

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO.5646
TO BE ANSWERED ON 26TH JULY, 2019**

HEALTHCARE DATA

**5646. SHRI VINAYAK RAUT:
SHRI CHANDRA SEKHAR SAHU:
SHRI SHRIRANG APPA BARNE:
DR. SHRIKANT EKNATH SHINDE:
SHRI GIRISH BHALCHANDRA BAPAT:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether good quality data pertaining to healthcare is quite crucial for efficient allocation of our limited resources;
- (b) if so, whether it is a fact that data pertaining to healthcare in India is significantly compromised in terms of its quality, its periodicity and coverage;
- (c) whether the Government has taken note of discrepancy between the type of information available and what is required by health planners, medical scientists and researchers, if so, the details thereof;
- (d) whether data collection system in India needs to be completely revamped as different data sources lead to different conclusions, if so, the details thereof; and
- (e) the steps taken so far by the Government to strengthen data quality?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a): Good quality data pertaining to healthcare is crucial, since the data like Funds availability, Human Resource and infrastructure availability, etc along with service delivery data is utilised for allocation of resources efficiently.

(b): The data pertaining to health care facilities does not lack the requisite quality and coverage. Data pertaining to Healthcare is collected on various data items/ indicators involving scientific/objective methods and state of art IT based data collection techniques, through Large Scale Surveys, Online Management Information Systems, etc. However, the data collection methods and objectives may vary. In case of large scale surveys, the purpose is to assess the efficacy of the existing health systems at a regular periodicity, and forecasting demand for the future. Whereas, in case of, Online Management Information Systems, the purpose is to monitor the existing healthcare facilities on routine basis and to initiate mid-term course corrections, wherever required.

(c): Major discrepancies have not been observed between the type of information available and that of those required by the planners because the information collected is based inter alia on the inputs provided by stakeholders. However, variations within certain acceptable limits may arise due to difference in objectives/methodologies.

(d): For comparability among the different data sources, MoHFW has notified Meta Data and Data Standards (MDDS) in August 2018 to enable semantic interoperability among various healthcare applications for seamless sharing of data and services.

(e): The steps taken by the Government to strengthen data quality include: organising regular training/review programmes, IT enabled quality checks, field inspection for data verification, adopting standards such as MDDS and Electronic Health Records (EHR), and promoting data entry only once, etc. Regarding large scale surveys data, quality and robustness is ensured by following standard sampling procedures, comprehensive training and intensive field monitoring/supervision.