MINUTES OF MEETING
ON
THE STUDY
ON
IMPROVEMENT
OF
MANAGEMENT INFORMATION SYSTEMS
IN
HEALTH SECTOR
IN
THE ISLAMIC REPUBLIC OF PAKISTAN

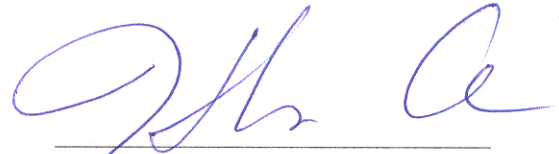## AGREED UPON BETWEEEN

THE MINISTRY OF HEALTH
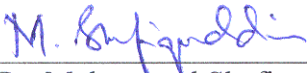
AND

THE STUDY TEAM
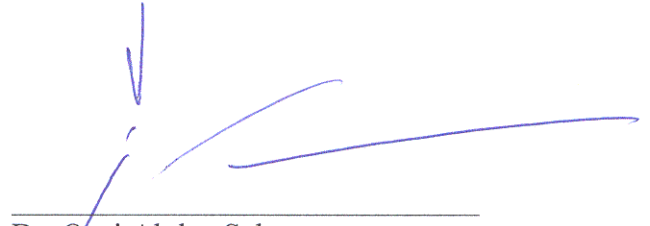
Islamabad, December 20, 2005

Dr. Abdul Majid Rajput
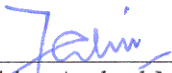Director General, (Health)
Ministry of Health

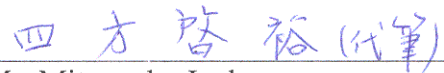Mr. Hiroshi Abo
Team Leader
The Study Team

Dr. Muhammad Shafiquddin
Chief, (Health)
Planning & Development Division

Dr. Qazi Abdus Saboor
Executive Director, (NHIRC)
Ministry of Health

Dr. Fahim Arshad Malik
Deputy Director General (P&D)
Ministry of Health

四方啓裕 (代筆)
Mr. Mitsunobu Inaba
Deputy Resident Representative
JICA, Pakistan Office

1.   Background of the Study

The "Study on Improvement of Management Information Systems in Health Sector in the Islamic Republic of Pakistan (Study)" is being implemented with the objectives:

(1) Development of a National Action Plan (NAP) for the improvement of Health Information Systems (HISs) in Pakistan, and.
(2) Transfer of relevant technology to the concerned persons

Based on the findings of Situation Analysis conducted by the Study Team and series of consultative meetings with Ministry of Health (MOH) and Provincial Health Departments (PHDs), District Health Information System (DHIS) was conceptualized and a broad framework for NAP was approved by the Steering Committee Meeting (S/C) held on 29th August, 2005 (See Annex-I National Action Plan).

Afterwards, preparatory meetings for S/C with all Provincial governments were held to reach consensus on DHIS tools and instruments, Pilot Test implementation plan, basic strategy of NAP formation and the Study structure. Consequently, the S/C was held in Islamabad on 20th December, 2005.
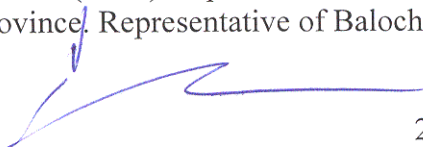
2.   Procedure of Meeting

2.1   Purpose of the Meeting

The S/C was held at NHIRC Committee Room, Islamabad on 20th December, 2005 under the chairmanship of Dr. Abdul Majid Rajput, Director General (Health), MOH (Annex-II, List of Participants). The purpose of the meeting was to have consensus and approval on (1) Basic strategy for NAP formulation, (2) Implementation structure of the Study, (3) Formulation of Provincial and District Working Group (PW/G and DW/G), (4) Selection of Pilot Districts, (5) Pilot Test implementation plan (6) Design of DHIS (including DHIS Tools and Instruments), (7) Computer program, (8) Task for formulation of NAP, (9) Training Method and (10) Establishment of Tender board for the selection of computer software company.

2.2   Discussions

(1) Regarding the cost of staff training in Pilot Test districts, it was decided to keep the cost at its minimal level. Thereafter, regarding the cost of travel allowance and allowance for meal, before making any decision negotiation will be held between PHD and the Study Team. It was pointed out that the Provincial/ District Governments may easily arrange venue and Government accommodation (Government hostels) for the stay of trainees if necessary. Therefore, the respective Provincial Governments showed their intentions to arrange the training venue and government accommodation for the trainees in the Pilot Test districts. Federal Government encouraged the provinces on provision of their support for the national cause.

(2) S/C made discussion on the issue of formulation of PC-Is for country-wide implementation of the DHIS design at the end of the Study. Provincial Governments urged separate PC-I for each Province, and if it was not possible, then the umbrella PC-I including the section of the each province will be the second best choice. Planning Commission and Provincial Planning & Development (P&D) Department discouraged umbrella PC-I and supported separate PC-I for each Province. Representative of Balochistan emphasized the importance of expansion of

DHIS in his province even under Annual Development Plan of each district, in case provincial PC-I is not approved.

(3) On a point of selection of more than one Pilot Test districts from each Province, the Study Team explained that number of manageable district should be defined as one since implementation of Pilot Test would require elaborate assistance. However, Punjab representative showed the intention to apply Pilot Test in the whole province with the appreciation of the DHIS design.

(4) S/C urged on the support of JICA for implementation of the DHIS design in country after the formulation of NAP. On the point JICA responded that they are not in the position of any commitment at this stage.

(5) Bureau of Statistics offered their assistance if required in the implementation of the DHIS design except of finance.

3.   Consensus reached

The S/C approved the following aspects;

(1) Following image and strategies for NAP were approved by S/C.
   1) Design of DHIS should be developed corresponding to the current status in Pakistan by the concept of cost minimizing for Outcome 2 and benefit maximizing for Outcome 3)(Annex -I (2) Outcomes of NAP)
   2) The basic strategy of NAP is to show the appropriate allocation and efficient use of resources in the health information sector.
   3) Results of end-term evaluation made by PW/G will be reflected to the improvement of design of DHIS, from the view point of contribution to the improvement of data quality, data use and policy. Consequently, design of NAP will be finalized based on the revised DHIS and the result of supplemental survey.
   4) Information network system between NHIRC and provincial/district Health Management Information System (HMIS) set-ups will be established.
   5) The results of training in the Pilot Test will be reflected in the training system with realistic/practical manner and training contents will be developed in consideration of limitation of human resources and budget by Pakistan government side.
   6) Requirement of human resources and financial resources (development budget and non-development budget) for extension of DHIS to implement the NAP will be estimated.
   7) Establishment of DHIS will be done mainly by the Provincial and District Government through the bottom-up approach corresponding to devolution policy.

(2) Implementation structure of the Study was approved by S/C (Annex - III)
   1) S/C
      - Approval of the Study strategy/methodology and the results
   2) PW/G
      - Supervising progress of activities and evaluation
      - Technical Meeting/Institutional Meeting
   3) DW/G
      - Supervising of progress of activities and monitoring

(3) Members of PW/Gs presented by each Province and Terms of Reference (TOR) of PW/G and DW/G were approved by S/C (Annex-IV). PHD has responsibility for replacement or revision of PW/G members and finalization of DW/G establishment accordingly.

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(4) The following Pilot Test Districts were suggested by provinces as candidates. They will be finalized through discussion between the Study Team, each province and candidate district in consideration of security and other aspects in general.

1) Punjab
   i. Khanewal
   ii. Chakwal

In Punjab, Pilot Test will be carried out in one district with the assistance of the Study Team while in another district, the Punjab Health Department will take the full responsibility of implementing the Pilot Test with some technical assistance from the Study Team.

2) Sindh
   i. Thatta
   ii. Sanghar (alternative district)

Thatta was selected as the Pilot Test district while Sanghar as an alternative.

3) NWFP
   i. Swabi
   ii. Kohat (alternative district)

Swabi was selected as Pilot Test district while Kohat as an alternative.

4) Balochistan
   i. Khuzdar

It was proposed in the meeting but will be finalized later by Balochistan Health Department

(5) The design of DHIS and approaches for modifications and finalization of it were approved by S/C.

1) Input data
   - Tools and instruments with some modifications as suggested during last federal and provincial technical meetings were approved by S/C.
   - Modification will be made by PW/Gs, NHIRC and the Study Team, and confirmed in the PW/G meeting in January.

2) Output data
   - Output image based on the DHIS indicators was presented by the Study Team. Summary paper showing core indicators for monthly and yearly analysis was attached in Annex-V.
   - Evaluation criteria on Outcome 2 (mentioned in Annex-IV, 2. (2)) was approved by S/C.
   - Evaluation criteria on Outcome 2 (mentioned in Annex-IV, 2. (2)) was approved by S/C.
   - Breakdown in details and modification will be conducted by PW/Gs, NHIRC and the Study Team, and confirmed in the PW/G meeting in January.

3) Outline of computer program development was explained and approved by S/C

(6) S/C agreed that Pakistani side should have ownership for formulation of NAP, and this task will be implemented by collaborative activity among Departments of Planning & Development of MOH/ PHDs, NHIRC and the Study Team. The NAP will be formulated

based upon the evaluation results by PW/Gs. NHIRC and Study Team will discuss on and prepare the guideline of NAP formulation.

(7) Three stage cascade training method for Pilot Test was approved by S/C (1st stage: master training, 2nd stage: training of trainers and 3rd stage: training of facility staff). Tests to check participants' learning level will be held in each stage.

(8) S/C agreed TOR and composition of the members of Tender Board for selection of computer program company

   1)   TOR: Evaluation of the tender and supervision of the tender process
   2)   Member: ED NHIRC
                  Department of Planning and Development
                  Chair of the PW/Gs
                  Deputy Financial Adviser (DFA)
                  Computer experts of MOH and/or Government of Pakistan (GOP)
                  The Study Team

(9) Regarding the cost of staff training in Pilot Test districts, it was decided to keep the cost at its minimal level. Therefore, the respective provincial governments will arrange the training venue and government accommodation for the trainees in the Pilot Test districts.

(10) S/C agreed that the NAP will be formulated for 10 years-target. It was also pointed out that in order to ensure its implementation PC-Is based upon NAP framework will be developed to be approved for implementation by GOP to cover the first 5 years of the NAP.

(11) S/C agreed that the health information systems covering tertiary hospitals and private sector will be duly reflected as part of NAP.

(12) Formation of Executive Committee (E/C) of S/C was approved to support S/C as frequent S/C meetings were not practicable. E/C is as a sub-committee of the S/C which shall meet frequently to discuss and approve matters relating to the Study.

4.   Remarks of Dr. Shafiquddin, Chief (Health), Planning & Development Division

Dr. Shafiquddin appreciated the assistance of Japan International Cooperation Agency (JICA) for implementation of the Study. He, however, asked for his views to be reflected appropriately in the minutes. He highlighted the importance of S/C which was high powered committee. Expressing his concern on the procedure adopted for selecting candidates for training abroad, he emphasized that in future, important matters should be brought to S/C for decisions. In case, urgent decisions are necessary, approval of the Chair can be sought. On this the chairperson observed that the forums of NHIRC and E/C were available to cater to the urgent matters. Dr Shafiquddin added that ex-post facto approval may be accorded to the past actions by E/C. He hoped that at the end of the Study, the Government of Pakistan will be shown a comprehensive NAP through the joint activities with Pakistani side and the Study Team. Referring to the PC-II he said that every effort should be made to cover private sector and tertiary care hospitals in HISs. He also requested JICA to go along with the commitment given in the PC-II. He added that at the end of the Study, Federal and Provincial Governments could share the cost of the Provincial PC-Is on 50:50 basis, with expected assistance to be provided by JICA.

5.   Remarks of JICA, Pakistan office

Dr. Akihiro Yomo appreciated the participation of S/C members and the agreements on the basic design of Pilot Test made at the S/C, although there were many works to be dealt with from now on. He recited the presentation of Mr. Abo who emphasized the importance of "minimized cost and maximized benefit" and pointed out that the Study Team should make an effort to elaborate the methods to maximize user's benefit in the meantime to reduce current cost for data collection. He concluded his comments that decision of today's meeting was a milestone in a long journey rather than the final destination because further efforts should be continued for the preparation and implementation of Pilot Test and evaluation of its result.

6.   Closing Remarks of Dr. Abdul Majid Rajput, Director General (Health), MOH (In Chair)

DG appreciated the efforts of the Study Team and endorsed the decisions taken with regard to Pilot Test implementation plan of DHIS, tools and instruments of DHIS, selection of Pilot Test districts, constitution of E/C, formation of PW/Gs and formulation of NAP and PC-Is for implementation by GOP. However, he emphasized on inclusion of private sector and tertiary hospitals in HISs. He also appreciated the ownership of provincial governments to implement the DHIS using their own resources. He fully supported the enthusiasm shown by Punjab health department for implementing DHIS tools and instruments at large scale. He endorsed the formation of E/C of the S/C. However, he underscored the importance of S/C and desired that the important decisions may be brought to the S/C for its information. While closing the meeting, the Chair endorsed the implementation plan of Pilot Test and assured full support and collaboration of the MOH to the Study.

National Action Plan (NAP)

(1) Objective of NAP

The objective of NAP is to "reform and create an enabling environment for the Health Information Systems (HISs) in Pakistan to continuously evolve and improve to respond to the information needs of the health sector in Pakistan".

(2) Outcomes of NAP

Outcome 1: Improved policy and institutional mechanisms for management of HISs
Outcome 2: Quality information generated by HISs to monitor the performance of health system
Outcome 3: Improved use of information for performance improvement

(3) District Health Information System (DHIS) design

DHIS is the major part of the NAP. The overall objective of DHIS is "to provide information for management and performance improvement of primary and secondary healthcare services provided by the public health sector at district level." More specifically, DHIS will:

1. Provide necessary information for monitoring the performance of district health system by incorporating selected key indicators and data elements.
2. Cater to the important routine health information needs of the federal and provincial levels for monitoring policy implementation

List of Participants

Pakistani Side

Ministry of Health Islamabad

1. Dr. Abdul Majid Rajput, Director General (In Chair)
2. Dr. Qazi Abdus Saboor, Executive Director, NHIRC
3. Mr. Sheikh Insar Ahmad, Deputy Director General
4. Dr. Haroon Khan, Pathogist PIMS.
5. Syed Anwar Hussain, MIS Advisor, National Programme for Family Planning and Primary Health Care
6. Dr. Ahmad Nadeem Akbar, Deputy Secretary, Pakistan Medical and Dental Council, Islamabad.

Planning & Development Division, Islamabad
1. Dr. Muhammad Shafiquddin, Chief (Health)
2. Mr. Sohail Rehan, Chief (Poverty)

Federal Bureau of Statistics
1. Mr. Munir Ahmad Aslam, Director

Health Department, NWFP
1. Dr. Jalil Ur Rehman, Director General Health Services
2. Dr. Sabooh Bacha, Director Health Services
3. Dr. Muhammad Zaheen., Deputy Director(Public Health)

Health Department, Sindh
1. Mr. Manzoor Ahmad Memon, Additional Secretary (Dev.)

Health Department, Balochistan
1. Dr. Munir Ahmad Khawaja Khail, Director General Health Services
2. Dr. Farooq Azam Jan, Provincial HMIS Coordinator

Health Department, Punjab
1. Dr. Muhammad Amjad, Provincial HMIS Coordinator

Provincial Planning & Development Departments
1. Mr. Anwar Latif, Assistant Chief (Health), Planning & Development Department, Government of the Punjab, Lahore.
2. Mr. Altaf Hussain Bhatti, Chief (Health), Planning & Development Department, Government of Balochistan, Quetta.

Japanese Side

JICA Pakistan Office

1. Mr. Mitsunobu Inaba, Deputy Resident Representative, JICA Pakistan, Islamabad
2. Dr. Akihiro Yomo, Project Formulation Advisor(Health), JICA Pakistan, Islamabad
3. Dr. Mir Ajmal Hamid, Advisor on Health, JICA Pakistan, Islamabad
4. Mr. Sohail Ahmad, Senior Program Officer, JICA Pakistan, Islamabad

Study Team Members

1. Mr. Hiroshi Abo, Team Leader
2. Dr. Tariq Azim, Deputy Team Leader
3. Ms. Kido Chiaki, Monitoring & Evaluation
4. Mr. Masashi Akiho, Information System (Program Development)
5. Mr. Sadatoshi Matsuoka, Coordinator
6. Dr. Tauseef Ahmad, Advisor
7. Dr. Sohail Amjad, Epidemiologist
8. Dr. Ghayur Ahmad, Extension Planner
9. Mr. Muhammad Jamil Arshad, Office Manager& Technical Advisor
10. Mr. Shafat Sharif, Consultant

Plan	Training	Activity	Responsibility

Federal level

National Action Plan (NAP)
- Resources allocation
- Institution and organization

Cascade method

Master training

Steering Committee (Evaluation) — Member

Provincial level

Provincial Working Group (Evaluation) — Member

TOT (Training of Trainers)

Technical meeting

Institutional meeting

Data/information Quality **Outcome 2**

Use of information **Outcome 3**

Policy/institution **Outcome 1**

District level

Implementation Annual Work Plan

District Working Group (Monitoring) — HMIS Coordinator

Pilot Test Implementation

District level → Facility level
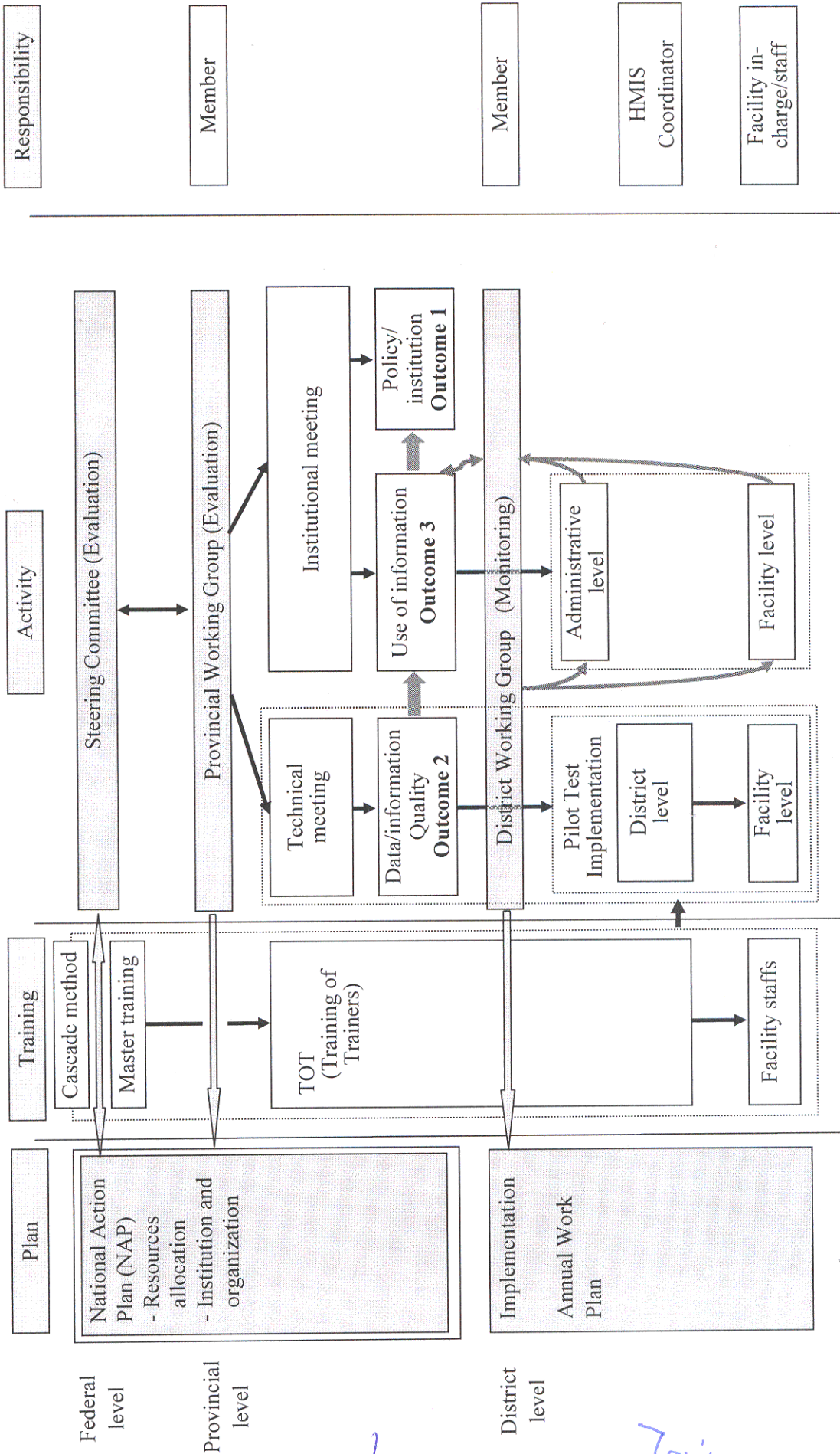
Administrative level

Facility level — Facility in-charge/staff

Facility staffs

Figure Structure of the Study Implementation

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