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## INTEGRATED HEALTH SYSTEMS STRENGTHENING AND SERVICE DELIVERY ACTIVITY



# Good Data Leads to Better Health Outcomes for All

## CONTEXT

In 2017, nearly ten years after its launch, Pakistan's District Health Information System (DHIS) still had not been implemented in all of the country's provinces and regions. A lack of financial support and qualified professionals made it particularly difficult to introduce the DHIS in federally administered areas like Gilgit Baltistan (GB), Azad Jammu and Kashmir (AJK), Federally Administered Tribal Areas (FATA), and Islamabad Capital Territory. As a result, Pakistan was unable to collect standardized information from all its districts: some reported through the DHIS, some still used the outdated HMIS of the 1990s, and others simply did not report. Without standardized data, Pakistan could not accurately measure the burden of disease, effectively respond to infections and emerging threats, or report on international commitments such as the Sustainable Development Goals.

**“...The data is being used and initial reports are being generated for the first time in last 70 years.”**

—Dr. Malik Safi, Director of Programs, Ministry of National Health Services, Regulation, and Coordination

The inability to report also made it difficult for health providers to address GB's specific health challenges including poor access to maternal and child health services, high numbers of accidents, and poorly equipped emergency departments. It was clear that both GB and Pakistan as a whole would benefit from a countrywide DHIS implementation, which would improve the ability of providers to make timely, evidence-based decisions, but such an ambitious undertaking would require unprecedented coordination and continuity of process.

## INTERVENTION

With support from the USAID-funded Integrated Health Systems Strengthening and Service Delivery (IHSS-SD) Activity, Pakistan's Ministry of National Health Services, Regulations, and Coordination took on the challenge of implementing the DHIS nationwide. Their comprehensive plan for DHIS introduction in AJK and GB began with the sensitization of policy-level stakeholders, including the Secretary of Health, the Director General of Health, and executive district officers. The engagement of top-tier officials ensured that the DHIS would be introduced smoothly at all levels of implementation. Senior health officials were trained on the features of the DHIS dashboard and how to use it to identify trends and make decisions about basic health services provision and infectious diseases prevention and treatment.

Once online data entry from each district of GB had begun, the project proceeded to train fifty master trainers from district and provincial headquarters, who then conducted seventy roll-down district-based training workshops in both AJK and GB. Data entry operators, DHIS coordinators, and health managers in both districts also received training, and throughout the six-month training period, the project provided printed supplies of DHIS data collection and reporting tools. The comprehensive training package ensured that workers had all the necessary skills to use and maintain the DHIS.

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**“I am, on behalf of the health department of Gilgit-Baltistan, thankful to the MoNHSR&C, JSI, and USAID for the support... The striking feature of the provincial DHIS is that it has been implemented in all ten districts across Gilgit-Baltistan and the data is representative of all ten districts. We can now easily use the data for evidence-based decision making.”**

—Dr. Mohammed Zaeem (include his official title)

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When used correctly, the DHIS can aid in evidence-based decision-making, good governance, transparency, and accountability. The standardized information it provides reflects health system services at regular intervals, enabling health managers to compare performance levels with targets to identify gaps and strengths. On a larger scale, DHIS data also helps policymakers identify the health system's weaknesses and develop appropriate solutions.

DHIS data is only useful when it is complete, accurate, timely, and interpreted correctly. However, prior to the IHSS-SD Activity, some providers were confused about how DHIS information should be used. To help users better understand the data, the Activity trained them in an approach/provided them with guidelines that emphasized problem-solving and self-regulation. The goal of this approach was to empower managers to create a continuous cycle of health system performance improvement.

The trainings also encouraged managers to analyze the information they received from the DHIS, thereby creating a sense of responsibility and accountability. Managers were encouraged to ask questions like

- What does the DHIS monthly report tell me?
- How does it benefit me, my community, my health facility, my district, and beyond?
- How should I interpret DHIS information?
- How should I define a performance gap?

These questions help providers make decisions that are then monitored for impact, generating a cycle of analysis and improvement. The questions also increase providers' engagement with the system and empower them to address DHIS or health system performance issues through personal advocacy. By building DHIS user capacity, the IHSS-SD Activity paved the way for better health system management, monitoring and supervision, and evidence-based decision making.

## CONCLUSION AND WAY FORWARD

Thanks to USAID's investments through the IHSS-SD Activity, the DHIS is now an integral part of the monitoring and evaluation of Pakistan's health system, supplying accurate and reliable data to policymakers and providers alike. By training these decision-makers in high-level processes of data analysis and interpretation, the IHSS-SD Activity laid the foundation for the continuous improvement of health services and policies in Pakistan.

Ultimately, this cycle of continuous improvement will grow into a culture of information use at all levels of Pakistan's health system. Better data will support the development of more effective policies; standardized information will ensure that patients receive higher-quality care at the point of service. Whether it's using each district's disease profile to maximize resource allocation or connecting patients in isolated areas to life-saving services, the information provided by DHIS will strengthen Pakistan's health system and contribute to better health outcomes for all.

