

**REPORT OF THE COMMITTEE ON HEALTH INFORMATION
SYSTEM HELD AT GATEWAY HOTEL, IJEBU-ODE 18 - 20,
1993**

PREPARED BY

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PREAMBLE

USAID recognises Health Management Information System as an appropriate area of focus for assistance to Nigeria's health and population sector to facilitate availability of timely and useful information.

USAID plans to assist all levels of the health delivery system in the country in this regard. A team of consultants was appointed in 1992 to study the state of MIS in the country and design a programme of support by USAID. The panel of consultants was headed by Dr. Lecky.

Similarly during 1992, Federal Ministry of Health and Social Services also took significant measures towards establishing a credible NHMIS. A national conference to set an agenda for the NHMIS was convened in February, 1992. This was followed by a Zonal workshop for states and a consultative meeting on the implementation of NHMIS. Communiqués were issued at the conclusion of these meetings.

On 8 January 1993, representatives of USAID led by its Director and representatives of FMOH&SS led by the Director, PRS to discuss parameters for structuring USAID assistance for the health sector on HMIS.

The 8 January 1993 meeting decided to set up a committee to appraise Lecky Panel report in conjunction with the three NHMIS meeting communiqués and recommend an appropriate scheme of assistance by USAID as part of a 7-year programme of technical cooperation and activities with the Government of Nigeria.

TERMS OF REFERENCE OF THE COMMITTEE

- 1) To examine and harmonise Lecky Panel report, and communique from NHMIS national conference of February 1992, States, zonal NHMIS consultative meeting of December 1992 as documents for recommending USAID assistance to Nigeria's health sector in the area of health management information system.
- 2) To recommend a scheme including a workplan assistance to the health sector in the area of health management information system.
- 3) To determine the resource implications of the scheme of assistance recommended.

EXECUTIVE SUMMARY

The Department of Planning, Research and Statistics of the Federal Ministry of Health and Social Services in collaboration with WHO and USAID conducted one day meeting at the FHS Conference Room on January 8, 1993 with a view to reviewing the amount of work and type of support required to set up a National Health Management Information System (NHMIS).

At the end of the one day meeting a working committee was set up to review two technical reports viz.

- (i) the communique from the further analysis report on Abuja HIS conference and
- (ii) USAID sponsored technical report by Dr. Mohammed Lecky et al on HIS. The committee was charged with the responsibility of reviewing and harmonising both reports and make recommendation for the establishment of NHMIS, resource implications and indicate type of support required.

The committee met twice in Lagos without much success because of the different schedule of individual members. In order to get the full commitment of the members an agreement was reached to hold the meeting for two days away from Lagos. USAID concurred to sponsor the two day meeting which was held at the Gateway Hotel, Ijebu Ode between March 18 and 20, 1993.

The committee critically reviewed both reports and made specific recommendation (See Annex 1). In addition, the committee developed criteria for the acquisition of and refurbishment of broken down vehicles to ensure they are used for the purpose for which they were refurbished (see Annex II). A list of logistic and supplies required at every level of implementation was also developed (Annex III). The committee also looked into the existing MIS structure within USAID sponsored FHS and CCCD projects with a view to ascertaining their preparedness to effectively provide TA to NHMIS.

At the end of the meeting the committee noted some issues and made the following recommendation:

- (1) The committee noted the slow pace of activities since the Abuja Conference and recommend the immediate establishment of an Expert technical committee to be charged with the responsibility of overseeing the implementation of the NHMIS programme.

- (2) The committee recognised that for an effective and efficient NHMIS implementation there is need for closer collaboration and coordination of effort by the various Departments of Federal Ministry of Health and Social Services and National Primary Health Care Development Agency (NPHCDA).

The committee therefore recommend that physical linkages between DPRS and other Departments and Parastatals such as NPHCDA, Department of Population Activities and Community Development etc. be clearly defined and clarified.

- (3) The group acknowledged that threshold capacity for operationalizing the NHMIS already exists, not only FDPRS but also in most of other establishments and institutions that will be involved in the programme. What continues to stall initiation of NHMIS is the absence of a schema which would specify details of data and information flow and the directions of linkages among all the component bodies. (see Annex IV). This is the next most urgent assignment that should be undertaken after establishing the expert technical committee. It is recommended that an external consultant with skills in developing such a schema be brought in through USAID.
- (4) Availability of appropriate human resource complement is crucial to the operationalization of the NHMIS. A threshold staffing structure is recommended. Following the development of a schema in (3) above, the Expert Technical Committee when constituted should conduct a need assessment of staff training requirement and recruitment if necessary.
- (5) The need for legislative support for NHMIS cannot be overemphasized. However, it must not be unnecessarily restrictive as to jeopardize the required information flow.

*before
small
admission*

The committee therefore recommend an enabling law to be instituted to cover aspects of Coordination of NHMIS, information/collection and transmission by various levels of government, and in particular collection and transmission of personal health information.

- (6) The committee recognized the need for a strong and unified MIS division within USAID sponsored FHS and CCCD project in order to effectively respond to the technical need of NHMIS. It is highly recommended that USAID establish a unified highly effective MIS division to respond to the technical needs of Federal Department of Planning Research and Statistics and other Agencies such as National Primary Health Care Development Agency.

① - Strategy for Low HHS will be managed by the NPHCDA - vital statistics

② Matrix of inputs needed from where

③ what information needed, why, who uses it

*input - will
be discussed*

The committee acknowledged the vital role of health systems research as a veritable source of derivation and utilisation of health data and information. Appropriate mechanisms should be established to facilitate linkages between the NHMIS and the National Health Systems Research Programme (NHSRP) particularly in the areas of capacity building for research and sustainability of research efforts. USAID assistance could be designed and requested for realising these linkages.

- (8) Probably more than any other scheme in the health sector, sustainability is a critical issue basic to the NHMIS. The constant availability of qualified personnel, supplies and logistics is a sine quo non. Each establishment would need to determine a system of quaranteeing the continuous provision of the inputs. The expert committee should assist the various establishments and organisations to develop guidelines for ensuring constant resource back-up for the system.
- (9) The committee recognized the limitation of FDPRS in terms of funds and obtaining foreign technical support to implement NHMIS and therefore recommend that USAID and other donor agencies assist the department in obtaining external consultants, purchase of equipments and supplies and training relevant members of staff.

ANNEX I

A. THE COMMITTEE'S RECOMMENDATIONS ON ABUJA REPORT

With respect to the Abuja Conference NHMIS on February 1992, the committee recommended as follows:-

1. There is need to have an enabling legislation on the establishment of NHMIS at all levels - Details to use prepared by an expert technical committee.
2. That the staffing threshold of Department Planning Research and Statistics be strengthened in order to perform the duties and responsibilities in the establishment of NHMIS; and this could be done as follows:
 - (i) Vacant positions be filled by existing staff by promotion.
 - (ii) Previous positions be filled by temporary appointments to last LOP.
 - (iii) Temporary positions in the LOP considered for full absorption by the Ministry after expiration.
3. Standardization of forms, formats and manual for data gathering at the Secondary Health Care level be developed; ensuring linkages and co-ordinations of data gathering at all levels.

B. IJEBU-ODE COMMUNIQUE

With reference to the Ijebu-Ode consultative meeting report the committee recommended as follows:-

The Committee also reviewed the communique from Ijebu-Ode and agreed with the contents.

In order to carry out the recommendation, the committee recommend the following.

- (i) The establishment of a Technical Committee to serve as implementation body.
- (ii) Obtain the services of an external consultant to provide Technical assistance in specific areas of the recommendation such as the development of the scheme.

C.

DR. MUHAMMAD LECKY'S REPORT

With respect to AID report prepared by Dr. Lecky. The Committee reviewed the comments and recommendation of the team systematically and made specific recommendation/ add ons. The Committees recommendation activity by activity are stated in the following pages. Where the committee agrees completely with the report no comments were made. The committee noted with satisfaction the amount of thought and level of effort put into the report and commended the team.

PAGE 70: NO 1 MIS/HIS RE-ORGANISATION

The group noted that various agencies of USAID is involved in MIS/HIS at various levels. Therefore, recommend USAID to develop an effective and unified structure of support to FMOH and National Primary Health Care Development Agency.

PAGE 70: (a) i STAFFING STRUCTURE

(a)1 MIS/HIS coordinator (a new staff position)

RECOMMENDATION: Nigerian who is already in place be considered. Existing staff up graded. Technical Assistance in terms of designing HIS could be brought on a short term basis.

PAGE 71 (V) Logistic: re-deploy or provide a vehicle for the MIS/HIS units.

RECOMMENDATION: To read, provide two vehicles for the MIS/HIS unit.

PAGE 71:
(vii) Functions: develop and map-out appropriate staff functions and geographic responsibilities.

RECOMMENDATION: The group agreed with this recommendation but that it should be in line with the structure of the NHMIS.

PAGE 72: SUPPLIES:

- graph papers, pencils, coloured pencils
mathematical sets, chart boards.

- RECOMMENDATION:** USAID to provide supplies and withdraw support gradually over the life of the project to enable the LGA take more responsibilities.
- Non-Electric Typewriters, solar calculators
- RECOMMENDATION:** The committee recommended that this should be calculators and Typewriters.
- PAGE 73:**
- Logistics
 - Provide 1 motorcycle per LGA for data collection and enhance the work of M&E coordinator and PHC coordinator.
- RECOMMENDATION:** USAID to provide 1 motor cycle per LGA for data collection.
- Data Utilization
- Provide assistance in conducting seminar/workshop for LGA decision makers.
- RECOMMENDATION:** To be channelled through NPHCDA and be linked with Health System Research Programme of DPRS.
- Staffing threshold
 - MIS/HIS Data Manager (the rank of an Assistant Director).
- RECOMMENDATION:** Data Manager to be replaced with Data Coordinator.
- PAGE 74:** 1 Data Entry Clerk;
- RECOMMENDATION:** Replace with 2 Data Entry clerks identified from existing staff.
- Training
- RECOMMENDATION:** To be channelled through NPHCDA.
- Supplies
 - assist with printing and stocking "Formats"

RECOMMENDATION: USAID to assist in printing and stocking "Formats".

- Install data and word processing software: Dbase, Lotus 123, WP, EPID, Nicare, HG, SPSS/PC, with manuals.

RECOMMENDATION: The list of software should include EpiInfo and Decision Support System (DSS).

PAGE 75: - **Logistics**

- assist with acquisition and/or rehabilitation of disrepair vehicles to be donated by SMOH.

RECOMMENDATION: Vehicle acquisition and rehabilitation procedure to be developed.

- assist SMOH to develop an MIS/HIS schema.

RECOMMENDATION: USAID to provide assistance in developing a standard schema above.

PAGE 76: - **Logistics**

- assist with acquisition

RECOMMENDATION: As stated for SMOH above

- assists zones to develop as MIS/HIS schema.

RECOMMENDATION: As stated for SMOH

PAGE 77: (d) Tertiary level/Federal Ministry of Health

- (ii) Department of Primary Health Care, M&E;

RECOMMENDATION: To read NPHCDA

- (iii) Dept. of Disease Control; Epid Unit

RECOMMENDATION: To read PHC/DC; Epid Unit

- (iv) Department of Population Activities

RECOMMENDATION: To read Department of Population and Community Development.

(v) Department Hospital services and training

RECOMMENDATION: To read, Department of Hospital Services

(vi) Department of Food and Drug control Administration.

RECOMMENDATION: To read, Department of Food and Drug Administration and control.

PAGE 77 - 78: Threshold Requirement

(i) DPRS/HIS Unit: Staffing

(a) 1 Chief Health Planning Officer; (recruited by DPRS through DPR instituted cooperative training programs at various Nigeria universities.

(b) 1 Chief Statistician/Data Processing Officer;

(c) 1 Chief research/Analysis Officer;

(d) 3 computer systems analysis;

(e) 3 data entry/information/word processing specialists;

(f) 1 Secretary/Admin. person.

- The minimum threshold already exist in the department.

RECOMMENDATION: B - F to be replaced with:

(b) 1 Chief Statistician

(c) 1 Chief Medical Record Officer

(d) 3 Principal System Analysts

(e) 3 Research Officers

(f) 6 Data Entry/Information/Word processing specialist.

(g) 1 Secretary/Administrative person

- **Legislation**

RECOMMENDATION: Inclusion here to be provided by Dr. Lecky (NCHS document).

PAGE 79: - Data Access/Operation Research

Provide assistance in the acquisition, strengthen, retrieval and end-users access to data by installing modern worksection at DPRS;

RECOMMENDATION: To include NPHCDA

Page 80: MIS/HIS schema

RECOMMENDATION: The group recognises the urgent need to have HIS/MIS schema. FMOH should request the assistance of USAID to develop a standard schema at all levels.

(ii) - M&E Unit, PHC, Yaba

RECOMMENDATION: To read, M&E division, NPHCDA, Yaba

- Provide assistance through NCHS or DDM project in developing a general MIS/HIS schema, as described in section 11.

RECOMMENDATION: DDM be invited to Nigeria by USAID

- Staffing structure

RECOMMENDATION: To be replaced with the current NPHCDA organogram.

PAGE 81: - **SUPPLIES**

Threshold requirements with regards to computer hardwares and softwares currently exist for length of project (LOP).

RECOMMENDATION: To read, USAID should replaced all old hardware (IBM 286) with IBM 486 PCs. The old hardware (IBM 286 PCs) to be utilized for training.

RECOMMENDATION: To be reviewed by Dr. Dokunmu
(iii) Other (FMOH) functional Department
- Staff structure
- 1 Assistant Director (Statistics)
- 1 computer systems/Data Analyst
- 1 Data Entry/Word processing specialist

RECOMMENDATION: To read, 1 Statistician
1 Health Planner (Data Analyst)
1 Data Entry Officer
- Supplies
- Computers will be made available through World Bank and the Japanese Funds:

RECOMMENDATION: To read, computers will be made available by the FMOH through World Bank and the Japanese Funds.

PAGE 83: (iv) Teaching Hospitals (6)

RECOMMENDATION: Number (6) to be removed
(v) National HIV/AIDs Program:
- Provide assistance in strengthening the MIS unit of the National AIDs program secretariat: establish minimum threshold skill to functional departments.

RECOMMENDATION: To read; provide assistance in strengthening. The MIS unit of the National Aids program secretariat; establish minimum threshold similar to FMOH functional departments as described on page 77.

(vi) Federal Office of statistics/National Population commission.

RECOMMENDATION: To read, FOS and NPC

PAGE 86: 5 - Software Development

RECOMMENDATION: To include NPHCDA

PAGE 92: Sustainability

RECOMMENDATION: To include NPHCDA

PAGE 92: Sustainability

RECOMMENDATION: The group noted the importance of this recommendation and therefore urge USAID to initiate a forum for Debt conversion donation for MIS/HIS project.

(9) Health Journals/periodicals

Provide assistance to DPRS to investigate and establish a process for regular receipts, free of charge, recent, past issues of leading health journals and periodicals, to be donated by publishers and US-based international health organisations, to be stocked at the central medical library Yaba.

RECOMMENDATION: To read,

- Provide assistance to FMOH and other Agencies organisations.
- To strengthen the central medical library, Yaba.

PAGE 93: (11) VITAL REGISTRATION/STATISTICS.

Using a pilot case study of an LGA, for example Ife Central Local Government Area, provide technical assistance on the feasibility and demonstration of utilizing Home-Based Record Book to generate robust estimates of vital statistics, such as area birth rate, infant mortality rate, and population (natural) growth rate.

(This assumes, of course that the LGA under study has been completely enumerated and Home-Based Record Books have been placed in all households. Technical assistance to accomplish this task can be obtained through DDM or NCHS, working incollaboration with DPRS, to develop DPRS as a counterpart FMOH agency with capacity to (subsequently) undertake similar tasks in other LGAs.

RECOMMENDATION: The group recognises that Home-base Record

Page 94: (13) MIS/HIS project measurable outputs at the LGA Level.

- (1) Increase level of reporting

RECOMMENDATION: To read, increase level and timeliness of reporting.

- (4) Increase in percentage of workers with pre-service HIS/MIS training.

RECOMMENDATION: Refer Page 74; modify to read, "Long-term and continuous training to be provided through MSH - installed MIS/HIS instructional modules at Health training institutions".

PAGE 95: At Private Sector Level

(17) Increased integration of the private health delivery sector to the MIS/HIS program, especially CHAN and PPFN.

RECOMMENDATION: Add, as stated in 1 - 5 above under LGA level.

ANNEX II

CONDITIONS FOR ACQUISITION OF BROKEN DOWN VEHICLES FOR REPAIRS FOR MIS ACTIVITIES

1. States and Local Governments should conduct an inventory of broken down vehicles and identify those still repairable.
2. Such vehicles must be those purchased by the State or Local Government and not those donated by International Agencies nor those earmarked for ongoing specific projects.
3. Such vehicles should not be more than 7 years old.
4. The previous user should disassociate interest in continued possession of the vehicle in a written statement if repaired for MIS activities.
5. Decision for release of the vehicle for MIS activities must be approved by the highest policy making authority of the establishment/LGA.
6. After repairs, the vehicle should be strictly used for MIS activities and this should be written on the vehicle.
7. Relevant documents in respect of the above must be made available before the vehicle would be accepted for repairs.

ANNEX III

LOGISTICS AND SUPPLIES

	FEDERAL	ZONES	STATES	LGAS
Vehicles	"	"	"	-
Motorcycles	-	-	"	"
Bicycles	-	-	-	"
Computer Hardware and Software	"	"	"	-
Computer Supplies	"	"	"	-
Storage Cabinets	"	"	"	"
File Cabinets	"	"	"	"
File Jackets	"	"	"	"
Calculators	"	"	"	"
Graphing Paper	-	-	"	"
Flip Charts	"	"	"	"
Markers, Pens, Pencils, Rulers	"	"	"	"
Photocopying Machines	"	"	"	"
Office Furniture	"	"	"	"
Stationeries, Staplers	"	"	"	"
Typewriters	-	-	"	"

ANNEX IV

SCHEMA FOR MIS/HIS

An HMIS schema, as conceptualized, by the committee will indicate the system's major elements; the manner in which procedures and things are grouped together, and how these systems are themselves linked, horizontally and vertically. The schema will also indicate the periodicity/frequency of processing, and reporting - daily, weekly, monthly, quarterly, on demand, etc. The minimum requirements for a workable schema, will consist of a program and sub-systems descriptions, and procedural and operational parameters.

The Committee met and looked into the issue very critically at the Local, State and Federal Levels.

It felt this involved a reasonable time to collect data from the above mentioned sources.

For instance it involved looking into the schema in respect of the category of staff in Research, Statistics, Records branches of the Department. This would be the same as in National Primary

Health Care Agency (NPHCDA). The situation in the LGA is even more complex.

The committee considered that for a short notice at this moment it cannot successfully carry out the assignment favourably without necessary information from these levels.

The committee recommended that USAID assist in providing a consultant who would infact stay and work with the categories of personnel under these levels i.e Federal, State and LGA so that complete information could be collected to build up the schema.

LIST OF PARTICIPANTS

- | | | | |
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| 2. | Dr. (Mrs) O.O.K.Dokunmu | - | NPHCDA |
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