

Table: Status of Health Officials and Staff Trained on HMIS and MCTS in UP

Sl. No.	Name of Training	Sanctioned Year	Training Duration	No. of Expected Participants	No. of Trainees Trained	% Achievement
1.	State Level	2014-15	03 days	885	823	92.99%
2.	State Level	2015-16	03 days	385	310	80.52%
3.	District Level	2014-15 & 2015-16	03 days	8060	6376	79.11%
4.	Block Level	2014-15 & 2015-16	01 day	290474	86631	29.82%

The table above reveals that SIFPSA has successfully completed the humongous task of holding over 867 batches of training cum review sessions, wherein nearly 94,140 participants representing all divisions, districts and blocks of the state have received training on MCTS and HMIS since December 2014-15. A three-day state level review cum TOT held in six batches at ICCMRT, Lucknow between December 2014 and December 2015, was participated by 823 divisional officials. These participants, along with master trainers from the state further conducted the district level reviews cum TOTs to train 5075 district level officials representing all 75 districts. Similarly, 39555 participants were trained at the block level by May 2016. On an average, SIFPSA has ensured training of 1255 officials and staff from each district in the state. Types of participants in this cascading model of training include Divisional PMs, Divisional Accounts Managers, Divisional ARO-AD Office, District Immunization Officer, District Programme Manager, District Data Manager (DDM), District ARO, DHEIO, District HMIS Operator, CMOs and additional CMOs (RCH) of the concerned districts, Computer Operator(RI), Block Programme Manager, HMIS-MCTS Operators (all blocks), all block level MO/ICs, Immunization Officer, HEO/ARO, ANM/LHV etc.

In the financial year 2016-17, SIFPSA plans to conduct two half-yearly state level trainings, three district level trainings at all 18 divisional headquarters and twelve block level trainings on monthly basis covering all 75 districts.

The HMIS and MCTS trainings and handholding of statewide officials and staff from the health department will go a long way in creating a culture of systematic capturing, collation and review of data and desired information for program management and data based decision-making.

Encouraging Use of Data for Programme Management through HMIS & MCTS

The Health Management Information System (HMIS) and Mother & Child Tracking System (MCTS) trainings, designed and structured by SIFPSA as a cascade model, will go a long way in creating a culture of systematic capturing, collation and review of data and desired information for program management and data based decision making in the state.

HMIS & MCTS

Evidence based program management entails managerial decisions and organizational practices informed by the best available real time data from the field. The Health Management Information System (HMIS) and Mother & Child Tracking System (MCTS) are major gateways of the wealth of information and data covering various parameters related to health services & related domains. These remain the prime monitoring tools for effective supervision, management, evaluation & implementation at various levels. Considering the importance of data based program management, it was essential that the users at each level of the health system become proficient in making the best possible use of these tools in day to day program management and decision making through systematic reviews and course correction.



State level training, ICCMRT Lucknow

Practical Training in progress



MCTS is a name-based tracking system wherein pregnant women and children can be tracked for their ANC and immunization along with a feedback system for the ANM, ASHA etc to ensure that all pregnant women receive their Ante-Natal Care Check-ups (ANCs) and post-natal care (PNCs); and further children receive their full immunization. MCTS, therefore, is a case specific monitoring system to ensure complete services to pregnant women and newborn babies to reduce maternal and infant mortality. At the time of registration, every pregnant woman and newborn baby is given a unique ID number of 18 digits. They can avail the facilities under MCTS by using their ID number and records will be updated accordingly in the MCTS web portal.

Having a trained staff, well oriented on collection and use of data, the formats and processes involved in capturing the desired information with quality was a much-required need of the hour since the level of awareness of HMIS and MCTS was not found to be at the desired stage in the state. The HMIS and MCTS also mandate facility wise reporting to improve the quality of data collection, collation and upload of information. To cater to the requirements of different users at various levels with the objective of increasing familiarity and their exposure to more efficient use of the tools, there emerged a need for relevant, well structured and need based trainings to be held at regular intervals to address the requirements of different users at the state, district and block level.

SIFPSA, which is a State Technical Support Unit of GoUP, successfully rolled out facility based HMIS and MCTS related Training and Reviews in the entire state of Uttar Pradesh. SIFPSA designed and structured a cascade model of training wherein the training of trainers (TOT) was conducted to skill up a set of trainers at the state level who in turn conducted trainings at the district level creating another set of trainers at the districts. Those trained at the district level were further assigned training sessions to orient and impart skills at the block level for the facility and field staff that are part of the information collection flow under MCTS and HMIS.

With the funding support from National Health Mission, SIFPSA along with the Technical Support Unit (TSU) jointly undertook the MCTS and HMIS trainings in the identified twenty-five High Priority Districts (HPDs) in the state, while in remaining fifty districts this activity is being implemented by SIFPSA. SIFPSA, taking the lead, plans yearly calendar in discussion with all key partners for this activity in Uttar Pradesh.

The dedicated and structured approach of SIFPSA has created an awareness and familiarity of the training programme among various cadres of health officials. The progress of the trainings conducted is captured in the table below: