

MINISTRY OF HEALTH

Five-Year Strategic Plan (2011-2015)

HEALTH INFORMATION SYSTEM

MYANMAR

Department of Health Planning

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Executive Summary

The Health Information System Strategic Plan (2011-2015) is the first strategic plan for Health Information System in Myanmar. Before that all activities conducted for strengthening health information system is through WHO biannual workplan or annual workplan supported by UNICEF or UNFPA on a yearly basis. This Health Information System Strategic Plan (2011-2015) is based on comprehensive assessment of existing health information system according to guideline provided by the Health Metrics Network and on various needs by different users. The HIS strategic plan is the product of all guidance from the Minister, Deputy Ministers for Ministry of Health, Senior Officials from various Departments under the Ministry of Health, Senior Officials from State/Divisional Health Departments, Officials from Central Statistical Organization and Department of Population, Officials from UN Agencies and Non Governmental Organizations.

The assessment of current health information system was conducted in 2006 and reviewed again in 2009. The discussions on development of Health Information System Strategic Plan (2011-2015) began in 2009 and finalized in 2010. World Health Organization provided technical support and coordinated between Health Metrics Network and the country. Funding and technical assistance was provided by Health Metrics Network.

The vision of Health Information System Strategic Plan is “a simple, effective and systematic health information system established at all levels of health care delivery for the strengthening of health system”. To improve the availability, accessibility and utilization of quality health information is general objective of drawing HIS strategic plan.

Specific objectives are as follow:

- To enhance the HIS commitment, coordination and HIS resources
- To improve the quality of the hospital data recording and reporting
- To improve the quality of the public health data recording and reporting
- To develop a reporting system for private health sector
- To improve the coverage and quality of vital registration system
- To improve surveillance system on disease and health
- To encourage population based survey
- To improve data management, and data sharing encompassing IT development
- To promote utilization of health information in decision making process

Specific performance objectives are developed under each of specific objectives.

To enhance the HIS commitment, coordination and HIS resources

- To enhance Commitment and co-ordination for HIS
- To expand and strengthen the HIS staff
- To ensure adequate financial management support
- To improve working environment for health information management

To improve the quality of the hospital data recording and reporting

- To standardize the medical record forms for both public and private hospitals
- To develop guidelines for medical record documentation and ICD 10
- To improve the quality of service records and reports

To improve the quality of the public health data recording and reporting

- To develop national core indicators on health
- To update, produce and disseminate minimum essential data set for public health information periodically
- To strengthen supervision and monitoring

To develop a reporting system for private health sector

- To ensure availability of health information from private hospitals

To improve the coverage and quality of vital registration system

- To increase coverage of vital registration system
- To improve the quality of collecting reporting and recording vital events

To improve surveillance system on disease and health

- To improve disease and health surveillance system

To encourage population based survey

- To improve availability and quality of population based survey

To improve data management, and data sharing encompassing IT development

- To expend appropriate application of information and communication technology in current health information system
- To strengthen data sharing and analysis at all levels

To promote utilization of health information in decision making process

To create the culture of evidence based decision making

Introduction

Ministry of Health has adopted the following two objectives: “Enabling every citizen to attain full life expectancy and enjoy longevity of life” and “ensuring that every citizen is free from diseases”. In order to fulfill these objectives the ministry identified three strategies which are “wide spread dissemination of health education and information to reach rural areas”, “enhancing diseases prevention activities” and “providing effective treatment for prevailing diseases to upgrade health status of entire nation”.

Health Management Information System is one of twelve programs under the National Health Plan (2006–2011). Hospital information, public health information, human resource information, logistic information and information communication technology development are the projects under this HMIS program.

Based on the guidelines provided by the Health Metrics Network, systematic assessment of current health information system was done in 2006 and reviewed again in 2009. HIS strategic plan was developed based on findings of HIS assessments with technical and financial assistances from WHO and Health Metrics Network from Geneva.

Myanmar Health Care Delivery System

Ministry of Health is the major provider of comprehensive health care. Department of Health, one of 7 departments under the Ministry of Health, plays a major role in providing comprehensive health care throughout the country including remote and hard to reach border areas. Some ministries such as Ministries of Defense, Railways, Mines, Industry I, Industry II, Energy, Home and Transport are also providing health care, mainly curative, for their employees and their families. Ministry of Labour has set up two general hospitals, one in Yangon and the other in Mandalay, and one TB hospital in Hlaingtharyar (Yangon) to render services to those entitled under the social security act (1956). Ministry of Industry (1) is running a Myanmar Pharmaceutical Factory and producing medicines and therapeutic agents to meet the domestic needs.

The public sector takes care in both financing and health care provision and at the same time private sector is also growing. General Practitioners’ Section of the Myanmar

Medical Association with its branches in townships provide the private practitioners the opportunities to update and exchange their knowledge and experiences by holding seminars, talks and symposia on currently emerging issues and updated diagnostic and therapeutic measures. The Medical Association and its branches also provide a link between them and their counterparts in public sector so that private practitioners can also participate in public health care activities.

In line with the National Health Policy NGOs such as Myanmar Maternal and Child Welfare Association, Myanmar Red Cross Society are also taking some share of service provision and their roles are also becoming important as the needs for collaboration in health become more prominent. Sectoral collaboration and community participation is strong in Myanmar health system thanks to the establishment of the National Health Committee in 1989. Recognizing the growing importance of the needs to involve all relevant sectors at all administrative levels and to mobilize the community more effectively in health activities health committees have been established in various administrative levels down to the wards and village tracts. These committees at each level are headed by the chairman or responsible person of the organ of power concern and include heads of related government departments and representatives from the social organizations as members. Heads of the health departments are designated as secretaries of the committees.

Brief History of Health Information System in Myanmar

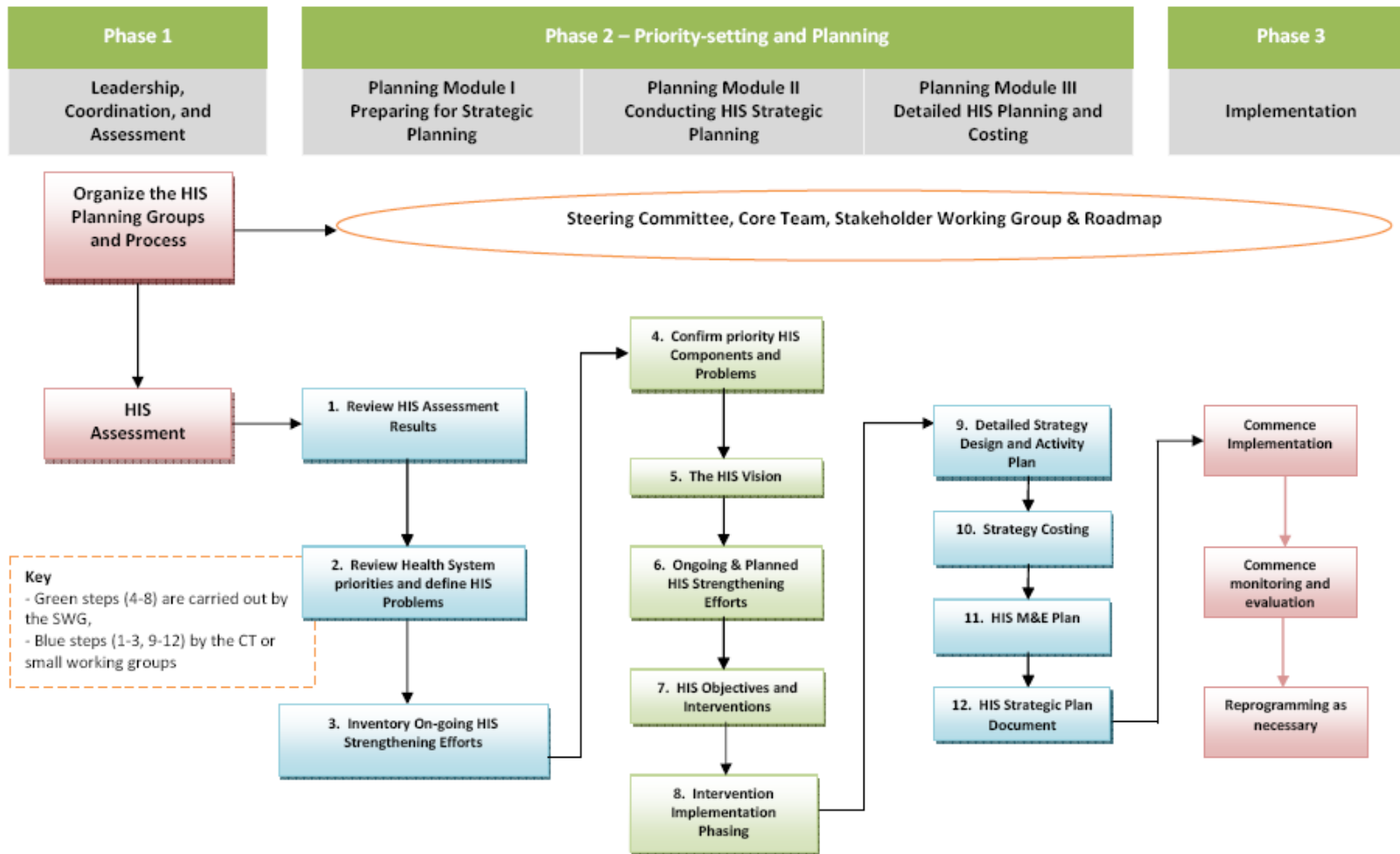
Health information system started in 1978, in contemporary with the first People's Health Plan (1978-1982). Initially main source of data was hospital records and later public health care services and administrative records are used as data sources. In July 1995, integrated health management information system was established with new concept of minimum essential data set with the aim to reduce the workload of basic health staff. The National Health Committee is a multisectoral policy making body and it gives the guidance and has the responsibility of coordination among health and health related sectors for health information management. Central Statistical Organization has the responsibility for generating, analysis and dissemination of statistics for the country according to central statistical authority act of 1952. According to the act, there are regulations and procedures for collection, analysis and dissemination of data related to vital events and notifying diseases and social insurance.

In 2003, workshop on review of existing public health data set was held. After that a number of meetings were conducted during 2004 and new data set was revised and collected in 2005. It includes mainly data on health services. Data on infrastructure, manpower and voluntary contribution are also collected through routine public health information system. Hospital information is collected on monthly basis from all public hospitals and a major gap in existing health information system is lack of private sector information. Central Epidemiological Unit under Department of Health takes care on disease surveillance system. Health researches are under taken by three Medical Research Departments as well as by remaining departments based on their areas of interest.

Two interdepartmental meetings for planning HIS assessment were conducted on 5th and 27th September 2006. Various departments under the Ministry of Health, Central statistical Organization, Ministry of National Planning and Economic Development attended these meetings. The workshop on HIS assessment was done on 26-27 October 2006. Then consultative meeting for workshop findings was held on 15 February 2007. Another two consensus meetings were conducted on 28 March and 10 April 2007.

Core group for developing Myanmar Health Information System Strategic Plan was established on 11 September 2009. Preliminary meetings to develop Myanmar Health Information System Strategic Plan have been carried out. Three series of meetings were conducted to revisit new version assessment tool and all agreed the previous results and identified vision, goals and objectives for future health information system. A national level workshop was carried out on 25-26 November 2009 for the development of strategies and activities. Decision makers, state/divisional health directors and representatives from UN agencies and INGOs participated in this workshop. Consensus on objectives, strategy and activities described in Myanmar Health Information System (2011 – 2015) was received among stakeholders on 14th July 2010.

The HIS Strategy Design and Implementation Planning Process



HIS assessment in Myanmar

The results from assessment of six components of HIS are as follows:

SUMMARY SCORES

Category	Score
Resources	52 %
Policy and Planning	51 %
Institutions, Human Resources & financing	51 %
Infrastructure	54 %
Indicators	66 %
Data Sources	49 %
Census	15 %
Vital Statistics	68 %
Population based surveys	67 %
Health & disease records	46 %
Health service records	52 %
Administrative records	44 %
Data Management	45 %
Information Products	64 %
Health Status	67 %
Mortality	68 %
Morbidity	68 %
Health System	60 %
Risk factors	70 %
Data collection method	71 %
Timeliness	66 %
Periodicity	61 %
Consistency	59 %
Representativeness	67 %
Disaggregation	59 %
Estimation method / transparency	64 %
Dissemination & use	52 %
Analysis and use of information	57 %
Policy and advocacy	61 %
Planning and Priority Setting	53 %
Resource allocation	35 %
Implementation / action	53 %

RESULTS OF RESOURCES

Summary	Result
Policy and Planning	Present but not adequate
HIS institutions, human resources and financing	Present but not adequate
HIS Infrastructure	Present but not adequate
Overall	Present but not adequate

RESULTS OF INDICATORS

Summary	Result
Indicators	Adequate

RESULTS OF DATA SOURCES

Data Source	Contents	Capacity & Practices	Dissemination	Integration and use	Total
Census	Not functional	Not adequate	Not functional	Not adequate	Not functional
Vital statistics	Adequate	Not adequate	Highly adequate	Adequate	Adequate
Population-based surveys	Highly adequate	Highly adequate	Not adequate	Present but not adequate	Adequate
Health and disease records (incl. disease surveillance sys.)	Present but not adequate	Present but not adequate	Not adequate	Present but not adequate	Present but not adequate
Health service records	Not adequate	Present but not adequate	Adequate	Adequate	Present but not adequate
Administrative records	Present but not adequate	Present but not adequate	Present but not adequate	Not adequate	Present but not adequate

RESULTS OF DATA MANAGEMENT

Summary	Result
Data management	Present but not adequate

RESULTS OF INFORMATION PRODUCTS

<i>Marking Indicators</i> <i>Elements for assessing selected indicators</i>	Health status			Health system indicators	Risk factors indicators	Overall health indicators quality
	<i>Mortality</i>	<i>Morbidity</i>	Overall			
Data collection method	Adequate	Adequate	Adequate	Adequate	Highly adequate	Adequate
Timeliness	Highly adequate	Highly adequate	Highly adequate	Present but not adequate	Adequate	Adequate
Periodicity	Adequate	Adequate	Adequate	Present but not adequate	Present but not adequate	Adequate
Consistency/ completeness	Present but not adequate	Adequate	Adequate	Adequate	Present but not adequate	Present but not adequate
Representativeness/ appropriateness	Adequate	Present but not adequate	Adequate	Adequate	Adequate	Adequate
Disaggregation	Adequate	Adequate	Adequate	Present but not adequate	Highly adequate	Present but not adequate
Estimation method/ transparency	Adequate		Adequate	Adequate		Adequate
Overall assessment of results	Adequate	Adequate	Adequate	Adequate	Adequate	Adequate

RESULTS OF DISSEMINATION AND USE

Summary	Result
Analysis and Use of Information	Present but not adequate
Policy and Advocacy	Adequate
Planning & Priority Setting	Present but not adequate
Resource allocation	Not adequate
Implementation / action	Present but not adequate
Overall	Present but not adequate

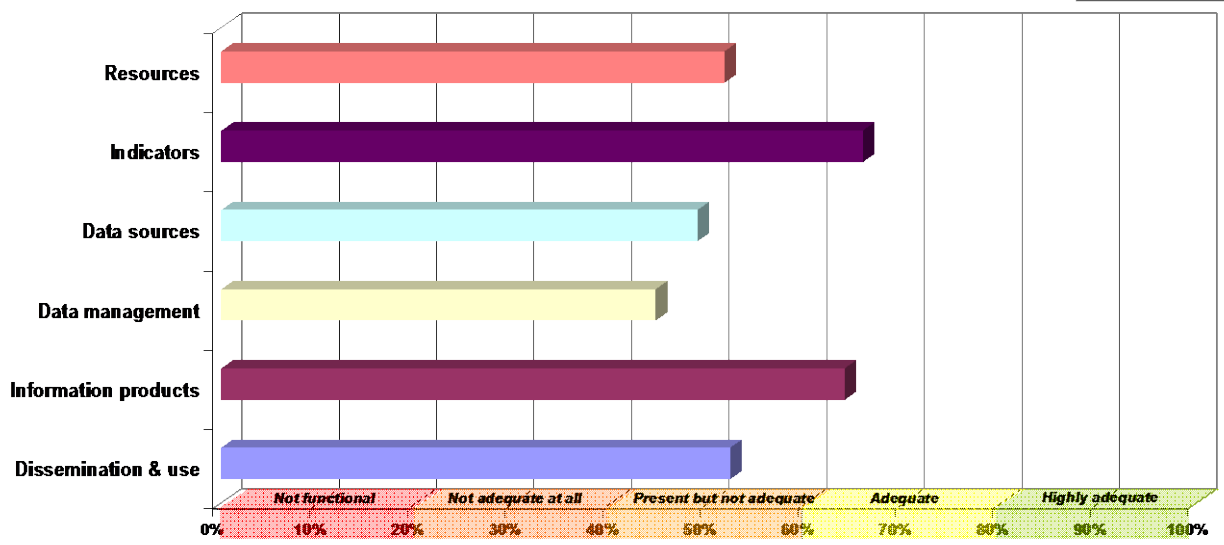


Figure - Assessment Results on Overall HIS Categorie

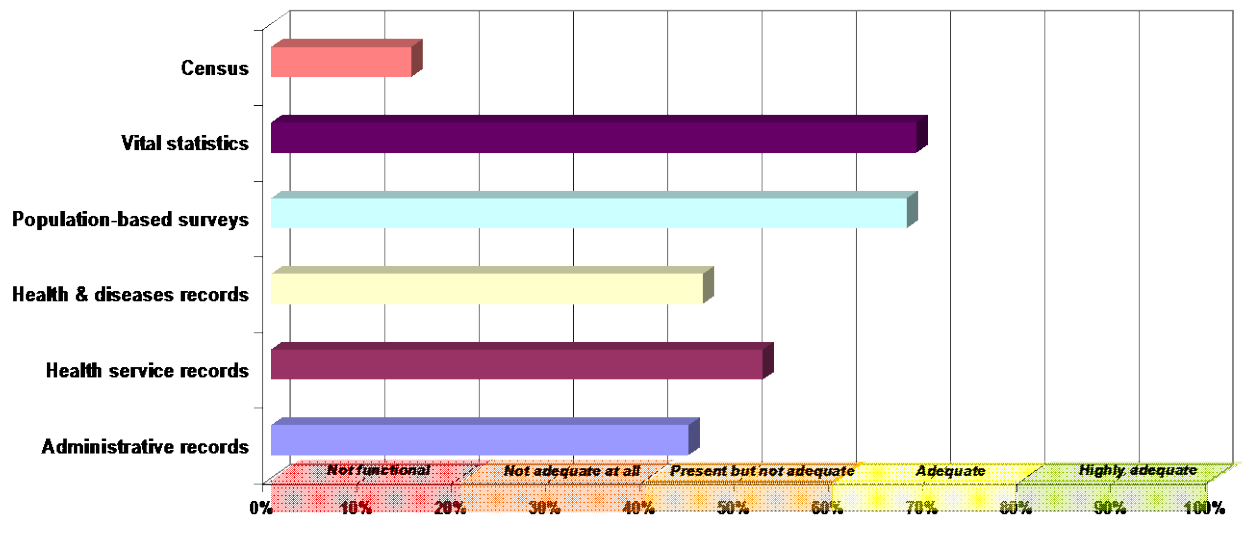


Figure - Assessment Results on Data Sources

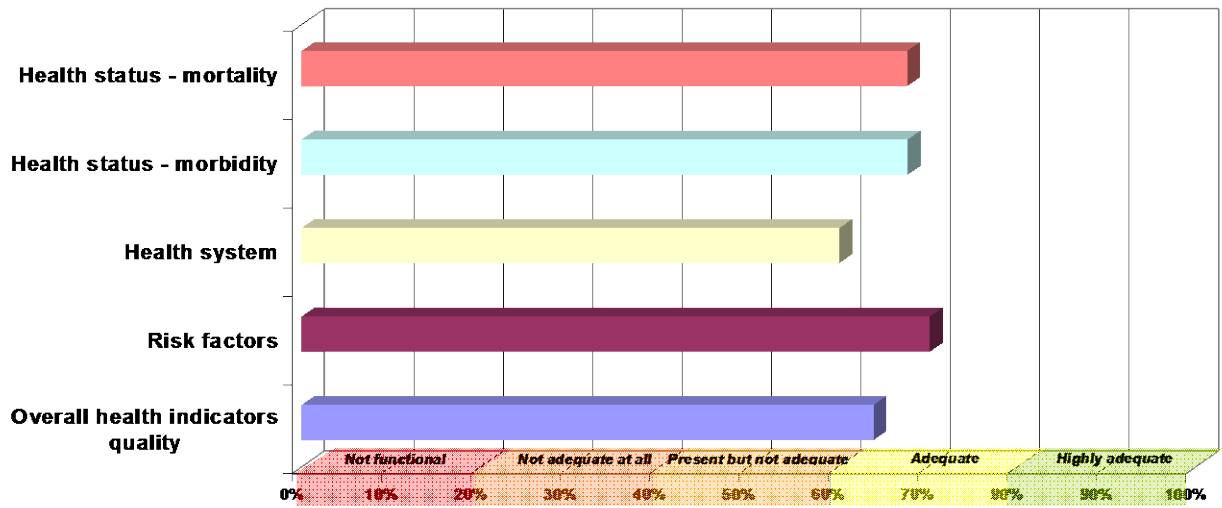


Figure - Assessment Results on Information Products: Selected Indicator

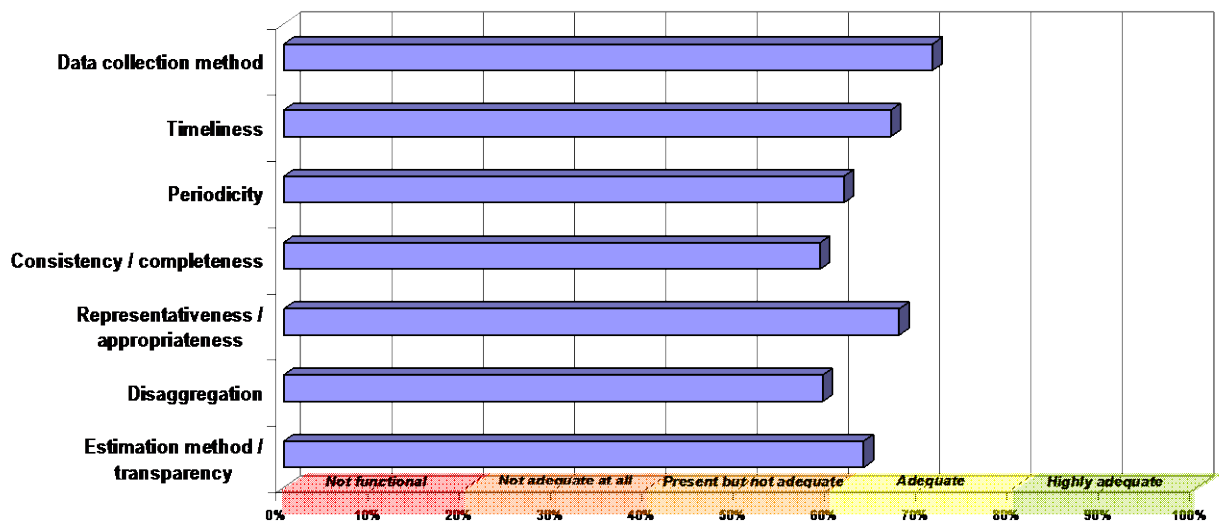


Figure - Assessment Results on Quality of Health Indicators

Vision, Objectives and Interventions

The Health Information System Strategic Plan is developed based on the vision, goals and objectives of the Ministry of Health as follows.

Vision Statement

A simple, effective and systematic health information system established at all levels of health care delivery for the strengthening of health system

General objective

- To improve the availability, accessibility and utilization of quality health information

Strategic objectives

- To enhance the HIS commitment, coordination and HIS resources
- To improve the quality of the hospital data recording and reporting
- To improve the quality of the public health data recording and reporting
- To develop a reporting system for private health sector
- To improve the coverage and quality of vital registration system
- To improve surveillance system on disease and health
- To encourage population based survey
- To improve data management, and data sharing encompassing IT development
- To promote utilization of health information in decision making process

Myanmar National HIS Strategic Plan (2011 -2015)

Objectives and Strategies

Objective 1- To enhance commitment, coordination and resources for HIS

Performance Objective	Strategy
1.1 To enhance Commitment and co-ordination for HIS	1.1.1 Establishing HIS steering and working committee with description of roles and responsibilities
	1.1.2 Ensuring that roles and responsibilities of HIS working committee activated
	1.1.3 Developing national HIS policy
	1.1.4 Development and implementation of coordination mechanism to ensure effective management covering administrative, enforcement and regulatory measure
1.2 To expand and strengthen the HIS staff	1.2.1 Restructuring and expansion of health information section from central to district level
	1.2.2 Capacity building on health information sciences and related fields
	1.2.3 Development of a computerized data base for human resource
1.3 To ensure adequate financial management resource	1.3.1 Advocacy with donor agencies for resource sharing for HIS
	1.3.2 Advocacy with government for greater allocation of resource for HIS related activities
1.4. To improve working environment for health information management	1.4.1 Ensuring adequate logistics support and supplies for HMIS
	1.4.2 Re-equipment of Office with complete ICT resources for Health Information personnel at all levels
	1.4.3 Development of drug/logistics management information system
	1.4.4 Strengthening cooperation, coordination and collaboration among all stakeholders

Objective 2 - To Improve the Quality of Hospital Data Recording and Reporting

Performance Objective	Strategy
2.1 To standardize the medical record forms (MR 1-20) (both public and private hospitals)	2.1.1 Review & revision of existing forms and developing standardized forms in consultation with all stakeholders
2.2 To develop guidelines for medical record documentation and ICD 10	2.2.1 Developing guidelines and manual for medical record documentation, reporting and using ICD 10
2.3 To improve the quality of service records and report	2.3.1 Training on data quality including the use of ICD
	2.3.2 Upgrading software program for hospital information system
	2.3.3 Strengthening supervision, monitoring, evaluation and feedback mechanism
	2.3.4 Revitalizing and updating data management procedure

Objective 3 - To Improve the Quality of Public Health Data Recording and Reporting

Performance Objective	Strategy
3.1 To develop national core indicators on health	3.1.1 Review & revision of existing indicators and developing National core indicators set by HIS working committee
3.2 To update, produce and disseminate minimum essential data set for public health services periodically	3.2.1 Updating existing data set used in routine public health information system
	3.2.2 Development of data dictionary based on revised data set which can be used in accomplishing data collection and reporting requirements
	3.2.3 Dissemination of data dictionary used in accomplishing data collection and reporting
3.3 To strengthen supervision and monitoring	3.3.1 Development and documentation guidelines for monitoring and evaluation of data quality
	3.3.2 Strengthening supervision, monitoring, evaluation and feedback mechanism

Objective 4 - To develop a reporting system for private health sector

Performance Objective	Strategy
4.1 To ensure availability of health information from private hospital	4.1.1 legislative & law enforcement
	4.1.2 Establishing and strengthening HIS in private sector

Objective 5 - To improve the coverage and quality of vital registration system

Performance Objective	Strategy
5.1 To increase coverage of VRS	5.1.1 Advocacy , coordination & cooperation with concerned departments
	5.1.2 Awareness raising for properly & timely reporting habits
5.2 To improve the quality of recording and reporting of vital events	5.2.1 Training on ICD 10 and IRIS software on selection of underlying cause of deaths
	5.2.2 Sample facility based survey on correctly preparing and submitting death certificate forms
	5.2.3 Community survey to identify cause of death by verbal autopsy method

Objective 6 -To Improve surveillance system on disease and health

Performance Objective	Strategy
6.1 Improve disease and health surveillance system	6.1.1 Ensuring adequate Resource including capacity building and communication facilities
	6.1.2 Monitoring, supervision and evaluation for sustainability

Objective 7 - To encourage population based survey

Performance Objective	Strategy
7.1 To improve availability and quality of population based survey	7.1.1 Formation of survey coordination body for inter and intra departmental collaboration
	7.1.2 Advocacy of stakeholders on importance of Population based survey
	7.1.3 Fund raising from various sources for Population based survey
	7.1.4 Building capacity on community survey design, processing and analysis
	7.1.5 Population based survey to attain disaggregated data which are not obtain by routine system

Objective 8- To improve data management, data sharing concerning IT development

Performance Objective	Strategy
8.1 Expand appropriate application of information and communication technology in current health information system	8.1.1 Building information infrastructure by providing computer hardware and necessary equipments
	8.1.2 Support for the procurement of software such as geographic information system, service availability mapping
	8.1.3 Training program on IT for HIS staff at different levels
8.2 Strengthening of data sharing and analysis at all levels	8.2.1 Strengthening mechanism to facilitate vertical and horizontal transmission of information
	8.2.2 Enhancing an integrated health database at national and sub national levels
	8.2.3 Capacity building for data analysis technique to address data problems
	8.2.4 Establishing local area network in one model hospital for computer assisted medical record system
	8.2.5 Facilitating access to health and health related data by users

Objective 9-To promote Utilization of Health Information in decision making process

Performance Objective	Strategy
9.1 To create the culture of evidence based decision making	9.1.1 Advocating stakeholders to understand and take actions on existing and emergence health problems
	9.1.2 Training on data utilization for program planning, management, monitoring, evaluation and policy formulation
	9.1.3 Encouraging use of information for decision making by inclusion of information use as one of criteria for assessing performance of health staff

Activities

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Objective 1. To enhance commitment, coordination and resources for HIS								
Performance Objective 1.1 To enhance commitment and coordination for HIS								
Intervention 1.1.1: Establishing national HIS steering and working committee with description of roles and responsibilities								
Identification of stakeholders who should involved in national committee	Identified stakeholders	√					DHP	
Preparation of proposal for establishment of national HIS steering and working committee and roles and responsibility of committee members	Proposal for national HIS committee	√					MOH	
Submit proposal to higher authority for permission	National HIS committee	√					DHP	
Distribution of written circulars including terms of reference (TOR)	National HIS committee	√					DHP	
Regular review and revise of terms of reference	Updated TOR			√		√	MOH	
Intervention 1.1.2: Ensuring that roles and responsibility of HIS steering and working committee are activated								
Conduct series of meetings and carry out roles and responsibilities already described in formation	Functioning HIS committee	√	√	√	√	√	All stakeholders	Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Intervention 1.1.3: Develop national HIS policy								
Review existing HIS policy	Existing gaps	√					DHP	Financial
Study of HIS policy in other countries	References		√					Technical and financial
Conduct meeting for development of HIS policy	Consensus among stakeholders		√				All related departments	Financial, Technical
Submission of written HIS policy to higher level for approval	HIS policy			√			DHP	Financial
Intervention 1.1.4: Development and implementation of coordination mechanism to ensure effective management covering administrative, enforcement and regulatory measure								
Conduct meeting to share the information among concerned department and find the way to solve the problem by integrated approach	More coordination	√	√	√	√	√	All stakeholders	Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Performance Objective 1.2 To expand and strengthen the HIS staff								
Intervention 1.2.1 Restructuring and expansion of health information section from central to district level								
Review the Information staff manpower		√					HIS Committee	
Restructure organization set up	Organization chart		√				HIS Committee	
Put forward to higher authority for permission of revised organizational set up	Success or failure		√				NHC	
Vitalize reorganization				√			DHP	
Intervention 1.2.2 Capacity building on health information sciences and related fields								
Intervention 1.2.2.a : Capacity building of HIS staff in local								
Conduct local trainings for HIS staff on (ICD-10, medical record , ICT, statistics, demography, epidemiology and management)	Skilled persons	√	√	√	√	√		
Capacity building of Hospital information staff on medical record system (phase by phase)	Skilled persons	√	√	√	√	√	DHP	Financial
Capacity building of Hospital information staff on ICD 10 (phase by phase)	Skilled persons	√	√	√	√	√	DHP	Financial
Capacity building of Hospital information staff on ICT (phase by phase)	Skilled persons	√	√	√	√	√	DHP	Financial
Capacity building of public health information staff on epidemiology (phase by phase)	Skilled persons	√	√	√	√	√	DHP	Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Capacity building of public health information staff on demography (phase by phase)	Skilled persons	√	√	√	√	√	DHP	Financial
Capacity building of public health information staff on statistics (phase by phase)	Skilled persons	√	√	√	√	√	DHP	Financial
Capacity building for health care financing (phase by phase)	Skilled persons	√	√	√	√	√	DHP	Financial
Capacity building of health information staff on management (phase by phase)	Skilled persons	√	√	√	√	√	DHP	Financial
Conduct HMIS training to basic health staff	Skilled persons	√	√	√	√	√	DHP	Financial
Intervention 1.2.2.b: Providing opportunity to learn international experience								
Send health information officers abroad for further study of health information sciences	Degree, Certificate	√	√	√	√	√	Donor	Tuition, travel costs
Intervention 1.2.2.c: Include HIS in pre-service curriculum of BHS								
Coordinated meeting with DMS to include HIS in pre-service curriculum of BHS	Consensus preservice curriculum		√				DHP,DMS	Financial
Preparation of detailed curriculum	Curriculum			√			DHP,DMS	Financial
Submission of higher level for approval	Approved HIS curriculum				√		DMS	
Continuous training as curriculum	Teach HIS in preservice					√	DMS	

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Intervention 1.2.2.d: Inclusion of ICD 10 and medical record documentation in pre-service curriculum of medical doctors								
Coordinated meeting with DMS to include ICD 10 and medical record documentation in pre-service curriculum of medical doctors	Consensus pre-service curriculum			√			DHP,DMS	Financial
Preparation of detailed curriculum	Curriculum			√			DHP,DMS	Financial
Submission of higher level for approval	Approved HIS curriculum				√		DMS	
Teaching of medical doctors (as usual)	Teach HIS, ICD, Medical record in pre-service					√	DMS	
Intervention 1.2.3: Development of a computerized database for human resource								
Identify and assign focal department for human resource database	Report on existing situation with recommendation		√				All concerned departments	Financial
Review existing human resource information from various department under Ministry of Health			√				All concerned departments	
Conduct coordination meeting with related departments and produce recommendation			√				All concerned departments	
Development of data collection format	Data collection format		√				MOH	
Develop guideline and procedure for data collection, store and dissemination to users	Guideline on procedure produced			√			All concerned departments	Financial
Disseminate guideline manual				√			MOH	
Data collection of human resource for health at various level	Data			√	√	√	MOH	Financial
Develop software for human resource database written through contract	Software on human resource developed		√	√			All concerned departments	Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Pilot testing and revise software				√				
Develop user guide and technical guideline manual				√				
Conduct training on software used in human resource database					√			
Establish data base for human resource	Database			√	√	√	MOH	Financial & technical
Produce annual report on human resource for health					√	√	MOH	
Performance Objective 1.3 To ensure adequate financial management resource								
Intervention 1.3.1 :Advocacy with donor agencies for resource sharing for HIS								
Coordinating meeting with donor agencies	Coordination among related sectors	√	√	√	√	√	MOH	
Intervention 1.3.2: Advocacy with government for greater allocation of resource for HIS related activities								
Preparation of facts and figures and importance of HIS for how to advocate higher authority	Advocacy materials	√	√	√	√	√	MOH	
Conduct advocacy meeting for permission of regular budget for implementation of HIS activities	HIS budget	√	√	√	√	√	MOH	Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Performance Objective 1.4 To improve working environment for health information management								
Intervention 1.4.1: Ensuring adequate logistics support and supplies for HMIS								
Data collection on existing situation of logistic support and supply related to health information such as registers and report forms			√				DHP/DOH	Financial
Estimation of logistics requirements	List of logistic needs		√					
Submission of proposal for supply needs of information departments from central to district level	Proposal			√				
Procurement and provision of the logistic needs of information departments of all hospitals(phase by phase)	Adequate logistics			√	√	√		Financial
Intervention 1.4.2: Re-equipment of Office with complete ICT resources for Health Information personnel at all levels								
Assessment of IT facilities at all levels	Existing situation	√	√				DHP	Perdiem, travel cost
Support IT facilities according to assessment results	Sufficient IT facilities	√	√	√	√	√	Donor	Financial
Intense application of ICT	Use ICT	√	√	√	√	√		
Intervention 1.4.3: Development of drug/logistics management information system								
Intervention 1.4.3.a : Consensus meeting for LMIS								
Establish expert committee to review existing drug information system	Expert report with recommendations		√				MOH/CMSD	Financial
Conduct series of review meeting			√					
Publish committee meeting report with recommendation			√					

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Intervention 1.4.3.b :Development of data collection tools and manual								
Assign an expert committee to setup procedure and develop guidelines for standard operating procedure	Procedure and guidelines for ordering of drugs established and published		√				MOH / CMSD	Financial
Conduct "X" number of meetings			√					
Publish reordering guidelines			√					
Print required ordering forms				√				
Conduct training on new procedure and guidelines				√				
Intervention 1.4.3.c : Development of software for LMIS								
Identify a suitable software development company	Drug management software is developed		√				MOH / CMSD	Financial
Call for proposals for contract			√					
Select contract			√					
Conduct system analysis			√					
Develop and approve prototype			√					
Develop full version of software			√	√				

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Pilot testing and finalize the software				√				
Develop user and technical manuals				√				
Conduct TOT and multiplier training					√			
Intervention 1.4.3.d : Assign data management manager and implementing LMIS							MOH / CMSD	
Monitor drug utilization, supply and stocks					√	√		
Produce periodic review reports					√	√		
Intervention 1.4.4: Strengthening cooperation, coordination and collaboration among all stakeholders								
Conduct series of meetings to share information and carry out integrated approach	Team work	√	√	√	√	√	All concerned departments	Technical & financial
Supervision by each level to promote working environment	Supportive supervision	√	√	√	√	√		Technical & financial
Coordination of all stakeholders to promote information decision making cycle	Decision making by evidence based	√	√	√	√	√		Technical & financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Objective 2. To Improve the Quality of Hospital Data Recording and Reporting								
Performance Objective 2.1 To standardize the medical record forms (MR 1-20) (both public and private hospitals)								
Intervention 2.1.1: Review and revision of existing forms and developing standardized forms in consultation with all stakeholders								
Review of existing medical record forms used in both public and private hospitals	Standard medical record forms		√				DHP/DOH	Financial
Development of standardized form to meet quality documentation			√					Financial
Produce instruction and manual to use standard medical record forms			√					Financial
Monitor the use of standardized forms in all hospitals				√	√	√		Financial
Performance objective 2.2 To develop guidelines for medical record documentation and ICD 10								
Intervention 2.2.1: Developing guidelines and manual for medical record documentation, reporting and using ICD 10								
Write guideline and manual for medical record documentation, reporting and ICD 10	Manual	√	√				DHP/DOH	
Printing and distribution of guidelines and manual			√	√	√	√		Financial
Performance objective 2.3 To improve the quality of service records and report								
Intervention 2.3.1 Training on data quality including the use of ICD								
Conduct training on data quality at different stages	Skilled person	√	√	√	√	√	DHP/DOH	Financial
Purchase and distribution of ICD manuals	Received ICD	√	√	√	√	√	DHP/DOH	Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Intervention 2.3.2: Upgrading software program for hospital information system								
Revise existing software used in central level	Updated software for central		√				DHP/DOH	Technical, financial
Using updated software in central level				√	√	√		
Update the software used in hospitals	Software for hospitals		√	√				Technical, financial
Pilot testing on revised software in hospitals				√				Financial
Develop user guide and technical guideline manual	Manual			√				Financial
Conduct training on software used in hospital database	Trained person				√	√		Financial
Intervention 2.3.3: Strengthening supervision, monitoring, evaluation and feedback mechanism								
Intervention 2.3.3.a: Revise HIS monitoring checklist								
Meeting on revise of HIS monitoring checklist	HIS monitoring checklist		√				DHP/DOH	Financial
Revise of HIS monitoring checklist for all levels			√					
Pretest in some selected townships /Hospitals			√					
Revise and finalize the checklist			√					

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Intervention 2.3.3.b: Regular table and field monitoring and corrective actions								
Conduct regular table monitoring of reports by focal person as well as responsible leader at every level	Monitoring reports	√	√	√	√	√	DHP/DOH	
Draw list of tour program on field monitoring			√	√	√	√		Financial
Conduct field monitoring and supportive supervision using check list	Improved data quality		√	√	√	√		Financial
Produce field monitoring report			√	√	√	√		Financial
Actions taken to table and field monitoring reports			√	√	√	√		Financial
Intervention 2.3.3.c: Data quality audit/ assessment								
Modify data quality assessment form	Data quality assessed	√					DHP/DOH	Financial
Conduct data quality assessment in some randomly selected townships /Hospitals			√	√	√	√		Financial
Produce and dissemination of findings on data quality assessment			√	√	√	√		Financial
Intervention 2.3.3.d: Acknowledgement and feedback on their data to health care providers								
Desk and field monitoring and supervision	Know situation	√	√	√	√	√	DHP/DOH	Financial
Give regular feedback to respective organization		√	√	√	√	√	DHP/DOH	Financial
Acknowledge to best performance	Motivate	√	√	√	√	√	DHP/DOH	Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Intervention 2.3.3.e: Conduct annual evaluation for HIS								
Conduct annual evaluation for SWOT analysis and future plan to improve data quality	Future plan		√	√	√	√	DHP/DOH	Financial
Intervention 2.3.4 : Revitalizing and updating data management procedure								
Review existing data management procedure	Identify gaps		√				DHP/DOH	Technical, financial
Workshop/meeting on how to improve data management	Receive advice, ways to improve data management		√					Technical, financial
Develop written updated data management procedure	Written data management procedure			√				Technical, financial
Objective 3. To Improve the Quality of Public Health Data Recording and Reporting								
Performance Objective 3.1 To develop National core indicators on health								
Intervention 3.1.1: Review and revision of existing indicators and developing National core indicators set by HIS working committee								
Review the existing indicators	National core indicator set		√					Financial
Meeting for setting national core health indicators			√					

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Performance Objective 3.2 To update, produce and disseminate minimum essential data set for public health service periodically								
Intervention 3.2.1: Updating existing data set used in routine public health information system								
Review of existing indicators; service indicators, administrative indicators and impact indicators for health	Minimum public health indicator set developed					√	All concerned departments	
Identification of essential indicators in public health related to monitor progress towards MDGs			√			√		
Approval of minimum essential public health indicator sets						√		Financial
Intervention 3.2.2 : Development of data dictionary based on revised data set which can be used in accomplishing data collection and reporting requirements								
Develop data dictionary for validity of data collection done by all BHS	Data dictionary	√				√		Financial
Field testing and revise again		√				√		Financial
Intervention 3.2.3: Dissemination of data dictionary used in accomplishing data collection and reporting								
Estimate requirements of data dictionary	All BHS received	√						
Printing and distribution of revised data dictionary			√			√		Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Performance Objective 3.3 To strengthen supervision and monitoring								
Intervention 3.3.1: Development and documentation guidelines for monitoring and evaluation of data quality								
Development of checklist for monitoring and supervision	Checklist	√	√	√	√	√	DHP	Financial
Documentation guidelines for monitoring and evaluation of data quality	Guideline		√	√	√	√	DHP	Financial
Intervention 3.3.2 : Strengthening supervision, monitoring, evaluation and feedback mechanism								
Regular desk monitoring by responsible persons at all levels	Find unreliable data	√	√	√	√	√	DHP/DOH	
Regular feedback to data providers		√	√	√	√	√	DHP	
Regular frequent field visits with monitoring checklist	Field visit	√	√	√	√	√	DHP	Financial
Acknowledge the BHS who act as good performance in health information			√	√	√	√	DHP	
Selection of outstanding BHS in health information system	Motivation		√	√	√	√	DHP/DOH	Financial
Give incentives to best performers			√	√	√	√	DHP/DOH	

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Objective 4. To develop a reporting system from private health sectors								
Performance Objective 4.1 To ensure availability of health information from private health sector								
Intervention 4.1.1: Legislative and law enforcement								
Expand private health sector law by several meeting with responsible personnel	Private health law		√				MOH	Financial
Enact the private health sector law			√				MOH	
Intervention 4.1.2: Establishing and strengthening HIS in private sector								
Intervention 4.1.2.a: Create standard minimum data set for private hospital								
Collect list of private sectors, NGOs and INGOs who are providing health services	List of private health sector	√	√				DHP,DOH	Financial
Conduct workshop among responsible government sectors as well as private sectors	Dataset and report form		√				DHP,DOH	Financial
Intervention 4.1.2.b : Establish reporting format and guideline manual								
Develop manual for data collection and reporting	Data dictionary		√				DHP,DOH	Financial
Distribute manual and training	Skilled person		√				DHP,DOH	Financial
Instruction to submit report to central level	Instruction		√	√	√	√	DHP,DOH	Financial
Intervention 4.1.2.c : Training on data recording and reporting								
Conduct training on data recording and reporting phase by phase	Trained person		√	√	√	√	DHP,DOH	Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Intervention 4.1.2.d : Link reporting of data with renewing of private sector license								
Monitoring process for regular reporting and feedback	Received quality report		√	√	√	√	DHP,DOH	Financial
Link reporting of data with issuing of private license, permission	Controlled data quality		√	√	√	√	DHP,DOH	Financial
Analysis and report of private health sector performance	Published evaluation report		√	√	√	√	DHP,DOH	Financial
Objective 5. To improve the coverage and quality of vital registration system								
Performance Objective 5.1 To increase coverage of vital registration system								
Intervention 5.1.1 Advocacy, coordination & cooperation with concerned departments								
Advocacy meeting with all concerned departments	coordination	√	√	√	√	√	MOH	
Intervention 5.1.2 : Awareness raising for properly and timely reporting habits by community								
Develop design and produce IEC materials	Community awareness	√	√				MOH,CSO	Financial, technical
Printing and distribution of IEC materials			√	√	√	√	MOH,CSO	Financial
Law enforcement for birth and death registration			√				MOH,CSO	

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Performance Objective 5.2 To improve the quality of recording and reporting of vital events								
Intervention 5.2.1 : Training on ICD 10 and IRIS software on selection of underlying cause of death								
IRIS software installation and conduct training for selection of underlying cause of death	Trained person	√	√	√	√	√	DHP	Financial
Intervention 5.2.2 : Sample facility based survey on correctly preparing and submitting death certificate forms								
Write proposal for health facility based survey on mortality data quality	Proposal		√				DHP	
Prepare data collection set, form and manual	Dataset, form, manual		√				DHP	
Training of surveyor	Trained person		√				DHP	Financial
Field Data collection	Achieve data		√				DHP	Financial
Data cleaning, entry and processing	Clean soft data		√				DHP	Financial
Data analysis and report writing	Report		√				DHP	Financial
Dissemination of results and use for future plan	Future plan		√				DHP,DOH	Financial
Intervention 5.2.3 : Community survey to identify cause of death by verbal autopsy method								
Write proposal	Proposal		√				DHP	
Prepare data collection set, form and manual	Dataset, form, manual		√				DHP	
Training of surveyor	Trained person		√				DHP	Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Field Data collection	Achieve data		√				DHP	Financial
Data cleaning, entry and processing	Clean soft data		√				DHP	Financial
Data analysis and report writing	Report		√				DHP	Financial
Dissemination of results and use for future plan	Future plan		√				DHP	Financial
Objective 6. Improve surveillance system on disease and health								
Performance Objective 6.1 Improve disease and health surveillance system								
Intervention 6.1.1 : Ensuring adequate resource including capacity building and communication facilities								
Review legislation related to covering diseases, injury and occupational health as well as data reporting	Newly enacted legislation	√	√				DHP,DOH	Financial
Review and update the list and operational definition of notifiable diseases			√				DHP,DOH	Financial
Reinforce integrated disease surveillance and response procedures			√				DOH	Financial
Develop outbreak report format and reporting procedure			√				DHP,DOH	Financial
Training on analysis of surveillance data and outbreak response				√			DHP,DOH	Financial
Training on lab confirmation capacity for outbreak investigation				√	√	√	DOH	Financial
Intervention 6.1.2 : Monitoring, supervision and evaluation for sustainability								
Field monitoring on assessment of disease surveillance		√	√	√	√	√	DOH	Financial
Annual evaluation for future plan		√	√	√	√	√	DOH	Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Objective 7. To encourage population based survey								
Performance Objective 7.1 : To improve availability and quality of population based survey								
Intervention 7.1.1: Formation of survey coordination body for inter and intra departmental collaboration								
Establish survey coordination body with responsible person	Coordinating body	√	√				MOH,CSO, Pop, Home affair, GA	
Conduct Meeting or workshop on improvement of survey design, implementation, data analysis and use	More coordination and collaboration	√	√	√	√	√	MOH,CSO, Pop, Home affair, GA	Financial
Intervention 7.1.2 : Advocacy of stakeholders on importance of population based survey								
Advocacy meeting with stakeholders on importance of survey		√	√	√	√	√	MOH	
Intervention 7.1.3 : Fund raising from various sources for population based survey								
Meet with donor agencies for requirements		√	√	√	√	√	MOH,MOP	
Intervention 7.1.4 : Building capacity on community survey design, processing and analysis								
Conduct training on research methodology and survey design and data base management	Trained people	√	√	√	√	√	MOH	Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Intervention 7.1.5: Population based survey to attain disaggregated data which are not obtained by routine system								
Workshop to discuss required data set, survey methodology	Data set, methodology		√			√	DHP,DOH,DMR,CSO	Financial
Preparation of data collection forms and instruction manual	Collection forms, manual		√			√	DHP,DMR	
Training of enumerators	Trained person		√			√	DMR,DHP	Financial
Field Data collection	Obtain data		√			√		Financial
Data processing, cleaning and analysis	Reliable data		√	√		√	DHP,DMR	Financial
Report writing	Report		√	√		√	DHP,DMR	Financial
Dissemination of survey results	Awareness and use		√	√		√	DHP,DMR	Financial
Objective 8. Improve data management, data sharing concerning IT development								
Performance Objective 8.1: Expand appropriate application of information and communication technology in current health information system								
Intervention 8.1.1 : Building information infrastructure by providing computer hardware and necessary equipments								
Assessment of needs on IT facilities in all health facilities (phase by phase)	List of requirements	√	√	√	√	√	MOH	Financial
Provision of IT equipments including computers in health facilities	Health facilities with well equips	√	√	√	√	√	MOH	Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Intervention 8.1.2 : Support for procurement of software such as geographic information system, service availability mapping								
Buy and procurement of software useful in health information system	Software	√	√				MOH	Financial
Intervention 8.1.3 : Training program on IT for HIS staff at different levels								
Conduct training on, IT, software, networking, etc.	Trained person		√	√	√	√	MOH	Financial
Performance Objective 8.2 : Strengthening of data sharing and analysis at different levels								
Intervention 8.2.1 : Strengthening mechanism to facilitate vertical and horizontal transmission of information								
Conduct workshop on how to improve mechanism for rapid transmission of information	Mechanism	√	√	√	√	√	MOH	Financial
Intervention 8.2.2: Enhancing an integrated health database at national and sub national levels								
Consensus meeting for choosing focal department for data bank	Agreement on establishment of Data bank	√	√				All concerned departments	
Coordination with other related sectors to obtain multiple data sources	Multiple data from various sources	√	√	√	√	√	All concerned departments	

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Provide server computer and data manager for management of data warehouse	server and assigned data manager		√	√	√	√	DHP	Financial, technical
Develop mechanism for updating data and quality assurance system	Running data bank		√	√	√	√		Human, financial and logistics
Training on handling or managing data bank	Skilled person		√	√	√	√		Technical, financial
Intervention 8.2.3 : Capacity building for data analysis technique to address data problems								
Capacity building on various data analysis technique	Skilled person		√	√	√	√	MOH	Financial
Intervention 8.2.4: Establishing local area network in one model hospital for computer assisted medical record system								
Advocate medical superintendent for using LAN and CAMRS	Consensus		√				All concerned departments	Financial
Provide computers and facilities in all wards of hospital	Physical facilities		√					Financial
Develop local area network	Physical facilities		√					Financial
Give training and assign the person			√					Financial
Maintenance of LAN and CAMRS				√	√	√		Financial
Intervention 8.2.5: Facilitating access to health and health related data by users								
Publish quarterly bulletin and annual health reports	Reports	√	√	√	√	√	MOH	Financial
Distribute to all users by various means		√	√	√	√	√	MOH	Financial

Activities	Primary Product	Time Frame					Responsible Department	Types of Additional Resources
		2011	2012	2013	2014	2015		
Objective 9. To Promote utilization of health information in decision making process								
Performance Objective 9.1 : To create the culture of evidence based decision making								
Intervention 9.1.1 : Advocating stakeholders to understand and take actions on existing and emerging health problems								
Conduct advocacy meeting with stakeholders on existing and emerging health problems	Understand	√	√	√	√	√	MOH	Financial
Intervention 9.1.2 : Training on data utilization for program planning, management, monitoring, evaluation and policy formulation								
Conduct training on how to use what data in where	Trained person	√	√	√	√	√	MOH	Financial
Intervention 9.1.3 : Encouraging use of information for decision making by inclusion of information use as one of criteria for assessing performance of health staff								
Encourage use of information in decision making by various means e.g. Recognition of health staff by using one of the criteria as information use	Improve utilization	√	√	√	√	√	ALL	Financial

Resource Requirement(2011-2015)

Objective 1. To enhance commitment, coordination and resources for HIS							
	Performance Objective	2011	2012	2013	2014	2015	Total
1.1	To enhance Commitment and co-ordination for HIS	\$14,500	\$15,000	\$15,000	\$14,000	\$14,000	\$72,500
1.2	To expand and strengthen the HIS staff	\$179,000	\$225,500	\$208,000	\$227,500	\$184,000	\$1,024,000
	To expand and strengthen the HIS staff(Salary)	-	-	-	Kyats 46632000	Kyats 46632000	Kyats 93,264,000
1.4	To improve working environment for health information management	\$58,000	\$64,000	\$82,000	\$78,000	\$73,000	\$355,000
	Sub Total	\$251,500	\$304,500	\$305,000	\$319,500	\$271,000	\$1,451,500
					Kyats 46,632,000	Kyats 46,632,000	Kyats 93,264,000
Objective 2. To Improve the Quality of Hospital Data Recording and Reporting							
	Performance Objective	2011	2012	2013	2014	2015	Total
2.1	To standardize the medical record forms (MR 1-20) (both public and private hospitals)	\$0	\$9,000	\$3,000	\$3,000	\$3,000	\$18,000
2.2	To develop guidelines for medical record documentation and ICD 10	\$2,000	\$13,000	\$5,000	\$5,000	\$5,000	\$30,000
2.3	To improve the quality of service records and report	\$8,000	\$26,000	\$35,000	\$16,000	\$16,000	\$101,000
	Sub Total	\$10,000	\$48,000	\$43,000	\$24,000	\$24,000	\$149,000
Objective 3. To Improve the Quality of Public Health Data Recording and Reporting							
	Performance Objective	2011	2012	2013	2014	2015	Total
3.1	To develop national core indicators on health	-	\$5,000	-	-	-	\$5,000
3.2	To update, produce and disseminate minimum essential data set for public health services periodically	\$8,000	\$28,000	-	-	\$58,000	\$94,000
3.3	To strengthen supervision and monitoring	\$10,000	\$35,000	\$35,000	\$35,000	\$35,000	\$150,000
	Sub Total	\$18,000	\$68,000	\$35,000	\$35,000	\$93,000	\$249,000
Objective 4. To develop a reporting system from private health sectors							
	Performance Objective	2011	2012	2013	2014	2015	Total
4.1	To ensure availability of health information from private hospital	-	\$19,000	\$10,000	\$10,000	\$10,000	\$49,000
	Sub Total	-	\$19,000	\$10,000	\$10,000	\$10,000	\$49,000
Objective 5. To improve the coverage and quality of vital registration system							
	Performance Objective	2011	2012	2013	2014	2015	Total
5.1	To increase coverage of VRS	\$6,000	\$13,000	\$10,000	\$10,000	\$10,000	\$49,000
5.2	To improve the quality of recording and reporting of vital events	\$5,000	\$49,000	\$5,000	\$5,000	\$35,000	\$99,000
	Sub Total	\$11,000	\$62,000	\$15,000	\$15,000	\$45,000	\$148,000
Objective 6. Improve surveillance system on disease and health							
	Performance Objective	2011	2012	2013	2014	2015	Total
6.1	Improve disease and health surveillance system	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$75,000
	Sub Total	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$75,000
Objective 7. To encourage population based survey							
	Performance Objective	2011	2012	2013	2014	2015	Total
7.1	To improve availability and quality of population based survey	-	\$168,000	\$13,000	\$13,000	\$163,000	\$357,000
	Sub Total	-	\$168,000	\$13,000	\$13,000	\$163,000	\$357,000
Objective 8. Improve data management, data sharing concerning IT development							
	Performance Objective	2011	2012	2013	2014	2015	Total
8.1	Expand appropriate application of information and communication technology in current health information system	\$60,000	\$60,000	\$60,000	\$60,000	\$60,000	\$300,000
8.2	Strengthening of data sharing and analysis at all levels	-	\$138,000	\$78,000	\$78,000	\$78,000	\$372,000
	Sub Total	\$60,000	\$198,000	\$138,000	\$138,000	\$138,000	\$672,000
Objective 9. To Promote utilization of health information in decision making process							
	Performance Objective	2011	2012	2013	2014	2015	Total
9.1	To create the culture of evidence based decision making	\$23,000	\$23,000	\$23,000	\$23,000	\$23,000	\$115,000
	Sub Total	\$23,000	\$23,000	\$23,000	\$23,000	\$23,000	\$115,000
	GRAND TOTAL	\$388,500	\$905,500	\$597,000	\$592,500	\$782,000	\$3,265,500
					Kyats 46,632,000	Kyats 46,632,000	Kyats 93,264,000

Resource Requirement(2011-2015)

No.	Objectives	2011		2012		2013		2014		2015		TOTAL \$ (2011-2015)
		Recurrent	Development	Recurrent	Development	Recurrent	Development	Recurrent	Development	Recurrent	Development	
1	To enhance commitment, coordination and resources for HIS	\$171,500	\$80,000	\$224,500	\$80,000	\$218,000	\$87,000	\$239,500	\$80,000	\$191,000	\$80,000	\$1,451,500
								Kyats 46632000		Kyats 46632000		Kyats 93,264,000
2	To Improve the Quality of Hospital Data Recording and Reporting	\$10,000	-	\$48,000	-	\$36,000	\$7,000	\$24,000	-	\$24,000	-	\$149,000
3	To Improve the Quality of Public Health Data Recording and Reporting	\$18,000	-	\$68,000	-	\$35,000	-	\$35,000	-	\$93,000	-	\$249,000
4	To develop a reporting system from private health sectors	\$0	-	\$19,000	-	\$10,000	-	\$10,000	-	\$10,000	-	\$49,000
5	To improve the coverage and quality of vital registration system	\$11,000	-	\$62,000	-	\$15,000	-	\$15,000	-	\$45,000	-	\$148,000
6	Improve surveillance system on disease and health	\$15,000	-	\$15,000	-	\$15,000	-	\$15,000	-	\$15,000	-	\$75,000
7	To encourage population based survey	\$0	-	\$168,000	-	\$13,000	-	\$13,000	-	\$163,000	-	\$357,000
8	Improve data management, data sharing concerning IT development	\$10,000	\$50,000	\$48,000	\$150,000	\$38,000	\$100,000	\$38,000	\$100,000	\$38,000	\$100,000	\$672,000
9	To Promote utilization of health information in decision making process	\$23,000	-	\$23,000	-	\$23,000	-	\$23,000	-	\$23,000	-	\$115,000
GRAND TOTAL		\$258,500	\$130,000	\$675,500	\$230,000	\$403,000	\$194,000	\$412,500	\$180,000	\$602,000	\$180,000	\$3,265,500
								Kyats 46,632,000		Kyats 46,632,000		Kyats 93,264,000

Resource Requirement (2011-2015)

Type of Activities	2011	2012	2013	2014	2015	Total
Meeting/Workshop	\$30,500	\$132,500	\$56,000	\$78,500	\$65,000	\$362,500
Training	\$197,000	\$220,000	\$220,000	\$233,000	\$223,000	\$1,093,000
Assessment/Review/Survey	\$8,000	\$203,000	\$9,000	\$9,000	\$197,000	\$426,000
Supervision	\$23,000	\$33,000	\$36,000	\$36,000	\$36,000	\$164,000
Logistics Supply	\$110,000	\$260,000	\$224,000	\$194,000	\$219,000	\$1,007,000
Human Resource	\$20,000	\$57,000	\$52,000	\$42,000	\$42,000	\$213,000
Human Resource(Salary)				Kyats 46,632,000	Kyats 46,632,000	Kyats 93,264,000
GRAND TOTAL	\$388,500	\$905,500	\$597,000	\$592,500	\$782,000	\$3,265,500
				Kyats 46,632,000	Kyats 46,632,000	Kyats 93,264,000

