SUMMARY

..... :ation information system is one important component of the national health information system in Sri Lanka. One function of this system is to transmit data representing the use of vaccines pertaining to the EPI programme at field level. Therefore, to have the real picture at regional and national levels, this field level data should be of a good quality.

A descriptive cross sectional study was carried out in 30 immunization clinics in all 10 Medical Officer of Health (MOH) areas in Kaluthara district to describe the quality and some selected factors affecting data in the routine immunization information system. Selected data quality variables were accuracy, completeness, legibility and timeliness.

Data pertaining to calendar year 2006 was taken for the study. Sampling for the assessment of data quality of documents was carried out using WHO 30 by 7 cluster sampling method. Thus selected 507 Child Health Development (CHDR) A records, relevant B portions and Birth and Immunization Register (BIR) entries were studied. Also, 210 clinic immunization register (CIR), clinic summary entries and 120 quarterly MCH returns were studied for the objective assessment of them at Public Health Midwife and Public Health Inspector level. For the assessment of MOH level documents, 40 quarterly Expanded Programme on Immunization returns were studied. All the documents were studied using checklists. Subjective assessment of data quality and socio-demographic variable were assessed using a self-administered questionnaire among 165 officers involved in maintaining this system at field level.

The study revealed that data quality in the immunization information system in Kaluthara district is not up to the optimum standard because the scores for all the components were less

than 1. There were 37.5% CHDR-B records missing and 19.7% absent entries in BIR when compared with the CHDR-A.

Interestingly, summary portions of the CIR have been accurately filled in only 1.9% of times. Clinic summary scored more for the quality than CIR but normally reverse is expected in a manually driven system.

Only 15% of quarterly EPI returns had been forwarded in time by the MOOH to the RDHS office. But, only 40% of them had received warnings by their superiors for the delay in 2006.

A higher proportion of participants were of the opinion that the information within the system is satisfactory. Therefore the actual and perceived gap should be further studied to find out the root causes for the problem to improve the system.

Key words: health information system, immunization, data quality, Sri Lanka