

Provincial Working Groups

1. Member of Provincial Working Group (PW/G)

(1) Health Department, Sindh

- 1) Additional Secretary, (Development) (In Chair)
- 2) DG or his representative
- 3) Additional Director (Development)
- 4) Deputy Director/Provincial HMIS Coordinator
- 5) EDO (Health) of Pilot Test District

(2) Health Department, NWFP

- 1) Dr. Jalil-ur-Rahman, DG Health NWFP (In Chair)
- 2) Dr. A. Sabooh Bacha, Director Health Services
- 3) Dr. Mohammad Zaheen, Deputy Director, Public Health
- 4) Dr. Basit Salim, Acting HMIS Coordinator
- 5) Dr. Shaheen Afridi, HSRRU Health Secretariat
- 6) Mr. Ali Asghar, National Program for FP & PHC
- 7) Dr. Khalid, HMIS Coordinator Swabi
- 8) Dr. Qazi Farman, EDO (H) Swabi
- 9) Dr. Mosam Khan, EDO (H) Peshawar
- 10) Dr. Abdul Ahad, MS DHQHI Swabi

(3) Health Department, Punjab

- 1) DGHS (In Chair)
- 2) Addl. Secretary (Dev)
- 3) Senior Planning (Officer)
- 4) Program Manager of National Program for Family Planning & Primary Health Care
- 5) Provincial HMIS Coordinator (Member/Secretary)
- 6) EDO(H) of Pilot District

(4) Health Department, Balochistan

- 1) Dr. Munir Ahmad Khawaja Kheil, DG Balochistan (In Chair)
- 2) Dr. Farooq Azam Jan, Provincial HMIS Coordinator
- 3) District Nazim of Pilot Test District
- 4) DCO of Pilot Test District
- 5) EDO(H) of Pilot Test District
- 6) Distt. HMIS Coordinator of Pilot Test District
- 7) MS of DHQH of Pilot Test District
- 8) Chief Planning Officer, Planning Cell (Health)
- 9) Chief of Section (P&D)
- 10) Representative of NGO/Community Leader

2. TOR of PW/G

(1) General

- 1) Reviewing on monitoring report from DW/G
- 2) Mid- and end-term evaluation (quarterly) based on the result of Pilot Test and supplemental survey

y

11

Zehi for a

- 3) Criteria for the evaluation (corresponding to Outcome 2)
 - Evaluation criteria 1: facility group
 - Evaluation criteria 2: indicators (79 indicators)
 - Evaluation criteria 3: linkage between indicators (e.g. with/without human resources, lab, etc.)
 - 4) Evaluation of Outcome 3
 - Status of use of District monthly report printed by HMIS Cell
 - Facility in-charge/staff
 - Official at district level
 - 5) Evaluation of Outcome 1
 - Clarify political, organizational and institutional issues
 - Need to be solved
- (2) Mid-term evaluation (end of June 2006)
- 1) Evaluation of achievement of targets during March to May in comparison with baseline data
 - 2) Analysis of data quality by characteristics of facility group
 - 3) Reduction of DHIS monthly report indicators with poor quality for the low performance group
 - 4) Direction/ instructions to DW/G for the improvement of data quality
- (3) End-term evaluation (Beginning of September 2006)
- 1) Evaluation of achievement of targets during June to August in comparison with baseline and mid-term data
 - 2) Analysis of data quality by characteristics of facility group
 - 3) Analysis of the performance after the reduction of workload for the low performance group
 - 4) Recommendation for the improved design of DHIS for NAP

3. TOR of District Working Group (DW/G)

- (1) Monitoring :
 - 1) Quantity and timing of input/output for the activities to improve data quality
 - 2) Monthly meeting for monitoring of Pilot Test outcome
 - 3) Monitoring report to be submitted to PW/G quarterly
- (2) Supervising :
 - 1) Progress of the Pilot Test

E.g. Monitoring indicators

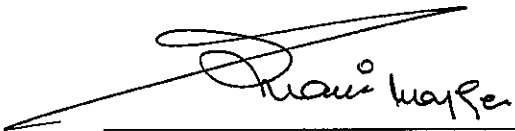
- Availability of data collection instruments at facility level
- Percentage of data completion
- Percentage of data accuracy
- Percentage of data accuracy for data entry
- Number of District monthly reports printed at HMIS Cell

Core indicators for self evaluation by facility level

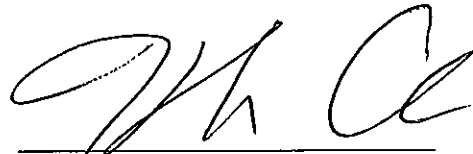
Indicators	Self Evaluation Level			
	BHU	RHC	THQH	DHQH
Monthly Analysis for Self Evaluation				
14. Full immunization coverage.	0	0	0	0
16. Neonatal tetanus coverage	0	0	0	0
17. New acceptors	0	0	0	0
20. Antenatal care coverage	0	0	0	0
21. Average number of antenatal care attendances	0	0	0	0
25. Delivery coverage at facility	(0)	0	0	0
34. OPD diarrhoeal disease cases amongst under 5 years	0	0	0	0
36. OPD pneumonia cases amongst under 5 years	0	0	0	0
38. OPD malaria cases	5	5	5	5
47. Proportion of TB-DOTS patients missing	0	0	0	0
1. Daily OPD attendance	0	0	0	0
67. Stock out of tracer drugs and supplies	0	0	0	0
68. Proportion of staff positions filled	0	0	0	0
35. Diarrhoeal disease case fatality rate amongst under 5 years.		0	0	0
37. Pneumonia case fatality rate amongst under 5 years		0	0	0
39. Malaria case admissions		0	0	0
64. Budget release		0	0	0
65. Unspent budget		0	0	0
Sub-total	13	18	18	18
Yearly Analysis for Self Evaluation				
22. LHW pregnancy registration	0	0		
24. Prevalence of anemia among pregnant women at time of first antenatal attendance	0	0	0	0
27. Postnatal coverage	0	0	0	0
29. Annual top 5 communicable and top 5 non-communicable diseases seen at OPD	0	0	0	0
51. Low birth weight rate (facility-based)	(0)	0	0	0
52. Underweight proportion amongst under 3 years weighed (facility-based)	0	0	0	0
59. STI/RTI cases amongst women over 15	0	0	0	0
60. STI cases amongst men over 15	0	0	0	0
5. Referred case proportion	0	0	0	0
6. Follow-up case proportion	0	0	0	0
30. Annual IPD case load profile		0	0	0
32. Hospital death rate		0	0	0
33. Left Against Medical Advice rate		0	0	0
53. Expected obstetric complications attended		0	0	0
57. Newborn case fatality rate		0	0	0
58. Still birth proportion		0	0	0
7. Lab service utilization		0	0	0
8. X-ray service utilization		0	0	0
9. Emergency service utilization		0	0	0
11. Bed occupancy rate		0	0	0
54. Expected Caesarean sections performed			0	0
55. Obstetric case fatality rate			0	0
56. Maternal deaths investigated			0	0
62. Hepatitis B Virus + proportion			0	0
63. Hepatitis C Virus + proportion			0	0
Sub-total	10	20	24	24
Ground Total	23	38	42	42

**MINUTES OF THE STEERING COMMITTEE MEETING
ON
THE STUDY
ON
IMPROVEMENT
OF
MANAGEMENT INFORMATION SYSTEMS
IN
HEALTH SECTOR
IN
THE ISLAMIC REPUBLIC OF PAKISTAN
AGREED UPON BETWEEN
THE MINISTRY OF HEALTH
AND
THE STUDY TEAM**

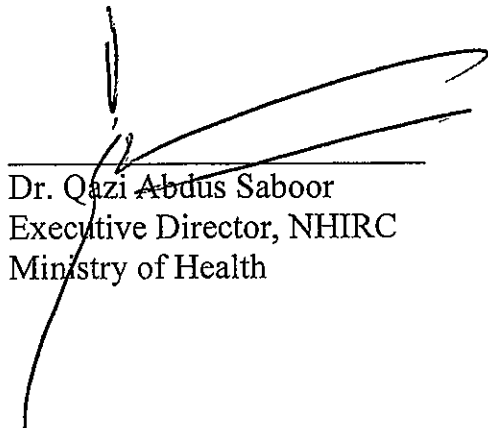
Islamabad, January 26th 2007



Maj. Gen. (R) Dr. Shahida Malik
Director General (Health)
Ministry of Health



Mr. Hiroshi Abo
Team Leader
Study Team



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



Mr. Tsutomu Shimizu
Senior Deputy Resident Representative
JICA Pakistan Office

1. Background:

The Study for Improvement of Management Information Systems in Health Sector in Islamic Republic of Pakistan (Study) has been conducted with the assistance of Japan International Cooperation Agency (JICA) under overall guidance of the Steering Committee (S/C) comprising representatives both from the Federal as well as provincial Governments.

Final Steering Committee Meeting for the Study was held in the committee room of National Health Information Resource Centre (NHIRC), Islamabad on 26th January, 2007 under the Chairmanship of Director General (DG) Health, Ministry of Health (MOH), Islamabad. The list of participants is annexed.

2. Objectives:

The objectives of the meeting were:

- (1) Approval of the Core Group meeting recommendations held in November, 2006
- (2) Approval of National Action Plan (NAP)
- (3) Confirmation of commitments of federal and provincial governments with JICA Mission in December, 2006
- (4) To review the progress made by Provincial Health Departments (PHDs) for implementation of District Health Information System (DHIS)
- (5) Agree on modalities for future partnership for further improvement of Health Information Systems (HISs) in Pakistan, e.g. tertiary hospital and private health sector

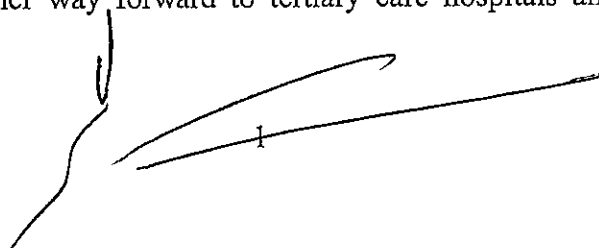
3. Proceedings of the meeting:

The meeting was opened with the recitation from the Holy Quran. Major General (R) Dr. Shahida Malik, DG (Health), MOH offered opening remarks. Mr. Abo, Team Leader, Study Team made presentation on Main Features of the Study". Technical aspects of the Study were covered by Dr Tariq, Deputy Team Leader. Then presentation on DHIS Software was made by AZM.

4. Discussion Points:

Following were the main discussion points:

- (1) DG (Health), MOH in her opening remarks underscored the importance of the Study and assured the support of the MOH for replication of DHIS model and hoped for further way forward to tertiary care hospitals and private sector HISs.



John B

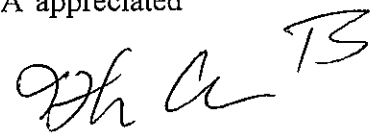
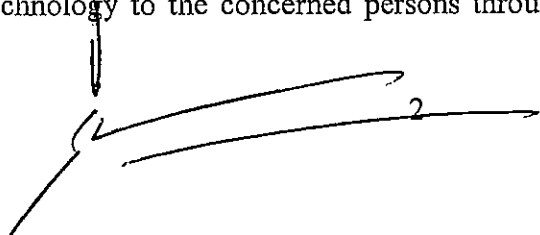
- (2) DG (Health), MOH inquired about provinces' experience of Pilot Test of DHIS. The provincial participants explained that it was successful with some suggestions for further improvement of DHIS instruments/tools and training manuals including Software. Provinces showed their satisfaction over the DHIS model and informed the meeting that they were ahead with preparation of the Planning Commission Form Number I (PC-I) for replication of DHIS model. Balochistan informed that they have already prepared the PC-I.
- (3) A number of queries were made about Software during presentation. The main points were :
 - 1) On a query, it was informed that federal level will have access to district data through server.
 - 2) Balochistan requested more training on Software. NHIRC endorsed the same that. Study Team suggested to have allocations for training in the PC-Is of provinces for replication of DHIS
 - 3) It was suggested by one participant that NHIRC should provide the hardware to all facilities. NHIRC showed its inability.
 - 4) AZM informed that DHIS Software is flexible and dynamic. This may be compatible with the situation.
- (4) It was suggested that Azad Jammu and Kashmir (AJK) and Federally Administered Tribal Areas (FATA)/ Federally Administered Northern Areas (FANA) may be included in NAP for implementation of DHIS.
- (5) JICA showed way to seek their further technical assistance for implementation of DHIS and for tertiary care hospital and private sector HISs if in due course, the GOP formally requests the Government of Japan through its Embassy by adopting the laid down procedures and proper channels. Two possible ways for further assistance are: -
 - 1) Another development study to look at private sector and its HISs, or
 - 2) A long-term consultant for tertiary care hospitals and its information system.

Otherwise GOP may utilize funds from Health Metrics Network to hire a consultant team. However, JICA left it to the GOP as how it likes to go forward.

5. Remarks by JICA:

JICA underscored the importance of the Study for both sides, i.e. JICA and Government of Pakistan (GOP). They showed their high degree of satisfaction to such study which is acceptable to all stakeholders.

It was stated that the Study has been successful in achieving its two prime objectives i) Development of NAP for the improvement of HISs in Pakistan, and ii) Transfer of relevant technology to the concerned persons through the Study. JICA appreciated



the commitment for DHIS replication from provinces and federal level. They added that today's consensus is not final goal but is the way forward for further improvement of HISs in Pakistan.

6. Closing remarks of the Chair:

DG (Health), MOH in chair expressed her great pleasure on successful completion of the Study with the end product like DHIS. She appreciated the eagerness and commitment of the provinces for its replication. She assured full support of the MOH to implement the DHIS throughout the country. She assured all possible assistance to NHIRC to play the leadership role in implementation of DHIS.

In the end she thanked JICA for supporting such important Study which will go a long way in provision of reliable and speedy information for decision making.

She assured that the HMIS will stand replaced with DHIS as soon as new tools/instruments, staff training and DHIS software are made available in the respective districts.

She also appreciated the hardworking and all endeavors of NHIRC and Study Team for producing such a nice model.

7. Decisions made:

- (1) AJK and FATA/FANA will be included in NAP for implementation of DHIS. NHIRC may initiate action accordingly with AJK and FATA/FANA.
- (2) Commitment from MOH and PHDs was reassured for DHIS implementation.
- (3) NHIRC may provide support for gradual implementation of DHIS throughout the country including AJK and FATA/FANA.
- (4) NHIRC and AZM will be in contact for training and maintenance of DHIS Software during replication of DHIS.
- (5) NAP was approved as way forward for implementation of DHIS and development of tertiary care hospitals and private health sector HISs.

Handwritten signature
TB

LIST OF PARTICIPANTS

Ministry of Health

1. Maj. Gen. (R) Dr. Shahida Malik, DG Health (in-chair)
2. Dr. Qazi Abdus Saboor, ED, NHIRC
3. Dr. Ashfaq Ahmed, DDG (H)
4. Dr. Nadeem Hassan, ADG (H)
5. Mr. Ali Akbar Khan, Assistant HMIS Coordinator, NHIRC
6. Dr. Zafar Hayat, Assistant HMIS Coordinator, NHIRC
7. Mr. Ashfaq Ahmad, Data Analyst, NHIRC
8. Mr. Alam Zeb Bangash, Data Analyst, NHIRC
9. Mr. Muhammad Hakim Khan Khattak, Data Analyst, NHIRC

National Institute of Health

1. Maj. Gen. (R) Dr. Masood Anwar, ED, NIH

Pakistan Medical Research Council

1. Dr. Huma Qureshi, ED, PMRC
2. Dr. Mubashar A. Khan, Principal Research Officer, PMRC

National Programme Manager

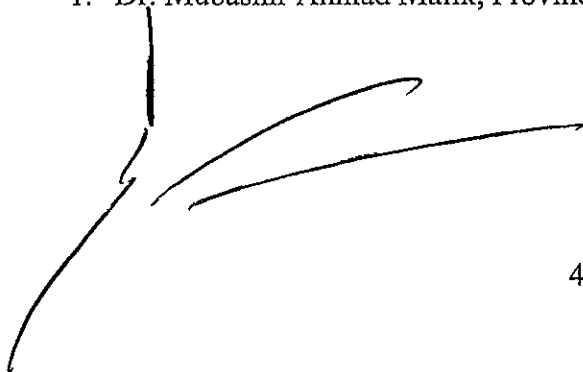
1. Dr. Nasir Sarfraz, Deputy Program Manager, National AIDS Control Programme
2. Dr. Altaf Bosan, Deputy National Manager, Expanded Programme of Immunization (EPI)

Planning & Development Division

1. Mr. Shahid Naeem, Assistant Chief. Poverty Section

Health Department Punjab.

1. Dr. Mubashir Ahmad Malik, Provincial HMIS Coordinator



TS

Health Department NWFP

1. Dr. Jalil-ur Rehman, DG Health Services
2. Dr. Ikramullah Khan, Provincial HMIS Coordinator

Health Department Sindh

1. Dr. M. Ali Leghari, Provincial HMIS Coordinator

Health Department Balochistan

1. Dr. Shafi Mohammad Zehri, Secretary Health
2. Dr. Abdur Rashid Baloch, DG Health Services
3. Dr. Farooq Azam Jam, Provincial HMIS Coordinator

JICA

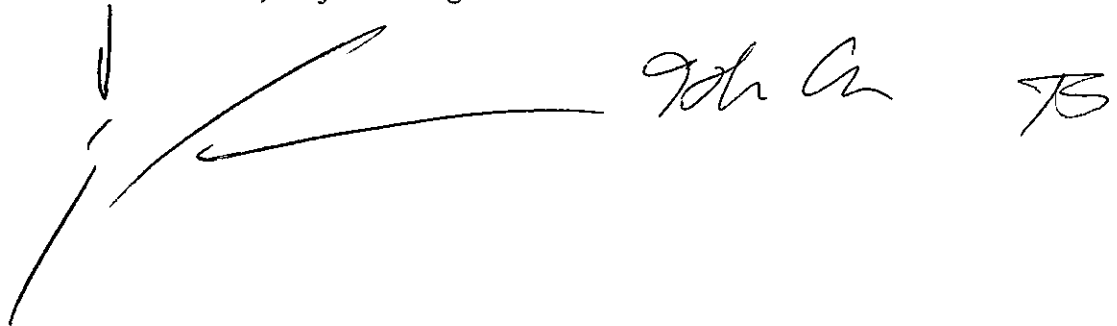
1. Mr. Tsutomu Shimizu, Senior Deputy Resident Representative, JICA Pakistan
2. Mr. Mitsunobu Inaba, Deputy Resident Representative, JICA Pakistan
3. Dr. Akihiro Yomo, Project Formulation Advisor, JICA Pakistan
4. Dr. Hirotsugu Aiga, Senior Advisor, JICA Headquarters
5. Dr. Ajmal Hamid, Health Advisor, JICA Pakistan
6. Mr. Sohail Ahmed, Senior Programme Officer, JICA Pakistan

Study Team

1. Mr. Hiroshi Abo, Team Leader, Study Team.
2. Dr. Syed Tariq Azim, Deputy Team Leader, Study Team.
3. Mr. Masashi Akiho, Member, Study Team
4. Mr. Shafat Sharif, Consultant, Study Team
5. Mr. Muhammad Jamil Arshad, Member, Study Team

AZM

1. Mr. Noman Jamil, Director
2. Mr. Anwar Hussain, Project Manager



The image shows several handwritten signatures and initials. On the left, there is a large, stylized signature that appears to be 'Noman Jamil'. To its right, there are two smaller signatures: one that looks like 'John A' and another that looks like 'JB'.

