**Session Title:**

**Date:**

**Total time:**

**Facilitator(s):**

**Goals**

XXX will better understand their role in HIS as well as the importance of HIS in programmatic work.

XXX will get a chance to improve their skills and practices related to their daily work connected to HIS.

**Objectives**

**By the end of the training, participants will:**

1. Be able to explain the concept of Health Information Systems and where it fits into the public health process/program management lifecycle.
2. Be able to explain the HIS data cycle process, why it has to be unbroken, and where their work fits into the cycle
3. Be able to give at least 3 examples of how data is used at the XXX central office.
4. Be able to list at least 2 important data considerations for when they collect, check, and deliver data forms
5. Understand the importance of their role in HIS and successful program implementation
6. Be more comfortable concerning the differences between counts, percentages, and rates

**Materials/Handouts/References**

Flipchart with the words “Health Information Systems” written on it in Burmese

Flipchart with one definition for “Health Information Systems” on it

Projector

Computer

Powerpoint with:

slide of the Public Health Process in Burmese

slide of the HIS/M&E Process in Burmese

Slips of blocks in the HIS process in Burmese plus the background for ordering activity

Large slips for malaria and pictures of each step in HIS process

Basic interpretation scenarios

Scanned copies of existing data forms

Copy of the PH Process in English (for non-local trainer who doesn’t speak Burmese)

Post-it notes

Large version of the slips and what-not in Burmese

Example malaria screening data – check for addition/subtraction issues and blanks

Example malaria treatment data – check for blanks

**Schedule**

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| --- | --- | --- | --- |
| **Task** | **Objective** | **Time** | **Trainer Notes** |
| **Welcome/introductions (9:00am)** |  | **10 min** |  |
| **What is HIS? (9:10am)**   * **Explaining all the words in HIS** (10 min)   + Ask: What do each of these words mean? Expected answers can include:     - Health: state of well-being, absence of illness, etc.     - Information: communication of knowledge     - System: interacting elements or processes that represent a whole, activities that relate to each other to create or cause something – a concrete example could be, say, defining a car as a system   + Explain, if it doesn’t get here: Overall, health information systems means a set of activities or processes that communicate knowledge about a population’s state of well-being or absence of illness. * **Public health process and its links to HIS** (10 min)   + Put the PH process cycle powerpoint up Ask: Looking at this process, and looking at this definition of HIS, where do you think HIS may connect to the public health process?     - Put post-it notes or circle with a whiteboard marker (if projected on a whiteboard) the areas where participants believe it connects.     - Key point: it’s involved in most, if not all, aspects of the process. * **Routine data and HIS** (10 min)   + Ask: Can you think of examples of things you have learned that fall under HIS so far?     - Write on a flipchart examples of what they say     - Prompt: Have you learned about indicators? Recording treatment? Monitoring?   + Ask: Which of these items do you gather as a regular part of your work?     - Explain: In HIS work, this kind of knowledge is called “routine data” and is an important part of HIS. We will be mostly talking about routine data in this session when giving examples today. | **1, 5** | **30 min** |  |
| **Data – How do we get it (9:40am)**   * **HIS cycle introduction (25 min)**   + Form groups of 4 and hand out sets of the HIS cycle.  Say: There are a variety of parts in HIS that connect in a process or cycle. They tend to go in a particular order – let’s try in small groups to discuss the parts of the process and put them in the correct order     - Ask: Would anyone like to present their ordering to the group and explain?     - Ask: Does anyone else have other ordering?     - Ask: What do you think happens if (block x) isn’t successful or doesn’t happen?       * Key point: all parts are needed in the cycle, and failing at one part means the results will be not good.       * Key point: focus on better collection, not better results. Explain this if needed. * **HIS cycle application: Malaria (20 min)**   + Malaria example: large group. Let’s try to order this under each part of the HIS cycle (20 min)     - After finishing this as a group, ask: So, what is interesting about this? What did you notice? What about your role in this process?       * Key points: lots of different people involved, lots of checking happening, checking more locally is easier than checking higher up the chain, lots of details, there are a lot of places where something could go wrong     - What happens when you or others can’t fulfill their role?       * Key point: Process is severely affected, making it hard to analyze and interpret – as partial interpretation is not as reliable as full data return       * What happens if we can’t analyze for results?         + Key point: can’t interpret data, which means we can’t make changes that may be crucial | **2, 5** | **45 min** |  |
| **Break (10:25am)** |  | **10 min** |  |
| **Energizer – If you have a…** |  | **5 min** |  |
| **Data – What is it used for? (10:40am)**   * **How do different people use data, and what do they worry about? (45 min)**   + Explain: Like we explored in malaria, and like you heard about in previous presentations on BCC and M&E, data is used for a variety of purposes. We can think about this by categorizing how different kinds of people may want to use data. Let’s try this in groups based on distribution of ITNs.     - Assign each group of trainees one of these groups: Community members, Medics, Clinic or Field In-Charges, Program Coordinator, XXX head, Donors. Review as a large group to make sure everyone understands what each one is.     - Have each group brainstorm (5 min)     - Have each group present their ideas and ask for others to give feedback/additional ideas on how the group may want to use the data (4 min per group; 25 min total)     - Ask: In particular for medics and in-charges, what may be important for making sure your parts of the cycle run smoothly? What does your supervisor want? What do you want? (15 min)       * Key points: on-time data return, checking in the field for blank/missing/incorrect results, accuracy/clearness in writing information down, completeness as much as possible, explanations if something is noticed that isn’t right (e.g., why data is incomplete)     - Key points: One piece of data can be used in different ways by different people and has a lot of meaning. Donors in particular have “hard” deadlines, so if any one part of the chain here is delayed, it makes things much worse for everyone else downstream. * **Problem-solving using data (30 min)**   + Explain: There are many ways to use data from HIS, but one of the most common ways is to identify and figure out problems. Let’s try a few “simple” problems as a group.     - For each, ask: So, based on this, what would you do? What else would you like to know? Are these things available from a routine data system?       * Write ideas down, noting which ones have data available in some routine system       * Have them try to run the last example on their own, using a volunteer       * Key points: Lots of questions come from even one issue, but in order to “prove” there’s an issue, we need data. Routine data can solve some issues, but sometimes we need more kinds of data, for example, through surveying or focus groups. Different approaches by different people and backgrounds. * **Q&A on content thus far (10 min)** | **3, 4, 5** | **85 min** |  |
| **Lunch (12:05)** |  | **60 min** |  |
| **Energizer (1:05) (5 min) Cat and mouse – punishment – have to make an animal sound** |  | **5 min** |  |
| **Key considerations for FICs and medics (1:10pm) (25 min)**   * Explain: One of the fundamental things about HIS and your work is that better collection is more important than better results. When better (or worse) results are given that are not reality, adjustments cannot be made with the expectation of appropriateness, for example. (5 min) * Small group discussion: Break into small groups by work type (medic versus FIC; 10 min). Work on:   + What are the main reasons behind data incompleteness and not on time?     - Have each group give one point that hasn’t been said yet (10 min)   **Practice work-related tasks (50 min)**   * Back in same small groups. Ask:   + What can we/people like us do to improve timely and complete data return (as much as possible) (10 min)?     - Have each group give one point until all suggestions have been given (5 min)       * ideas for what we can do as a group (hopefully includes things like scanning for missing information, double-checking counts, looking at existing forms and issues, etc.     - Key point: they can make a big difference in the HIS cycle because they are so important. We don’t know what we don’t know. (5 min)   + Treatment data practice (15 min)     - Check for blanks/incorrect filling out – first example as a large group     - Then, put second and third example up, have people write down on their notebooks the issues, and ask for volunteers to point out issues   + Individual practice – checking addition, percent, ratio – with screening forms (15 min)     - Check for blanks/incorrect filling out/addition issues – first example as a large group     - Then, put second example up, have people write down on their notebooks the issues, and ask for volunteers to point out issues | **4, 5** | **75 min** |  |
| **Final Q&A and experience-sharing (2:25pm) (30 min)** |  |  |  |
| **Post-test and evaluation (2:55pm) (30 min)** |  |  |  |