

PROGRESS & CHALLENGES HEALTH SYSTEMS BUILDING BLOCKS IN SIX DISTRICTS OF PAKISTAN

WHO Building Block 3: Health Information

A well-functioning health information system is one that ensures the **production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.**

- WHO, 2010, Monitoring the Building Blocks of Health Systems:
A handbook of Indicators and their Measurement Strategies, Geneva.

Note: As the HSGS study concentrated its intervention on building community capacity for participation in health systems governance, it did not engage in processes involving data analysis and related decision-making located at the provincial level. Still, district health service providers and administrators were asked about their knowledge on the usage and ultimate outcome of the information they collect and pass on in detail. This is the basis of the following insights.

Health Management Information Systems

- Concerned officials in all six districts were submitting regular reports in 2014 through the Health Management Information System (HMIS). However, while they filled the pro-formas and filed reports, local officials had little information regarding the functioning of information systems beyond the district level. For example, a female technician from Jaffarabad commented, *“We don’t know [whether decisions are made based on reporting through HMIS], we just submit our monthly report.”*¹
- The tool was reduced to a statistical tracking of diseases and patients as described by officials in Muzaffargarh:
*“It had a statistical system only for tracking how many patients were there, what was the ailment, what sort of treatment was administered, etc. It was not comprehensive information to facilitate analysis.”*²
- Consequently, many persistent issues were unaddressed, such as the issue of salaries, the provision of medicines, the need for staff refresher trainings, etc.

District Health Information Systems

- The HMIS has now been converted into the District Health Information Systems (DHIS). This is considered to be a more integrated system and has the advantage of analysis being done at the district level. In 2017, the District Population Welfare Officer (DPWO), Sukkur described the DHIS system as highly integrated: every department is given a pro-forma to be filled and submitted every month. All information is updated in the system and serves as a system of checks and balances including on the availability of contraceptives and medicines. Integrated dashboards at the national and provincial levels further complement this across vertical programs and departments.
- Despite being considered a handy monitoring tool, evidence-based decision-making - a core objective of DHIS - continues to be a serious concern in the absence of any qualitative indicators from a governance perspective.

¹ Rapid Situational Analysis, In-depth Interview with Female Medical Technician, BHU Cattle Farm, 2014.
² Muzaffargarh, Multistakeholder Forum, 2017.

About the Project

The “Strengthening Governance in Health Systems for Reproductive Health and Rights (RHR) in Pakistan: An Intervention Case Study” was implemented by Shirkat Gah in six districts across four provinces of Pakistan, including Districts Shahdadkot and Sukkur (Sindh), District Mardan (Khyber Pakhtunkhwa); Districts Vehari and Muzaffargarh (Punjab), and District Jaffarabad (Balochistan), from 2014 to 2017.

This pilot study aims to propose a model or pathway for a larger intervention on participatory governance and policy implementation for reproductive health and rights (RHR) in Pakistan. It is grounded in the key principles of equity, non-discrimination, participation and accountability, with particular attention to the promotion of gender equality and the realisation of the vision for the highest attainable standards of sexual and reproductive health and rights for all, particularly women and girls.

About Shirkat Gah

Shirkat Gah - Women’s Resource Centre (SG) was initiated as a small voluntary women’s collective in Pakistan in 1975, and has evolved into a leading women’s rights organisation that operates out of offices in Karachi, Peshawar, Lahore, and four field stations across all four provinces.

SG’s core strategies in its work with grassroots organisations in more than 20 districts, include research to generate evidence for capacity building and advocacy in the areas of sexual and reproductive health and rights (SRHR); personal status rights and laws; promoting a gendered perspective in sustainable development, and promotion of peace, with violence against women traversing the four focus areas.

Nationally, SG has contributed significantly to the overall policy and legal framework and works with elected representatives and government functionaries to bolster an environment conducive for women to claim rights and to facilitate accountability. SG also engages regularly with international development organisations, agencies and UN processes both for setting norms and standards as well as ensuring accountability on Pakistan’s international obligations.

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