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**An Evaluation of District Health Information System Version 2.0 Implementation Process: Evidence from South West Uganda**

In an effort to improve the quality of evidenced-based health information as is often required by different stake holders at different levels for decision making, the government of Uganda introduced the DHIS2 (District Health Information System Version 2) programme. The DHIS2 was mainly intended to support decentralised decision making and health services management at the point of data collection as it allows health care workers to analyse their levels of service provision, predict service needs, and assess performance in meeting health service targets (Williamson and Stoops, 2001). Not much is known about whether the DHIS2 is able to provide a comprehensive Health

Information System (HIS) solution. Through this research, the investigator documented by way of carrying out an evaluation of the implementation process of this system, its overall implications with regard to quality and use of information with a case study of south western Uganda. A descriptive, cross sectional study was carried out in health facilities of 3 districts in southwest Uganda that included Rukungiri, Ntungamo and Kanungu to evaluate the implementation process of DHIS2. 9

The study involved interviews with: 62 health facility in-charges/managers and records personnel, 2 district health officers, and 3 district HMIS focal persons. Study findings indicated human resource and technical capacity gaps, poor quality of data in terms of accuracy and timeliness of reports, low financial allocations to HIS activities, low district supervision of lower level health units and over dependency on donor funding as major factors influencing the implementation of the DHIS2 programme at district level. The evaluation revealed systemic factors like inadequate infrastructure development that need programme managers and system implementers to address before completely harnessing the benefits of this system. The government of Uganda and other implementing partners should procure equipment, conduct trainings and refresher courses in district health information system for grass root health workers so as to build the capacity to effectively manage data using the web enabled software. More so, re-designing of reporting tools to suit level of service delivery and increase financial allocations to health information management among others would contribute towards the smooth implementation of the programme thus improving the quality of service delivery.

**Key Words: Evaluation, District, Health Information System Version 2.0, Implementation Process**