DETERMINANTS OF PERCEIVED TIMELINESS OF HEALTH DATA REPORTING IN KAABONG DISTRICT: A MIXED METHOD

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Abstract

Background: Globally, only 76% of health data is reported on time. In Uganda, the national average for reporting timeliness falls significantly below ideal, at 44%, while Kaabong District surpasses this national rate with a timeliness reporting of 82%.

Objective: To identify the factors associated with the timeliness of health data reporting in HMIS among health facilities in Kaabong District.

Methodology:

This cross-sectional study adopted an embedded mixed-method approach to data collection. Quantitative data were collected using interviewer-administered questionnaires from a sample of health workers in Kaabong, calculated using the Kish-Leslie formula. Censored all the health facilities and purposive sampling was used to select KI. Qualitative data were gathered through key informant interview with the sample size determined by the saturation point. Quantitative data was analysed using STATA version 18 at the univariate, bivariate, and multivariate levels, while qualitative data were analysed using thematic analysis using NVivo software. Ethical approval was obtained from the UNCST through the Lira University Research Ethics Committee (LUREC).

Results:

Quantitatively, 56.3% of health facilities reported health data on time. Availability of adequate resources was the only significant factor of timely reporting (Adjusted PR = 1.75, 95% CI: 1.17–2.62, p = 0.007). Qualitative findings revealed that resource availability, supportive supervision, and staff competence influenced reporting timeliness, despite infrastructural and staffing challenges.

Conclusion: Timely health data reporting in Kaabong District was moderate (56.3%), with performance improved by resource availability, highlighting the need for better infrastructure, supervision, and staff capacity to enhance HMIS reporting.