DATA QUALITY ASSESSMENT PILOT HIGHLIGHTS FOCUS ON IMPROVING HMIS DATA QUALITY AND USE IN INDIA

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Dr. Vishnu Kant Srivastava leads the Statistics Division at India's Ministry of Health and Family Welfare (MoHFW). Having managed statistical initiatives at different departments and levels of the government, Dr. Srivastava recognizes the value of quality data for effective decision making. He spoke with USAID's Health Finance and Governance (HFG) project on the findings of the data quality assessment pilot the HFG team conducted.

Tell us about your role at the MoHFW. How long have you been working in this capacity?

I was appointed Chief Director of the MoHFW's Statistics Division in July 2015. Since then, I have been supporting the MoHFW's data programs and initiatives in meeting their data needs. I have dealt with data all my professional life, having worked with the national Indian Statistics Service, the National Sample Survey Office, the customs and excise department, and the animal husbandry department, among others.

The MoHFW places strong emphasis on improving the quality of public health data in the country. How crucial is reliable data for strengthening public health service delivery?

Reliable data is the backbone of planning and is especially critical for the public health system. Health planners and practitioners can—and should—make decisions based on examination of timely and comprehensive data. The MoHFW is committed to strengthening the health management and information system (HMIS), the repository of India's public health data on crucial health services, especially those for women and children: pregnancy care, antenatal care, childbirth, and newborn care.

A structured assessment of the HMIS, especially on the quality of the data it generates, is seen as an important mechanism for highlighting data quality issues. How do such assessments contribute to strengthening the HMIS?

We have processes in place to verify and validate the reported data for the HMIS. For example, we have consultants who go into the field to review the data and provide feedback. We also organize regional and national training workshops to build capacity around data quality and to discuss data quality issues. Even with our review mechanisms, audits by an independent third party play a critical role, ensuring a focused, objective, and bias-free assessment. The HFG team has undertaken such an assessment and has also trained district officials on a methodology for regular structured assessment of data quality and use.

HFG's pilot using the Routine Data Quality Assessment (RDQA) methodology has provided insights on HMIS systemic components and reporting processes. In what way can this inform the MoHFW's efforts to improve data quality and use?

HFG has truly done a great job. Two important things have come out of the pilot: first, it has shown that RDQA is a feasible strategy; and second, it has reaffirmed the preliminary ideas we had about data quality issues. Though we had some prior understanding of the need for a greater focus on training in relation to data quality assurance, the pilot findings helped to highlight the aspects we need to focus on, like building the capacity of health facility staff on data definitions. The pilot also indicated that out of the 28 health indicators assessed for data quality, field staff may be placing greater emphasis on data reporting, supervision, verification, and validation for some indicators than on others. We now need to explore why field staff prefer these indicators, and what lessons we can derive to bring similar attention to all other indicators.

One key finding of the RDQA exercise was the need to strengthen the health information workforce, particularly training on data collection guidelines and formats. What are your thoughts on this issue and what can be done to address this?

The monitoring and evaluation workforce is already in place in all states, districts, and blocks across the country. These personnel are regularly trained in regional and national workshops. However, the data quality assessment pilot indicates clear gaps in capacity building that we need to address. The learning is not successfully reaching the facility staff that are actually responsible for recording the data and reporting it. One vital intervention on this front that I think we can easily undertake is complementing the current presentation-based training methodology with more comprehensive hands-on training.

Another important finding is the low level of data use at the block and facility level to inform day-to-day functioning of public health facilities. What actions can be taken on this front?

Evidently, our current training format is not supporting the development of a culture of information use at the block and facility level, unlike at state and district levels where the higher level staff are more conversant with HMIS concepts and vocabulary. We need to address this issue to strengthen evidence-based decision making because increased data use contributes to improved data quality. We need to understand the block and facility level challenges related to data use and identify their unique data needs for managerial action. In addition to the fixed reports the HMIS currently generates, the system could, going forward, be updated to also generate the required customized reports, instead of forcing staff to build a query and sift through more data than they need.

For over three years now, the HFG project has been supporting the MoHFW and states like Haryana through structured assessments, capacity building, and use of technology to improve access to data. How has this support bolstered the governments efforts to improve the performance of the HMIS?

HFG has contributed significantly to the MoHFW's efforts to strengthen HMIS performance. The data quality assessment pilot is an important piece of work that will inform our efforts to address data quality problems and future independent third-party assessments. While I do not have many insights on HFG's work at the state level, I do know that Haryana is doing well in terms of data quality. HFG has undertaken considerable work at the state level, particularly in Haryana, and these initiatives have lent vital support to our data quality and use initiatives.