

ABSTRACT

Introduction:

Efforts to improve the quality and management of public health information systems in developing countries have led to the introduction and roll-out of the District Health Management Information System - Version 2 (DHIS 2) to improve data quality and reporting. Improvement of Health care and quality of services is based on data availability and accuracy. The MOH and the districts rely on the Health Information Management System (HMIS) to obtain data from health facilities. In an effort to address HMIS challenges, the MoH adopted DHIS-2 to close this gap.

Objective:

The study sought to establish the influence of health facilities' capacity on the functionality of the District Health Information System version-2 in data management in Kitgum district

Methodology:

The study used a cross sectional study design, conducted in all the 24 health facilities of Kitgum District by taking a census. The data sources comprised of Biostatistician, all the records personnel and a few in-charges of the health facilities that don't have records personnel.. The study used both qualitative and quantitative data collection tools. These included structured questionnaires, key informant interviews, desk review of documents and observation for purposes of triangulation Results: The study findings show that there is a significant association between staff training in DHIS-2 and the functionality of DHIS-2 (OR 3.45, P-value < 0.05); Availability of hydro-electricity power in health facilities showed a significant association with DHIS-2 functionality. For instance the health facilities that use hydro-electricity power had were almost as twice as likely to have a functional DHIS-2 system than those that use generator and solar power (OR = 1.97, P-value < 0.05)

Conclusions and Recommendations:

The researcher asserts health management information system should follow the guidelines of flow of data from the lower health facilities up to the district level, through the health center IV to reduce

backlog at the district and this will be a motivator for usage of the DHIS-2 system at the lower health facilities. Apparently most of the health facilities are transferring hard copies of reports to the District leaving the efforts of functionality of DHIS-2 redundant.