



Disruptive innovations in health information systems in Bangladesh

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Outline

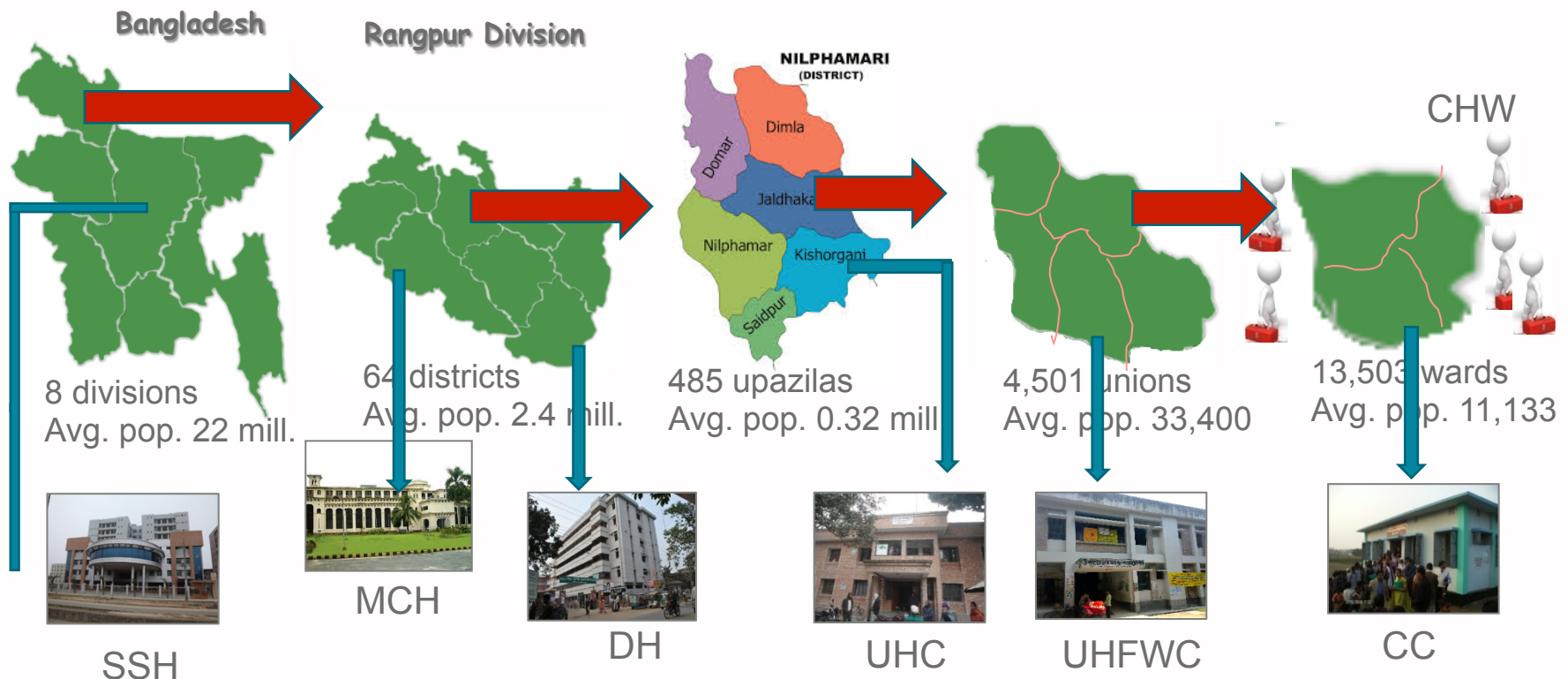
1. Importance of health-MIS
2. DHIS2 in Bangladesh
3. Data for decision making
4. Implications

Importance of MIS

- One of the 6 Health System Building Blocks
- Routine monitoring system comprising of data collection, collation, analysis, feedback and action
- Global experience suggests
 - rarely used in management decision support
 - quality is poor, upward bias
 - policy planners rely on survey data

Bangladesh Facts

- A small country
- High population density
- Remarkable progress in health indicators
- Good health at low cost
- Epidemiological and demographic transition
- Tiered health system
- Paper-based to web-based HMIS in 2009



DHIS2: a decision making tool



Bangladesh is using DHIS2 since 2009

DHIS2 is an open source software.

All tiers of health system are using DHIS2

Aggregate data from facility, Individual data from community

Other ICT tools used in HMIS

HRIS



Service Automation

- Annual Development Program Monitoring System
- Online Medical College Admission System
- Bulk SMS System
- Online Local Health Bulletin
- Web Portal
- Social Media

Biometric Remote Office Attendance



Status of Travel		Check Time	Status
1	Hawaii Reno	10:03:24 AM	Not checked in
2	Disney Kingdoms Ltd	10:04:52 AM	Not checked in
3	San Diego County Public Health	10:05:10 AM	Not checked in
4	Hawaii Reno	10:14:28 AM	Not checked in
5	Hawaii of Hawaii of Hawaii	10:18:00 AM	Not checked in
6	Hawaii of Hawaii of Hawaii	10:18:00 AM	Not checked in
7	Hawaii of Hawaii of Hawaii	10:18:00 AM	Not checked in
8	Hawaii of Hawaii of Hawaii	10:18:00 AM	Not checked in
9	Hawaii of Hawaii of Hawaii	10:18:00 AM	Not checked in
10	Hawaii of Hawaii of Hawaii	10:18:00 AM	Not checked in

All district & sub-district hospitals

24/7 Health Call Center

Services 16263

- Live consultation
- Content management
- Complaint management

Shared Health Record



Health Information Science - Gateway

OpenMRS+



Citizen's life time record for

- Tracking universal health coverage
- Tracking population based data of global reference list of 100 core health indicators

ICT infrastructure



About 600 hospitals

About 19,000 day-care facilities

About 100,000 health workforce

Super-specialized Hospitals

Tertiary Hospital / Medical College Hospital

District Hospital / Medical College Hospital

Sub-district Hospital

Union Health Center (Day care)

**Community Clinic (Day care)
Community Health Workers**



3,500

13,000 community clinics



3,500

Bangladesh
(Pop. ~150 million)

Divisions (7)
Pop. 23 million

Districts (64)
Pop. 2.5 million

Sub-districts (483)
Pop. 0.3 million

Unions (4,501)
Pop. 35,500

Wards (13,503)
Pop. 12,000

**Internet
connected
April 2009**

DHIS2 Data system

Aggregate

- EOC
- IMCI
- EPI
- Logistics
- Hospital statistics
- Cervical cancer
- HIV/AIDS

Individual (COIA+)

- Mother
- Child
- Kala Azar patients
- NCD
 - ✓ Hypertension
 - ✓ Diabetes Mellitus

Data visualization: how it helps managers

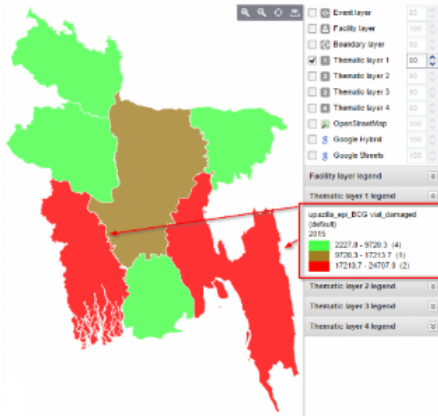


It is possible for health manager to examine

- Completeness of data
- Accuracy of data
- Monitor OP indicators
- Track own performances
- Find bottleneck
- Compare facilities
- Immediate action

Data for action

LD's Dashboard



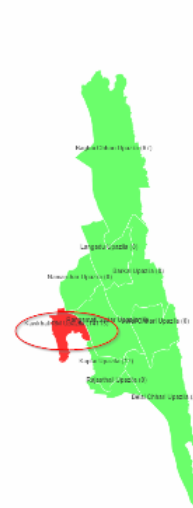
Drill down

Divisional Dashboard



Drill down

District Dashboard



Upazila Dashboard

Drill down

Periods / Operand	upazila_ept_BCG_vial_damaged (default) *	Total *
February 2015	0	0
March 2015	2 016	2 016
April 2015	2 016	2 016
May 2015	2 016	2 016
June 2015	2 016	2 016
July 2015	2 016	2 016
August 2015	2 016	2 016
October 2015	2 017	2 017
Total	14 113	14 113

Director's Office
Monthly Meeting



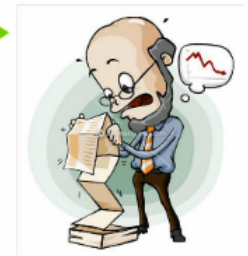
Chittagong
Divisional Director Office
Monthly Meeting



Civil Surgeon Office
Rangamati
Monthly Meeting



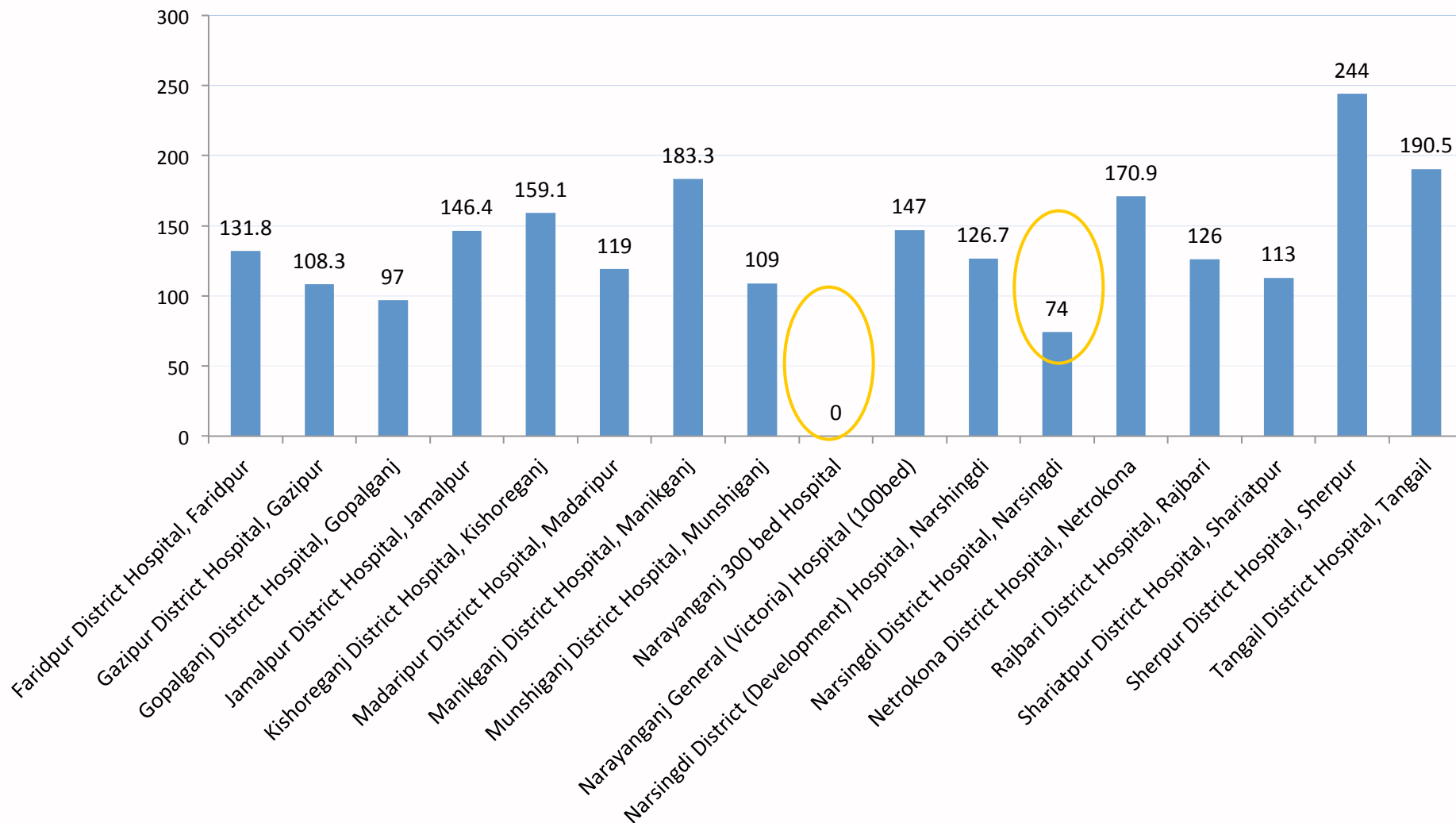
UH&FPO Kawkhali
Monthly Meeting



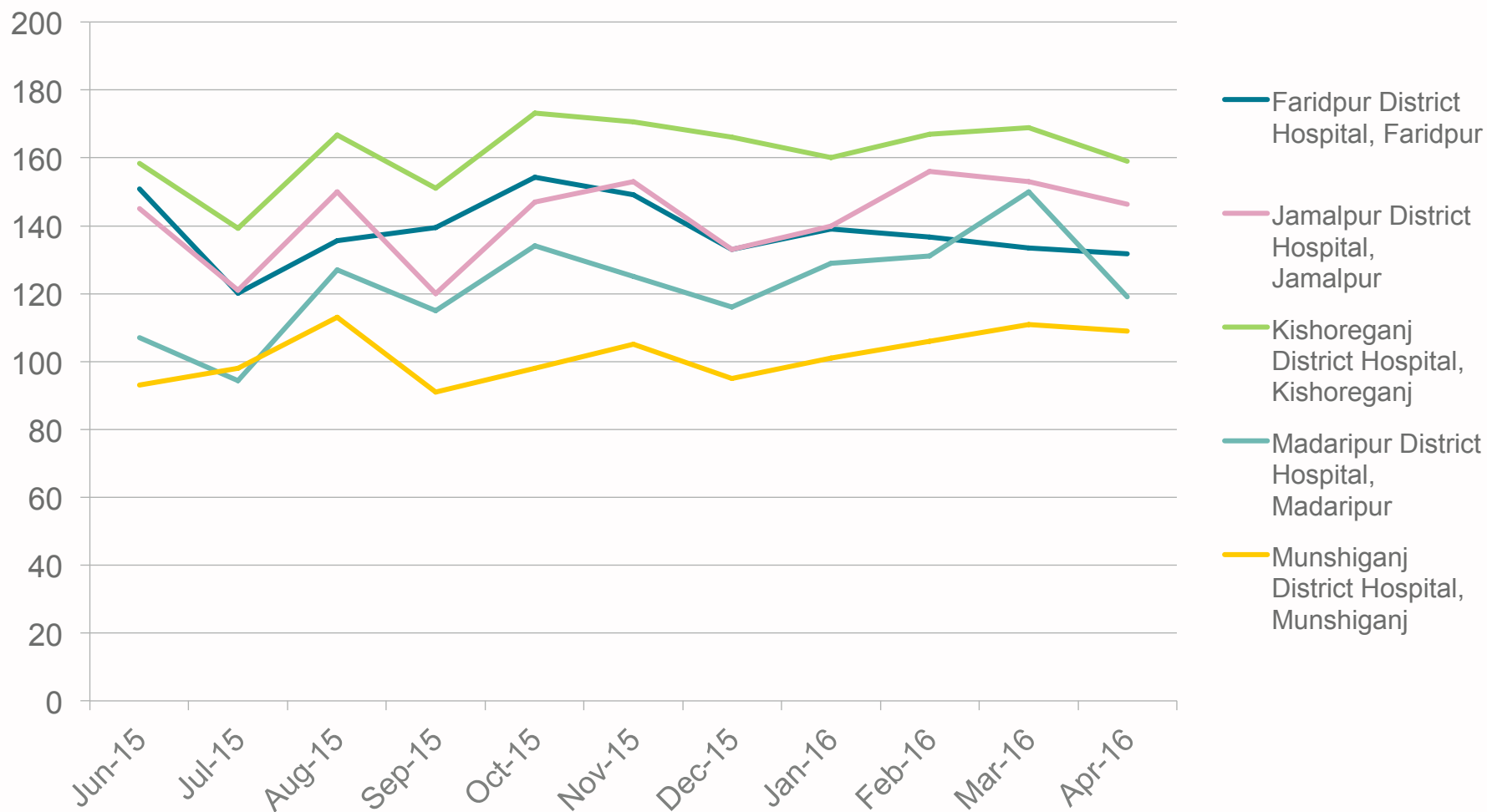
Divisional monitoring, Reporting status (%), April- 2016

Organisation units / Data	Monthly EmOC Data Set with Genital Fistula	Monthly IMCI Dataset	Daily OPD and Emergency Visits, Admission Data Set	Monthly HMC meeting	Monthly Hospital Bed Statement	Monthly Major Equipment Information	Cervical and Breast Cancer Screening Programme Report
Faridpur District Hospital, Faridpur	100	100			100		100
Gazipur District Hospital, Gazipur	100	100	83.3		100		100
Gopalganj District Hospital, Gopalganj	100	100	100		100		100
Jamalpur District Hospital, Jamalpur	100	100	100		100	100	100
Kishoreganj District Hospital, Kishoreganj	100	100			100		
Madaripur District Hospital, Madaripur	100	100	60		100		100
Manikganj District Hospital, Manikganj	100	100			100		100
Munshiganj District Hospital, Munshiganj	100	100	90		100	100	100
Narayanganj 300 bed Hospital	100	100		100	100		
Narayanganj General (Victoria) Hospital (100bed)	100	100	33.3	100	100	100	100
Narsingdi District (Development) Hospital, Narshingdi	100	100	100	100	100	100	100
Netrokona District Hospital, Netrokona	100	100	100	100	100	100	100
Rajbari District Hospital, Rajbari	100	100	93.3		100	100	100
Shariatpur District Hospital, Shariatpur		100			100		100
Tangail District Hospital, Tangail		100	96.7		100	100	100

Divisional monitoring, Bed Occupancy Rate (%), April- 2016



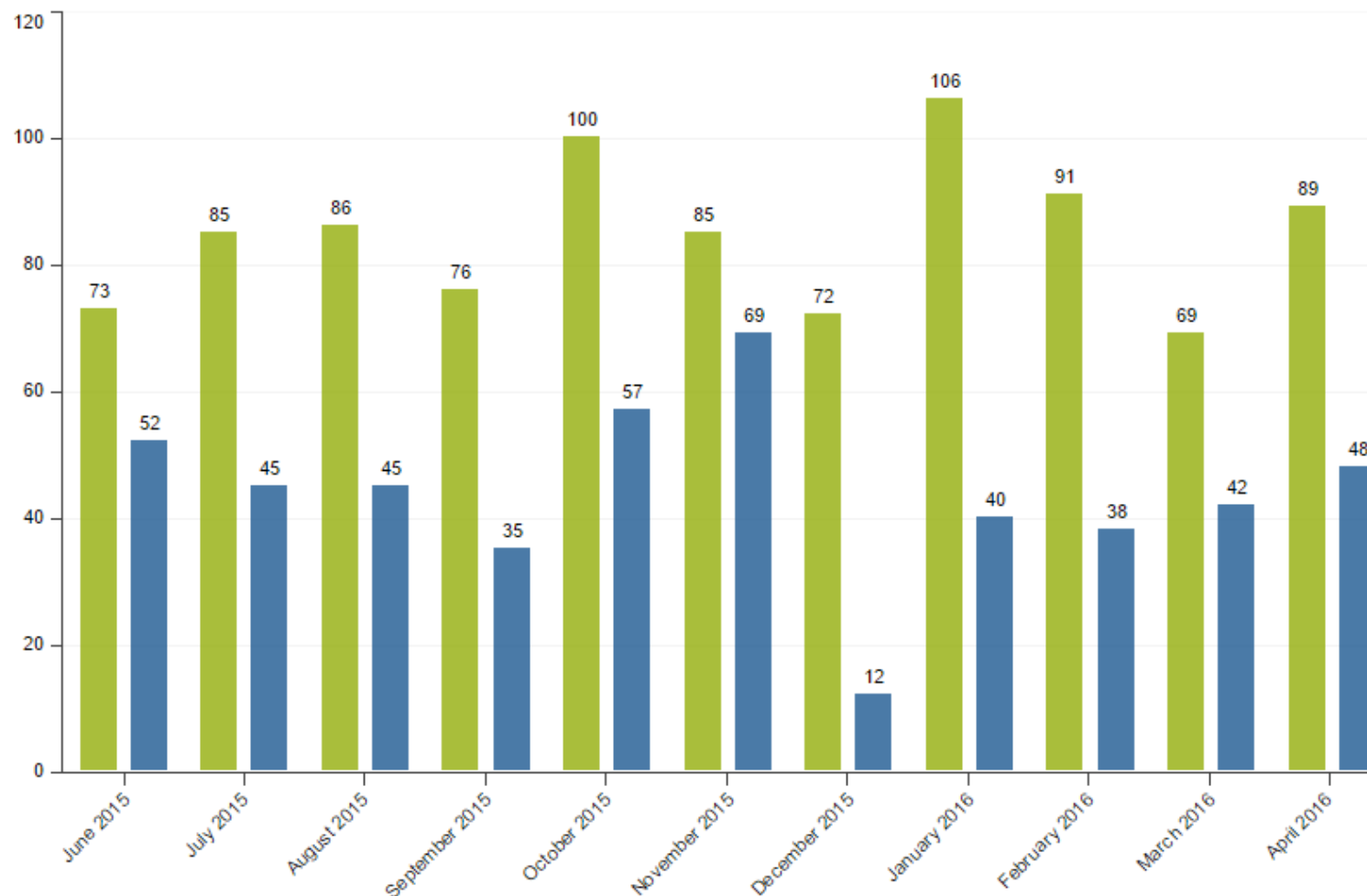
Trend: Bed Occupancy Rate (%), last 11 month



Trend: delivery and Cesarean Section, last 11 month

Gazipur District Hospital, Gazipur

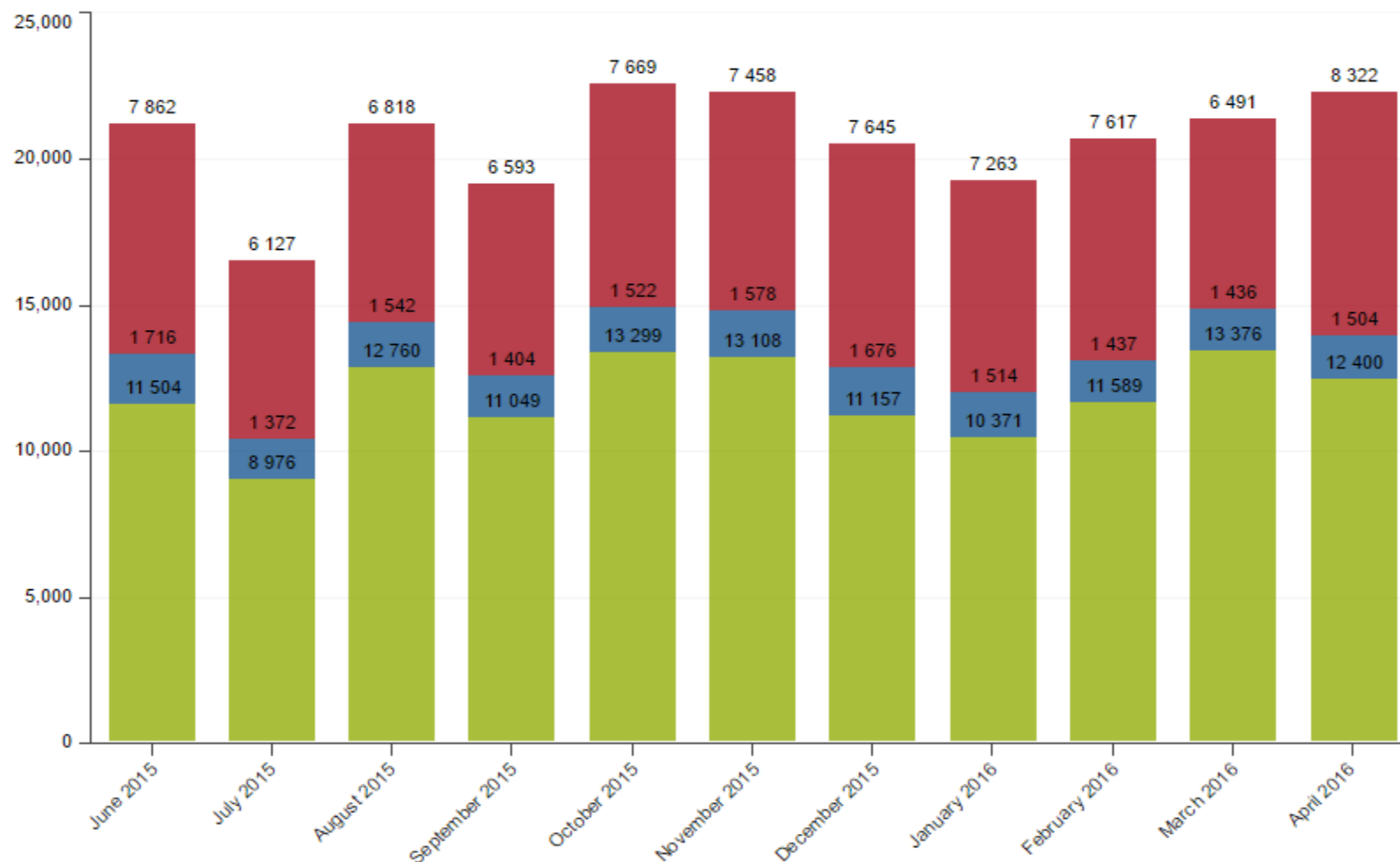
■ No. of Normal Deliveries ■ No. of Cesarean Section



Trend: OPD, IPD, Emergency Patient, last 11 month

Gazipur District Hospital, Gazipur

Outdoor Patients Admission Patients Emergency Patients



COIA+, Type of delivery, last 12 month

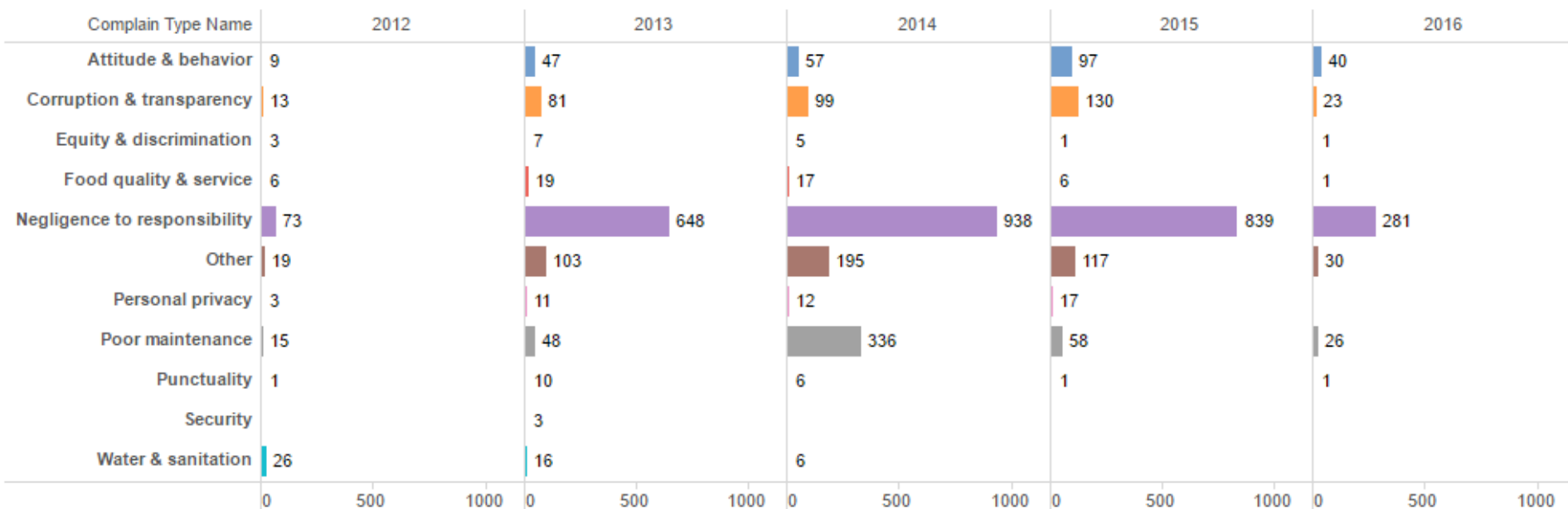
Organisation units	Bangladesh												Total
Type of delivery / Periods	June 2015	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	
NVD	460	473	507	422	460	376	319	140	67	103	160	143	3 630
Cesarean section	41	53	65	78	46	62	35	34	10	31	52	53	560
Forcep	7	7	6	10	14	13	10	10	2	2	11	14	106
Vacuum	7	5	7	4	1	11	4			1	1	3	44
Destructive operation	11	10	9	13	8	7	18	7	3	5	12	20	123
Vaginal breech delivery	10	7	14	8	3	8	10	8		5	13	9	95
Vaginal face delivery	25	26	34	19	50	41	39	36	8	32	65	44	419
Total	561	581	642	554	582	518	435	235	90	179	314	286	4 977

COIA+, Place of delivery, last 12 month

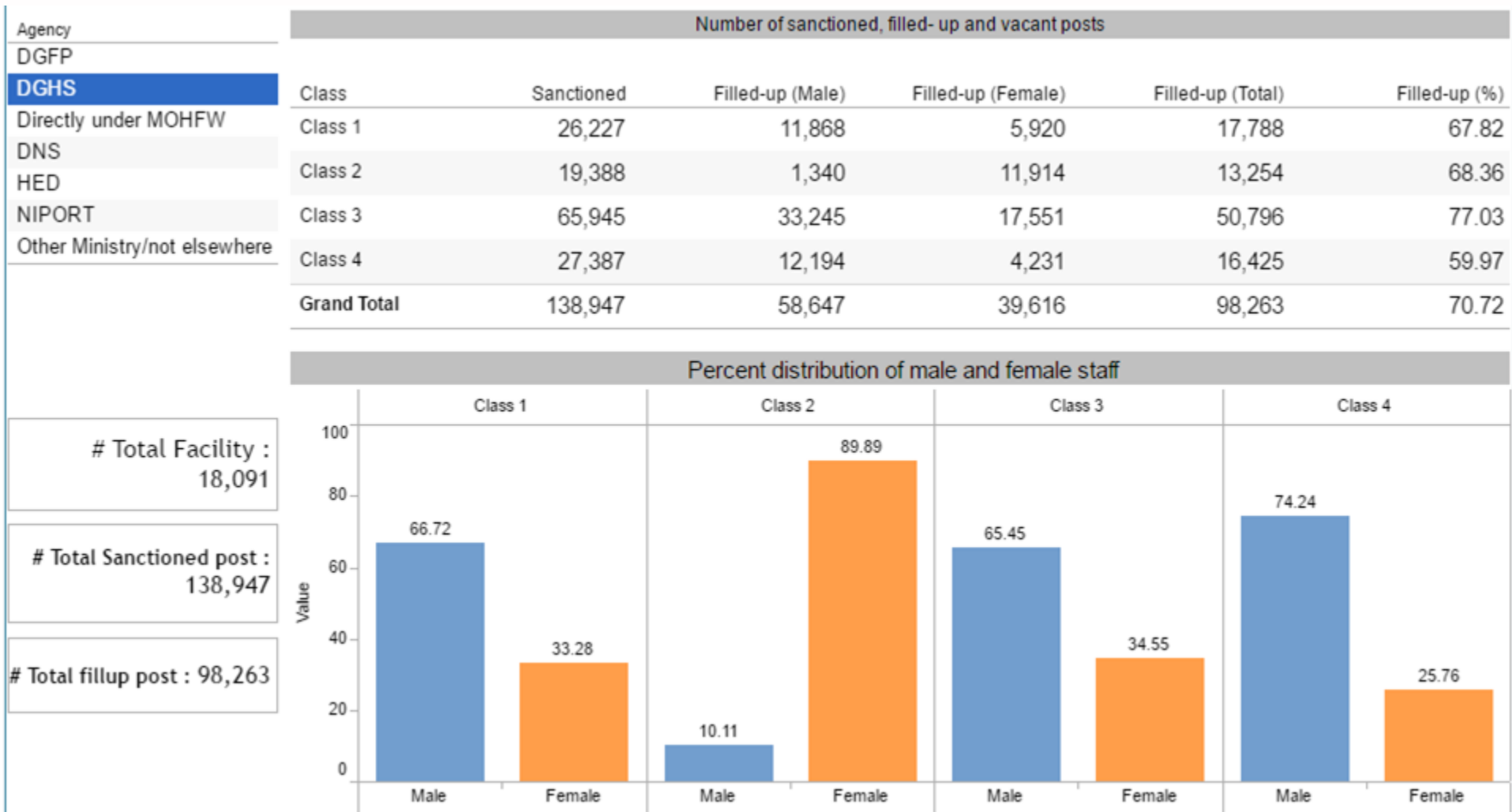
Organization units	Bangladesh												Total
Place of delivery	June 2015	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	
Medical College Hospital	41	33	45	42	34	41	45	29	5	12	15	25	367
District Hospital	123	147	146	182	154	161	125	67	11	40	56	62	1 274
Upazila Hospital	435	377	425	430	526	572	486	194	64	144	201	204	4 058
MCWC	20	15	18	27	30	45	32	23	5	10	23	6	254
UH & FWC / USC	37	23	43	22	32	46	48	21	3	5	14	8	302
Community Clinic	199	199	192	202	247	284	257	121	43	84	149	119	2 096
Private Hospital / NGO clinic	102	139	143	140	125	162	143	74	18	44	72	80	1 242
Home	1 041	991	1 115	965	1 191	1 092	908	445	112	199	294	265	8 618
Own Facility	15	20	24	19	25	25	28	8	1		4	8	177
Others	33	28	44	26	36	43	25	18	1	3	3	7	267
Total	2 046	1 972	2 195	2 055	2 400	2 471	2 097	1 000	263	541	831	784	18 655

Complain Box

Datetime	Org Name	Message
05-06-2016 ..	Sarkari Karmochari Hospital- Chankharpol- Dhaka	scigare staplar pin
04-06-2016 ..	National Institute of Chest Disease and Hospital (NI..	w12/13 rom 10, toileter doroja nai.bacin nai.janalar glas nai
04-06-2016 ..	National Institute of Kidney Disease and Urology (NI..	cash reciver person is not present at his room for a long time.
01-06-2016 ..	Sher-e-Bangla Medical College Hospital	lowest service every section.
01-06-2016 ..	National Institute of Ophthalmology (NIO)- Sher-e-B..	Sister of outdoor (Room no. 117) was very rude and behaved very toughly. (Time:9.30 a...
31-05-2016 ..	500 Bed Kurmitola General Hospital (Cantonment)	toilet not clean and doctor service very weak not a fast
31-05-2016 ..	Shaheed Suhrawardy Medical College Hospital	paying bed ward 9 Female 1 Ceiling fan are not working and insufficient fan. Patients are fi..
31-05-2016 ..	500 Bed Kurmitola General Hospital (Cantonment)	hard to find room numbe. Needed proper direction signe.
30-05-2016 ..	National Institute of Chest Disease and Hospital (NI..	no body present in information desk
30-05-2016 ..	Barhatta Upazila Health Complex	there is no sufficient tablet and capsule



Human Resource Management

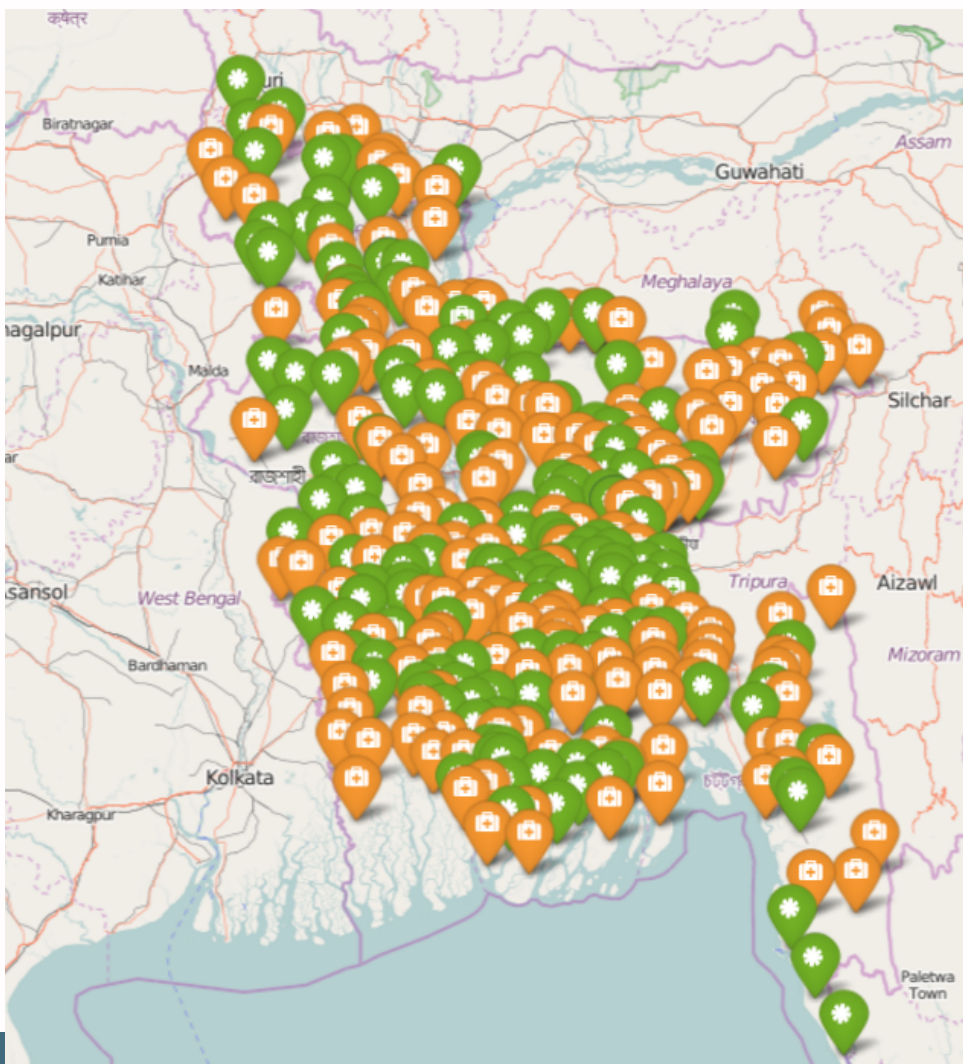


Human Resource Management

Agency	Class	Profession Category	Sanctioned	Filled up (Male)	Filled up (Female)	Filled up (Total)	Vacant	Vacancy %
DGHS	Class 1	Dental Surgeon	588	251	145	396	192	33.1
		Medical Technologi..	2	0	0	0	2	100.0
		Nurse	59	3	17	20	39	61.2
		Physician	25,841	11,889	6,003	17,892	7,949	43.9
	Class 2	Medical Technologi..	159	93	19	112	47	37.1
		Nurse	17,750	866	11,307	12,173	5,577	64.8
	Class 3	Field Staff	39,810	19,190	14,387	33,577	6,233	32.9
		Medical Technologi..	4,745	2,877	519	3,396	1,349	53.2
		Nurse	1,398	356	138	494	904	54.8
		Support Staff	24	3	0	3	21	76.7
	Class 4	Field Staff	4	0	0	0	4	100.0
		Support Staff	27,369	12,168	4,222	16,390	10,979	53.6
Grand Total			117,749	47,696	36,757	84,453	33,296	45.9

Attendance System

Those who recorded presence by bio metric machine



Organization Name	Total Employee	Total Attendance
Dhamrai Upazila Health Complex	95	66
Dohar Upazila Health Complex	50	21
Savar Upazila Health Complex	90	12
Alfadanga Upazila Health Complex	39	20
Sadarpur Upazila Health Complex	32	24
Tongi 50 Beded Hospital	110	66
Gazipur District Hospital	148	70
Kaliakair Upazila Health Complex	71	55
Kaliganj Upazila Health Complex	94	25



Active sending data



Active not sending data

SHARE Baseline study, 2015

Current status

- Online system is established
- Computers, laptops, tablets, supplied, installed and in operation
- All data operators are trained
- Data input is customized
- Real-time data available

Success factors

- Strong leadership (**Champion**)
- Effective collaboration
- Donors support
- Political commitment
- A team-work approach



Key challenges

- Internet connectivity
- Data quality
- Motivation of managers
- Skills and knowledge
- Little use at local level

Way forward

- Capacity development of health manager for data analysis, interpretation, feedback and use for better resource allocation and decision making
- Create online training module so that user can learn from distance
- Create dashboard for each layer of user so that they can visualize and use data improving governance and stewardship
- Development of web portal, using TABLEAU, CLICDATA etc.
- Technical assistance to neighboring countries

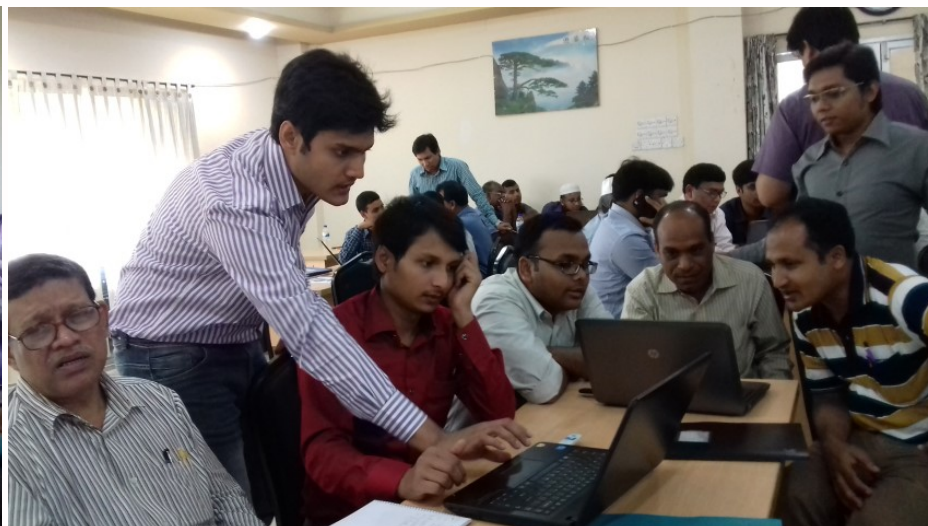
Conclusions

- *A Disruptive Innovations* in the field of on-line Health-MIS
- Now *real time* data are available for
 - monitoring and evaluation
 - measurement and accountability
 - enhance competition
 - benchmarking for evaluation
 - research
- All these were possible due to strong **collaboration** and presence of a **benevolent leader**
- **Showcase** for neighboring countries
- Need for further strengthening and regional collaboration to support achieving health SDG targets

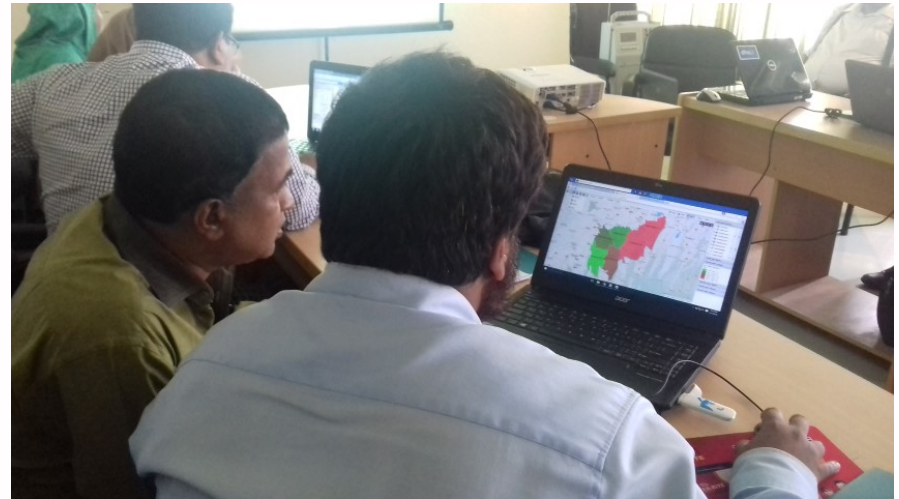
Orientation of Line-Directors of Health Department on DHIS2 data visualization



Divisional training for district managers



Divisional training for district managers



Measurement and Accountability for Health



thank you!