Abstract

Introduction: Several attempts have been made in the past to convert paper based MCH information system into the electronic information system. However, those electronic systems did not last long to cover and replace the whole paper based MCH information system in Sri Lanka due to various reasons. Assessment of acceptability of ePHIS among middle-level health managers (MOHs) has not been done so far. After several failed attempts, eRHMIS was implemented to replace paper based MCH information system. In the first phase, three paper based forms were converted into electronic format, out of which two of them have to be filled with data entry into web based forms one will be generated automatically by eRHMIS depending on the aggregated data from other two forms. The main Objective of this qualitative study was to explore the acceptability of eRHMIS among middle-level health managers of the public health sector, with focusing on assessment of the acceptability of eRHMIS and proposing the factors for improving acceptability of PHIS among middle-level health managers.

Method: Nearly two months After the country wide implementation acceptability of eRHMIS was assessed among MOHs by interviewing seven MOHs within Colombo RDHS area with the guidance of an interview guide. Interviews were not limited to specific time constraints, or topics defined by the interview guide so that participants were motivated to express their views freely. Participants were given the opportunity to voice their opinion about Pros and Cons of existing PHIs and eRHMIS. Their suggestions on how to improve the acceptability of eRHMIS were also considered.

Results: Data analysis revealed six main themes regarding the acceptability of eRHMIS. Depending on them it was identified that the key factors affecting the acceptability of MCH information systems are capability to be absorbed into routine duties of MCH workers, availability and quality of infrastructure facilities at MCH service delivery level, productivity of the new system compared to the existing system, capability of reducing redundancy of captured data, capability of expansion of new system for future needs, attitude and willingness of MCH works to change and learn new developments.

Conclusions: Exploration of the acceptability of eRHMIS among middle-level health managers of the public health sector was accomplished with this qualitative study. Although various limitations in designing and implementation process of eRHMIS existed eRHMIS is acceptable for middle-level health managers in MCH care system.