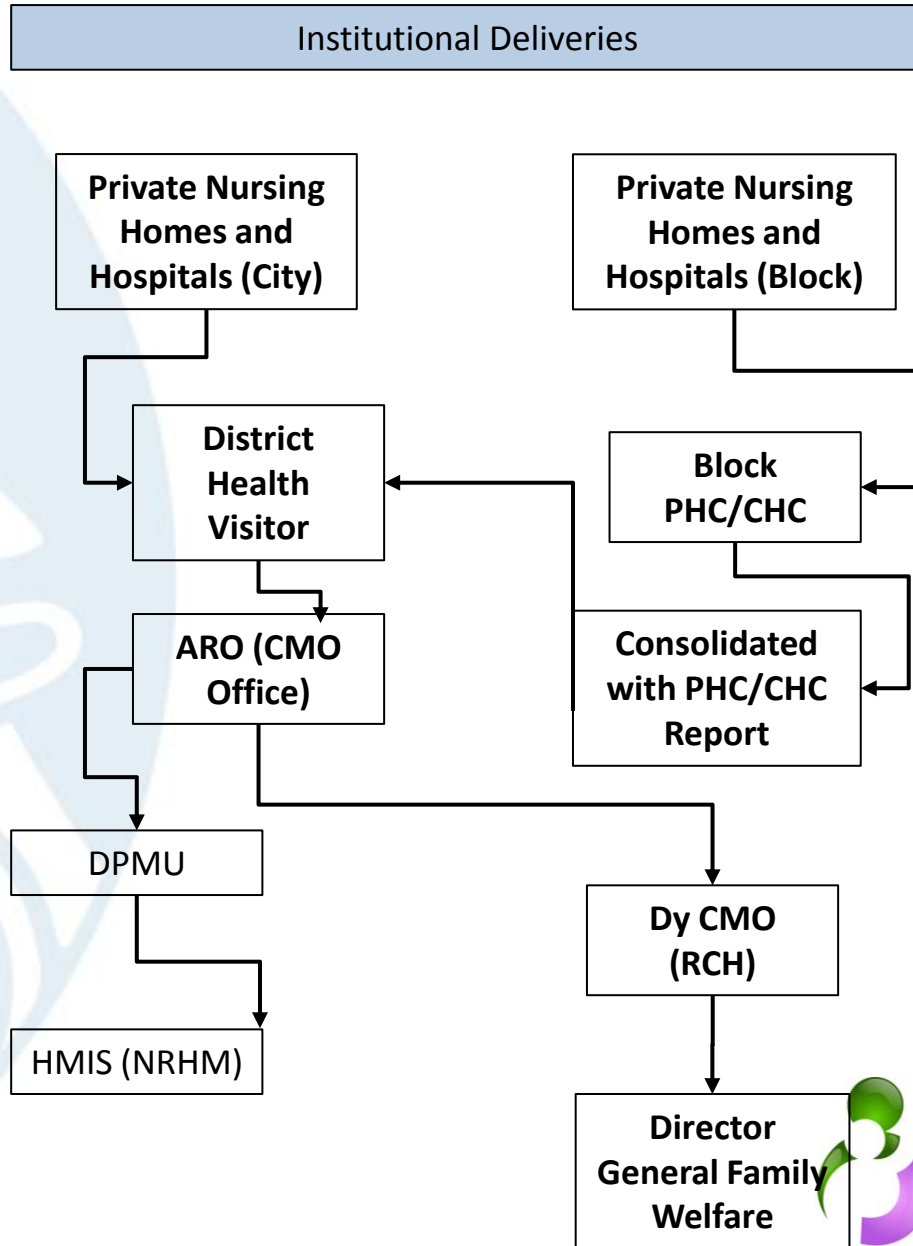
Name of State Nodal Officer for MTP activities:
 Designation and Contact Number:
 Email-id:

1) District level indicators:

S.No	Indicator	Numbers
1.	Districts in which Comprehensive Abortion Care (CAC) – Training and Service Delivery Guidelines are available.	
2.	District Level Committees (DLCs)*	Districts With DLCs. Districts with regular DLC meeting held in the reporting period at least one meeting/month
3.	Approved NGO & Private clinics and hospitals	<i>a)</i> Approved by DLCs to provide safe abortion services. <i>b)</i> Renewal certificates issued in the reporting period <i>c)</i> New certificates issued in the reporting period <i>d)</i> Number of applications pending with the DLCs for one year (at end of reporting period) <i>e)</i> Number of new applications received in the reporting period <i>f)</i> Number of applications out of the new applications (e) pending with the DLCs at the end of the reporting period**

• Is MVA equipment being procured and supplied? (Y/N).....
 • Are the drugs for MMA included in the essential drug list? (Y/N).....
 * As per MTP Act, Rules and Regulations 2002-2003
 **Applications on which no action has been taken (as per MTP Rules).

Pathway of reporting deliveries also exists



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Private hospital deliveries reported in the MPR but not in the HMIS

	June 2014 MPR	June 2014 HMIS
Allahabad	113 (R) 571 (U)	0 (blank cells)
Hardoi	84(R) 308 (U)	0 (blank cells)



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Institutional deliveries - MPR 2014

संस्थागत प्रसव की उपलब्धि

माह - जून 2014

क्रम संख्या	सामु0/प्रा0स्वा0केन्द्र का नाम	वार्षिक लक्ष्य	माह में उपलब्धि	कमिक उपलब्धि	प्रतिशत
				414	14.56%
1	प्रा0स्वा0केन्द्र, सुरसा	2843	167	109	3.82%
2	प्रा0स्वा0केन्द्र, बावन	2855	40	250	8.38%
3	प्रा0स्वा0केन्द्र, अहिरोरी	2982	108	166	7.01%
4	प्रा0स्वा0केन्द्र, हरियावी	2367	66	265	11.15%
5	सामु0स्वा0केन्द्र, टडियावी	2377	102	884	33.88%
6	सामु0स्वा0केन्द्र, बिलग्राम	2610	381	491	23.12%
7	प्रा0स्वा0केन्द्र, मल्लावी	2124	206	364	13.99%
8	सामु0स्वा0केन्द्र, माधीगंज	2602	147	357	14.74%
9	प्रा0स्वा0केन्द्र, साण्डी	2422	142	481	21.28%
10	प्रा0स्वा0केन्द्र, बेहन्दर	2261	176	671	27.85%
11	प्रा0स्वा0केन्द्र, कोथावी	2409	274	340	13.94%
12	सामु0स्वा0केन्द्र, सण्डीला	2438	120	543	22.74%
13	प्रा0स्वा0केन्द्र, मरावन	2387	190	336	14.94%
14	प्रा0स्वा0केन्द्र, कछीना	2249	151	184	8.19%
15	प्रा0स्वा0केन्द्र, टोडरपुर	2247	64	958	32.19%
16	सामु0स्वा0केन्द्र, पिहानी	2976	367	503	21.63%
17	प्रा0स्वा0केन्द्र, शाहाबाद	2326	213	728	26.47%
18	सामु0स्वा0केन्द्र, भरखनी	2750	327	867	40.12%
19	सामु0स्वा0केन्द्र, हरपालपुर	2161	384	2205	127.99%
20	पी0पी0सी0, हरदोई	1723	922	0	0.00%
21	पी0पी0सी0, बिलग्राम	382	0	0	0.00%
22	पी0पी0सी0, शाहाबाद	1021	0	0	0.00%
23	पी0पी0सी0, सण्डीला	737	0	0	0.00%
24	अर्बन हेल्थ पोस्ट, हरदोई	0	1	1	0.00%
	योग	51249	4548	11117	21.69%
25	बाला जी हॉस्पिटल, हरदोई	0	28	65	
26	कटिहार नर्सिंग होम	0	85	196	
28	लक्ष्मी नर्सिंग होम	0	90	204	
29	शिव शक्ति नर्सिंग होम	0	105	274	
30	अन्य नर्सिंग होम	0	84	242	
	योग	0	392	981	
	कुल योग	51249	4940	12098	23.61%

अपर मुख्य चिकित्सा अधिकारी
आर0सी0एच0, हरदोई

मुख्य चिकित्सा अधिकारी
हरदोई

AS
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& TROPICAL
MEDICINE



HMIS June 2014

attachment-2_HMIS report june 014 [Compatibility Mode] - Microsoft Excel

Home Insert Page Layout Formulas Data Review View Add-Ins

Clipboard Font Alignment Number Styles Cells Editing

F18 M2

	F	G	I	J	K
1	Part A	REPRODUCTIVE AND CHILD HEALTH		June	Total
18	M2	Deliveries			
19	2.1	Deliveries conducted at Home:			
20	2.1.1	Number of Home Deliveries attended by:			
21	2.1.1.a	SBA Trained (Doctor/Nurse/ANM)	Total	1123	1123
22	2.1.1.b	Non SBA (Trained TBA/Relatives/etc.)	Total	883	883
23	2.1.1.c	Total {(a) to (b)}	Total	2006	2006
24	2.1.2	Number of newborns visited within 24 hours of Home	Total	605	605
25	2.1.3	Number of mothers paid JSY incentive for Home deliveries	Total	71	71
26	2.2	Deliveries conducted at Public Institutions (Including C-	Total	3590	3590
27	2.2.1	Out of 2.2, Number discharged under 48 hours of delivery	Total	2221	2221
28	2.2.2	Number of cases where JSY incentive paid to			
29	2.2.2.a	Mothers	Total	3032	3032
30	2.2.2.b	ASHAs	Total	2597	2597
31	2.2.2.c	ANM or AWW (only for HPS States)	Total	31	31
32	2.3	Deliveries conducted at Private Institutions (Including C-	Total		
33	2.3.1	Number of institutional delivery cases where JSY incentive			
34	2.3.1.a	Mothers	Total		
35	2.3.1.b	ASHAs	Total		
36	2.3.1.c	ANM or AWW (only for HPS States)	Total		
37	M3	Number of Caesarean C-Section deliveries performed at			
38	3.1	No. of C-section deliveries performed at Public facilities			
39	3.1.1	C-Section deliveries performed at facility at PHC	Total	0	0
40	3.1.2	C-Section deliveries performed at facility at CHC	Total	5	5
41	3.1.3	Sub-divisional hospital/District Hospital	Total	0	0
42	3.1.4	At Other State Owned Public Institutions	Total		
43	3.1.5	Total {(3.1.1) to (3.1.4)}	Total	5	5
44	3.2	No. of C-section deliveries performed at Private facilities	Total		
45	M4	Pregnancy outcome & weight of new-born			

QueryBuilder



HMIS: Source data does not include private sector deliveries

SUB-CENTRE.pdf - Adobe Reader

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Tools Sign

6	उच्च स्तनापन वाला नवजात (HB>140/90)	7.0
6.1	संस्था में इस माह दर्ज नए केस	1.6.1
7	क्षुब्ध की कमी वाली गर्भवती महिलाएँ	1.7
7.1	जिनका Hb स्तर 11 से कम है (जांच के बाद)	1.7.1
M2	प्रसव	M2
8	घर पर हुए प्रसव	2.1
8.1	घर पर प्रसव किसके द्वारा करवाए गए	2.1.1
	(a) एस.बी.ए. प्रशिक्षित व्यक्ति द्वारा	2.1.1(a)
	(b) अप्रशिक्षित व्यक्ति द्वारा (दाईं, रिश्तेदार आदि)	2.1.1(b)
	कुल {(a) + (b)}	2.1.2
8.2	नवजात शिशुओं की संख्या जिन्हें 24 घंटे के अन्दर गृह में ट की गई	2.1.2
8.3	प्रसूता महिलाओं की संख्या जिन्हें घर पर प्रसव के बाद जननी सुरक्षा योजना की राशि दी गई	2.1.3
9	संस्थागत प्रसव	2.2
9.1	प्रसवों की संख्या जो 48 घंटे तक संस्था में रहे	2.2.1
9.2	जननी सुरक्षा योजना राशि का मुपतान-क्रिया	2.2.2
	(a) प्रसूता महिला की	2.2.2(a)
	(b) आशा की	2.2.2(b)
	(c) ए.एन.एम./आयनवादी कार्यकर्ता को (केवल HPS राज्यों में)	2.2.2(c)
M3	गर्भावस्था का परिणाम व नवजात शिशु की जानकारी	M4
10	गर्भावस्था परिणाम (संख्या)	4.1
10.1	जीवित जन्म	4.1.1
	(a) शलक	4.1.1(a)
	(b) शलिका	4.1.1(b)
	कुल {(a) + (b)}	4.1.2
10.2	मृत जन्म	4.1.2
10.3	गर्भपात	4.1.3
11	वजन लिए गए नवजात शिशु की जानकारी	4.2
11.1	नवजात शिशु की संख्या जिनका जन्म के समय वजन लिया	4.2.1
11.2	7.5 किलो से कम वजन के नवजात शिशुओं की संख्या	4.2.2
12	नवजात शिशुओं की संख्या जिन्हें 1 पन्ने के अंदर स्तनापन कराया गया	4.3
M4	प्रसव पथ्यात देखमाल (PNC)	M6

Block Level IHC / CHC, District Hospital & Maternity Hospital
NH/MOH/SDH-CHC/SAM

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निरीक्षण एवं मूल्यांकन विभाग
मासिक प्रपत्र अनुयायिक स्वास्थ्य केंद्र विहित अस्पताल विभाग अस्पताल

संस्था का नाम: [] जगह कन्वें की दिनांक हर माह की 5 तारीख

जिला: [] पंचक

विकासखण्ड: [] वर्ष: []

सहर/कस्बा/गांव: []

संस्था का प्रकार: [] सरकारी/कर्मचारी/किसी का मकान

लोक: [] पड़ोस [] शहरी

भाग A	प्रवचन एवं विद्युत स्वास्थ्य	मास की पर्यवेक्षी	निरीक्षण अवधि
M1	प्रसव पूर्व सेवाएँ (APC)		M1
1	कुल पंजीकृत महिलाओं की संख्या		1.1
1.1	प्रथम शिशुओं में पंजीकृत गर्भवती महिलाएँ		1.1.1
2	दूसरे माह में जननी सुरक्षा योजना में पंजीकृत महिलाएँ		1.2
3	गर्भवती महिलाएँ जिनकी 3 जांचें हुई हैं		1.3
4	गर्भवती महिलाओं की संख्या जिन्हें निम्न सुविधा दी गई		1.4
4.1	TT1		1.4.1
4.2	TT2 का नुस्खे		1.4.2
5	कुल गर्भवती महिलाएँ जिन्हें 100 HSA गोली दी		1.5
6	उच्च स्तनापन वाली गर्भवती महिलाएँ (HB>140/90)		1.6
6.1	संस्था में दुसरे माह दर्ज नए केस		1.6.1
6.2	एकलोकियल प्रवचन के केस की संख्या		1.6.2
7	क्षुब्ध की कमी वाली गर्भवती महिलाएँ		1.7
7.1	जिनका Hb स्तर 11 से कम है (जांच के बाद)		1.7.1
7.2	अति गंभीर एनीमिया (H जी एन) के केस जिनका उपचार संस्था में हुआ		1.7.2
M2	प्रसव		M2
8	संस्थागत प्रसव		2.2
8.1	घरों की संख्या जो 48 घंटे तक संस्था में रहे		2.2.1
8.2	जननी सुरक्षा योजना राशि का मुपतान क्रिया		2.2.2
	(a) प्रसूता महिला की		2.2.2(a)
	(b) आशा की		2.2.2(b)
	(c) ए.एन.एम./आयनवादी कार्यकर्ता को (केवल HPS राज्यों में)		2.2.2(c)
M3	गर्भपात द्वारा प्रसव		M3
9	संस्था में हुए गर्भपात द्वारा प्रसव की संख्या		3.1.2
M4	गर्भावस्था का परिणाम व नवजात शिशु जानकारी		M4
10	गर्भावस्था परिणाम (संख्या)		4.1
10.1	जीवित जन्म		4.1.1
	(a) शलक		4.1.1(a)
	(b) शलिका		4.1.1(b)
	कुल {(a) + (b)}		4.1.2



IDEAS
Evidence to improve
maternal & newborn health

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE



MPR: Format available but inconsistent/ incomplete data

प्रपत्र-3
रिपोर्टिंग प्रपत्र

डी०टाइपहेल्थ पोस्ट/सी०एच०सी०/पी०एच०सी० का नाम
प्रमारी चिकित्साधिकारी/सहायक शोध अधिकारी का नाम

माह जून 14 (15/6/14)
वर्ष 2014-15

क्र०सं०	अस्पताल का नाम	प्रसव की संख्या		प्रसव का प्रकार					
		मासिक	कमिक	सामान्य		सहाययित		सिजेरियन	
				मासिक	कमिक	मासिक	कमिक	मासिक	कमिक
1	कृष्ण नर्सिंग होम, भाग किला	12	25	7	14	5	11		
2	राजेश्वर हॉस्पिटल, पोगडा	10	30	5	14	5	16		
3	श्याम नर्सिंग होम, मुंडेरा	6	17	3	8	3	9		
4	सिका नर्सिंग होम, मुंडेरा	2	15	2	10	1	5		
5	श्रीया हॉस्पिटल, रजुमना	6	22	3	14	3	8		
6	कापामण हॉस्पिटल, मुंडेरा	9	30	4	14	5	17		
7	डी०आर०एस० हॉस्पिटल, सील्पाकाळी	19	27	5	12	5	15		
8	सुमती चिकित्सा, हाकल	10	28	5	14	5	14		
9	मोडर्न नर्सिंग होम, रजुमना	5	11	5	11	1	1		
10	निसि हॉस्पिटल, हाकल	7	13	4	9	3	4		
11	सुभाष हॉस्पिटल, रजुमना	5	15	5	10	4	9		
कुल		86	238	48	130	38	108		

अधीक्षक/प्रमारी चिकित्साधिकारी
सामु/प्रा० स्वा० केन्द्र
इलाहाबाद

प्रमारी चिकित्साधिकारी
डी०आर०एस० हॉस्पिटल, मुंडेरा
डॉ० वी० ब्राह्मण (H.E.O.)
इलाहाबाद

प्रपत्र-3
रिपोर्टिंग प्रपत्र

डी०टाइपहेल्थ पोस्ट/सी०एच०सी०/पी०एच०सी० का नाम
प्रमारी चिकित्साधिकारी/सहायक शोध अधिकारी का नाम

माह जून
वर्ष 2014

क्र०सं०	अस्पताल का नाम	प्रसव की संख्या		प्रसव का प्रकार					
		मासिक	कमिक	सामान्य		सहाययित		सिजेरियन	
				मासिक	कमिक	मासिक	कमिक	मासिक	कमिक
1	श्रीजा नर्सिंग होम - मुंडेरा	1051	1804						
2	सुभाष नर्सिंग होम - मुंडेरा	1908	1486						
3	श्रीया नर्सिंग होम - मुंडेरा	1485	1160						
4	डॉ० वी० ब्राह्मण (H.E.O.)	2008	09/01						
5									
6									
7									
8									
9									
10									
योग									

अधीक्षक/प्रमारी चिकित्साधिकारी
सामु/प्रा० स्वा० केन्द्र
इलाहाबाद

अधीक्षक/प्रमारी चिकित्साधिकारी
डी०आर०एस० हॉस्पिटल, मुंडेरा
डॉ० वी० ब्राह्मण (H.E.O.)
इलाहाबाद

प्रपत्र-3
रिपोर्टिंग प्रपत्र

डी०टाइपहेल्थ पोस्ट/सी०एच०सी०/पी०एच०सी० का नाम
प्रमारी चिकित्साधिकारी/सहायक शोध अधिकारी का नाम

माह जून
वर्ष 2014

क्र०सं०	अस्पताल का नाम	प्रसव की संख्या		प्रसव का प्रकार					
		मासिक	कमिक	सामान्य		सहाययित		सिजेरियन	
				मासिक	कमिक	मासिक	कमिक	मासिक	कमिक
1	कृष्ण नर्सिंग होम	71	171	57	136	-	-	14	35
2									
3									

अधीक्षक/प्रमारी चिकित्साधिकारी
सामु/प्रा० स्वा० केन्द्र
इलाहाबाद

अधीक्षक/प्रमारी चिकित्साधिकारी
डी०आर०एस० हॉस्पिटल, मुंडेरा
डॉ० वी० ब्राह्मण (H.E.O.)
इलाहाबाद



MPR: main problems

- No precise estimate of facilities providing delivery services
- Delivery data is not reported by all nursing homes; only a few that have been reporting continue to report
- PHCs/CHCs follow up only with those that report regularly
- Only data on number of deliveries, and in few case on C-Sections is consolidated into the MPR
- Unclear how other data on birth weight, order of birth, gestational maturity, live/stillbirth, gender of child is used.
- Different methods of data collection by AROs/ANMs: receive reports, view facility registers, verbal reports etc.
- HMIS – only JSY deliveries included; and only rural ones so far



Reporting of Birth and Death Data – RBD Act 1969

Place of occurrence	Informants*	Notifiers**
House	<ul style="list-style-type: none"> Head of the household 	<ul style="list-style-type: none"> Midwife or any other medical or health attendant ANMs, ASHAs and Aanganwadi Workers Keeper or the owner of a place set apart for the disposal of dead bodies or any person required by a local authority to be present at such place
Institution Hospital, Health facility, Nursing home, etc. Jail Hotel, Dharamshala, Choultry, hostel, etc.	<ul style="list-style-type: none"> Medical Officer-in-charge or any person authorized by the MO I / C Jailor-in-charge Person In-charge 	
Public place (For any new-born or dead body found deserted)	<ul style="list-style-type: none"> Headperson / Other corresponding Officer (in case of a Village) Officer in-charge of local police station (in other areas) 	<ul style="list-style-type: none"> Any other person whom the State Government may specify in this behalf by his / her designation, to notify every birth or death or both at which he or she attended or was present, or which occurred in such areas as may be prescribed, to the Registrar within such time and in such manner as may be prescribed
Events in Moving vehicle / Conveyance cart, Tonga, Rickshaw on land, Aircraft, Boat, Ship, Rail, etc.	<ul style="list-style-type: none"> Person in-charge of the moving vehicle 	
Plantation	<ul style="list-style-type: none"> Supintendent (Supervisor of labourers) / Plantation Managers 	
<p>*Designated under Section 8 & 9 of the Act to report occurrence of birth, stillbirth and death together with certain of its characteristics in the prescribed reporting form to the concerned Registrar to facilitate registration of the event.</p> <p>**Designated under Sections 8 & 10 of the Act to notify to the concerned Registrar, birth, stillbirth or death event which she / he attended to or was present at or which occurred in the area under her / his jurisdiction after obtaining signature of the head of the household on the reporting form.</p>		

Reporting of births and deaths is mandatory by law.

The designated authority ('informant') of a facility has to report births, stillbirths and deaths, together with some of their characteristics in the prescribed reporting form to the concerned Registrar to facilitate registration of the event.

-Section 8 & 9 of the Act



Form 1 - Birth report formats and characteristics

FORM NO. 1
BIRTH REPORT
Legal information
This part to be added to the Birth Register

To be filled by the informant

- Date of Birth:** (Enter the exact day, month and year the child was born e.g. 1-1-2000)
- Sex:** (Enter 'male' or 'female'; do not use abbreviation)
- Name of the child, if any:** (if not named, leave blank)
- Name of the father:** (Full name as usually written)
- Name of the mother:** (Full name as usually written)
- Address of parents at the time of Birth of the Child:**
- Permanent address of parents:**
- Place of birth:** (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)
 - Hospital/Institution Name: _____
 - House Address: _____
- Informant's name:** Address: _____
(After completing all columns 1 to 22, informant will put date and signature here.)

Date: _____ Signature or left thumb mark of the informant: _____

To be filled by the Registrar

Registration No.:	Registration Date:	Name:	Code No.	Registration No.:	Registration Date:
Registration Unit:		District:		Date of Birth:	Sex: 1.Male 2.Fe
Town/Village:	District:	Talash:		Age:	Years/months/day
Remarks: (if any)		Town/Village:		Place of Birth: 1.Hospital/Institution 2.House	

Name and Signature of the Registrar: _____

FORM NO. 1
BIRTH REPORT
Statistical information
This part to be detached and sent for statistical processing

To be filled by the informant

- Town or Village of Residence of the mother:** (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.)
 - Name of Town/Village: _____
 - Is it a town or village: (Tick the appropriate entry below)
 - Town
 - Village
 - Name of District: _____
 - Name of State: _____
- Religion of the Family:** (Tick the appropriate entry below)
 - Hindu
 - Muslim
 - Christian
 - Any other religion: (write name of the religion)
- Father's level of education:** (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
- Mother's level of education:** (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
- Father's occupation:** (If no occupation write 'Nil')
- Mother's occupation:** (If no occupation write 'Nil')

(Columns to be filled are over. No.)

FORM NO. 1

In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.

To be filled by the informant

- Age of the mother (in completed years) at the time of marriage:** (If married more than once, age at first marriage may be entered)
- Age of the mother (in completed years) at the time of this birth:**
- Number of children born alive to the mother so far including this child:** (Number of children born alive to include also those from earlier marriages, if any)
- Type of attention at delivery:** (Tick the appropriate entry below)
 - Institutional - Government
 - Institutional - Private or Non-Government
 - Doctor, Nurse or Trained midwife
 - Traditional Birth Attendant
 - Relatives or others
- Method of Delivery:** (Tick the appropriate entry below)
 - Natural
 - Caesarean
 - Forceps/Vacuum
- Birth Weight (in kgs.):** (if available): _____
- Duration of pregnancy (in weeks):** _____

लखनऊ नगर निगम, लखनऊ
प्रपत्र 2 एवं 3
(नियम 5 देखें) **13**
क्र. सं. **2495** जन्म सूचना

पंजीयन इकाई/ग्राम/ग्रामसभा/टाउन/स्थानीय निकाय
तालुक/सहरील/विकास खण्ड/धाना जिला

- जन्म का दिनांक
- लिंग (लड़का या लड़की)
- शिशु का नाम
- जन्म स्थान
- स्थायी निवास का पता
- पिता
 - नाम
 - व्यवसाय
 - पेशा
 - धर्म
 - राष्ट्रीयता
- माता
 - नाम
 - व्यवसाय
 - पेशा
 - धर्म
 - राष्ट्रीयता
- प्रसव के समय माता की आयु (सम्पूर्ण वर्षों में)
- जन्म-क्रम जीवित पैदा हुए बच्चों की संख्या
(जिसमें पंजीकृत किया जाने वाला बच्चा सम्मिलित है)
- प्रसव के समय देख-रेख किसके द्वारा की गई
- सूचना देने वाला-
 - नाम
 - पता

दिनांक _____ सूचना देने वाले व्यक्ति का हस्ताक्षर या बाएं हाथ के अंगूठे का निशान _____

80 लेखक

लखनऊ नगर निगम, लखनऊ
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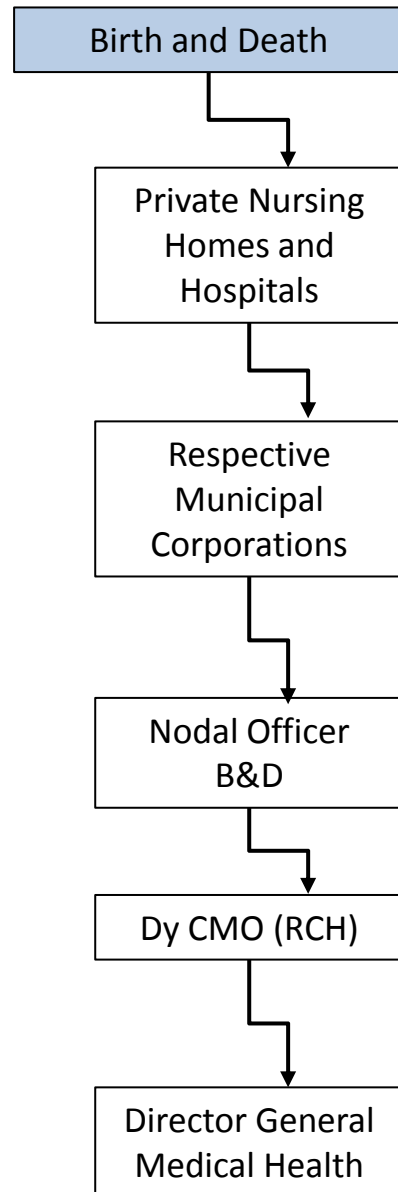
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Process of reporting RBD data



Issues in birth and death reporting under the RBD Act

- Only urban facilities required to report to Nagar Palika; rural to panchayats; rural/urban demarcation may just be a road
- Not all facilities report births and deaths to anyone; typically just give a proof of birth to the family of the newborn
- Link between Panchayats and Nagar Palika or CMO's office?
- Good data on all reported births compared with the data on institutional deliveries can provide a good overview of all births, and home births vs institutional deliveries.



Enablers: Why do some hospitals report deliveries?

Perceived as mandatory

‘This is a law – that those who do deliveries, have to send the numbers every month. We had a circular from the govt about 7-8 years ago for submitting their report and we have been submitting since then. Format was given by the govt, but copy of that format is not available now. But we use the same columns as were given in the format.’

- If accredited for JSY (e.g. Kamla Nehru Memorial Hospital)

A system has been in place

- ANM follows up on a fixed date every month
- ‘Have been submitting data since the last 8 years. First we used to send birth and death data to nagar palika (municipal authority)– about births and deaths. Then they did not do it well, so responsibility was given to the CHC.’
- Its never been stopped!

Personal motivation / hospital credibility

- I live here 24 hours and work on the computer. No other entertainment, so keep doing this. My family lives in Lucknow, I go only on Wednesdays.
- ‘ we are a big hospital, anyone can visit anytime.’



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Other enablers – private sector

Used to recordkeeping and reporting

Used to submitting very rigorous records in a timely manner (e.g. PCPNDT & MTP)

Overall willingness

Willingness to share data if the health department asked for it.

Professional bodies like IMA and UPNHA are willing to influence their members if the associations are roped in and involved.

Birth data cannot be hidden

Although fear of income tax exists, but at the same private facilities have to give some birth proof to all their patients, so that necessarily requires reporting accurate data on deliveries.



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Enablers – public sector

Available system and mandate

A system for reporting deliveries exists which can be strengthened

A legal cover provided by the RBD Act which can be invoked.

RBD system has initiated an online registration system which is not yet well known or well utilised, but it is there.



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Reasons why most hospitals do not report

Never been asked to

Haven't been asked to submit any reports so far...can submit if required

Low volume of deliveries

We don't perform so many deliveries – just one or two

Not perceived as a hospital duty

Getting births registered is the responsibility of patients

Effort required

Need a person to go there and submit..tedious process

Perception that reports are anyway treated as garbage

They just throw away our reports anyway

No motivation

Not paid for submitting, so why submit? If paid, maybe all will submit

Other barriers – private sector

Lack of communication or follow up by the public sector

...with those facilities that do not report.

Limited interactions with public sector

...in forums like DHS etc.

Fears..

... that govt will use this information for calculating income tax. Package multiplied by number of cases will disclose the income.

....that it will lead to additional work.

....of unfriendliness of government staff -rough attitudes, especially when hospital staff go to submit any reports.

.... of harassment especially for reporting any deaths. They will be asked all kinds of questions with no understanding as to the contextual circumstances

...of inviting visits and having their quality standards exposed.

Lack of incentives

No monetary incentives or other incentives to report.



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Barriers to reporting – Public Sector

System in place and being used for the MPR but

- data collection processes and formats are not standardised
- not covering all the hospitals that provide MNCH services

MPR and HMIS issues

- Two parallel systems with different data entry persons
- Different provisions for private sector reporting at source
- Overburdened data entry at DPMU level (in Allahabad, the district data entry assistant is also managing accounts)
- Lack of ownership of the HMIS in the system
- Limited feedback on private sector reporting by the state offices
- Cross analysis of birth/death registration with delivery data?



Barriers to reporting – Public Sector

Lack of a central coordination cell

- No central coordinating body in either CMO office or DPMU for private sector

No exchange of commodities

for which public sector can ask for a return utilisation certificate. E.g. vaccinations.

Conflict of interest

- Govt doctors in private practice. Some also have their own nursing homes.

Limited capacity

- Limited ability to analyse the data – and also limited computers and skills.
- Limited feedback from the state (especially for the MPR system)– for incomplete or erroneous data
- Also a concern that if the data starts coming in, how will the govt handle this data? Are they equipped to handle it?

Disinclined to use

- Public sector may sometimes not want to draw attention to adverse situations reported by the private sector. So may not be comfortable to report any data that shows their district health system in a bad light.



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Suggestions for improving reporting

Strengthen the system

- Use the provision of law by the RBD Act.
- Get orders passed, issue a letter
- A coordinating body for the private sector – could be linked with the Clinical Establishments Act authority
- Cross sharing with the Birth and Death registration data
- Govt should take responsibility; it should not be left to the choice of the pvt sector

Improve engagement and interactions

- Include pvt sector in training cum review workshops of district health officials
- More public private platforms and increased opportunities for interaction in existing platforms



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Suggestions for improving reporting

Design a user friendly system

- Develop formats in consultation with pvt bodies
- Prioritize the most critical data
- Either password protected online data entry system; or streamlined data collection systems
- The system should be simple and should not create extra burden
- Rationalize reporting frequency
- System that enables self analysis for the pvt facilities also

Capacity building

- Technical assistance for setting up the system – training etc.
- Meetings and follow ups to explain and guide



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Suggestions for improving reporting

Motivation

- Orientation to highlight the importance of data sharing
- Simple incentives – financial and non-financial (including for public sector officials too)
- Disincentives for non-submission
- Periodic facility inspections
- Engage health insurance to increase need for reporting

Address fears

- Reassurance against any potential harassment by government
- Confidentiality and risk cover
- Govt approach -less fault findings, more strengthening



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Summary

- Private sector is already reporting, even on deliveries
- Not showing up in HMIS, but it is in MPR, due to gaps in source data
- But even in MPR, it is incomplete and processes and formats not standardised
- Good data on births and newborns, but how is it/will be used?
- Private facilities do have data and are willing to share; good system has to be set up
- Legal cover is available via the Birth and Death registration Act.
- Major barriers : system lacking; communication & engagement; effort; data utilisation; effort required; fears; HMIS vs MPR; unregistered facilities
- Major enablers: RBD Act; a patchy system exists; general willingness; used to recordkeeping
- Key suggestions: system strengthening; regular engagement and interactions; designing a user friendly system; capacity building; motivation; address fears



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