

Strengthening Data Generation System for Improved Primary Health Care Service Delivery in Delta State: Challenges and Recommendations

About CPED Policy Brief

CPED Policy brief series is designed to draw attention of stakeholders to key findings and their implication as a research project is conducted. Actionable recommendations for policy influence and results utilization are also presented.

This publication is supported by Governance for Equity in Health Systems Program of the International Development Research Centre (IDRC) and the West African Health Organisation (WAHO) as well as the Think Tank Initiative (TTI) also of (IDRC).

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Introduction

The availability of accurate, timely, reliable and relevant health information is the most fundamental step toward informed public health action. Providers of health care services need information not only at the point of service but also at the point of decision making in a format that maximizes the decision-making process. Therefore, for effective management of health and health resources, governments at all levels in Nigeria have overriding interest in supporting and ensuring the availability of health data and information as a public good for public, private and NGOs' utilization. The challenge of adequate health information is more crucial at the primary health care level where information for planning and the delivery of relevant health care is essential. It is in this context that primary health data must be maintained for the present and future care of the patient regardless of the level at which the service is provided. The quality of that data is crucial, not only for use in patient care, but also for monitoring the performance of the health service and employees. Data collected and presented must be accurate, complete, reliable, legible and accessible to authorized users if they are to meet the requirements of the patient, doctor and other health professionals, the health care facility, legal authorities, plus state, province and national government health authorities. This policy brief presents key challenges facing primary health information in Delta State and the need for action to improve the situation

BACKGROUND

This policy brief is based on the findings of an on-going research on “*Strengthening the health system in Nigeria through improved equitable access to Primary Health Care (PHC): The Case of Delta State, Niger Delta region*”. The project is funded by Canada's International Development Research Centre (IDRC), Ottawa and the West African Health Organization (WAHO). The general objective of the research programme is to contribute to a body of evidence on the strengthening of the health system in Nigeria that can influence the development, modification and implementation of policies on equitable access to health care with specific focus on the primary health care component.

The primary focus of this policy brief therefore is to outline the actionable recommendations on strengthening the data generation system of primary health care in Delta State based on the findings of the project for the attention of the Delta State government and all stakeholders.

METHODOLOGY

Data was collected from all Primary Health Centres in selected nine Local Government Areas in Delta State using facility audit questionnaires, interviews with health service providers, Community health workers and community stakeholders in the communities where these PHC facilities were surveyed.

Focus group discussions and key informant interviews were held with various stakeholders on their assessment of PHC services in their respective communities.

Key Findings on Data on Primary Health Care Situation in Delta State

During the process of collecting data on primary health care situation in the target local government areas in Delta State, it was observed that considerable data on health care is available at the Ministry of Health in Asaba. It was observed that there has been considerable improvement in the collection, analysis and storage of primary health data in the state in recent years. However, both coverage and quality are variable, thus linking information to policy-making at the state and indeed local level remains a major challenge. The main characteristics and challenges associated with primary health data available in Delta State can be briefly outlined as follows:

- The quality of health information is highly variable and this obviously affects the use of the available data for decision making. This is due largely to Inadequate quality control measures;
- Available primary health data are incomplete and inaccurate as reflected in incomplete medical records and inaccurate clinical codes. Inaccurate or delayed transcription of data into either manual or computer systems may also be the cause of poor quality statistical data;
- There are insufficient data documented in health records – at primary health care level, problems arise due to insufficient data recorded by the attending health professional. This in turn leads to inaccurate coding and problems in the collection of accurate and meaningful statistics;
- Another component of the inadequate coverage of primary health care services in the state relates to the fact that private and other non-governmental primary health care facilities are not captured in the data collection process;
- Most of the available data are aggregated at the local government level without specific data on each primary health care. This makes it difficult for using the available data on taking decisions on the needs of individual primary health care establishment in different parts of the state;
- Poor data collection exists in each primary health care establishment in different parts of the state to the extent that there are no collated data on key health issues over a period of time so that trends in health care challenges can be analysed for planning and decision making;
- Lack of, and at best poor training of data collection staff, particularly in relation to requirements for accurate and timely statistical data collection and this has resulted in sporadic data collection at the request of the senior officers from the State Ministry of Health;
- Interactions with primary health care staff indicates that there is lack of approved procedures relating to data collection or at best poorly defined procedures for collecting and processing statistical data;
- The existing primary health information system in Delta State is characterized by extensive duplication of data collection, entry and analysis resulting in conflicting findings which limit the usefulness of such collect data;
- The existing primary health data collection framework in Delta State pays little attention to community characteristics in terms of the health indicators of the population around the individual primary health care establishments;
- Lack of community data makes it difficult for planning and policy decisions to be made on the impact of the provision of primary health care services on the health status of the people in such localities;
- Weak monitoring, evaluation and managerial capacity at the Ministry of Health because often data collection at the individual primary health establishment is not adequately supervised by the relevant officials of the Ministry;
- It was observed that even the limited data on primary health care are not effectively used by policy makers, researchers, providers and various stakeholders because of certain barriers to accessing information and using it are still poorly understood, especially among healthcare providers and patients including Lack of physical access (slow or unreliable internet connectivity, high cost of paper, high subscription cost to products); Lack of awareness of what is available; Lack of relevance of available information; Lack of time and incentives to access information; and Lack of skills to interpret it.

Policy Recommendations

On the basis of the findings as outlined above, there is an urgent need in Delta State to strengthen the primary health care information system through the provision of appropriate infrastructure, and the establishment of mechanisms/procedures for collecting and analyzing health data to provide needed information. The need for the state to focus attention on strengthening primary health care data is essential in order to: assess the state of the health of the population; identify major health problems; set priorities at the community, local and state levels; monitor the -progress towards stated goals and targets of the primary health services; provide indicators for evaluating the performance of the health services and their impacts on the health status of the population at the grassroots level; and provide information to those who need to take action, those who supplied the data and the general public. It is in this context that the following key and actionable recommendations are being made to the Delta State Government that is expected to play the key role in the strengthening of the primary health information system in the state.

- Ensure that primary health care information focus not only on those primary health centres established and owned by the public sector public but also those owned by the private and non-governmental organisations;
- Ensure that all processes relating to the accuracy, validity, reliability, completeness, legibility, timeliness, usefulness and accessibility of data are in place;
- Develop appropriate procedures for collecting statistical data such as: verification of data before entry; determining that the terms and definitions used comply with standards previously set; prepare reports in a logical, useful and meaningful manner. In computer systems, ensure data quality assurance such as edit and validity checks;
- There should be the launching of a special initiative to improve access to primary health care information in Delta State with special focus on collecting and analyzing data at the individual primary health care establishment;
- Facilitate systematic reviews and new research into information needs, barriers to access, and barriers to use of information among healthcare providers in Delta State in particular and Nigeria in general;
- Investigate the training and learning needs for primary health care information in the state, identify and support effective training programmes.

Conclusion

The ultimate responsibility for the collection, presentation and distribution of relevant and quality primary health care data rests with the Primary Health Care Directorate of the Delta State Ministry of Health. The Ministry must therefore provide the necessary framework for the collection, analysis and storage of data for use by those in need of such data within the public sector and by non-state actors. All persons collecting and processing data must accept responsibility for the accuracy and reliability of the data they collect and process. The standardization of terminology,

data elements and formulae used are important and must be adhered to if the health care facility wants to compare data from previous years, with other facilities in the state and with other parts of the country.

Health Management Information and Research Countries have been developing their essential national health research plans and their health information systems. Too often the latter is unsettled by the pressures to separately collect data on specific health challenges leading to a fragmented system. These need to be merged in order to have an appropriate health information system made up of

locally generated and collected accurate data suitable to monitor progress, inform decision making and assure quality in the delivery of health care services. The systems need to be readily accessible, user friendly and capable of synthesising data for use at any level of the health system (policy, planning, implementation, monitoring and evaluation), an imperative for running an effective and efficient health system. The information system should be simple and efficient so as to flow smoothly with the provision of care and be suitable for informed decision making. Government should publish official statistics on health.

Health information systems should be strengthened to guide and support decision-making at all levels. A standard package of information reflecting gender and age and based on a minimum package of interventions should be collected to monitor and evaluate health

system performance. The district or hospital information systems should provide a framework of information for monitoring progress, identifying where interventions are required and evaluating success. The routine data will need to be supplemented by other

ABOUT CPED

The *Centre for Population and Environmental Development (CPED)* is an independent, non-partisan, non-profit and non-governmental organization dedicated to promoting sustainable development and reducing poverty and inequality through policy oriented research and active engagement on development issues. CPED started as an action research group based in the University of Benin, Benin City, Nigeria in 1985. The action research group was concerned with applied research on sustainable development and poverty reduction challenges facing Nigeria. The research group also believed that communication, outreach and intervention programs, which can demonstrate the relevance and effectiveness of research findings and recommendations for policy and poverty reduction, especially at the grassroots level, must be key components of its action research. In order to translate its activities more widely, the Benin Social Science Research Group was transformed into an independent research and action Centre in 1998. It was formally registered in Nigeria as such by the *Corporate Affairs Commission* in 1999.

The establishment of CPED was influenced by three major developments. In the first place, the economic crisis of the 1980s that affected African countries including Nigeria led to poor funding of higher education, the emigration of academics to advanced countries which affected negatively, the quality of research on national development issues emanating from the universities which are the main institutions with the structures and capacity to carry out research and promote discourse on socio-economic development. Secondly, the critical linkage between an independent research or think tank organisation and an outreach program that translates the findings into policy and at the same time test the applicability and effectiveness of the recommendations emanating from research findings has been lacking. Finally, an independent institution that is focusing on a holistic approach to sustainable development and poverty reduction in terms of research, communications and outreach activities is needed in Nigeria. CPED recognises that the core functions of new knowledge creation (research) and the application of knowledge for development (communication and outreach) are key challenges facing sustainable development and poverty reduction in Nigeria where little attention has been paid to the use of knowledge generated in academic institutions. Thus, CPED was created as a way of widening national and regional policy and development debate, provide learning and research opportunities and give visibility to action programmes relating to sustainable development and poverty reduction in different parts of Nigeria and beyond.

The vision is to be a key non-state actor in the promotion of grassroots development in the areas of population and environment in Africa. **The overall mission** is to promote action-based research programs, carry out communication to policy makers and undertake outreach/intervention programmes on population and environmental development in Africa

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