

Rapid appraisal of Pakistan's district health information system finds encouraging results as well as room for improvement

An efficient health information system can form the basis of effective decision-making for health service providers through speedy data generation and compilation, analysis, and synthesis. A reliable health information system is an essential tool for developing and implementing policy and regulation, research, training, service delivery, and financing.

In Pakistan the first health management information system was established in the early 90s. In 2001 much of the country's health service delivery responsibilities at outreach, primary and secondary levels were decentralized and transferred to district governments. Consequently, a new district-based health information system came into being in 2007, providing users with information about primary and secondary healthcare facilities, vertical programmes and outreach services. The system is currently being used by healthcare staff in 134 districts who are successfully trained and now reporting regularly using the system.

icddr,b undertook an assessment to determine how well the district health systems are functioning in Matiari district of Sindh and Rahim Yar Khan district of Punjab. A total of 21 health facilities were selected for our assessment in these two districts.

Our assessment from both districts suggests that in most facilities the health system data are being used in decision-making, which is very encouraging. Other areas where both districts are performing well include archiving records of previous monthly health system reports and sending them regularly and in a timely manner to provincial health system cells—a practice that needs to be encouraged and sustained.

Our results show that while the district health system is well established and functioning in both districts, there are a number of areas that need improvement, including refresher training for staff and replenishment of health system tools, especially in Rahim Yar Khan.

The fact that almost half of these health facilities receive no feedback from the EDO health on their reports submitted through the district health system is a cause for concern. Improvements in these areas would allow the health facilities and district management to improve health service delivery in their districts and ultimately reduce morbidity and mortality of their population.

Key findings

	RY Khan (N=13)	Matiari (N=8)	Overall
DHIS staff received training on DHIS	8 (61.5)	8 (100)	16 (76.2)
DHIS tools availability at facility	12 (85.7)	7 (100)	19 (90.5)
DHIS manual availability at facility	10 (71.4)	7 (100)	17 (81.0)
TORs available at facility	7 (50%)	2 (28%)	9 (42.9)
Availability of daily updated DHIS data at facility	13 (100)	8 (100)	21 (100)
DHIS staff understanding of DHIS forms	13 (100)	8 (100)	21 (100)
Received feedback from EDO health on DHIS data	5 (38.5)	6 (75.0)	11 (52.4)
Facilities using DHIS data for planning	10 (76.9)	7 (87.5)	17 (81%)
Shortage of DHIS tools at health facilities	3 (23.1)	1 (12.5)	4 (19.0)

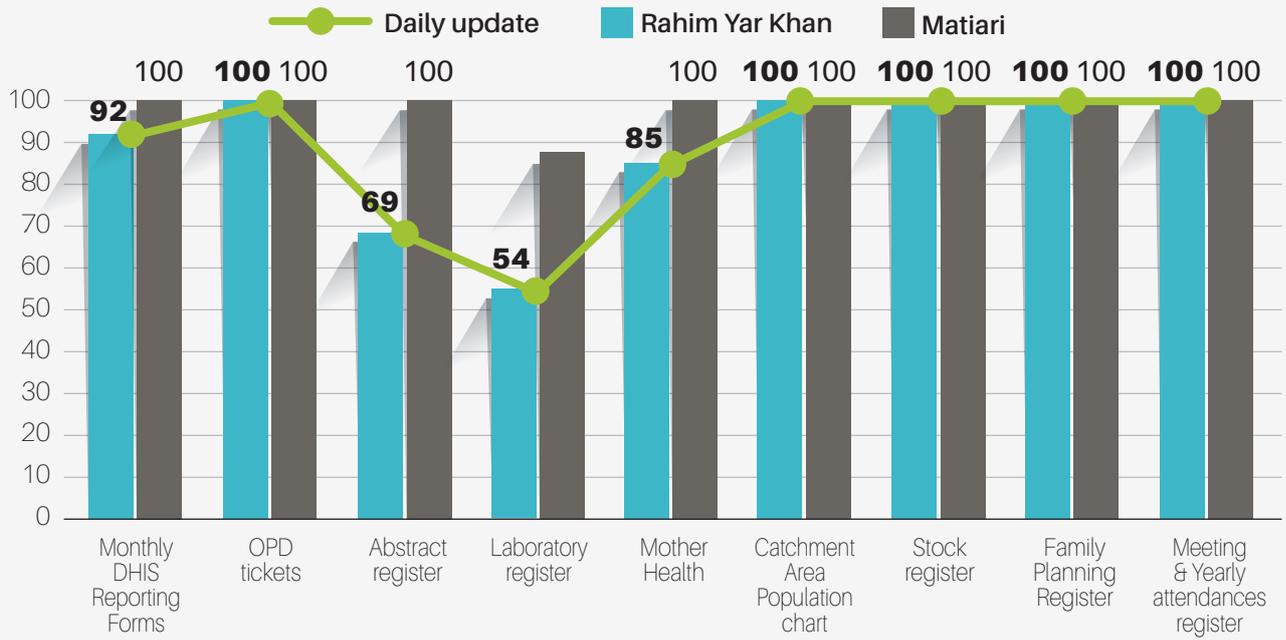


Figure: Status of availability of different data tools and their daily update by district

This policy brief was prepared by Dr Sajid B Soofi, S. Shujaat H. Zaidi and Imtiaz Hussain

For more information please contact Dr Sajid B Soofi, Associate Professor, Aga Khan University, Karachi sajid.soofi@aku.edu

This project was made possible with support from the Maternal Health Task Force at the Harvard T. H. Chan School of Public Health through Grant #01065000621 from the Bill & Melinda Gates Foundation