



Health Management Information System

Welcoming Message

We would like to introduce one more version of the HMIS quarterly bulletin, which was written by Department of Planning and Health Information of MoH. The bulletin aims at sharing information and work related to HMIS. We hope that the bulletin will provide you with information on the progress of HMIS work in Cambodia.

Effective health management information system is a contributing factor in better decisions and quality health service provision.

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PMRS-Related Remarkable Events

Vietnamese Delegates Visit Cambodia to Learn about HMIS System

In April 2012, director of health informatics cabinet commission of Ministry of Health in Vietnam paid a formal visit to Cambodia to learn about Cambodian HMIS practice and experience.

According to the five-year master plan (2008-2015) of the Ministry of Health in Vietnam related to the development and implementation of health information technology, Vietnam shows its interest in the creation of health management information system to control all health information in Vietnam.

Thus, they would like to look for technical support from Cambodia to develop and install HMIS in their country. Therefore, on 27 May 2012, Vietnam's Ministry of Health delegates arrived in Cambodia with the purpose of studying HMIS practice in public hospitals of our country.

The delegation was met and warmly welcomed by Dr. Lo Veasnakiri, DPHI director, at DPHI office. After that, on 28 May 2012, the delegates went on to visit some private and public health facilities in Kampong Cham and Siem Reap.

They were welcomed by director and staff of Siem Reap hospital and URC staff at the time that they were visiting patient



Vietnamese delegates in meeting with MoH officers and URC staff

(Picture taken by: Oeng Sothary)

medical record registration that was first installed in public health facility.

Health management information system (HMIS) and Patient Management and Registration System (PMRS) are good achievements that fascinate the delegates, earning their praise. Standard data package, report system and timely report from all levels of health facilities impressed our visitors. Moreover, PMRS produces computerized individual unique ID, which can be shared with all health facilities in Cambodia.

This formal visit was concluded on 30 May 2012 and the delegates safely returned home with fruitful trip.

Patient Management and Registration System Consultation Workshop

Under the leadership of DPHI of MoH and Siem Reap Provincial Hospital in cooperation with URC and through many meetings and discussions regarding PMRS, PMRS has been tested since November 2011 in Siem Reap hospital. The PMRS is used to record patient information by using patient ID.

On 23-24 May 2012, DPHI of MoH conducted PMRH consultation workshop in Siem Reap province. The objective of this workshop was to introduce PMRS to other hospitals in Cambodia. There were 46 participants coming from 8 provinces/municipalities, including directors of provincial health departments, operational districts, and hospitals. On 24 May 2012, all participants were invited to join a study tour to Siem Reap hospital, led by DPHI and Siem Reap health department. This workshop was successfully organized with fruitful results.

Going forward, DPHI of MoH is going to select other 10 hospitals, 6 of which are URC partners.

Participation in PMRS Consultation Workshop

(Picture taken by: Oeng Sothary)



Vietnamese delegates visiting Patient Registration in Siem Reap Hospital

(Picture taken by: Oeng Sothary)



Integration of Privates and NGO Health Facility Data to HMIS

Below table is described the detail of name of private health providers and NGOs health facilities that registered and submitted their report to HMIS.

PROCEDURE	PROVINCE	Total	#Reported
1	Banteay Meanchey	10	4
2	Battambang	165	31
3	Kampong Cham	37	20
4	Kampong Chhnang	4	1
5	Kampong Speu	10	1
6	Kampong Thom	4	1
7	Kampot	5	1
8	Kandal	13	0
9	Koh Kong	2	1
10	Kratie	2	0
11	Mondul Kiri	0	0
12	Phnom Penh	7	4
13	Preah Vihear	0	0
14	Prey Veng	58	32
15	Pursat	10	4
16	Ratanakiri	1	0
17	Siemreap	70	32
18	Sihanoukville	17	11
19	Stung Treng	0	0
20	Svay Rieng	9	7
21	Takeo	5	0
22	Oddar Meanchey	16	9
23	Kep	0	0
24	Pailin	5	4
Total		450	163
Total of Private Health Facilities		364	
Total of NGO Health Facilities		86	

Table: Number of Private and NGOs Health Facilities by province.

Distribution of register books and job aid/ instruction



As at request of MoH, BHS project printed and distributed 12771 register books and 5600 Job aid/instruction of filling MCH registers.

Those register books and Job aid are:

1. Antenatal care registers,
2. Delivery for health centers,
3. Delivery registers for hospitals ,
4. Postnatal care registers for health centers and hospitals,
5. Maternity ward registers for hospitals,
6. Gynecology ward registers for hospitals.



All PHD are responsible to take register books and Job aid from URC office and distribute it to all health facilities in their catchement area.



Municipal Health Department staff took HMIS register books

Photo by Miss Sun Sara

Health Statistic in Public Health Facilities

Outpatient Ward

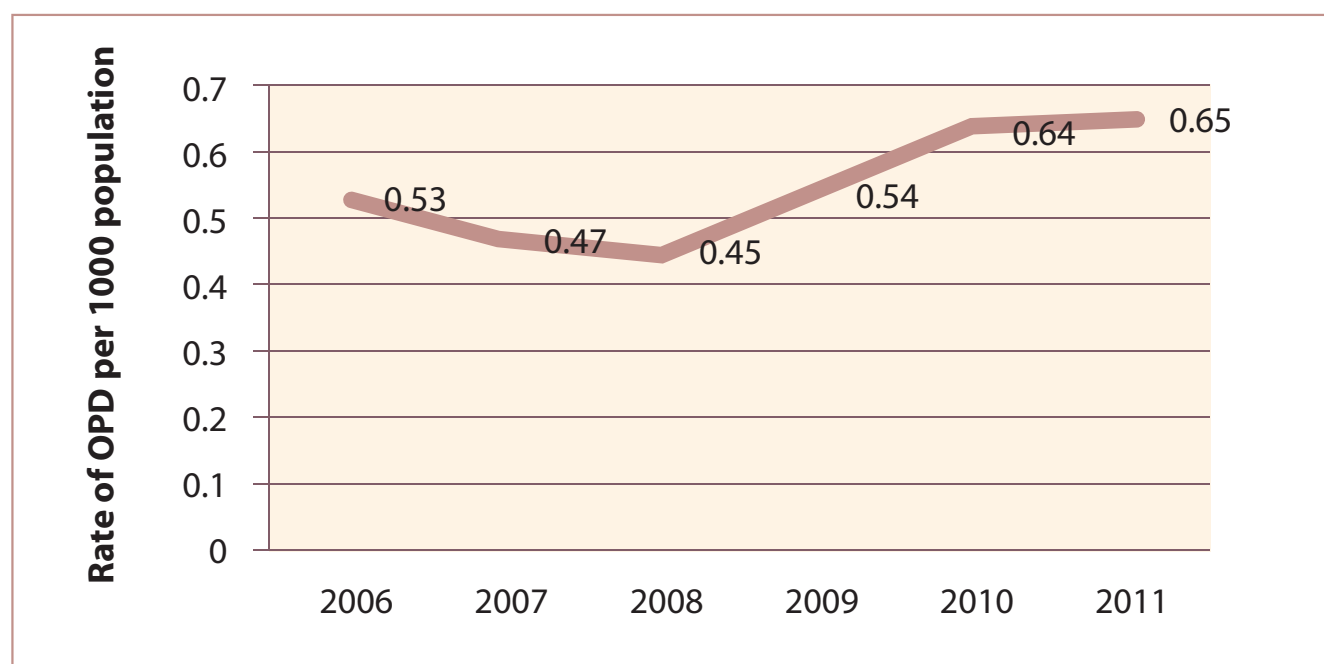


Figure 1: Rate of outpatient consultations in public health facilities

According to figure 1, the utilization of outpatient service in public health facilities has remarkably increased. In 2010-2011, OPD utilization has increased from 0.64 to 0.65 (June, 2012) compared with 2009 that saw only 0.54 per 1000 population. The increasing rate in OPD service is 0.11 between 2010 and 2011. This result is more likely to show that patients now tend to use public health services.

Inpatient Ward

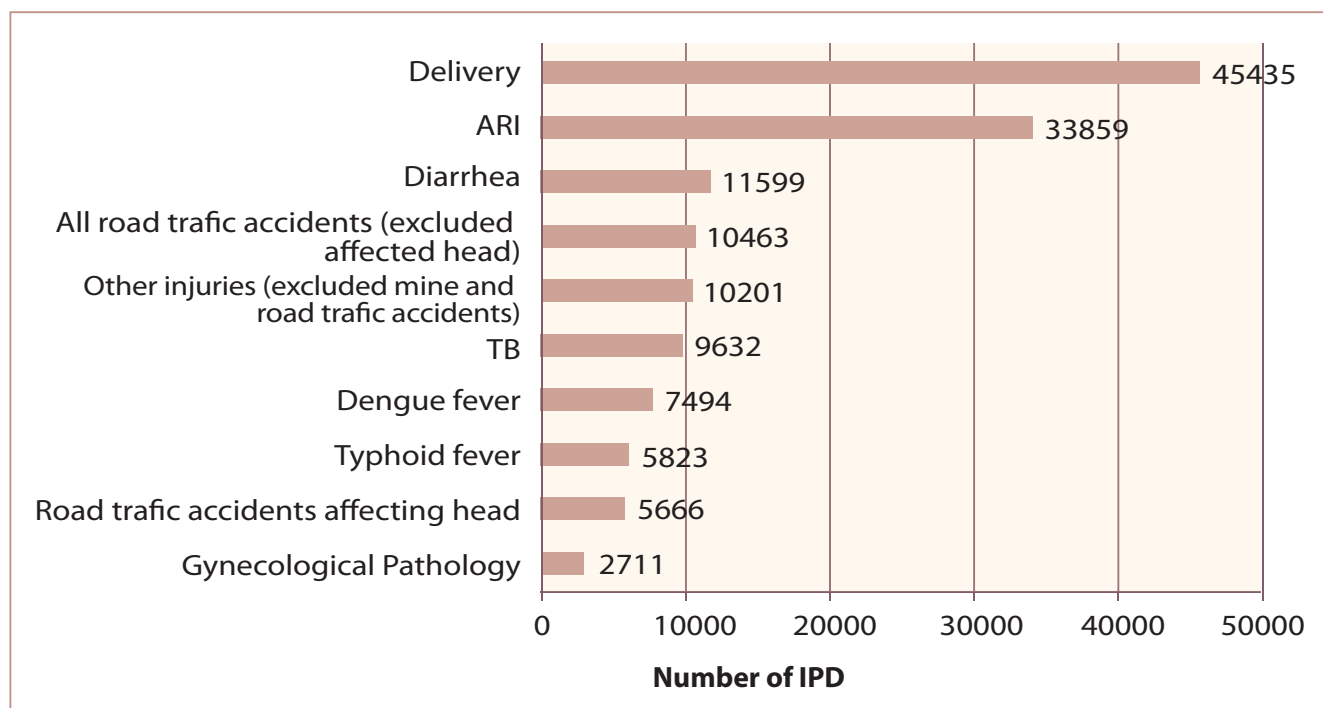


Figure 2: Top Ten IPD from January to June 2012

In public health facilities, inpatient service plays an important role to ensure the well-being of people in community. Figure 2 shows a number of top ten diseases that started from January to June 2012. Delivery ranks at the top and is equal to 45,435 cases during the last six months. ARI is still the most important health problem as it ranks second (33,859 cases) among inpatients in public health facilities, according to the figure 2. Gynecological pathology ranks tenth (2,711 cases).

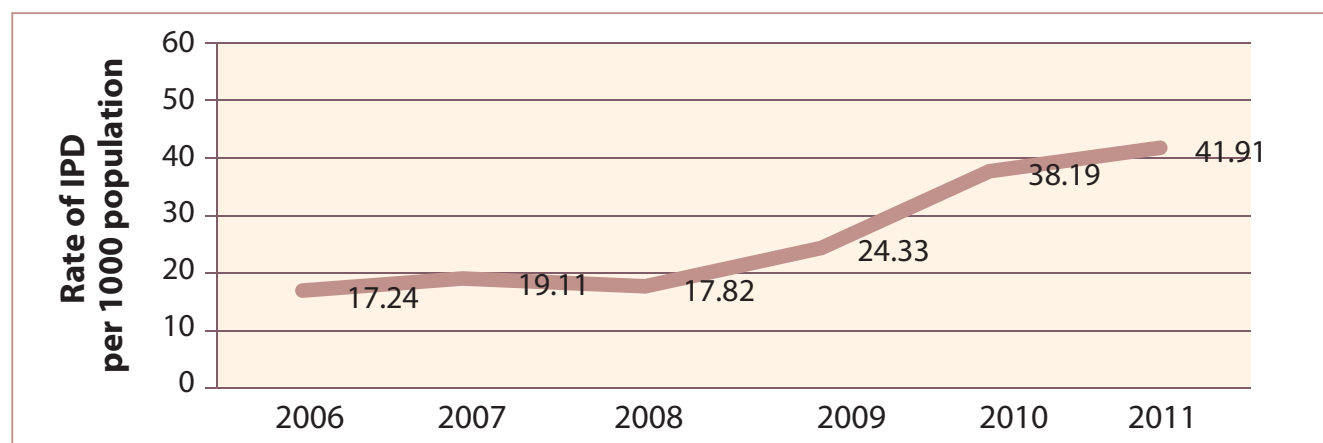


Figure 3: Rate of IPD per 1,000 from 2006 to 2011

Figure 3 shows that the number of inpatients has increased by about 3.7 % per 1,000 persons in 2011 (41.9%), compared to 2010 that saw only 38.2%. This result may indicate that people are interested in using public health service when they have health problems.

Maternal and Child Health Statistic

First Antenatal Care Visit

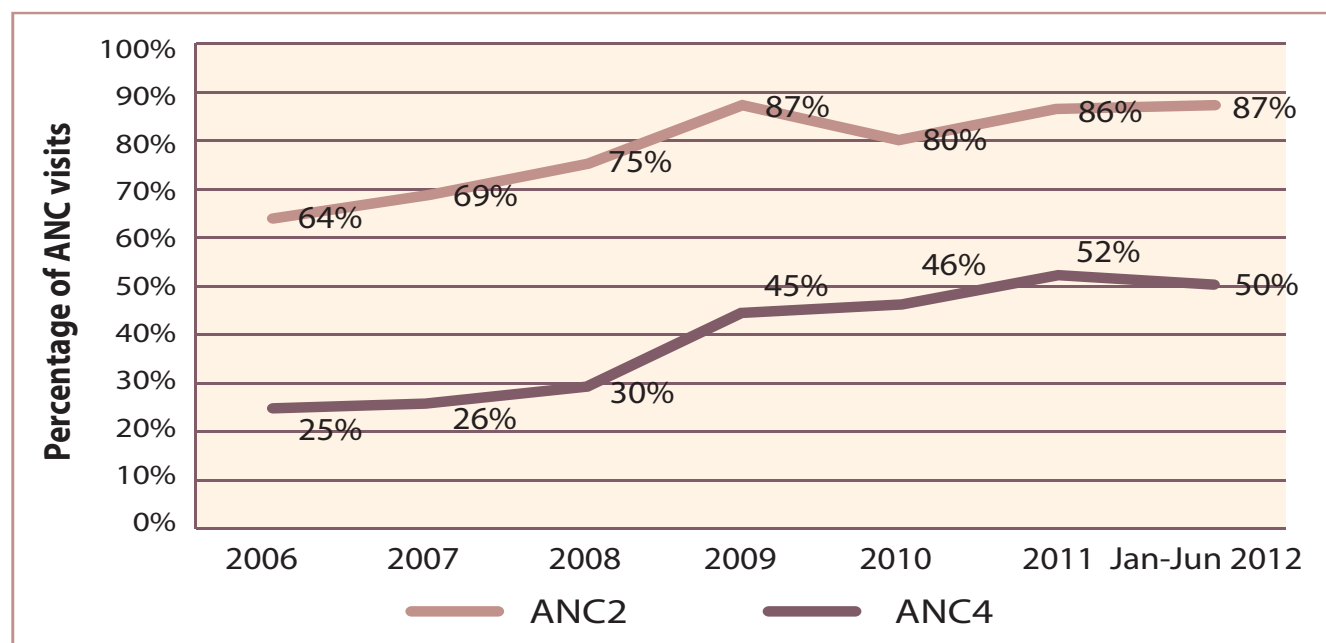


Figure 4: Statistic of ANC 2 and ANC 4 from 2006 to June 2012

Until June 2012, the percentage of second antenatal care visits was equal to 87. This number doesn't show huge difference from the percentage of women who received their second antenatal care visit in 2011. On the other hand, the number of women, who received their fourth antenatal care as of June 2012, seems to slightly decrease to 50% in 2011 down from 50% in mid-2012, according to figure 4. We expect that the percentage of women, who will receive their second and fourth antenatal care visit, will be on the rise in 2012.

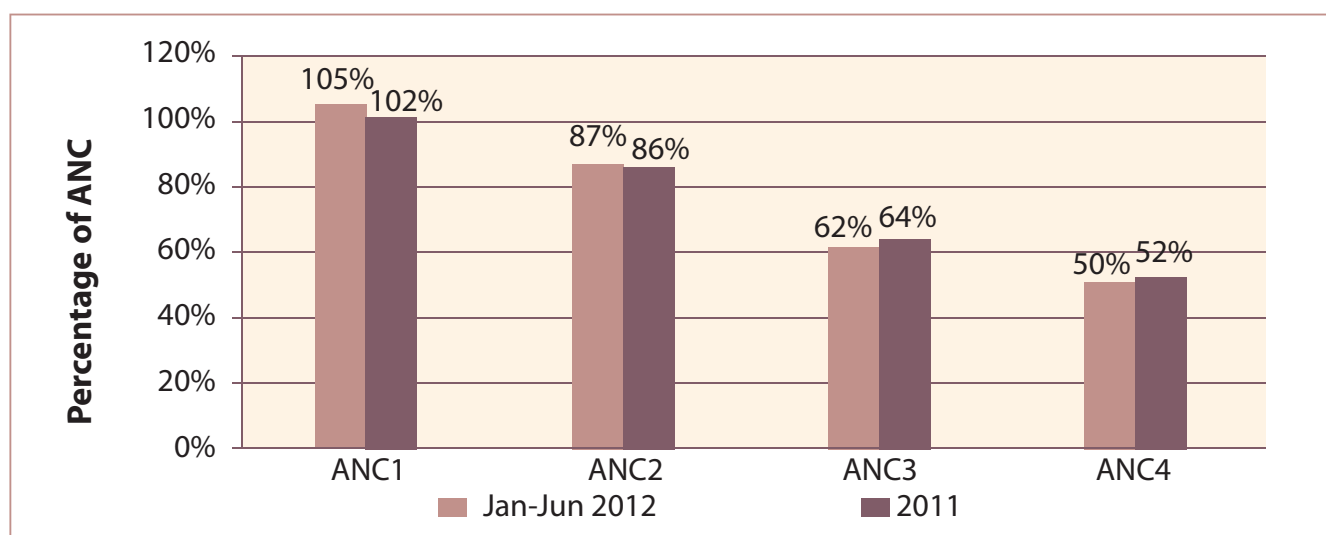


Figure 5: Statistic of antenatal care visit from 2011 to June 2012

Figure 5 points out that the percentage of women, who received their antenatal care in 2012, is 105% and 102% in 2011. Therefore, we can assume that women seem to pay attention to their health and their baby's during their pregnancy.

Delivery

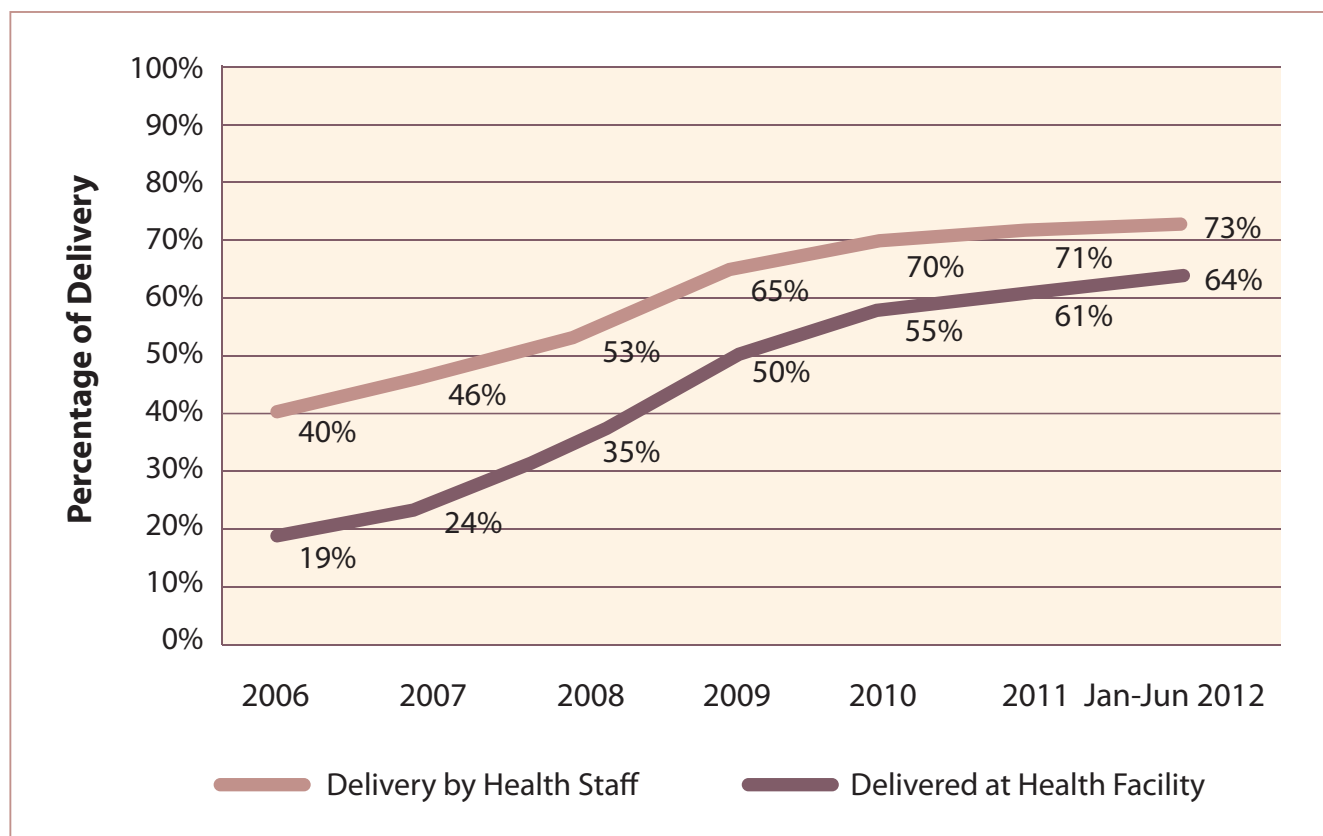


Figure 6: Statistic of delivery by health staff and at health facilities from 2006 to June 2012

In 2012, the number of pregnant women is expected to be 377.380 among reproductive women. Figure 6 indicates that in 2011, the percentage of delivery is 72% and 73% as of June 2012 at health facility. There is only one percent increase in the last six months (January-June, 2012). The number of delivery at health facilities has increased by three percent in June, 2012 compared to the whole year of 2011. As the result shows, women seem to be aware of the benefits of facility-based delivery. We hope that the number of facility-based deliveries will increase to 95% in the future to reduce maternal mortality rate in our country.

Postpartum Care

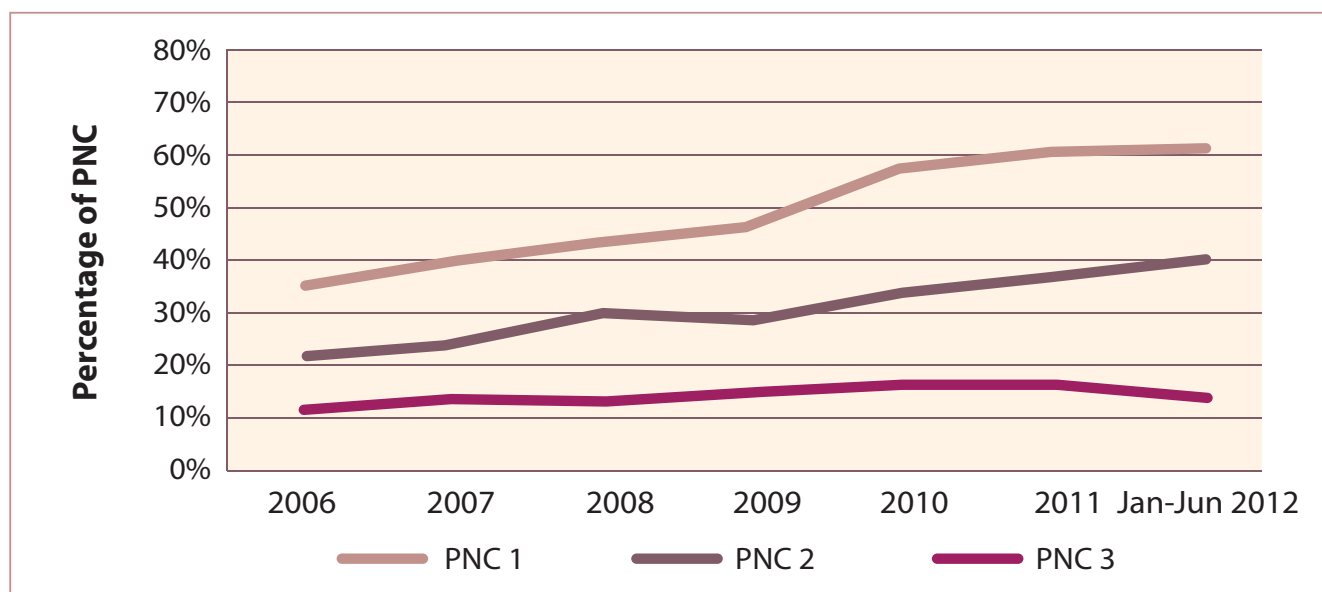


Figure 7: Statistic of postpartum care from 2006 to June 2012

As of June 2012, the percentage of first postpartum care visits was 62% and that of the second ones was 40%, according to figure 7. There is 22% decrease from the number of first postpartum care visits to that of second ones. The percentage of the decrease seems to show that women's understanding of the benefit of complete postpartum care remains limited.

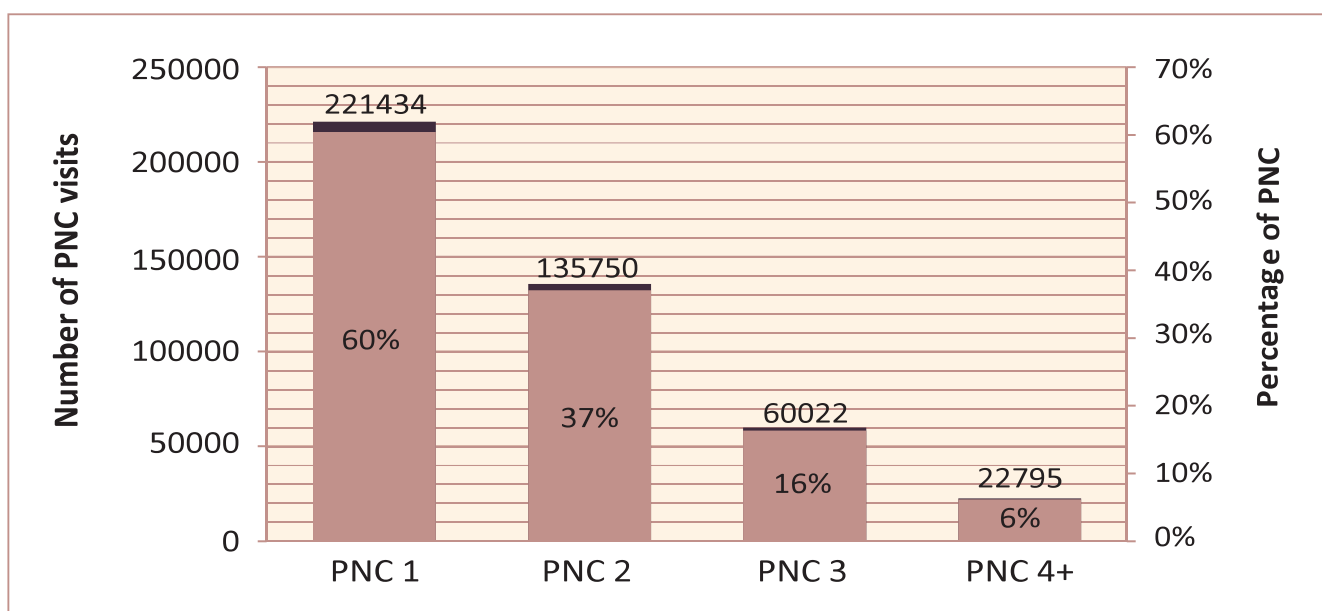


Figure 8: Statistic of postpartum care in 2011

Figure 8 shows the percentage of postpartum care visit 1, 2, 3 and 4+ in 2011. The number of first postpartum care visit is 221,434, which is equal to 60%. And the number of fourth postpartum care and up is only 22,795, which is equal to 6%. Postpartum women are more likely to use first postpartum care service.

Experience of HMIS Practice

Dr. He Kom is a vice director of Leach Operational District in charge of health system in this OD. Leach OD is located in Phnom Penh capital city, covering 11 health facilities. There is one referral hospital and ten health centers. The referral hospital has directly entered data into HMIS, but all health centers' data is still sent to OD to be put into the HMIS system.

Dr. He Kom stated that after he receives reports from health center, he arranges for a meeting to review data in the reports with all health center chiefs to make sure all data are accurate before putting them into HMIS on time. The due date is on 5th of each month. He added that when it was incomplete or the data is not correct, he has to contact health center chiefs by phone to get more information: *"I directly phone health center directors when data is wrong and tell them to correct as soon as possible because they already have the report with them"*.

All data is immediately put into MHIS and then sent to provincial health departments through the internet. Dr. He Kom said until now the data of referral hospitals and health centers is sent to provincial health departments and Ministry of Health one hundred percent on time every month.

He added that by using data in HMIS, it is easier for him to develop monitoring and evaluation planning and to provide any feedback to his health facility: *"when I need data on all health centers, I only export from*



*Dr. HE KOM is entering data into HMIS
(Picture taken by Oeng Sothary)*

HMIS. It shows me all total data, so I don't need to calculate it again. It is easy to use and it helps me a lot". It is easy to export reports anywhere to any computer. We just remember website address/name, user name and password.

In the past, it was hard for us to create reports, and we had to carry a computer with us all the time. Dr. He Kom admires and thanks DPHI of MoH and URC for developing this system. The updated version of HMIS makes it even more user-friendly for entering, editing and showing data and for exporting report. Data is sent out faster, can be downloaded more easily and is more accurate.

Moreover, Dr. He Kom stated that HMIS makes it easy for data management and is standardized. The useful HMIS user guide is to help users in using HMIS system and clear up confusion.

Suggestion

Please continue to fine-tune the system and to add more new functions/programs to make it more user-friendly; and please provide practical training for health center staff so that they are able to enter data on their own.

Event



- HMIS Registers workshop on 16-17 Aug 2012 in Phnom Penh.

- HMIS-MDSR training course on 28-29 Aug 12 in Kg. Chhnange

- HMIS private and NGO provider training course on 26-27 Sep 2012 in Battambang.



- Finalize HMIS registers and monthly report forms workshop on 06-08 November 2012

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