

Abstract

The study entitled: „The Influence of Data Use on evidence-based decision making on Health Care Delivery at Health Centres“ was conducted at the 13 public health centers in Koboko District.

The main Objective: The study set out to establish the influence of data use on decision making. Specifically to: determine the nature of data collected at health centers; establish use of the data collected; establish the linkage between data use and evidence-based decision making; and establish the proportion of other determinants of decision making.

Methodology: This was a descriptive cross-sectional study. Structured questionnaires, Key Informant Guide and an Observation Check List data collection tools were employed. 102 respondents participated in the study. The study successfully met the objectives set forth.

Findings: The key findings were; most commonly collected data was Out-Patient and HCT at, (72%) respectively; (95%) of the respondents reported using data for decision making on healthcare delivery. There were strong scientific associations between data use and decision making: data use and managerial decision making (0.010), data use and disease surveillance (0.000), data use and medicine supply and management (0.003), data use and work plan formulation (0.006); and, data use and program monitoring was significant with a p-value of (0.023). Health financing was found to be the most significant other determinant of decision making for health care delivery at health centers.

Results: The study established that data was used for decision making; Health Financing was the most important aspect for health care service delivery at the HCs in Koboko. The study concluded that: public HCs in Koboko mainly collected Out-patient and HCT data; Data was used by front line data collectors for decision making; that an increase in data use would automatically inform decision making in health care delivery; health financing was the most important aspect in decisions making at health centers.

Conclusion and Recommendations: Emerging from the study, the key recommendations included: maintaining Out-Patient and HCT data, but broadening the scope of data collected to include Surveillance, ANC and maternity data; strengthening data use in accordance with the data demand and data use framework and feeding into to the HMIS; bridging data use and decision making in order to inform supply management, work plan formulation, making clinical decisions, and public health surveillance for prevention; and conforming to the Abuja declaration at local health service levels by ensuring that health financing meets the 15% budget allocation from the overall district budget, coupled with stewardship.

In accordance with the lines of inquiry expressed in the research questions, further areas of inquiry emerged from the study as follows: the influence of professional training on the nature of data collected; attitude of health care workers on data use for decision making at HCs; the link between accuracy of data collected on decision making; and the influence of health financing on decision making at health centres