

Recording and Reporting Process of Health Information by the Health System: A Study From Khurda District of Orissa, India

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INTRODUCTION

Primary healthcare is a new approach to healthcare, which integrates at the community level all the factors required for improving the health status of the population (Park, 1997). Health information is an integral part of the healthcare. Health information, which includes recording and reporting process of various health issues, is an important determinant of better health management. Systematic recording and reporting process is essential to assess the epidemiology of various diseases at community level and to understand the seasonal occurrence and distribution of various diseases, particularly epidemics. These data help to take preventive measures and to control the outbreaks. Thus health information is defined as a mechanism for the collection, processing, analysis and transmission of information required for organizing and operating health services, and also for research and training (Alderson, 1974). The present paper reports the process of recording and reporting of various health information by the health system in Khurda district of Orissa.

MATERIAL AND METHODS

The present study has been undertaken in Khurda district of Orissa. It is one of the coastal districts, with the population of 1,874,405 and the density of 666 per square kilometre (Census of India, 2001). The district primary healthcare system includes five community health centres (CHCs), 5 primary health centres (PHCs), 54 new PHCs and 193 health sub-centres (HSCs). In the present study, qualitative approach has been adopted for data collection. A total of 749 respondents from 12 villages were interviewed regarding way of giving information for their health problems, by household sample survey. In-depth interviews have been undertaken with health workers (both male and female) of HSCs (n=32) with the help of a structured schedule. In addition, in-depth interviews were undertaken with medical officers (n=9) and vital statistics

clerks (n=4) of PHCs and CHCs, and district level medical officer. At all these health institutions, relevant records were reviewed. The HSCs, PHCs and CHCs are selected randomly. The data of in-depth interviews were recorded by note taking and audiocassette recording. At the end of each interview, the audiocassettes were played back and the text was transcribed along with the filed notes. These notes were entered into a personal computer in a word processor and were analysed by using Text Base Beta (Sommerlund, 1995).

RESULTS AND DISCUSSION

The information on general reporting pattern of different problems in general and health problems in detail at community level is obtained. For general problems they approach village/community leaders, but they inform and approach local doctors for their health problems. Generally (74% of the respondents), the villagers inform to their community leaders about the common problems of households, and a few people consult village level health staff. Regarding common health problems, majority of people (77%) prefer to inform to somebody, particularly to government health staff. Hence, the peripheral health staffs of the PHCs are the best source of reporting at grass root level. Village leaders know little when compared with health staff. Also it is to be mentioned that local private practitioners including ayurvedic and homeopathic practitioners and traditional healers play important role in transmission of information from villages.

It is evident that the recording of different health issues at community level is one of the duties of health workers. The health workers of HSCs visit their allotted villages periodically and collect information on pregnancy, childbirth and prevalence of different diseases and outbreaks if any. Regarding vital events such as births and deaths, the health workers collect information from the community, village headman, village health guide and anganwadi workers. They report this information to the Vital Statistics

Clerk of PHC once in a month. This information will be transmitted to higher levels of health system to compile at district and state level. It is pertinent to mention that there is no checking mechanism for this process and there is chance of missing births and deaths. The reporting of vital events is very important and should be undertaken accurately as it keeps indicating the demographic changes in a given area. The household registers, which contain the details of households under the health workers jurisdiction, are not maintained well and mostly incomplete. For commonly occurring diseases, including chronic diseases like filariasis, leprosy, etc., which are prevalent in this area, no recording mechanism, exists at community level. The health workers need to record the morbidity conditions of each household in household registers, which are also not maintained well. However, from PHC/CHC, information on number of cases registered (for each disease) at outpatient registers will be reported to district headquarters. Similarly for malaria, the information on number of slides examined and number of positives is transmitted from PHC/CHC. Diseases, which have public health implications in the area, should be identified and recording and reporting of their incidence should be taken up. Regarding outbreaks of epidemics like diarrhoea, cholera, etc., the health workers collect information from community and transmit the information to concerned PHC/CHC. The health workers claim that on the basis of information they transmit, intervention such as sending health team to the effected area, etc. will be undertaken by the higher authority.

It is found that each health worker has to look after a population of 6000 – 7000 of 2-3 villages. Hence it is not possible to visit all the households regularly. On the other hand the health workers have not received adequate training to diagnose the diseases and to record their incidences. It is clear from the data and records reviewed, the process of recording and reporting are not taking place as expected. The reasons are that the health workers are over burdened with work and some times lack of sufficient staff. Though the total requirement of the country is 1.38 lakhs of HSCs, there are 1.32 lakhs by June 1996 (Government of India, 1996). Lack of training and orientation towards changing needs is also another reason. It is well known that though health workers generate lot

of information, much of it is irrelevant and not utilised for planning. Recent study on health information of RCH programme in Haryana indicates that the information collected by health workers seldom used for planning and community need assessment, and this information never shared with community (Lal et al., 2002). Many studies on health information revealed flaws in various components of information system such as recording, reporting, monitoring, utilisation, accuracy and reliability of information, etc. (Bansal and Bachani, 1990; Kumar et al., 1992).

It is clear that good planning and management depend on available, accurate and timely information. A few attempts have been made to develop models of health information system (Bhatnagar, 1982; Holla, 1985; Woodall, 1988, Singh et al., 1997; John et al., 1998). Based on the lessons from the existing system and experiences in the models developed and implemented in small areas, a process of recording and reporting of health information should be developed. This model should be useful optimally for community need assessment and health planning.

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KEY WORDS Health Information. Primary Health Care. Orissa, India

ABSTRACT The present paper aimed to report the process of recording and reporting of various health issues by the health system in Khurda district of Orissa. Qualitative approach (in-depth interviews) and record review are adopted to collect data from community, various health system personnel and institutions. The health workers of different health sub-centres (HSC) collect information on pregnancy, childbirth and prevalence of different diseases and outbreaks if any. Regarding vital events such as births and deaths, the health workers collect information from the community and report it to the Vital Statistics Clerk of primary health centre (PHC) once in a month. This information will be forwarded to higher levels of health system to compile at district and state level. In addition they maintain household registers. For commonly occurring diseases, including chronic diseases like filariasis, leprosy, etc., no recording mechanism exists at community level. Regarding outbreaks of epidemics like diarrhoea, cholera, etc., the health workers collect information from community and transmit it to concerned PHC. The study suggested developing a process of

recording and reporting of health information, which should be useful optimally for community need assessment and health planning.

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