

Abstract

Role of information in supporting the development and measuring the performance of health system in many countries has come under intense scrutiny. Health care providers, managers and planners regularly collect information about many aspects of health care delivery for planning and to take corrective action. The challenge of participatory planning process is non-availability of obtaining accurate good quality timely data and in the process of identifying health problems at the grass root levels. Public Health Midwives and Public Health Inspectors are the key service providers at the grass roots level and preventive health information has been built on the activities that they are carrying out in the community. Since there is a long term allegation on quality, completeness, timeliness and usefulness of the information provided by Public Health Inspectors, this study was undertaken with the objective to evaluate the record keeping system of Public Health Inspectors (PHII) and the use of information reported by them, at the MOH (Medical Officer of Health) level in the North Central Province of Sri Lanka.

A descriptive cross sectional study design was adopted to assess the knowledge, attitudes and record keeping practices of PHII and the use of information provided by them at MOH level. A self-administered questionnaire, six checklists and a focus group discussion were used as data collection instruments.

The knowledge and attitudes of PHII towards their record keeping system was good and there is a significant association between supervision and quality of the data provided by them. The Pocket Note Book, Monthly Report, Infectious Disease Register, Food Analysis Register and the Quarterly School Health Return were the most important documents in carrying out their duties.

The Sanitation Register, License and Trade Register, Latrine construction Register, Temporary Building Application Register and the Building Application Register were selected as the most difficult registers to be maintained and the least important documents.

Non-availability of a formatted printed book to be maintained as a diary was a major obstacle. There were no proper in-service training conducted in record keeping requirements after the basic training, to update the knowledge of PHII. Poor coordination between MOH level and higher levels (district and the central level) regarding review of performance of PHII is one of the major problems at present.

There is a need for a revision of existing record keeping system of PHII as there is a need to remove some of the documents that they are maintaining and to introduce new registers. The role and responsibilities of PHII also should be revised to get their services to address new health problems in the community such as surveillance of Non Communicable Diseases. He should be empowered to and build his capacity to conduct occupational health screening and injury prevention programmes in the community.