



GENDER AND SOCIAL STRATIFIERS IN HEALTH MANAGEMENT INFORMATION SYSTEM AND THE USE OF EVIDENCE IN PLANNING

(OCT 2020 - APR 2021)

Health Management Information System (HMIS) is the main information platform implemented throughout Nepal in the public sector to record and report health service utilization data. The availability of disaggregated data based on gender and other social stratifiers in HMIS allows policymakers to conduct gender and intersectional analysis to improve health outcomes and address inequities. There is a growing concern and recognition that gender and intersectionality should be included in the routine HMIS, however, it is less known whether, how, and to what extent information management systems in the public and private sectors provide gender and intersectionality-focused evidence and how this data are used to inform health planning and decisions. We conducted this study to assess the availability and use of gender and social stratifiers in the information management system of public and private sector and design an evidence-informed framework that promotes the generation and use of evidence disaggregated by gender and social stratifiers in planning and decision-making.

RESEARCH DESIGN

This study used a cross-sectional exploratory design using mixed methods – a desk review of policies, and a qualitative study through 10 Key Informant Interviews (KIIs) at municipalities in Kathmandu. Case studies of four health facilities were conducted. Desk-based document review included a review of existing information system related policies, guidelines, principles, forms, formats, recording and reporting systems. We also closely reviewed HMIS and information system of two private health facilities to examine the availability of gender and social stratifiers in their information system.

KEY HIGHLIGHTS

- **Limited gender and social stratifiers in HMIS:** Limited social stratifiers are available in information systems of public and private health facilities. Gender and equity have received importance in national health policies, strategies and programs, however inclusion of social stratifiers in information system is less reflected in policy documents.
- **Gaps in training and capacity on HMIS/DHIS2:** Health workers in public and private health facilities had not received training on DHIS2 and received HMIS training during their job placement, mostly decades ago.
- **Gaps in the use of evidence:** Routine data at health facilities were not analyzed from a gender and intersectional lens, although current data allow some forms of analysis.



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