National Institute of Health
Islamic Republic of Pakistan

The District Health Information System Project for Evidence-Based Decision Making and Management In the Islamic Republic of Pakistan

PROJECT COMPLETION REPORT

July 2012

Japan International Cooperation Agency (JICA)

System Science Consultants Inc. (SSC)

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Islamic Republic of Pakistan

Project Activities

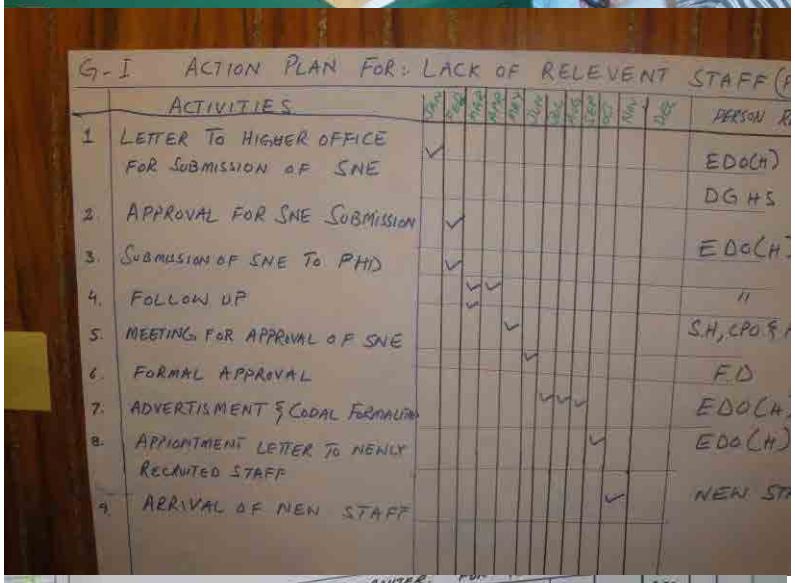
Training on DHIS data collection for DHO staff from Khyber Pakhtun Khwa province
(27th July 2010)

DHIS study tour for DHO staff from Khyber Pakhtun Khwa province
(Site visit for FLCF in Punjab)
(29th July 2010)

DHIS software installation workshop and training on data entry, processing and analysis
(24th February 2011)

Training on use of DHIS information for provincial master trainers

(23rd August 2011)



Action plan prepared by DHO staff during the training on use of DHIS information

(25th August 2011)

Sample of "Use of DHIS information at RHC in Attock district, Punjab province

(15th August 2011)

ABBREVIATIONS

BHU	Basic Health Unit
CDA	Capital Development Authority
DG	Director General
DHO	District Health Office
DHIS	District Health Information System
EDOH	Executive District Officer, Health
EPI	Expanded Programme on Immunization
FLCF	First Level Care Facility
G/B	Gilgit-Baltistan
GIZ	Gesellschaft für Internationale Zusammenarbeit
HIS	Health Information System
HMIS	Health Management Information System
JCC	Joint Coordinating Committee
JICA	Japan International Cooperation Agency
KP	Khyber Pakhtun Khwa
LGO	Local Government Audience
LQAS	Lot Quality Assurance Sampling
MCHC	Mother and Child Health Care
MNCH	Maternal, Neonatal & Child Health
MOH	Ministry of Health
NAP	National Action Plan
NHIRC	National Health Information Resource Centre
NIH	National Institute of Health
NPPI	Norway, Pakistan Partnership Initiative
OJT	On-the-Job Training
PAIMAN	Pakistan Initiative for Mothers and Newborns
PC-1	Planning Commission Form Number 1
PDM	Project Design Matrix
PHD	Provincial Health Department
PPHI	Peoples Primary Healthcare Initiative
RHC	Rural Health Center
TAG	Technical Advisory Group
UNFPA	The United Nations Population Fund

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ANNEX

1 Outline of the Project

1.1 Back ground of the Project

In 1992, the Health Management Information Systems (HMISs) for the first level care facility (FLCF) was developed as the first comprehensive health information system, and its implementation was completed throughout the country by 2000. However, there were still plenty of lacunae in the HMIS-FLCF to make it compatible with the current information needs, particularly in the context of new health system devolved to the local government in 2001. Under this situation, Japan International Cooperation Agency (JICA) implemented the Study on Improvement of Management Information Systems in Health Sector during the period of January 2004 to March 2007, upon request of the Government of Pakistan.

The JICA Study assisted the Ministry of Health (MOH) to develop the District Health Management System (DHIS), data collection procedures with data elements, DHIS instruments, and the DHIS software coupled with hardware, all of which are pilot tested in Thatta of Sindh Province, Quetta of Baluchistan Province, Khanewal of Punjab Province and Swabi of North West Frontier Province (NWFP), after the trainings provided to the staff of first and second level health facilities and officers concerned from Provinces and Districts. For fixing the defects and providing the maintenance to the software, a maintenance contract with the private firm was recommended and approved by the Steering Committee, but not implemented.

National Action Plan (NAP) was also prepared aiming at nation-wide scale-up of DHIS, establishment of DHIS self-improvement mechanism, incorporation of logistic, financial and human resource management information, integration of vertical programs, and tertiary hospital information system development.

After the completion of JICA study, it was expected that all PHDs introduced DHIS in line with the NAP approved by MOH. However, while the Punjab Province (all 36 Districts) has been successful in the scale-up of DHIS to all Districts, with necessary staff, operators, instruments, computers and infrastructure, , scaling up activities of DHIS was not proceeded in other provinces. DHIS activities outside of Punjab was limited in only 24 districts (including 4 districts in Punjab) which were supported by USAID project named Pakistan Initiative for Mother and New Born (PAIMAN) from 2009 and HMIS was used in other districts (see Table 1).

Table 1 DHIS Scaling up Situation in Initial Stage of the Project (2009)

	Total Nos	Nos of DHIS Districts	Nos of HMIS Districts
Punjab	36	36	
Sindh	23	4	19
Khyber Pakhtunkhwa	24 *1	8	16
Balochistan	30	6	24
Gilgit & Baltistan	7		7
AJK	7*2		7
FATA	10		10
Islamabad*3	2		2
Total	139	54	85

Note *1 This is the number of districts in 2008. Total number of districts in Khyber Pakhtunkhwa was increased to 25 during the project period.

*2 This is the number of districts in 2008. Total number of districts in AJK was increased to 10 during the project period.

*3 Health administration in Islamabad Capital Territory is managed by CDA (in urban area) and Health Office under Ministry of Interior (in rural area). Therefore, the Project counted two districts in ICT.

A software for processing and analyzing DHIS data was developed and the trial operation of software was conducted in the pilot project of the JICA study. However, as scaling up of DHIS was progressed in Punjab and districts supported by PAIMAN, troubles such as delay of operation speed was reported. This trouble was not corrected although both PHD Punjab and PAIMAN tuned up the software for rectifying it respectively. As a result, two kinds of DHIS software were presented in Pakistan when the Project started.

Under this situation, the Islamic Republic of Pakistan, through the National Health Information Resource Center (NHIRC), requested JICA to extend technical assistance for the District Health Information System Project for Evidence-Based Decision Making and Management, with the purpose that routine operation and budget planning are to be practiced in an evidence-based manner, through newly introduced DHIS, nationwide in Pakistan.

1.2 Project Summary

Project purpose, outputs and activities of the Project are as follows:

【Overall Goal】

Policy and strategies for health services are developed in an evidence-based manner, through sustainable District Health Information System (DHIS), nationwide in Pakistan.

【Project Purpose】

Routine operation and budget planning are practiced in an evidence-based manner, through newly introduced DHIS, at the selected districts in Pakistan.

【Outputs & Activities】

Output 1 Strategic planning for scaling up DHIS is approved at JCC.

1-1 Analyze the current situation of the DHIS implementation progress and set up target figure, by using available secondary data and conducting baseline survey

1-2 Review and update the DHIS National Action Plan (NAP).

1-3 Develop an strategic planning for scaling-up DHIS.

1-4 Select districts which have necessary budgets for project activities

1-5 Get approval of the strategic planning for scaling up DHIS including revised NAP at JCC.

Output 2 PHDs / DHOs staff is adequately trained on the DHIS operation.

2-1 Based on the strategic planning, develop training plans at different levels for different subjects.

2-2 JICA experts modify and debug the DHIS software.

2-3 Install the modified DHIS software in DHOs and PHDs.

2-4 Review and revise the DHIS training materials to increase user-friendliness, if needed, newly develop.

2-5 Based on the training plans, conduct training programs on data collection and coordination, monitoring and supervision for the DHIS operation

2-6 Based on the training plans, conduct training programs on data entry, processing and analysis.

2-7 Based on the training plans, conduct training programs on data use.

Output 3 The DHIS data are collected in a complete, precise and timely manner from health facilities to DHOs.

3-1 PHDs discard the HMIS monthly/yearly report forms and distribute the DHIS monthly report forms[1].

3-2 DHOs monitor the health faculties on: (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting.

3-3 PHDs supervise DHOs on (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting.

3-4 JICA experts supervise PHDs to conducts activities aforementioned smoothly.

Output 4 The DHIS data are entered into the DHIS software, processed and analyzed at PHD and DHOs.

4-1 DHOs conduct the: (i) data entry, (ii) data processing, and (iii) data analysis of the collected DHIS monthly report.

4-2 PHDs conduct the data analysis of the collected DHIS monthly report.

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1 Record of Discussion which was exchanged between JICA and the Government of Pakistan said “replacement of DHIS monthly report” although it is required to replace 23 DHIS forms including the monthly report for introducing DHIS. Therefore, these 23 DHIS forms are referred to as “DHIS tools & instruments” in this report.

4-3 JICA experts supervise the activities 4-1 and 4-2 through PHDs

Output 5 By using the results of analysis of the DHIS data, the items for resource reallocation and budgeting are identified at PHD and DHOs.

5-1 PHDs and DHOs conduct the (i) budget preparation for the following fiscal year, (ii) adjustment of resource allocation, and (iii) regular feedback to health facilities, using the results of DHIS monthly reports.

5-2 JICA experts supervise the activities 5-1 through PHDs

Output 6 The DHIS is adequately coordinated among the stakeholders.

6-1 Strengthen, reorganize or adjust the structure of the DHIS administrative channel form health facilities, DHOs, and PHDs.

6-2 Hold the TAG meetings on regular and irregular basis (e.g. case studies of data use for evidence-based management of health services).

6-3 Hold the DHIS Inter-district meetings at PHD level on regular basis.

6-4 Promote the application of the DHIS among other development partners.

2 Project Performances

2.1 Achievement level of the Indicators

Achievement levels of indicators are shown in the Table 2.

Table 2 Achievement Level of Indicators (1/4)

Narrative Summary	Objectively Verifiable Indicators	Achievement level
【Output】 1. [Strategic planning] Strategic planning for scaling up DHIS is approved at JCC.	1.1 Strategic planning for scaling up DHIS is approved at JCC.	Achieved. Strategic planning for scaling up DHIS was approved as follows. ➢ Plan for scaling up DHIS was approved at 1st JCC meeting held on 1st June 2010. ➢ PDM was revised accordingly in 2nd JCC meeting. ➢ Project activities have been implemented based on the revised PDM.
2 [Training] PHDs / DHOs staff is adequately trained on the DHIS operation.	2-1 Revised DHIS software is installed at the DHOs and PHDs. (= 100 %).	Achieved. ➢ Latest version of DHIS software was installed to 100 DHOs in the target districts and also PHDs through the software installation workshops held in February 2011 (57 DHOs), July (37 DHOs) and October (6 DHOs).
	2-2 DHO trainings complete training programs on: (i) data collection, (ii) data entry / processing / analysis, data use, and (iv) other subjects. (= 100 %).	Achieved. ➢ 173 district master trainers and 9,586 health facility staff were trained on data collection and other subjects. ➢ The Project held training on “data entry, processing and analysis” and “use of information” for staff from all PHDs and the 100 districts..
	2-3 PHD trainers complete training programs on (i) data collection, (ii) data entry / processing / analysis, data use, and (iv) other subjects. (= 100 %)	Achieved. ➢ A total of 81 master trainers (24 DHIS trainer, 21 for data entry, processing and analysis, 36 for data use) of the provinces were trained

Table 2 Achievement Level of Indicators (2/4)

Narrative Summary	Objectively Verifiable Indicators	Achievement level
3 [Operation 1: paper-based] The DHIS data are collected in a complete, precise and timely manner from health facilities to DHOs.	3.1 Monthly and yearly report forms of the HMIS are replaced by the DHIS monthly report at the health facilities (= 100 %).	Partially achieved. ➢ According to PHDs, DHIS reports are introduced into all facilities as of January 2012. ➢ However, some facilities which are still using old forms were found during the monitoring survey. ➢ PHD Sindh reported that 7 districts supported by MNCH received DHIS reports from MNCH[*1] in July 2011. However, it was confirmed later that MNCH provided only a part of DHIS reports in July 2011, and these districts received complete set of DHIS report in December 2011. In addition, other districts in Sindh also faced shortage of DHIS reports till December 2011 and it caused the failure of achievement of the project outputs. ➢ It was also found during the monitoring survey that some facilities are still using HMIS format in Khyber Pakhtunkhwa
	3.2 Compliance rate of DHIS monthly report from health facilities are kept more than 90% at the last 6 months of the project.	Achieved at 48 districts. ➢ 48 districts out of 100 kept more than 90% of compliance rate from main health facilities in 6 months between November 2011 and April 2012. ➢ Major causes of low compliance rate are: • Shortage of DHIS tools & instruments • Lack of coordination between DHOs and PPHI[*2] • Disturbance of DHIS activities due to frequent power off, Polio day, etc.

Note *1 Maternal, Newborn and Child Health Program (MNCH) was a program run by MOH. It aimed at functional integration of the ongoing maternal programs.

*2 Peoples Primary Healthcare Initiative (PPHI) is a program launched by the Federal Government, through the Special Initiatives Division for improving health service delivery at the primary level.

Table 2 Achievement Level of Indicators (3/4)

Narrative Summary	Objectively Verifiable Indicators	Achievement level
4 [Operation 2 : computer-based] The DHIS data are entered into the DHIS software, processed and analyzed at PHD and DHOs.	4-1 Tables or charts are created, sorted into files, and are readily available, for more than two key DHIS indicators at the PHD and DHOs.	Achieved. ➢ The Project trained 21 PHD staff on the data entry, processing and analysis. All participants acquired operation methods of DHIS software including table creation. ➢ The Project trained 237 DHO staff on the data entry, processing and analysis. All participants acquired operation methods of DHIS software including table creation. ➢ 95 DHOs staff received training on data use. All DHOs made more than 5 tables & charts during the trainings using the data of each DHO.. ➢ The Project also confirmed that 8 districts monitored including Hyderabad, which delayed the start of DHIS activities due to shortage of DHIS report, created the tables & charts using DHIS data.
5 [Operation 3: human-based] By using the results of analysis of the DHIS data, the items for resource reallocation and budgeting are identified at PHD and DHOs.	5-1 Lists of identified items for evidence-based resource allocation are available at the PHD and DHOs. (= 100 %) 5-2 Lists of identified items for evidence-based budget planning are available at the PHD and DHOs. (= 100 %)	Achieved at 6 PHDs having target districts and 87 DHOs. ➢ During the training on data use held in November 2011, participants of DHOs prepared a list of identified items for evidence-based resource allocation and budget planning using the data collected at each DHO. ➢ Answers to the questionnaire in 2012, received from 87 out of 88 DHOs which have collected the data for more than 3 months by December 2011, showed that they are using DHIS data for resource allocation and budget planning.

Table 2 Achievement Level of Indicators (4/4)

Narrative Summary	Objectively Verifiable Indicators	Achievement level
6. [Operation 4] The DHIS is adequately coordinated among the stakeholders.	6-1 The meetings with development partners and related government organizations are held.	Achieved. ➢ 1 Steering committee meeting, 4 JCC meetings, 2 TAG meeting, 3 PMC meetings, 12 Working Group meetings and 2 JICA & developing partner meetings were heldduring the project period.

2.2 Performance and Results on Each Output

2.2.1 Strategic planning for scaling up DHIS is approved at JCC

Strategic planning for scaling up DHIS was approved with the following revision from the original plan at the first JCC meeting held on 1st June 2010.

It was originally agreed that all necessary cost for the project activities such as printing of DHIS tools & instruments, DHIS trainings for PHD and DHO officials and health facility staff, procurement of computer hardware were to be borne by Pakistan side. However, as a result of baseline survey and interview survey with each PHD, it was found that all PHDs except Punjab did not have the budgets for these activities. Therefore, the project target area was changed, and was restricted only to those districts which ensured the budget for the project activities.

However, it was confirmed that all the provinces were expanding DHIS in their districts in line with the "National Action Plan for the Improvement of Health Information System in Pakistan (herein after referred to as NAP), although level of DHIS activities varied among the provinces, Therefore, the Project too decided to implement the DHIS activities in line with NAP.

2.2.2 PHDs / DHOs staff is adequately trained on the DHIS operation.

(1) Development and implementation of the training plans at different levels for different subjects in line with the strategic planning for scaling up DHIS

The Project selected 100 districts as target districts and completed the necessary trainings for scaling up of DHIS.

As mentioned above, it was agreed that target districts should have necessary budgets for project activities. Based on this agreement, districts having budgets were nominated by Director General (DG) Health Services, PHDs. The Project implemented trainings on data collection, monitoring and supervision for 12 districts nominated from Khyber Pakhtunkhwa Province and 13 districts in Balocisntan Province[2] in August 2010.

During the fourth JCC meeting held on 19th March 2011, it was agreed that PHDs should clearly state the budget availability of their districts for finalizing the target districts. However, the Project could not hold JCC meeting since the Ministry of Health, responsible Ministry of the Project was devolved in June 2011and the project counterpart agency at the federal level ceased to exist. Thus, finalization of the target districts was postponed till the first TAG meeting held on 24th January 2012. Finally, 100 districts as shown in Table 3 were selected as target districts

2 4 districts out of 12 Districts of Balochistan nominated at the 1st JCC meeting were dropped due to the change of budget allocation. And 6 new districts were added. As a result, 14 districts were selected from the Balochistan.

during the first TAG meeting.

In spite of non-existence of federal level counterpart of Pakistan side, the Project continued to hold the trainings as shown in Table 4 and 5 based on the agreement with DG Health of each province.

Table 3 Target Districts of the Project

Province	Name of Target District	Nos of Target Districts
Punjab	Attock, Bahawalnagar, Bahawalpur, Bhakkar, Chakwal, Chiniot, Dera Ghazi Khan, Faisalabad, Gujranwala, Gujrat, Hafizabad, Jhang, Jhelum, Kasur, Khanewal, Khushab, Lahore, Layyah, Lodhran, Mandi Bahauddin, Mianwali, Multan, Muzaffargarh, Narowal, Nankana Sahib, Okara, Pakpattan, Rahim Yar Khan, Rajanpur, Rawalpindi, Sahiwal, Sargodha, Sheikhupura, Sialkot, Toba Tek Singh, Vehari	36
Sindh	Dadu, Hyderabad, Khairpur, Mattiari, Mirpurkhas, N.S. Feroze, Sanghar, Sukkur, T. Allahyar, T.M. Khan, Thatta	11
Khyber Pakhtunkhwa	Abbotabad, Bannu, Batagram, Buner, Charsadda, Chitral, Dera Ismail Khan, Dir Lower, Manshera, Nowshera, Hangu, Haripur, Karak, Kohat, Kohistan, Lakki Marwat, Malakand, Mardan, Peshawar, Shangla, Swabi, Swat, Tank, Upper Dir	24
Balochistan	Gwadar, Jaffarabad, Kech, Killa Abdullah, Killa Saifullah, Lesbela, Mastung, Noshki, Panjgur, Pishin, Quetta, Sibi, Zhob, Ziarat	14
AJK	Bhimber, Hattian, Kotli, Muzaffarabad, Sudhnoti	5
FATA	Bajaur, Khyber, Kurram, Mohmand, North Waziristan, Orakzai, South Waziristan, FR D. I. Khan & FR Tank, FR Lakki & FR Bannu, FR Peshawar & FR Kohat	10
Total		100

Table 4 Series of DHIS Trainings Implemented by the Project

Causes	Periods	Target (Nos of perticipants)	Note
• Training on data collection, monitoring and instruction	Jul. 2010	Provincial Master Trainers excluding Punjab (28)	• Officials from Punjab assigned as trainers
	Aug. 2010	12 DHOs from KP (48 master trainers) and 13 DHOs (39) from Balochistan	• Trainings in other districts were done by each PHD
• Training on data entry, processing and analysis • DHIS software installation workshop	Feb. 2011 Jul. 2011 Oct. 2011 Mar. 2012	Master trainers and statistical officials of PHDs and DHOs (21 from PHDs and 237 from DHOs)	• Project conducted training for all districts. • Training for CDA was conducted in March 2012.
• Training on data entry, processing and analysis	From Nov. 2011	Provincial coordinators DHIS (7 DHIS coordinators excluding G/B and ICT)	• Project conducted OJT through the study on countermeasures against problems raised in the software maintenance
	Dec. 2011 to Jan. 2012	Staffs in DHOs (251 staff from 100 districts)	• Trainings at each DHO were conducted by sub-contractor. • Training conducted using data collected by each DHO.
• Training on Use of Information	Aug. 2010	Officials from PHD Punjab and DHOs in Punjab (9)	• Manual was revised.
	Aug. 2011	Provincial master trainers (36)	
	Nov. to Dec. 2011 Apr. 2012	Decision makers in DHOs (101)	• Training with use of DHIS data collected at each DHO

Trainings on data collection, monitoring and supervision for DHOs were implemented as follows (Training information about districts in Punjab is not included since PHD Punjab completed DHIS training before starting this project).

Table 4 DHIS Trainings Conducted by Provincial Health Departments (1/2)

Districts		Number of Provincial Master Trainers Trained	Number of District Master Trainers Trained	Number of Health Facility Staff Trained
Sindh				
1	Hyderabad	4	3	182
2	Mattiari		3	155
3	Mirpurkhas	1	3	309
4	T.Allahyar		3	88
5	T.M.Khan		3	115
6	N.S. Feroze		3	185
7	Sanghar		3	327
8	Dadu		3	362
9	Khairpur		3	398
10	Sukkur		3	190
11	Thatta		3	172
	sub-total	5	33	2,483
KPK				
	ProvincialOffice	10		
1	Abbotabad		4	189
2	Bannu		4	140
3	Batagram		3	140
4	Buner		3	150
5	Charsadda		3	172
6	Chitral		3	140
7	D.I. Khan		5	497
8	Dir Upper		4	175
9	DirLower		4	200
10	Hangu		3	62
11	Haripur		3	200
12	Karak		4	70
13	Kohat		4	173
14	Kohistan		3	70
15	LakkiMarwat		4	112
16	Malakand		3	189
17	Mansehra		6	450
18	Mardan		3	300
19	Nowshera		5	220
20	Peshawar		5	550
21	Shangla		4	112
22	Swabi		3	220
23	Swat		5	475
24	Tank		3	56
	sub-total	10	91	5,062

Table 4 DHIS Trainings Conducted by Provincial Health Departments (2/2)

Districts		Number of Provincial Master Trainers Trained	Number of District Master Trainers Trained	Number of Health Facility Staff Trained
Baluchistan				
	ProvincialOffice	3		
1	KillaSaifullah		1	130
2	Noshki		4	125
3	Mastung		N.A.	N.A.
4	Ziarat		N.A.	N.A.
5	Lasbella		N.A.	N.A.
6	Keich (Turbat)		N.A.	N.A.
7	Panjgur		N.A.	N.A.
8	Gwadar		N.A.	N.A.
9	Jaffarabad		N.A.	N.A.
10	Pishin		N.A.	N.A.
11	Killa Abdullah		N.A.	N.A.
12	Quetta		N.A.	N.A.
13	Sibi		N.A.	N.A.
14	Zhob		N.A.	N.A.
	sub-total	0	5	255
AJ&K				
1	Bhimber		3	141
2	Hattian			97
3	Kotli		4	435
4	Muzaffarabad	3	4	473
5	Sudhnoti	1	3	148
	sub-total	4	14	1,294
FATA*				
	ProvincialOffice	3		
1	Bajaur		3	97
2	Khyber		3	135
3	Kurram		3	138
4	Mohmand		3	135
5	NorthWaziristan		3	65
6	Orakzai		3	33
7	SouthWaziristan		3	27
8	FRD.I.Khan&FRTank		3	95
9	FRLakki&FRBannu		3	35
10	FRPeshawar&FRKohat		3	32
	sub-total	0	30	792
Grand Total		19	173	9,586

(2) Improvement of the DHIS Software and Installment

DHIS software was improved and installed by the Project at all PHDs and DHOs in the target districts.

It was planned that the Project would install the DHIS software, which was maintained through the "Study & Improvement of District Health Information System" implemented by JICA Pakistan Office in May 2009, in the DHOs in the target districts. However, the Project found bugs in the DHIS software provided by JICA Pakistan Office in February 2011. Therefore, the Project proposed to improve the DHIS software and it was approved at first JCC meeting in June 2010.

The Project started improvement works of the DHIS software from July 2010, and implemented trail operation of the improved software at PHD Punjab from September 2010 till January 2011. Then the Project held the installation workshop of DHIS software for PHDs and DHOs in target districts. Training on data entry, processing and analysis was also implemented in this workshop.

As described hereinafter, delivery of DHIS tools & instruments by Pakistan side was delayed due to delay of budget allocation. Therefore, it was agreed in the fourth JCC meeting that the Project will install DHIS software in February 2011 in the districts which were already provided with DHIS tools & instruments as of February 2011. As for the remaining districts, DHIS software will be installed after July 2011 (see ANNEX 1 for detail information of DHIS software installation).

The debugged DHIS software has been running in the 8 PHDs (including AJK, FATA, CDA and ICT) and DHOs in 100 target districts.

(3) Study and Revision of training manuals

All training manuals were studied and revised as follows.

In the original plan, it was planned to study the training manuals of DHIS and revise them if necessary. However, it was confirmed that DHIS tools & instrument and training manuals were revised by NHIRC and representatives of PHDs at the meeting in June 2009 held by JICA Pakistan Office.

NHIRC pointed out that Pakistan side could not find any reason to revise the already revised DHIS tools & instrument and training manuals since they had not been used as yet. It was, therefore, agreed that the Project would use the DHIS tools & instrument and training manuals which were revised in the meeting in June 2009 at the first JCC meeting

Manuals for training on use of DHIS information were revised during the training on use of information at Punjab in August 2010, and this revision was approved by representatives of PHDs during the working group meeting in December 2011.

Manual on DHIS software (data entry, processing and analysis) was up-dated based on the result of DHIS software maintenance, and the Project submitted "DHIS Software Manual" to the Pakistan side during the 2nd TAG meeting.

2.2.3 The DHIS data are collected in a complete, precise and timely manner from health facilities to DHOs.

Followings are set up as indicators for Output 3.

(1) Monthly and yearly report forms of the HMIS are replaced by the DHIS monthly report at the health facilities

(2) Compliance rate of DHIS monthly report from health facilities are maintained at more than 90% in the last 6 months of the project

(1) Replacement of the DHIS monthly report form

Replacement of the DHIS monthly report form was delayed in some target districts and it caused the failure of achievement of project purpose in these districts.

In the original plan, it was agreed that Pakistan side would print DHIS tools & instruments form their own budget and the Project would distribute these tools & instruments to health facilities.

However, it was found that PHDs & DHOs place orders for DHIS tools & instruments to the Government Printing Press, and was already established that the distribution channel from the Government Printing Press to health facilities is through the PHDs and DHOs..

Therefore, followings were agreed at the Project Management Committee meeting held on 10th February 2010 and approved in the first JCC meeting on 1st June 2010.

- DHIS tools & instruments printed by PHDs would be distributed to health facilities by Provincial Government through DHOs.
- HMIS monthly reports and old DHIS forms would be discarded under the responsibility of PHDs.

However, the Project found the following inconsistency when the Project notified the progress of distribution of DHIS tools & instruments to NHIRC and PHDs

- NHIRC had not issued notification of revised DHIS tools & instruments till the holding of 3rd JCC meeting on 8th February 2011 although NHIRC approved the revised DHIS tools & instruments in June 2009. Thus, PHDs could not print the revised DHIS tools & instruments till the issuance of notification. .
- NHIRC agreed to provide necessary volume of DHIS tools & instruments (including transportation cost) to 7 districts in Khyber Pakhtunkhwa, 2 in Gilgit & Baltistan, 2 in AJK when the target districts were selected during the 2nd JCC meeting on 7th July 2011. NHIRC also informed PHDs in the 4th JCC meeting held on 19th March, 2011 that NHIRC would provide DHIS tools & instruments for one year to the 24 districts which PAIMAN supported. However, no DHIS tools & instruments were provided by NHIRC. As the result, all PHDs, except Gilgit & Baltistan, provided necessary volume of DHIS tools & instruments to the target districts. Two districts nominated from Gilgit & Baltistan were however dropped from the list of target distracts, since PHD Gilgit & Baltistan could not secure the budget.
- DHIS activities were delayed at 7 districts supported by MNCH in Sindh province. However, DG Health Sindh informed the Project on 4th July 2011 that these districts were already provided with DHIS tools & instruments from MNCH, and PHD Sindh confirmed it again on November 2011.
  However, when the Project visited PHD Sindh for monitoring survey in December 2011, PHD Sindh reported the Project that MNCH provided only a part of DHIS tools & instruments to these 7 districts and remaining tools & instruments were provided by PHD Sindh in December 2011. Thus, distribution of DHIS tools & instruments to these 7 districts was completed in December 2011, and these DHOs started DHIS activities from January 2012. In addition, other DHOs in Sindh also reported stagnation of DHIS activities due to shortage of DHIS tools & instruments when the Project visited these DHOs for monitoring in February 2012.
- As the result of monitoring visit to 3 districts (Haripur, Mansehra and Abbotabad) in Khyber Pakhtunkhwa, it was observed the health facilities were using HMIS report form in all districts.

The aforementioned problems were reported at the working group meeting and the Project requested PHDs to improve the situation. However, there are many target districts which Japanese experts could not visit due to security reason, so it is difficult to grasp the actual situation in these districts.

(2) Monitoring and supervision of DHIS activities at district and provincial level

As the result of compliance rate analysis, the Project found that many small scale facilities which do not have necessary human resources and/or capabilities for DHIS reporting are also included in the facilities which are obliged to submit DHIS reports. When counting the compliance rate only from the main health facilities, excluding these small scale facilities, there are 48 target districts keeping more than 90% of compliance rate in 6 months from November 2011 to April 2012.

1) Compliance rate between November 2011 and April 2012

First and second level health facilities prepare DHIS report of previous month's activity and submit it to DHO every month. DHOs input the data of monthly reports submitted by first and second level health facilities into DHIS software. Besides processing and analyzing the DHIS input data, DHOs also submit the data to PHDs.

PHDs process DHIS data submitted by DHOs at provincial level, and analyze them. PHDs have submitted DHIS record of the previous month to the Project at the monthly working group meeting. The Project confirmed compliance rate of DHIS reports, which is set as the indicator aforementioned (see Table 6).

As the result, 39 districts out of 100 kept more than 90% of the compliance rate during 6 months from November 2011 to April 2012. However, as mentioned previously, provision of DHIS report format was delayed in many districts, particularly the districts of Sindh started DHIS activities from January 2012 due to delay of the supply of DHIS report format. In case of compliance rate during the last four months from January to April 2012, there are 54 districts which kept more than 90% of the compliance rate.

In addition, the aforementioned compliance rate was calculated by using the number of reports submitted in time. In case of delayed submission, DHOs instructed health facilities, which did not submit the report on time, to improve the activities. When compliance rate is calculated including the number of reports submitted behind the schedule, 45 districts maintained more than 90% of compliance rate in last six months and 57 districts retained more than 90% in last four months (monthly compliance rate is shown in ANNEX 2).

Table6 Number of Districts Kept more than 90% of Compliance Rate in Last Six Months

	Not including Report Submitted Behind the Schedule		Including Report Submitted Behind the Schedule	
	Last 6 months	Last 4 months	Last 6 months	Last 4 months
Punjab	33	34	33	34
Sindh	0	2	1	3
Khyber Pakhtunkhwa	4	10	5	10
Balochistan	1	2	3	3
AJK	0	4	1	4
FATA	1	2	2	3
Total	39	54	45	57

As explained in the former section, DHOs instruct the first and second level health facilities to submit DHIS it on time. But in spite of these instructions DHOs some facilities continued to submit reports behind the schedule. There were about 200 to 350 reports per month which were submitted behind the schedule during November 2011 and March 2012 (see Table 6).

As explained in the former section, DHOs instruct the first and second level health facilities to submit DHIS reports on time. But in spite of these instructions from DHOs, some facilities continued to submit reports behind the schedule. There were about 200 to 350 reports per month which were submitted behind the schedule during November 2011 and March 2012 (see Table 6).

Table 6 Number of DHIS Reports Submitted Behind of the Schedule

	2011		2012		
	Nov	Dec	Jan	Feb	Mar
Punjab	7	0	7	0	0
Sindh	45	65	95	0	0
Khyber Pakhtunkhwa	75	141	77	123	13
Balochistan	77	62	145	64	0
AJK	110	0	0	0	0
FATA	63	0	26	28	0
Total	377	268	350	215	13

2) Main causes of low compliance rate

PHDs pointed out the main causes of low compliance rate as follows.

a. Delay of the provision of DHIS tools & instruments

As mentioned previously, printing and delivery of DHIS tools & instruments were delayed due to delay in issuing the notification on revised DHIS tools & instruments by NHIRC and delay in budget preparation by PHDs. Districts which were not provided with DHIS tools & instruments could not start DHIS activities as scheduled, and DHIS activities in the districts which were

supported by development partners such as PAIMAN also were stagnant due to shortage of the DHIS tools & instruments.

b. Lack of coordination between DHOs and PPHI

Basically, all first level health facilities including BHU are controlled by DHOs. However, there are districts where PPHI controls human resource allocation and medicine procurement of BHUs under the agreement among PPHI, Provincial Government and District Government. Many BHUs controlled by PPHI submit their statistics report (including DHIS report) to PPHI but not to DHO. In case of the project target districts, there are 62 districts out of 100 that made contract with PPHI. It is felt that effect of DHO's instructions to BHU is weak in these districts since these BHUs are controlled by PPHI.

Issues on cooperation with PPHI at provincial level had been continuously pointed out by PHDs from the initial stage of the Project, and it was decided in the 3rd JCC meeting that NHIRC would coordinate with PPHI for DHIS activities at district level. Although the cooperation between PHDs and representatives of PPHI Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan was discussed at the 4th JCC meeting, no practical steps were taken due to non-existence of federal counterpart in the aftermath of devolution of MOH in June 2011. The Project restarted the discussion on coordination with PPHI at the working group meetings on 28th May (with representative of PPHI Balochistan) and 14th June 2012 (with representative of PPHI AJK).

c. Incorrect number of "Expected Report" on DHIS Software

Compliance rate is obtained by dividing "number of reports submitted from health facilities" by "number of reports expected to be prepared by health facilities"

Health facilities which are expected to submit the DHIS reports consist of BHU, RHC, MCHC, hospitals, etc. Originally health facilities are categorized in the following five classes before enforcement of Local Government Ordinance (LGO) 2001 in August 2001 (see Table 8).

Table 8 Categorization of Health facilities before 2001

Category	Health facilities
Class 1	All health facilities run by Government (Provincial or Federal) (RHC, BHU, THQH, MCHC etc)
Class 2	All health facilities run by semi-government organizations (WAPDA, Railway, PIA etc)
Class 3	All health facilities run by Local Governments
Class 4	Private health facilities receiving aids and assistance from Government
Class 5	Pure private health facilities

Originally health facilities of Class One submitted DHOs monthly report through HMIS / DHIS but class three health facilities had no obligation to submit monthly reports. In addition, the dispensaries were categorized into class one and class three. Basically, class three dispensaries were very small as compared to class one dispensaries having less number of staff..

After the enforcement of LGO 2001 in August 2001, all class three dispensaries also come under jurisdiction of District Governments and categorized as class one. However, many DHOs excludes former class three dispensaries from the facilities having obligation to submit DHIS reports (called "expected reports" in DHIS software) since these dispensaries do not have

capacity for preparing the DHIS report.

Meanwhile, compliance rate of the DHOs which counted former class three dispensaries in the "expected reports" were decreased due to low compliance rate from these dispensaries.

For instance, DHO Lahore in Punjab Province revised "expected reports" and started to count former class 3 dispensaries in it. As a result, "expected reports" (number of facilities having obligation to submit monthly reports) was increased from 74 facilities in November to 169 in December 2011. Whereas, actual number of reports submitted were not increased, and compliance rate in Lahore district was resultantly decreased from 74% in November 2011 to 38 % in December 2011.

The Project proposed PHDs to instruct DHOs for deceasing former class three dispensaries from "expected reports" during the working group meeting. However, this proposal was not accepted since this kind of decision is related to political issues and instead should be consistent with the policy of DHOs.

d. Other causes

Other causes of low compliance rate are reported by Pakistani side as follows.

- Frequent power shut down delays the data input at DHOs (FATA, Balochistan, others)
- Non-availability of access point for internet service causes difficulty for remote DHOs to submit the reports
- Programs such as Polio campaigns forces the deployment of many staff of DHOs and health facilities for the field activity, which causes the delay in conducting of DHIS activities

3) Compliance Rate from the main health facilities

As explained in "c" above, there are many small scale facilities, which do not have necessary human resources and/or capabilities for DHIS reporting, are also included in the facilities which are obliged to submit DHIS reports according to DHO's policy. The Project calculated the compliance rate of DHIS reports from only the main health facilities (BHU, RHC, DHQ and THQ) for showing the influence to the rate by these incapable facilities. The result of calculation shows there are 48 districts out of 100 keeping more than 90% of compliance rate in 6 months from November 2011 to April 2012, and 63 districts kept more than 90% of compliance rate in 4 months from January to April 2012 (detail data is attached in ANNEX 3).

Table 9 Number of Districts Kept More Than 90% of Compliance Rate from Main Health Facilities

Unit : Number of districts

Provinces	In last 6 months from Nov. 2011	In last 4 months from Jan 2012
Punjab	33	34
Sindh	1	4
Khyber Pakhtunkhwa	6	11
Blochistan	2	5
AJK	2	4
FATA	4	5
Total	48	63

Regarding the monthly compliance rate from main health facilities, there were 65 districts that showed more than 90% in November 2011. Then the compliance rate was improved and more than 75 districts showed more than 90% of compliance rate during January to April 2012.

Table 10 Numbers of Districts Kept More Than 90% of Compliance Rate from Main Health Facilities

Unit : Number of districts

Province	Nos. of target districts	2011		2012			
		Nov	Dec	Jan	Feb	Mar	Apr
Punjab	36	35	33	34	34	35	35
Sindh	11	3	4	6	5	8	7
Khyber Pakhtunkhwa	24	11	15	19	18	16	14
Blochistan	14	6	7	8	6	4	5
AJK	5	3	3	5	4	4	5
FATA	10	7	8	9	9	9	9
Total	100	65	70	81	76	76	75

2.2.4 The DHIS data are entered into the DHIS software, processed and analyzed at PHD and DHOs.

DHOs entered the DHIS data submitted by first and second level health facilities to the DHIS software, and processed, analyzed them regularly. In addition, PHDs also processed and analyzed DHIS data submitted from DHOs.

The Project monitored DHIS activities such as data collection, data entry, processing and analysis in each province through the working group meetings. Compliance rate of each province was confirmed at the meetings, and PHDs were requested to instruct DHOs for improvement in the compliance rate of those facilities which showed less than 90%.

On the other hand, improvement and maintenance of the DHIS software were also carried out for accurate data input and processing. The Project in particular, assigned sub-contractor for DHIS software maintenance covering all 100 target districts for the period of May 2011 to June 2012. In addition, the Project developed seven functions on DHIS software based on the requirements submitted by PHDs and DHOs during the maintenance periods (see ANNEX 19: Minutes of 6th WGM in 2011 for more details).

All issues pointed out by the DHOs on the DHIS software were reported by PHDs at the working group meetings, and countermeasures were discussed.

In the beginning of software maintenance, many inquiries from PHDs and DHOs were of the nature normally raised at the beginning of software use, such as the one attributable to lack of DHIS knowledge. According to the progress of DHIS software use, more inquiries were raised on technical problem in operation such as problems related to database backup and restoration, and computer virus. In many districts, DHIS software has been more frequently utilized and more inquiries on software bugs were raised. Such software bugs were reported for some time and most of them were debugged after 5 months since the start of maintenance.

Table 11 shows the problems on software raised by PHDs and DHOs during the software maintenance period.

Table 11 Problems on DHIS Software Raised by PHDs and DHOs

Category	2011					2012				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Lack of basic computer knowledge	0	0	0	1	0	0	0	0	1	0
Lack of DHIS knowledge	5	4	12	5	2	3	10	7	4	3
Improvements of DHIS (bugs)	20	2	1	2	0	1	2	3	0	0
New requirements	8	0	2	1	0	11	2	0	1	0
Technical problem in software operation	25	19	25	34	8	12	6	22	16	9
Other problems (hardware, OS, virus etc)	0	10	6	4	9	6	9	4	4	3
Total	58	35	46	47	19	33	29	36	26	15

In DHIS, the data enumerated in Monthly Report by health facility is entered to DHIS software at DHO, and submitted to PHD. DHO and PHD process and produce various reports for data analysis. Staffs of all provinces and 100 districts were trained, in the DHIS software installation workshop, on this series of work from data entry, processing up to the production of various reports. In addition, the practical training on software was conducted in December 2011 by subcontractor, to confirm the actual practice of this series of works at DHOs. In Working Group Meetings, the Project confirmed that each PHD is processing and analyzing the data based on the various reports.

The Project trained 100 target districts for enabling them to make table and figures by use of data entered in the DHIS software during the software installation workshops. In addition, sub-contractor for DHIS software maintenance also conducted same training on data entry, processing and analysis on December 2011.

Later in 2011, during the monitoring tour to Punjab, Sindh and KP, the Project confirmed that in the 3 Districts each of Punjab, Sindh and KP, the staffs of which were trained, practiced data entry, processing, analysis and production of various tables and charts.

Through the monitoring and meetings, all 100 target districts confirmed their skills of data entry to DHIS software. 6 PHDs and 100 DHOs are also now capable of data collection and analysis with DHIS software, and of preparation of tables and charts of more than 3 kinds that can be utilized for various purposes (G/B, ICT and CDA have not introduced DHIS).

2.2.5 By using the result of analysis of the DHIS data, the items for resource reallocation and budgeting are identified and utilized at PHD and DHOs

The Project made questionnaire survey to 88 districts which have available data on DHIS for preparing annual plan and 87 districts out of 88 responded (99% of response rate).

It was confirmed that all 87 districts used DHIS data for preparing budget plan for next fiscal year, health policy / strategy and resource allocation (medicines / staff).

As mentioned in 2.2.2 (1), representatives of DHOs conducted the training on use of DHIS information using DHIS data in each district during the training held in November 2011. Project staff and provincial master trainers worked as trainers in this training course. DHOs acquired necessary skills and techniques for preparing resource allocation plan and budget plan by use of DHIS data. Sample data collected in other district was used for districts which did not collect DHIS data by November 2011 when the training on use of information was held.

The Project confirmed usage of DHIS information in DHOs through the questionnaire survey after completion of the training on use of DHIS information. In this survey, 88 districts out of 100 which collected DHIS data more than 3 months before January 2012 were targeted since preparation of budget plan for next fiscal year started from January 2012 in Pakistan (see Table 12, and detail data in ANNEX-3).

Table 12 Number of Districts Surveyed

Provinces	Total Nos of Districts	Nos of Districts Responded	Response Rate
Punjab	36	36	100%
Sindh	4	3	75%
Khyber Pakhtunkhwa	24	24	100%
Balochistan	12	12	100%
AJK	5	5	100%
FATA	7	7	100%
Total	88	87	99%

There were 53 districts (61%) out of 87 utilized DHIS data for 1) budget preparation, 52 districts (60%) utilized the data for 2) health policies / strategies planning, 69 districts (79%) utilized the data for 3) resource allocation (medicines, facility staff, etc.) and 31 districts (36%) utilized the data for 4) other purpose. And all 87 districts responded that they utilized DHIS data in for any one of the purpose of 1) to 4) (see Table 13).

Table 13 Usage of DHIS Information

Provinces	Nos of Districts Responded	Usage of DHIS Information				Districts Using DHIS data in terms of 1) to 4)
		1) Budget preparation	2) Policies / strategies planning	3) Resource allocation	4) Others	
Punjab	36	58%	61%	69%	42%	100%
Sindh	3	100%	100%	67%	0%	100%
Khyber Pakhtunkhwa	24	38%	50%	83%	54%	100%
Balochistan	12	100%	100%	100%	17%	100%
AJK	5	40%	40%	60%	0%	100%
FATA	7	86%	14%	100%	14%	100%
Total	87	61%	60%	79%	36%	100%

56 districts out of 87 identified the performance gap between the target indicators and actual achievements shown in DHIS data, and 55 districts (63%) took measures for rectifying the situation. The districts which identified performance gap and did not take any rectifying measure was only one, and all 55 districts took measures for rectifying the gaps i.e. “holding meetings”, “strengthening the stakeholder’s awareness” and “reviewing the indicators” (see Table 14).

Table 14 Districts Identified Performance Gaps and Took Measures

Provinces	Nos. of districts responded	District identified gaps	District took measures
Punjab	36	75%	75%
Sindh	3	67%	67%
Khyber Pakhtunkhwa	24	42%	38%
Balochistan	12	75%	75%
AJK	5	40%	40%
FATA	7	86%	86%
Total	87	64%	63%

There were some DHOs who pointed out that problems on DHIS activities such as “shortage of DHIS tools & instruments” and “low capability of staff of the first and second level health facilities” although these replies were not included in the Table 13. It proves that DHOs pointed out the problems which are described in “2.2.3 (2) 2)”.

Major indicators found performance gap were listed up in Table 15.

Table 15 Major Indicators Showing Gaps

	Nos. of districts responded	ANC-I/ ANC-R	Delivery	Family planning	Medicine stock	Staff allocation
Punjab	36	33%	28%	11%	-	6%
Sindh	3	-	-	-	-	-
Khyber Pakhtunkhwa	24	-	-	-	4%	4%
Balochistan	12	-	-	-	58%	50%
AJK	5	20%	20%	-	-	-
FATA	7	57%	14%	-	-	14%
Total	87	20%	14%	5%	9%	11%

2.2.6 The DHIS is adequately coordinated among the stakeholders

(1) Holding the Meeting for Scaling Up of DHIS

The Project held the following meetings during the project period for strengthening the relationship among PHDs and DHOs on DHIS activities.

Meeting Title	Date	Minutes
National Steering Committee on Strengthening of Health Information System	4th Nov. 2009	ANNEX 4
First Working Group Meeting in 2009	3rd Feb. 2010	ANNEX 5
First Project Management Committee Meeting	10th Feb. 2010	ANNEX 6
First JCC Meeting	1st Jun. 2010	ANNEX 7
First Working Group Meeting, 2010	24th Jun. 2010	ANNEX 8
Second JCC Meeting	7th Jul. 2010	ANNEX 9
Third JCC Meeting	8th Feb. 2011	ANNEX 10
Fourth JCC Meeting	19th Mar. 2011	ANNEX 11
First Working Group Meeting, 2011	21st Jul. 2011	ANNEX 12
Second Working Group Meeting, 2011	22nd Aug. 2011	ANNEX 13
Third Working Group Meeting, 2011	3rd Nov. 2011	ANNEX 14
Fourth Working Group Meeting, 2011	22nd Dec. 2011	ANNEX 15
Fifth Working Group Meeting, 2011	23rd Jan. 2012	ANNEX 16
First Technical Advisory Group Meeting	24th Jan. 2012	ANNEX 17
Sixth Working Group Meeting, 2011	23rd to 24th Feb. 2012	ANNEX 18
Seventh Working Group Meeting, 2011	20th Mar. 2012	ANNEX 19
Eighth Working Group Meeting, 2011	24th Apr. 2012	ANNEX 20
Ninth Working Group Meeting, 2011	28th May 2012	ANNEX 21
Tenth Working Group Meeting, 2011	14th Jun. 2012	ANNEX 22
Second Technical Advisory Group Meeting	15th Jun. 2012	ANNEX 23

During the working group meetings, the Project instructed DHOs through PHDs that DHO should take action to rectify the situation of first and second level health facilities which did not submit DHIS monthly report on time.

Besides the above-mentioned meeting, the Project also participated in DHIS partners meetings organized by JICA Pakistan Office on 6th December 2010 and 28th July 2011 for strengthening the relationship among donor agencies and NGOs for scaling up of DHIS.

(2) Support for Holding Meetings on Scaling up of DHIS between Cabinet Division and Provincial Governments

It was agreed that the maintenance of DHIS software after closure of the Project will be continued under the responsibility of PHDs. After the1st TAG meeting, Senior Joint Secretary visited provinces to discuss the implementation structure of DHIS including software maintenance by PHDs with senior officials of the provincial governments.

The Project staff also accompanied with the Senior Joint Secretary for supporting the meeting and discussions. Participants and results of the meetings are shown in the following table.

Date	Province	Name of Interviewees	Results
13th Feb. 2012	Balochistan	➢ Additional Secretary (Admn), Health Department, Balochistan, Quetta ➢ Health Advisor PPHI, Balochistan, Quetta ➢ Director General Health Services, Balochistan, Quetta ➢ WHO Officer, Balochistan, Quetta ➢ Provincial Coordinator DHIS Balochistan, Quetta	➢ Present situation of PC-1 for DHIS and actual expenditure is confirmed. ➢ WHO is working on Health System Strengthening (HSS) in Balochistan and is willing to support DHIS implementation in the province in combination with Disease Early Warning System (DEWS).
20th Feb. 2012	Kyber Pakhtunkwa	➢ Provincial Coordinator DHIS ➢ Additional Provincial Coordinator DHIS	➢ PHD has an idea to establish "Knowledge Management Wing" and convert DHIS project into a regular permanent program under Knowledge Management Wing. ➢ According to Provincial Coordinator DHIS, USAID has shown their keen interest in DHIS in KPK.
21st Feb. 2012	Sindh	➢ Additional Chief Secretary (P&D) ➢ Additional Secretary Finance ➢ Director General Health Services ➢ Special Secretary, Health Department ➢ Assistant Chief Health (P&D), ➢ Provincial Coordinator DHIS	➢ Additional Chief Secretary (P&D) assured approval of PC-1 and Finance Department committed that necessary fund shall be made available for DHIS project. ➢ WHO is supporting 10 NPPI districts on DHIS Software installation training.
29th Feb. 2012	AJK	➢ Secretary, Planning, Government of AJK ➢ Chief Planning Officer (Health), P&D Department ➢ Advisor Health, P&D Department ➢ Director Health Services, ➢ State Coordinator, DHIS	➢ P&D Department agreed with the importance of DHIS and directed Health Department to prepare the PC-1.

3 Scaling Up of DHIS by Pakistan Side

The Project closed nomination of target districts at the 4th JCC meeting held on March 2011, and no additional district was allowed for nominating as the target district.

Therefore, PHDs agreed to introduce DHIS to non-target districts by use of PC-1 approved after July 2011. DHIS scaling up situation in Pakistan as of June 2012 is shown in Table 16.

Table 16 Present Situation of Scaling Up of DHIS in Provinces

Provinces	Total Nos. of districts	Nos. of target districts	Non target districts		Note
			DHIS districts	Non-DHIS districts	
Punjab	36	36			
Sindh	23	11	11	1	Supported by NPPI.
Khyber Pakhtunkhwa	25	24		1	PC-1 was approved.
Balochistan	30	14	14	2	PC-1 was approved. DHIS will be introduced in remaining 2 districts after July 2012.
AJK	10	5		5	Supported by GIZ.
FATA	10	10			Supported by Save the Children
Gilgit & Baltistan	7			7	
Islamabad (ITC + CDA)	2			2	
Total	143	100	25	18	

125 districts out of 143 have introduced DHIS as of June 2012. In addition, revised PC-1 included 1 district in Khyber Pakhtunkhwa, 2 in Balochistan, and 1 in Sindh province for coming fiscal year from July 2012 were already submitted from each PHD.

Therefore, non DHIS districts with no scaling up plan are 14 (5 in AJK, 7 in Gilgit & Baltistan and 2 in Islamabad) only.

There are DHIS promotion activities being implemented in the DHIS districts. It is found are some differences in these activities among provinces, major promotion activities in Punjab province which is a leading province of DHIS are as follows.

【Province Level】

- Holding monthly District DHIS coordinators' meeting
- Holding quarterly District DHIS statisticians' meeting
- Awarding districts with good DHIS practice (based on the 3 criteria: 1) Minuets of the DHIS monthly meeting at district, 2) DHIS Quarterly Report prepared by district and 3) DHIS monthly report compliance rate
- Requesting districts to solve problems by letters from province in case of lower compliance rate than their standard, disparities of data between DHIS and other programs
- Implementing Data QA simultaneously in all districts of Punjab in 2011 to confirm the data quality of DHIS. In order to guarantee the correctness without bias, data check was done by the researcher dispatched from the other district.

【District Level】

- At the occasion of monthly meeting with in-charges of health facilities at DHO, DHO gives feed back on the summary of DHIS data analysis in the previous month and instructing facilities not submitting DHIS monthly report regularly. (This activity is already

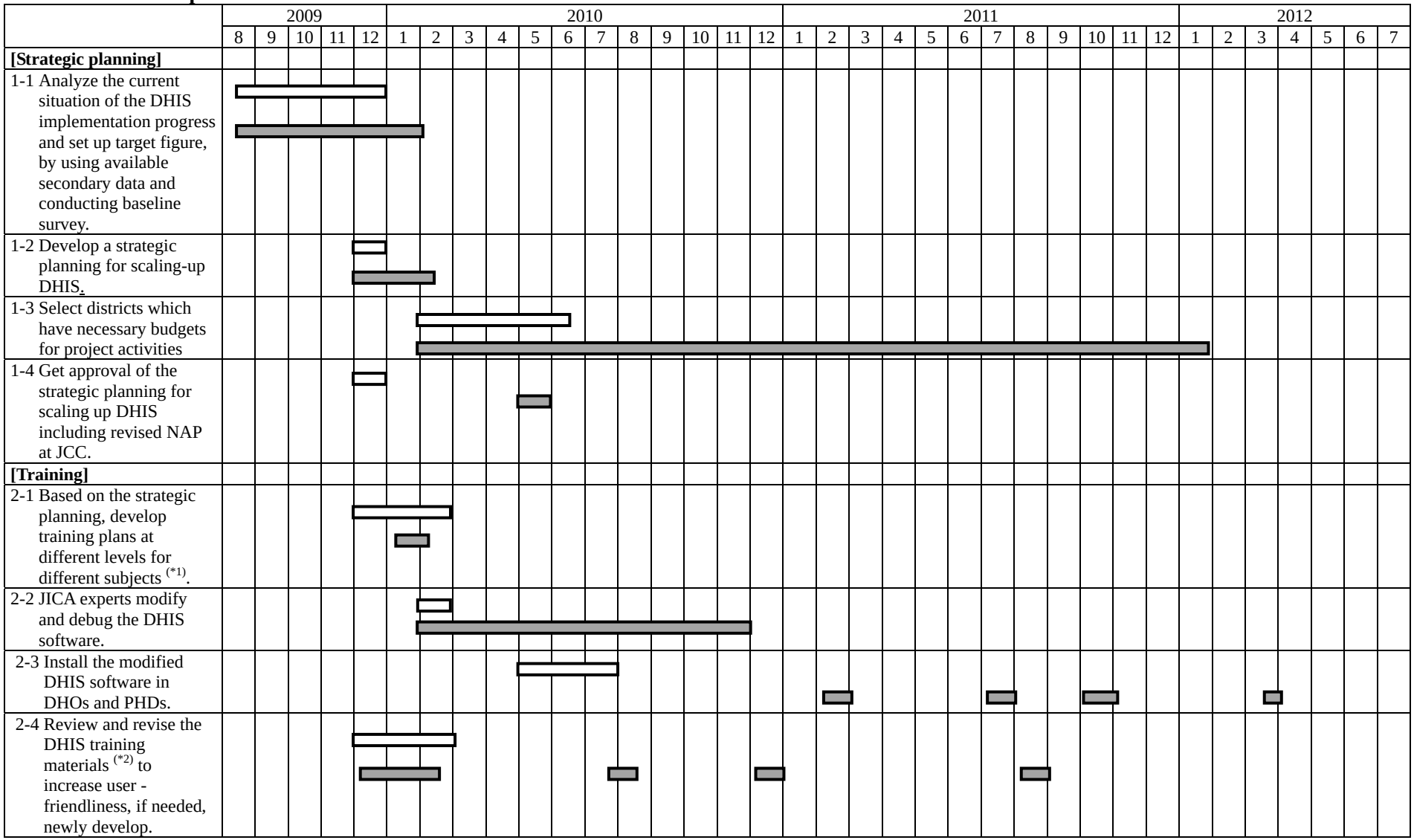
implemented in KPK, AJK and Sindh provinces also.)

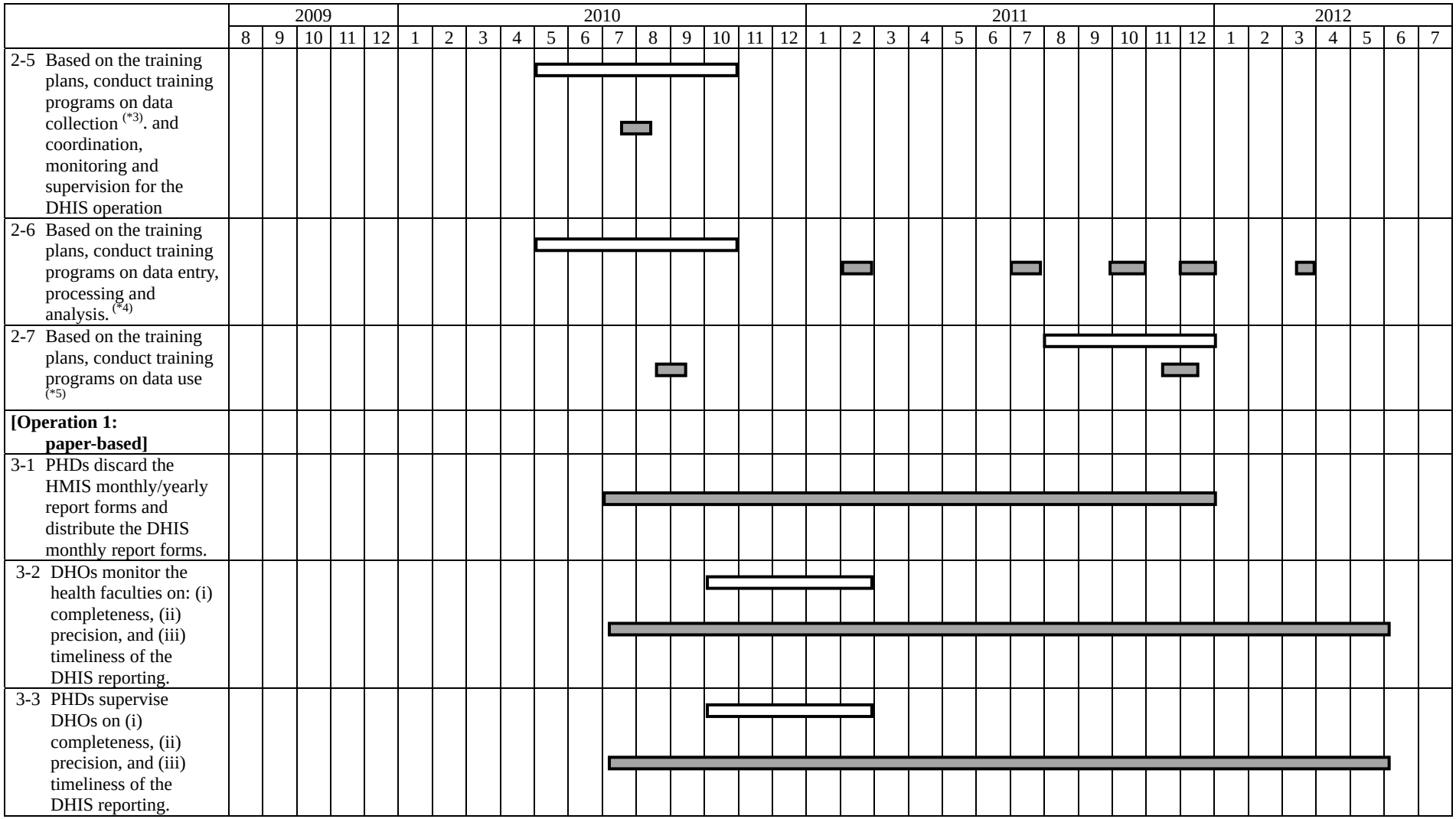
- Promoting Data Harmonization between DHIS and other programs. According to the instruction by the province, all districts hold Monthly Review Meeting with the date of DHIS and other national programs such as EPI, FP/PHC and Malaria. If there are some discrepancies of data between the programs, the coordinators check original data and revise accordingly.
- Implementing monitoring visit of 12 facilities per month for the confirmation of availability of DHIS tools/instruments and for conducting Data QA. (monitoring visite cannot be implemented to some districts).
- Compiling Quarterly report based on the analysis of DHIS data and submitting it to the Province. (Some districts compile Annual or Biannual report instead of Quarterly bases.)

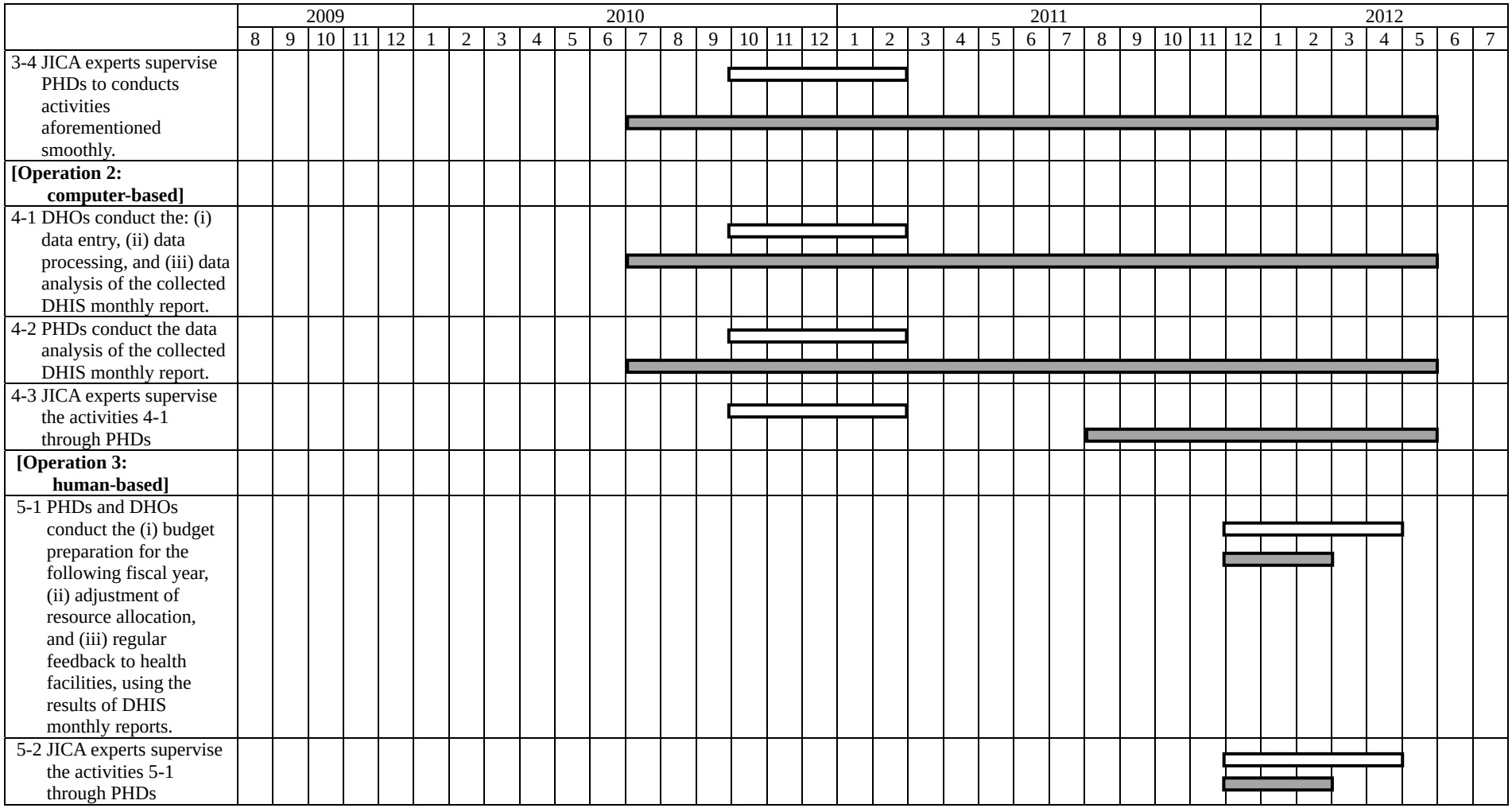
4 Plan of Operation and Performance

Plan of operation explained in the inception report approved in November 2009 and the actual performance of the project is shown on Table 17.

Table 17 Plan of Operation and Performance




2009
2010
2011
2012
8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7
2-5 Based on the training plans, conduct training programs on data collection (*3). and coordination, monitoring and supervision for the DHIS operation
2-6 Based on the training plans, conduct training programs on data entry, processing and analysis. (*4)
2-7 Based on the training plans, conduct training programs on data use (*5)
[Operation 1: paper-based]
3-1 PHDs discard the HMIS monthly/yearly report forms and distribute the DHIS monthly report forms.
3-2 DHOs monitor the health faculties on: (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting.
3-3 PHDs supervise DHOs on (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting.


2009
2010
2011
2012
8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7
3-4 JICA experts supervise PHDs to conducts activities aforementioned smoothly.
[Operation 2: computer-based]
4-1 DHOs conduct the: (i) data entry, (ii) data processing, and (iii) data analysis of the collected DHIS monthly report.
4-2 PHDs conduct the data analysis of the collected DHIS monthly report.
4-3 JICA experts supervise the activities 4-1 through PHDs
[Operation 3: human-based]
5-1 PHDs and DHOs conduct the (i) budget preparation for the following fiscal year, (ii) adjustment of resource allocation, and (iii) regular feedback to health facilities, using the results of DHIS monthly reports.
5-2 JICA experts supervise the activities 5-1 through PHDs

	2009					2010											2011											2012						
	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
[Operation 6]																																				
6-1 Strengthen, reorganize or adjust the structure of the DHIS administrative channel form health facilities, DHOs, and PHDs.																																				
6-2 Hold the TAG meetings on regular and irregular basis (e.g. case studies of data use for evidence-based management of health services).																																				
6-3 Hold the DHIS Inter-district meetings at PHD level on regular basis.																																				
6-4 Promote the application of the DHIS among other development partners.																																				

[Remarks]

Plan Actual

(*1) Levels: PHDs, DHOs
Subjects: (i) data collection, (ii) data entry, processing and analysis, (iii) data use, (iv) Coordination, monitoring, and supervision for the DHIS operation

(*2) The DHIS training materials are composed of: (i) curricula, (ii) textbooks, (iii) teaching guides, and (iv) MS Power Point modules.

(*3) i.e. how to fill out monthly DHIS report forms and submit them to DHOs

(*4) i.e. how to enter paper-based data into software, aggregate and/or analyze them

(*5) i.e. how to use the data for evidence-based management of health services

5 Inputs

5.1 Inputs by Japanese side

Inputs from Japanese side are as follows:

5.1.1 Dispatch of Experts

As shown in Table 17, seven experts dispatched for 66.40 man months during the project period (not including the coordinators).

Table 17 List of JICA Experts

	Name	Fields	Man Months
1.	Shuji NOGUCHI	Team leader / planning	10.57
2.	Shigeru KOBAYASHI	Deputy team leader/Monitoring	14.66
3.	Ahmad Afifi	Deputy team leader/Supervision	14.43
4.	Chiaki KIDO	Data collection	5.90
5.	Masashi AKIHO	Data analysis	14.77
6.	Akio NAKAHARA	Software maintenance	1.70
7.	Hiroshi ABO	Use of information	4.37
8.	Rie YAMASHITA	Coordinator	0.87
9.	Masashi AKIHO	Coordinator	1.97
Total Man Months (not including coordinator)			66.40
Total Man Months (including coordinator)			69.24

5.1.2 Expenditure from Japanese Side

Expenditure from Japanese side is shown in Table 18.

Table 18 Expenditure from Japanese Side

Unit: 1,000 JPYen

Items	1st year	2nd year	3rd year	Total
Operation cost	3,632	25,326	30,856	59,814
Machineries for experts	323			323
Other machineries	3,224	1,063		4,287
Sub-contracting	3,240		20,162	23,402
Meeting	53	735		788
Total	10,472	27,124	51,018	88,614

Note: Actual expenditure in 1st and 2nd years, and budget figures in 3rd year.

Costs for following inputs from Japanese side are included in the expenditure aforementioned.

- Installation cost of DHIS software in PHDs and DHOs
- Maintenance cost of DHIS software（August 2009 to June 2012）
- Training cost on DHIS trainings for provincial master trainers
- Training cost on DHIS data collection, coordination, monitoring and supervision for district

master trainers in Khyber Pakhtunkhwa and Balochistan.

- Training cost on DHIS data entry, processing and analysis and use of DHIS information for district master trainers in all target districts

5.2 Inputs by Pakistan side

Inputs from Pakistan side are as follows.

- Concerned staff as counterpart personnel
- Administrative and operational costs
- Cost for hardware procurement and maintenance
- Cost for training, except the one to be borne by Japan
- Cost for software maintenance from July 2012 onward
- Office(s) and facilities such as electricity, gas, water supply necessary for Project activities and operational expenses for utilities
- Cost for replacing HMIS report forms with DHIS report forms at health facilities

5.2.1 Concerned staff as counterpart personnel

NHIRC had been assigned as counterpart agency of the Project from the start of the Project in August 2009 to June 2011. However, at the end of June 2011 the functions of MOH were devolved in accordance with the 18th Amendment, and the NHIRC, a subsidiary organization of MOH, was merged into NIH. Thus the Project had been operated without Federal level counterpart for a considerable period of time. Finally in the discussions among Cabinet Division, NIH and JICA on 31st May 2012, it was agreed that NIH will be the federal level counterpart.

Counterparts at federal level are shown in Table 20.

Table 20 List of Federal Level Counterparts

Organization		Position	Name	Remarks
MOH	NHIRC	Executive Director	Professor Iftikhar Ahmed Khan	Till June 2011
	NHIRC	Deputy Director	Mr. Ali Akbar Khan	Till June 2011
Cabinet Division	NIH	Executive Director	Dr. Birjeer Mazhar Qazi	From May 2012

The counterpart personnel assigned in the provincial level are shown in Table 21.

Table 21 List of Provincial Level Counterparts

Province	Position	Name	Remarks
Punjab	Director General Health Service	Mr. Aslam CH	Till January 2012
Punjab	Director General Health Service	Mr. Zaihd Pcvaiz	Till February 2012
Punjab	Director General Health Service	Dr. Nisar Cheema	From February 2012
Punjab	Director Health Service (MIS)	Dr. Anwar Janjua	Till September 2011
Punjab	Director Health Service (MIS)	Dr. Haroon Jahangir	From September 2011
Punjab	Additional Director Provincial MIS Cell	Dr. Khaleeq Ahmed Qureshi	Till March 2012
Sindh	Director General Health Service	Dr. Abdul Sttar Korai	Till July 2010
Sindh	Director General Health Service	Dr. (Capt) Ghulam Sarwar Channa	Till July 2011
Sindh	Director General Health Service	Dr. (Capt) Hafiz-ul-Haque Memon	Till March 2012
Sindh	Director General Health Service	Dr. Feroz Din Memon	After March 2012
Sindh	Provincial Coordinator DHIS	Dr. Younis Asad Sheikh	
Khyber Pakhtunkhwa	Director General Health Service	Dr. Shaarif Ahmad Khan	
Khyber Pakhtunkhwa	Provincial Coordinator DHIS	Dr. Ali Ahmad	Till March 2011
Khyber Pakhtunkhwa	Provincial Coordinator DHIS	Dr. Javed Perveon	From March 2011
Khyber Pakhtunkhwa	Deputy Program Manager DHIS	Dr. Ikram Ullah Khan	
Balochistan	Director General Health Service	Dr. Amanullah Khan	Till April 2011
Balochistan	Director General Health Service	Dr. Masood Nusherwani	From April 2011
Balochistan	Provincial Coordinator DHIS	Dr. Ali Ahmad Baloch	
AJK	Director General, Health Service, AJK	Dr. Muhammad Qurban Mir	
AJK	State Coordinator DHIS, AJ & K	Khawaja Manzoor Ahamed	
FATA	Director Health Service	Dr. Fawad Khan	
FATA	DHIS coordinator	Mr. Niaz Muhammad	
FATA	DHIS coordinator	Dr. Mushtaq Ahmed	
CDA	Director Health	Dr. Hassan Orooj	
Gilgit & Baltistan	Director Health Service	Dr. Ghulam Ali	
Gilgit & Baltistan	Computer Programmer	Mr. Aamir Ali	

5.2.2 Administrative and Operational Costs

DHIS activities of each province were funded by each provincial health budget. Expenditures on DHIS activities since 2009 are shown in Table 22.

Table 22 Expenditure on DHIS by Each PHD

Unit: Million PR

Province	2009/10	2010/11	2011/12
Punjab	17.870	13.280	19.000[*1]
Sindh	9.670	14.434	19.481[*2]
KP[*3]	41.800	24.620	24.300
Balochistan	15.000	12.122	20.000
AJK[*3]	5.017	4.015	
FATA	11.000	12.000	23.000

Note: *1&2 Total expenditure till April in 2012
*3 Released budget in each year, and expended 60.720million in from 2009/10 to 11/12.
*4 PC-1 for DHIS was not approved in AJK. Expenditure of AJK in the table is total cost for DHIS & HMIS. No data was available in 2011/12.

The above expenditure included the following costs.

- Cost for hardware procurement and maintenance
- Cost for training, except the one to be borne by Japan
- Cost for replacing HMIS report forms with DHIS report forms at health facilities

Some expenditure is financed by development partners such as UNFPA, WHO, Save the Children, etc.

6 Challenges and Measures of the Project

In addition to the issues discussed above, challenges and lessons from the Project is summarized below.

6.1 Insufficient inputs and pre-conditions

6.1.1 Challenges

As mentioned in “2.2.1”, it was originally planned that Pakistan side bear the following cost for the project activities.

- Cost for trainings on scaling up of DHIS
- Cost for printing, binding and delivery the training materials
- Cost for printing the DHIS tools & instruments
- Cost for computer hardware for DHIS software

However, it was found through the field survey that only 4 provinces obtained approval on PC-1, KP’s PC-1 which was approved covers only 12 districts out of the total of 24, PC-1 of Baluchistan does not include the printing cost, and others which clearly shows the lack of necessary budget.

	Situation of PC-1	Budget (Million PKR)	Remarks
Punjab	Approved	194.75	Expired in June 2010
Sindh	Approved	133.53	Valid on all 23 districts for 1 year from January 2010
Khyber Pakhtunkhwa	Approved	90.72	PC-1 covering 12 districts out of 24
Balochistan	Approved	67.51	PC-1 covers costs for employment and training but not printing
Gilgit & Baltistan	Not Approved		
AJK	Not Approved		
FATA	Not Approved		
Islamabad	Not Approved		

There is no guarantee that the PC-1 be supported with the budget even it is approved, and almost all provinces, except Punjab, was deemed not o to have secured all the necessary budget for DHIS activities when the Project started.

6.1.2 Countermeasures

Project discussed with JICA Pakistan Office and NHIRC, and agreed that target area is to be changed from “nationwide” to “Districts which have secured the budget for DHIS activities”, and this agreement was approved in the 1st JCC meeting.

The Project originally planned to prepare the nationwide scaling-up plan of DHIS in the first year of the Project for realizing this project purpose. However, the Project could not prepare the long-term scaling-up plan due to low possibility of budget allocation by Pakistan side as needed for DHIS nationwide scale-up. (Selection of target Districts was delayed to the 3rd year due to the late budget allocation by Pakistan side)

6.2 NHIRC’s non-compliance with the agreement

6.2.1 Challenges

The Record of Discussion signed on 25th April 2009 by MOH and JICA stipulates that the Project installs the DHIS software in the DHOs.

However, NHIRC installed the DHIS software, the source of which is not known, in some districts in December 2010 without any notice to the Project, and informed JICA Pakistan Office on 9th December that it will not need further assistance from JICA.

6.2.2 Countermeasure

JICA Pakistan Office discussed this issue with Joint Secretary of MOH on 12th January 2011, and all agreed to continue the Project activities. The activities remained suspended until this agreement was made.

6.3 Long time non-existence of federal level counterpart after the devolution

6.3.1 Challenges

MOH which was the responsible ministry of the Project was devolved on 30th June 2011. As the result, the federal level counterpart, NHIRC was merged with National Institute of Health (NIH).

Therefore, the Project could not make any official decision, i.e. finalization of target districts, until NIH was assigned as the federal level counterpart, which was agreed in the 1st Technical Advisory Group (TAG) meeting held on 24th January 2012.

Although NIH was assigned as federal level counterpart according to the decision in the 1st TAG meeting, a request to change the counterpart to Cabinet Division was raised later by Pakistan side. As the result, federal level counterpart was not assigned till 23rd May 2012.

6.3.2 Countermeasure

The Project continued activities with the agreement of Director Generals of each provincial health department during July 2011 to May 2012 when no federal counterpart was assigned.

6.4 Delay of activities caused by the flood in July 2010

In July 2010, massive floods damaged the infrastructure of health facilities in many districts of the country including the target districts for DHIS activity. Due to this large scale damages from the floods, the project activities were influenced as described in the following.

Table 23 Challenges and Countermeasures Caused by the Flood in July 2010

Challenges	Countermeasures
➢ It became necessary to confirm if the target districts nominated at this point can continue the DHIS activities. The Project suspended the activities for the time being and checked the flood influence in such districts. The questionnaire was prepared for each PHD and answers were collected in October 2010 after the recovery works will have been done to a certain extent and influence to DHIS activities can be judged.	➢ As the result, it was confirmed that there is no DHO which was seriously damaged by flood, except Jaffarabad in Baluchistan. However, it was also confirmed that MNCH temporarily suspended their support to DHIS activities in Sindh during the flood emergency, and they have resumed their support after the emergency. As the result DHIS activities in Sindh were also behind the schedule.
➢ Original schedule of mid-term evaluation was December 2010. However, because of the delay in project activities caused by floods, the mid-term evaluation was postponed to June 2011. (Mid-term evaluation was finally cancelled as per decision of JICA)	➢ No countermeasure was taken by the Project.
➢ DHIS software installation to DHOs in target districts was originally planned to be done by sub-contracting. Due to the delay of project activities influenced by floods, it was deemed difficult to complete the software installation in the 2nd fiscal year, considering the time required for the contractor selection.	➢ Installer which was developed by the Project made installation easer and takes only 10 minutes, which was previously used to be 2 to 4 hours by IT expert. Therefore, the Project decided to install the software by itself.
➢ The original plan was to maintain the DHIS software at PHDs/DHOs by sub-contractor after the software installation in the 2nd fiscal year. The software installation was delayed because of the flood influence, however, it became difficult to start the software maintenance in the 2nd fiscal year.	➢ It was decided and agreed in the 3rd JCC meeting that the contractor selection will be completed by the end of 2nd fiscal year and the maintenance work would start in May 2011.

7 Revision of PDM

Project Design Matrix of the Project was revised three times during the project period, first revision was 2nd JCC meeting held on 7th July 2010, second was 3rd JCC meeting held on 8th February 2010 and third was during the1st TAG meeting on 24th January 2012. Contents revised in the PDM are as follows.

7.1 Revision of PDM at the 2nd JCC Meeting held on 8th July 2010

Original target area of the Project covered all districts in Pakistan and necessary budget for the activities such as printing for DHIS tools & instruments, trainings for provincial and district master trainers were supposed to be borne by Pakistan side. However, as a result of survey conducted after the start of the Project, it was confirmed that all provinces except Punjab did not secure the budgets for project implementation. Therefore, it was agreed that the Project would focus on districts which can secure the necessary budgets and following revision were made in the 1st JCC meeting.

Table 24 Revisions of PDM Done by 1st JCC

PDM Ver. 1	PDM Ver. 2	Note
【Target Area】 Focusing target province: Punjab, Sindh, NWFP, Balochistan, FANA, ICT Non-Focusing target province: FATA, AJK	【Target Area】 Districts which have budgets for project activities	* PHDs do not have budget for implementing the project activities in all districts. * FATA and AJK also need support for software maintenance.
【Project Purpose】 (narrative summary) Routine operation and budget planning are practiced in an evidence-based manner, through newly introduced DHIS nationwide in Pakistan	【Project Purpose】 (narrative summary) Routine operation and budget planning are practiced in an evidence-based manner, through newly introduced DHIS at the selected districts in Pakistan	* The Project implements the activities at the districts which ensure the budget for project activities.
【Project Purpose】 (means of verification) 1. Reports from shipping contractor(s) responsible for discarding HMIS forms and distributing DHIS forms	【Project Purpose】 (means of verification) 1. DHIS reports from NHIRC/ PHDs / DHOs	
【Output 1】 [Strategic planning] Nationwide Scale-up Strategy for the DHIS is prepared and approved at the National Health Information System (HIS) Steering Committee.	【Output 1】 [Strategic planning] Scale-up Strategy for the DHIS is prepared and approved at the National Health Information System (HIS) Steering Committee.	
【Indicator for Output 1】 1.1 Nationwide Scale-up Strategy for the DHIS is approved at the National HIS Steering Committee	【Indicator for Output 1】 1.1 Scale-up Strategy for the DHIS is approved at the National HIS Steering Committee	
【Activities】 1-3 Develop an overall strategic framework for nationwide scaling-up DHIS.	【Activities】 1-3 Develop an overall strategic framework for scaling-up DHIS.	
1-4 Develop a micro-planning of provincial scaling-up for each province (DHIS cell reorganization strategy, logistic strategy, financial strategy, human resource strategy, incentive mechanism for data use, etc.)	1-4 Select districts which have necessary budgets for project activities.	

PDM Ver. 1	PDM Ver. 2	Note
1-5 At the National HIS Steering Committee, approve of Nationwide Scale-up Strategy, composed of: (i) revised NAP, (ii) overall strategic framework, and (iii) micro-planning.	1-5 At the National HIS Steering Committee, approve of Scale-up Strategy, composed of: (i) revised NAP, (ii) overall strategic framework, and (iii) micro-planning.	
3-2 Advise DHOs to monitor and supervise health faculties on: (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting by PHDs.	3-2 DHOs monitor and supervise health faculties on: (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting by PHDs.	* The subject should be clear.
3-3 Advise PHDs to monitor and supervise DHOs on (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting by MOH/NHIRC.	3-3 PHDs monitor and supervise DHOs on (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting by MOH/NHIRC.	
4-2 Advise PHDs to monitor and supervise DHOs on: (i) data entry, (ii) data processing, and (iii) data analysis by MOH/NHIRC	4-2 PHDs monitor and supervise DHOs on: (i) data entry, (ii) data processing, and (iii) data analysis by MOH/NHIRC	
4-3 Advise MOH/NHIRC to monitor and supervise PHDs on: (i) data aggregation, (ii) data analysis by Japanese Expert.	4-3 MOH/NHIRC monitor and supervise PHDs on: (i) data aggregation, (ii) data analysis by Japanese Expert.	
5-1 Advise PHDs to monitor and supervise DHOs on: (i) adjustment of resource allocation, and (ii) regular feedback to health facilities, using the results of DHIS monthly reports by MOH/NHIRC.	5-1 PHDs monitor and supervise DHOs on: (i) adjustment of resource allocation, and (ii) regular feedback to health facilities, using the results of DHIS monthly reports by MOH/NHIRC.	
5-2 Advise MOH/NHIRC to monitor and supervise PHDs on: (i) budget preparation for the following fiscal year, and (ii) regular feedback to DHOs, using the results of DHIS yearly monthly reports for that year by Japanese Expert.	5-2 MOH/NHIRC to monitor and supervise PHDs on: (i) budget preparation for the following fiscal year, and (ii) regular feedback to DHOs, using the results of DHIS monthly reports for that year by Japanese Expert.	

PDM Ver. 1	PDM Ver. 2	Note
【Inputs】 Japan: • Cost for software maintenance for the first two years • Operational cost for Japanese/international experts • Cost for replacing HMIS report forms with DHIS report forms at health facilities • Cost, for replacing HMIS software with DHIS software at DHOs	【Inputs】 Japan: • Cost for software maintenance for the first two years • Operational cost for Japanese/international experts • Cost for replacing HMIS software with DHIS software at DHOs • Cost for training for provincial master trainers. • Cost for training for district master trainers in K.P.K. and Balochistan.	• Delivery channel of DHIS report forms is already established in the Provinces, and replacement is done by Pakistan side. • The Project implements TOT for provincial master trainers to develop the platform for enabling scale-up the DHIS in all provinces. • The Project implements TOT for district master trainers in K.P.K. and Balochistan at places outside these provinces due to the security reason.
【Inputs】 Pakistan(NHIRC/PHD): • MOH staff as counterpart personnel(=>recurrent budget) • Administrative and operational costs (=> recurrent budget) • Cost for hardware procurement and maintenance (=> federal PC-1, Provincial PC-1s) • Cost for training (federal PC-1, Provincial PC-1, regular budget) • Cost for software maintenance for third year (PC-1) • Office(s) and facilities such as electricity, gas, water supply necessary for Project activities and operational expenses for utilities	【Inputs】 Pakistan(NHIRC/PHD): • MOH staff as counterpart personnel(=>recurrent budget) • Administrative and operational costs (=> recurrent budget) • Cost for hardware procurement and maintenance (=> federal PC-1, Provincial PC-1s) • Cost for training (federal PC-1, Provincial PC-1, regular budget) • Cost for software maintenance for third year (PC-1) • Office(s) and facilities such as electricity, gas, water supply necessary for Project activities and operational expenses for utilities • Cost for replacing HMIS report forms with DHIS report forms at health facilities.	• Delivery channel of DHIS report forms is already established in the Provinces and replacement is done by Pakistan side.

7.2 Revision of PDM at the 3rd JCC Meeting held on 8th February 2012

The PDM stipulates as follows as one of the input by Japanese side

- Cost for software maintenance for the first two years

Because of the following reasons, the revision is deemed necessary.

- For the first two years, DHIS software maintenance has been done by the Project staff in

spite of the stipulation that the cost for software maintenance is to be borne by Japanese side

- Because of the delay in project activities influenced by the flood, the software maintenance by subcontractor is postponed to 3rd year

For these reasons, stipulation in PDM for the software maintenance was changed to as follows.

- Software maintenance from August 2009 to April 2012

7.3 Revision of PDM at the 1st TAG Meeting held on 24th January 2012

MOH which was the responsible ministry of the Project was devolved on 30th June 2011. As a result, the federal level counterpart, NHIRC was merged with National Institute of Health (NIH). Due to the change of implementation structure on Pakistan side, PDM was revised as follows at the Technical Advisory Group（TAG） meeting held on 24th January 2012.

7.3.1 Implementing Agency

It was approved that National Institute of Health (NIH), which is under the supervision of Cabinet Division, shall act as Implementing Agency after the devolution of Ministry of Health.

7.3.2 Technical Advisory Group (TAG) meeting

It was also approved that Technical Advisory Group (TAG) will replace the former Joint Coordination Committee (JCC), headed by Additional Secretary of Ministry of Health. The role of TAG should be the same as that of JCC.

7.3.3 Individual Output

(1) Output 1

Since the roles of “HIS Steering Committee” are uncertain due to the devolution of Ministry of Health, it was agreed to delete “HIS Steering Committee” from Output 1 activity of PDM.

(2) Output 2

It was agreed that:

1) Trainings are categorized as the following three trainings:
   a) Training on Data Collection
   b) Training on Data Entry, Processing and Analysis
   c) Training on Use of Information
2) The activity of debugging DHIS software program is also included in Output 2 activity.

(3) Output 4 & 5

It was agreed that the role of defunct Ministry of Health / NHIRC should be deleted from Output 4 & 5 due to devolution of Ministry of Health while PHDs should be involved with activities relevant to these outputs.

7.3.4 Indicator in Each Output

It was agreed that all indicators except compliance rate of DHIS monthly report are set at 100% and compliance rate of DHIS monthly report should be kept at more than 90% for the last 6 months.

7.3.5 Software Maintenance

It was agreed that JICA shall bear the cost of software maintenance up to the end of June 2012.

Software maintenance will be continued under the responsibility of PHDs from July 2012 onward. PHDs shall make a maintenance contract with private company in coordination with NIH for continuation of DHIS software maintenance.

7.3.6 Revised PDM

Revised PDM approved by TAG is shown in following table 25.

Table 25 PROJECT DESIGN MATRIX (Ver. 4)

Date: 24th January 2012

Project Title: District Health Information System Project for Evidence-Based Decision Making and Management	**Period of Cooperation:** 3 years (from August 2009 to July 2012
Implementing Agency in Beneficiary Country: National Institute of Health (NIH)	**Target Group:** NIH, Province Health Departments (PHDs) and District Health Office (DHOs)
Target Area: Selected Districts/Agencies (as per attached)	

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
【Overall Goal】 Policy and strategies for health services are developed in an evidence-based manner, through sustainable District Health Information System(DHIS), nationwide in Pakistan	1. At least one item of the national health strategy/policy at the federal level is supported, underpinned and justified by the DHIS.	1. DHOs documents/reports 2. PHDs documents/reports 3. NIH documents/reports	• Federal Government puts high priority on implementation of DHIS.
【Project Purpose】 Routine operation and budget planning are practiced in an evidence-based manner, through newly introduced DHIS, at the selected districts in Pakistan	1. At least one item of health services budget planning at district level is supported, underpinned and justified by the DHIS in the relevant PHD and DHOs (= 100%) 2. At least one item of health services routine operation (resource allocation) at district level is supported, underpinned and justified by the DHIS in the relevant PHD and DHOs (= 100 %)	1. Results of questionnaire survey 2. Results of questionnaire survey	
【Output】 **2. [Strategic planning]** Strategic planning for scaling up DHIS is approved at JCC.	1.1 Strategic planning for scaling up DHIS is approved at JCC.	1-1 Project documents	
2 **[Training]** PHDs / DHOs staff is adequately trained on the DHIS operation.	2-1 Revised DHIS software is installed at the DHOs and PHDs. (= 100 %) 2-2 DHO trainings complete training programs on: (i) data collection (*3), (ii) data entry/processing/analysis (*4), data use (*5), and (iv) other subjects. (= 100 %) 2-3 PHD trainers complete training programs on (i) data collection (*3), (ii) data entry/processing/analysis (*4), data use (*5), and (iv) other subjects. (= 100 %)	2-1 Project documents 2-2 Project documents 2-3 Project documents	
3 **[Operation 1: paper-based]** The DHIS data are collected	3.1 Monthly and yearly report forms of the	3-1 PHD's reports	

in a complete, precise and timely manner from health facilities to DHOs.	HMIS are replaced by the DHIS monthly report at the health facilities (= 100 %) 3.2 Compliance rate of DHIS monthly report from health facilities are kept more than 90% at the last 6 months of the project	3-2 PHD's reports	
4 **[Operation 2: computer-based]** The DHIS data are entered into the DHIS software, processed and analyzed at PHD and DHOs.	4-1 Tables or charts are created, sorted into files, and are readily available, for more than two key DHIS indicators at the PHD and DHOs.	4-1 DHIS analysis file(s) at DHOs	
5 **[Operation 3: human-based]** By using the results of analysis of the DHIS data, the items for resource reallocation and budgeting are identified at PHD and DHOs.	5-1 Lists of identified items for evidence-based resource allocation are available at the PHD and DHOs. (= 100 %) 5-2. Lists of identified items for evidence-based budget planning are available at the PHD and DHOs. (= 100 %)	5-1 Results of questionnaire survey 5-2 Results of questionnaire survey	
6. **[Operation 4]** The DHIS is adequately coordinated among the stakeholders.	6-1 The meetings with development partners and related government organizations are held.	6-1 Minutes of Meetings	

【Activities】 **[Strategic planning]** 1-1 Analyze the current situation of the DHIS implementation progress and set up target figure, by using available secondary data and conducting baseline survey 1-2 Review and update the DHIS National Action Plan (NAP). 1-3 Develop an strategic planning for scaling-up DHIS. 1-4 Select districts which have necessary budgets for project activities 1-5 Get approval of the strategic planning for scaling up DHIS including revised NAP at JCC. **[Training]** 2-1 Based on the strategic planning, develop training plans at different levels for different subjects (*1). 2-2 JICA experts modify and debug the DHIS software. 2-3 Install the modified DHIS software in DHOs and PHDs. 2-4 Review and revise the DHIS training materials (*2) to increase user-friendliness, if needed, newly develop. 2-5 Based on the training plans, conduct training programs on data collection (*3). and coordination, monitoring and supervision for the DHIS operation 2-6 Based on the training plans, conduct training programs on data entry, processing and analysis. (*4) 2-7 Based on the training plans, conduct training programs on data use (*5) **[Operation 1: paper-based]** 3-1 PHDs discard the HMIS monthly/yearly report forms and distribute the DHIS monthly report forms. 3-2 DHOs monitor the health faculties on: (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting. 3-3 PHDs supervise DHOs on (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting. (3-4) JICA experts supervise PHDs to conducts activities aforementioned smoothly.) **[Operation 2: computer-based]** 4-1 DHOs conduct the: (i) data entry, (ii) data processing, and (iii) data analysis of the collected DHIS monthly report. 4-2 PHDs conduct the data analysis of the collected DHIS monthly report. 4-3 JICA experts supervise the activities 4-1 and 4-2 through PHDs **[Operation 3: human-based]** 5-1 PHDs and DHOs conduct the (i) budget preparation for the following fiscal year, (ii) adjustment of resource allocation, and (iii) regular feedback to health facilities, using the results of DHIS monthly reports. 5-2 JICA experts supervise the activities 5-1 through PHDs	**【Inputs】** **Japan:** **Japanese/International Experts** • Team Leader • Deputy Team Leader/Monitoring • Deputy Team Leader/Supervision • Expert on data collection • Expert on data analysis • Expert on data use • Expert on DHIS Software maintenance • Cost for software maintenance from August 2009 to June 2012 • Operational cost for Japanese/international experts • Cost, for replacing HMIS software with DHIS software at DHOs • Cost for training for provincial master trainers • Cost for training for district master trainers in KPK. and Balochistan (only for training mentioned in Activities 2-4) • Cost for training for district master trainers (only for trainings mentioned in Activities 2-5 and 2-6) **Pakistan** • Concerned staff as counterpart personnel (=>recurrent budget) • Administrative and operational costs (=> recurrent budget) • Cost for hardware procurement and maintenance (=> federal PC-1, Provincial PC-1s) • Cost for training, except the one to be borne by Japan (federal PC-1, Provincial PC-1, regular budget) • Cost for software maintenance from July 2012 onward (PC-1) • Office(s) and facilities such as electricity, gas, water supply necessary for Project activities and operational expenses for utilities • Cost for replacing HMIS report forms with DHIS report forms at health facilities	

[Operation 6] 6-1 Strengthen, reorganize or adjust the structure of the DHIS administrative channel form health facilities, DHOs, and PHDs. 6-2 Hold the TAG meetings on regular and irregular basis (e.g. case studies of data use for evidence-based management of health services). 6-3 Hold the DHIS Inter-district meetings at PHD level on regular basis. 6-4 Promote the application of the DHIS among other development partners.		**【Preconditions】** • MOH continuously supports the project. • MOH/NHIRC remains in the MOH system as the division responsible for HISs. • MOH insures financial resources of the project at federal, provincial and district levels. • Security will no not deteriorating in Pakistan.

[Remarks]

(*1) Levels: PHDs, DHOs
Subjects: (i) data collection, (ii) data entry, processing and analysis, (iii) data use, (iv) Coordination, monitoring, and supervision for the DHIS operation

(*2) The DHIS training materials are composed of: (i) curricula, (ii) textbooks, (iii) teaching guides, and (iv) MS Power Point modules.

(*3) i.e. how to fill out monthly DHIS report forms and submit them to DHOs

(*4) i.e. how to enter paper-based data into software, aggregate and/or analyze them

(*5) i.e. how to use the data for evidence-based management of health services

8 Lessons Learned and Future Direction

8.1 Lesson Learned

Lesson learned which were acquired from the Project are as follows.

8.1.1 Positioning the JICA Expert for Enabling to Influence the Implementing Agency

The report of project formulation study, "Report of Project Formulation Study on District Health Information System" describes that; NHIRC, which was the federal level counterpart for almost the first half of the Project period, does not have adequate number of technical staff. Due to this incapability of NHIRC, the Project had faced difficulties in the implementation. The Project was designed without any requirement of staff reinforcement of NHIRC as precondition, and the NHIRC Executive Director was assigned as the Project Director of the Project. The Team Leader of JICA experts are yet assigned as an Advisor. When the counterpart agency is not capable or incompetent, no advice of Advisor will be effective in general. As mentioned in 6.2, NHIRC took a unilateral action which did not comply with the agreement stipulated in the Record of Discussions, and the Project was negatively influenced.

When the project implementing agency is found to be incapable of delivering during the project formulation stage, it is suggested that an alternate higher level organization above the actual implementation agency should be assigned as the counterpart of JICA experts, who would then be able to participate in the Project influencing the actual implementing agency.

8.1.2 Adjusting the Project Year to Pakistan's Fiscal Year

The fiscal year in Pakistan is from July to June. Every July, which is the first month of fiscal year, the government administration tends to be slow. On the other hand, the Project is scheduled to end the activities in March every year in accordance with the Japanese fiscal year and begins new activities in May or June,

Because of this, the Project activities have been slowed down during the 6 months period from March to August every year. To avoid this situation, it would be recommendable to design the project year to follow the fiscal year of Pakistan, from July to June.

8.1.3 Designing the project components with consideration of workable area

Although the Project targets all 8 provinces / areas in Pakistan, workable areas for JICA experts and project staff have been limited due to security reason. The workable area covers Punjab province, Sindh Province, Gilgit & & Baltistan province and 5 districts located in eastern part of Khyber Pakhtunkhwa province only[3]. It means that the Project can conduct field survey at only 52 districts located in the workable area out of 100 target districts and not at the remaining 48 districts. Therefore, the Project collected information of these 48 districts through the PHDs.

However, in spite of the working condition gaps between workable area and non workable area, the Project was expected to achieve the same level of outputs from workable area and non workable area.

Although monitoring and supervision of DHOs is one of the activities of the Project, JICA experts could conduct this activity in these 52 districts only.

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3 More wider workable areas were permitted for Pakistani staff at first year's contract. However, workable areas for Pakistani staff have also narrowed down as same as JICA experts from second year when field activities were started.

The Project has grasped progress of DHIS activities in the target districts through the checking compliance rate submitted by PHDs. And the Project conducted field survey at low compliance rate districts located in the workable areas. As the result of the field survey, the Project found same facilities which were not provided with DHIS tool & instruments although PHD reported to have completed the provision of DHIS tool & instruments to all facilities. The Project reported these findings during the working group meetings and requested PHDs to rectify the situation.

However, since the Project is not allowed to conduct field survey in the non workable areas, the Project may not design appropriate measures for tackling the problems, which DHOs in non-workable areas are facing.

Therefore, it is recommended to design the project with measures for non workable areas such as assignment of local staff who can work in the JICA's non workable areas or concentrating the project activities in workable area and only supplemental outputs are expected from the non workable area, etc.

8.2 Future Direction

8.2.1 Strengthening of Monitoring and Support Systems in District and Provincial level

As shown in "Section 3", monitoring and support systems connecting facilities and district, districts and province for the implementation of DHIS are firmly established in Punjab province. Through these systems, Punjab province promoted motivations for the promotion of DHIS to facilities and districts.

It is desirable that other provinces also strengthen the monitoring and support systems based on the model of Punjab province for the promotion of DHIS. However, Punjab province is a pioneer of DHIS in Pakistan preceding for more than 5 years than other provinces and had sufficient time to establish existing monitoring and support system. It is considered that other provinces could strengthen a monitoring and support system gradually, phase by phase because it is assumed to be difficult for them to adopt the model of Punjab quickly.

8.2.2 Strengthening the Use of DHIS Information

As mentioned in the "Section 3", 124 districts out of 135 in the whole country introduced the DHIS as of June 2012. Out of 12 districts which are not readily using DHIS, 5 districts are planning to introduce DHIS. The Nationwide introduction of DHIS would be achieved soon in the future.

The Project was intended for PHDs and DHOs to become competent to practice the evidence-based budget planning and resource allocation. The use of DHIS information, however, is not limited to budget planning and resource allocation. It should be more widely used for health policy, strategy, programs and health services at the levels of province, district and health facility.

From now, promotion of DHIS data use is expected under the guidance of each PHD.

8.2.3 Continuing the Coordination among Provinces

Monthly working group meetings held by the DHIS project had a function of monitoring of progress of DHIS implementation in each province based on the report of provincial DHIS coordinators. Also it served as a place for discussion on the issues related to DHIS data collection, analysis, data usage and DHIS software. It is considered that working group meetings contributed a lot to the promotion of DHIS activities in each province and to build a network among provincial DHIS coordinators.

Through the efforts by individual provinces and backup by working group meetings, 5 provinces

(Sindh, Khyber Pakhtunkhwa, Balochsitan, AJK and FATA) except for Punjab show significant increase of monthly report compliance rate. It can be recognized that data collection activities with DHIS are penetrating into most of districts. However, it is considered that it will take another 1 to 2 years after the completion of DHIS project for the full establishment of data collection mechanism with DHIS and monitoring/ support system in 5 provinces. During this transition period, it is necessary to continue monitoring and support system by the other party outside of the provinces through the framework of WGM.

ANNEX

THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

DHIS SOFTWARE INSTALLATION REPORT

1. Background

DHIS software was developed during "the Study on Improvement of Management Information System in Health Sector in the Islamic Republic of Pakistan" implemented by JICA from January 2004 to January 2007.

Then JICA implemented "Study and Improvement of District Health Information System in Pakistan" in June 2009 for improving DHIS software, before starting "The District Health Information System Project for Evidence-Based Decision Making and Management" in August 2009

Originally, it was planned that the Project installs DHIS software to provincial health departments (PHDs) and districts health offices (DHOs) through sub-contract. However, selection of sub-contractor was delayed due to the flood influence in July 2010 and the selection of target districts was also delayed due to the delay of budgeting by PHDs.

Therefore, it was decided at 3rd JCC meeting held on 8th February 2011 that installation of DHIS software would be done by the Project itself but not through sub-contractor for smooth implementation of the project activities. And installation workshops of DHIS software would be held two times, i.e. first workshop would be held in February 2011, and second one would be held in June 2011 for nominated districts which could not secure the budget in February 2011.

Based on this decision made at 3rd JCC meeting, the Project prepared installation plan of DHIS software and held series of installation workshops in line with the plan.

2. Scope of Works

The Project shall implement following works to provincial health departments and district health offices in target districts.

1) Confirmation of specifications of computer of DHOs
2) Export of data in the old HMIS software
3) Installation of new software which was accepted by JCC
4) Import of data of old HMIS software to DHIS software
5) Confirmation of functionability of DHIS software
6) Workshop of DHIS software operation

3. Work Procedure

The DHIS software installation will be done in the workshop. A group of 10 to 15

Districts (Provinces) will be organized for one workshop, which will be held several times.

The participants of each Province and District will be as follows.

【Participants from Province】	【Participants from District】
1) DHIS Coordinator	1) DHIS Coordinator
2) Computer Programmer	2) Computer Operator
3) Computer Operator	3) Statistic Officer
4) Statistic Officer	

The content of installation workshop is as follows.

Period	3 days / workshop
Nos. of Participants	30 participants / workshop (3 from each DHO)
Subjects	Installation of DHIS software Training of • Installation / un-installation of the software • Data input • Data processing • Report generation

The participants of software installation workshop will learn the following.

- Participants will repeat the installation/un-installation of DHIS software using the installation CD, to learn how to install and uninstall the software
- Participants of Districts will learn how to input the data by data entry with the actual Monthly Report
- Participants will learn how to register the user information and how to print monthly report, log report, indicator report and others which will be used in the daily activity

4. Staff Allocation Plan

The software installation workshops were held by the following project team members.

Function	Position and name
Supervision	Deputy Team Leader/Supervision: Dr. Ahmad Afifi
Management and general guidance	Data analysis expert: Mr. Masashi Akiho
DHIS basic operation guidance (Windows, Data base, Web Server)	Operator: Mr. Shahzad Hameed
DHIS software operation	Data analysis/system engineer: Mr. Sultan Muhammad

5. Results of the DHIS Software Installation Workshops

As agreed in the 3rd JCC meeting, installation workshops were planned to be held at two times, February and June 2011. However, second workshop was held on July since the activities in 3rd year was started from end of June 2011.

Workshops were held in the schedule as shown in next table.

Phase	1st workshop	2nd workshop
Periods	➢ 17th to 19th February 2011 ➢ 21st to 23rd February 2011 ➢ 24th to 26th February 2011 ➢ 28th February to 2 March 2011	➢ 11th to 13th July 2011 ➢ 18th to 20th July 2011 ➢ 26th to 28th July 2011
Participants	➢ 17 districts in KPK ➢ 10 district in FATA ➢ 5 in AJK ➢ 5 districts in Sindh ➢ 2 districts in Baluchistan ➢ 18 district in Punjab ➢ CDA	➢ 7 districts in KPK ➢ 5 districts in Sindh ➢ 12 districts in Baluchistan ➢ 13 district in Punjab ➢ ICT

The Project also held additional workshop for the districts which could not participate the second workshop due to the workshop schedule overlapping with other program such as polio vaccination day. Therefore, 3rd workshop was held from 12th to 14th October 2011 for 1 district of Sindh, 6 districts of Punjab and PHD Gilgit & Baltistan, and 4th workshop from 26th to 27th March 2012 for CDA, Islamabad.

As the result, DHIS software was installed to all 8 PHDs (including CDA and ITC) and DHOs in the 100 target districts.

ANNEX-2

Compliance Rate (submitted within time frame)

Unit : %

Punjab	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Attock	97	96	97	96	96	97
Bahawalnagar	100	100	100	100	100	100
Bahawalpur	100	100	100	100	100	99
Bhakkar	95	98	100	100	100	100
Chakwal	100	100	100	100	100	100
Chinot	100	100	100	100	100	100
D.G Khan	85	73	73	68	76	67
Faisalabad	99	99	99	99	98	99
Gujranwala	99	100	100	100	100	100
Gujrat	100	100	100	100	100	100
Hafizabad	98	100	100	100	100	100
Jhang	99	98	97	98	95	95
Jhelum	100	100	100	100	100	100
Kasur	100	100	100	98	99	98
Khanewal	98	99	99	100	100	99
Khushab	100	100	100	100	100	100
Lahore	74	38	40	41	40	82
Layyah	100	100	100	100	100	100
Lodhran	100	100	100	100	100	100
Mandi Bahauddin	95	100	100	100	100	100
Mianwali	100	100	100	100	100	100
Multan	99	100	99	100	98	99
Muzaffargarh	100	100	97	95	100	100
Nankana Sahib	99	100	100	100	100	100
Narowal	100	99	100	100	100	99
Okara	97	100	100	100	100	100
Pakpattan	100	100	99	97	100	99
Rahimyar Khan	100	100	97	100	99	99
Rajanpur	100	42	100	100	100	100
Rawalpindi	98	100	100	100	99	99
Sahiwal	100	100	99	100	100	100
Sargodha	100	100	100	100	100	100
Sheikhupura	100	100	100	100	100	100
Sialkot	99	100	100	100	100	100
Toba Tek Singh	100	100	100	100	100	100
Vehari	100	100	99	99	100	100
Total	98	96	96	96	96	98

Source: DHIS Software in each Province

ANNEX-2

Compliance Rate (submitted within time frame)

Unit : %

Sindh	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Dadu	90	92	83	89	91	91
Hyderabad		33	78	49	76	90
Khairpur	77	0	79	83	89	84
Matiari	0	95	100	100	100	100
Mirpurkhas		0	95	95	98	98
N.S. Feroze				89	100	0
Sanghar			71	81	85	85
Sukkur	96	100	89	96	100	100
T.M. Khan		0	100	50	0	100
Tando Allahyar	0	100	100	96	62	100
Thatt	69	1	74	46	0	73
Total	63	35	69	79	76	80

Khyber Pakhtunkhwa	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Abbottabad	92	96	90	98	100	91
Bannu	98	92	91	92	96	78
Battagram	100	100	100	100	100	100
Buner	55	26	0	74	68	0
Charsadda	90	0	98	93	93	0
Chitral	0	58	60	75	48	74
D.I. Khan	35	46	77	36	74	0
Dir Lower	83	83	85	83	84	85
Dir Upper	79	81	81	75	83	83
Hangu	89	94	100	100	100	100
Haripur	68	91	99	99	100	100
Karak	74	86	97	97	100	100
Kohat	70	67	88	0	98	100
Kohistan	69	0	0	0	54	0
Lakki Marwat	74	0	89	88	76	80
Malakand	90	90	100	93	95	93
Mansehra	86	90	92	94	92	94
Mardan	99	97	100	100	100	100
Nowshera	70	26	79	82	73	84
Peshawar	84	92	95	92	90	97
Shangla	88	97	100	100	100	100
Swabi	77	70	68	77	78	0
Swat	99	99	94	99	88	99
Tank	76	91	82	91	79	76
Total	78	73	84	82	87	74

Source: DHIS Software in each Province

ANNEX-2

Compliance Rate (submitted within time frame)

Unit : %

Blochistan	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Gwadar	80	84	84	80	84	89
Jaffarabad	58	0	0	57	62	0
Keich (Turbat)	60	87	86	90	99	92
Killa Abdullah		0	0	0	0	0
Killa Saifullah	74	0	83	77	83	0
Lasbella	95	98	96	95	93	96
Mastung	4	80	0	96	92	0
Nushki	94	93	100	90	97	87
Panjgur	86	84	81	86	84	81
Pishin	94	91	94	30	34	25
Quetta	0	45	0	0	0	0
Sibi	0	0	0	0	0	0
Zhob	100	0	0	0	95	5
Ziarat	74	96	96	96	93	96
Total	64	57	55	60	69	45

AJK	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Bhimber	33	100	100	100	100	100
Hattian	91	85	97	100	100	94
Kotli	0	0	95	94	94	93
Muzaffarabad	0	63	64	74	77	83
Sudhnoti	98	0	98	100	100	98
Total	28	45	88	91	92	93

FATA	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Bajaur	82	89	83	94	97	94
FR Bannu	87	100	100	100	100	98
FR D.I. Khan		82	64	82	73	91
FR Kohat	90	100	0	100	80	90
FR Lakki	67	100	100	100	100	100
FR Peshawar	100	100	100	100	88	75
FR Tank		47	53	59	33	2
Khyber	87	93	93	100	100	88
Kurrum	62	68	100	0	100	0
Mohmand	100	100	97	88	90	93
North Waziristan	13	70	83	100	100	98
Orakzai	100	97	100	100	100	100
South Waziristan	69	78	89	93	93	61
Total	66	81	85	86	89	76

Note : FR Peshawar and FR Kohat is counted one target area, FR Bannu and Fr Lakki, FR D.I.Khan and FR Tank too.

Source: DHIS Software in each Province

ANNEX-2
Compliance Rate (Accumulated Total)

Unit : %

Punjab	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Attock	97	96	97	96	96	97
Bahawalnagar	100	100	100	100	100	100
Bahawalpur	100	100	100	100	100	99
Bhakkar	95	98	100	100	100	100
Chakwal	100	100	100	100	100	100
Chinot	100	100	100	100	100	100
D.G Khan	85	73	73	68	76	67
Faisalabad	99	99	99	99	98	99
Gujranwala	99	100	100	100	100	100
Gujrat	100	100	99	99	100	100
Hafizabad	98	100	100	100	100	100
Jhang	99	98	97	98	95	95
Jhelum	101	100	100	100	100	100
Kasur	100	100	100	98	99	98
Khanewal	98	99	99	100	100	99
Khushab	100	100	100	100	100	100
Lahore	74	38	38	40	39	82
Layyah	100	100	100	100	100	100
Lodhran	100	100	100	100	100	100
Mandi Bahauddin	95	100	100	100	100	100
Mianwali	100	100	100	100	100	100
Multan	99	100	100	100	98	99
Muzaffargarh	100	100	97	95	100	100
Nankana Sahib	99	100	82	100	100	100
Narowal	101	99	100	100	100	99
Okara	99	100	100	100	100	100
Pakpattan	100	100	99	97	100	99
Rahimyar Khan	100	100	101	100	99	99
Rajanpur	100	42	98	98	100	100
Rawalpindi	98	100	100	100	99	99
Sahiwal	102	100	99	100	100	100
Sargodha	100	100	100	100	100	100
Sheikhupura	100	100	100	100	100	100
Sialkot	99	100	100	100	100	100
Toba Tek Singh	100	100	100	100	100	100
Vehari	100	100	99	99	100	100
Total	99	96	96	96	96	98

Source: DHIS Software in each Province

ANNEX-2
Compliance Rate (Accumulated Total)

Unit : %

Sindh	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Dadu	90	92	83	89	91	91
Hyderabad		33	78	49	76	90
Khairpur	77	45	79	83	89	84
Matiari	0	95	100	100	100	100
Mirpurkhas		0	95	95	98	98
N.S. Feroze				89	97	0
Sanghar			71	81	85	85
Sukkur	96	100	89	96	100	100
T.M. Khan		0	100	50	190	100
Tando Allahyar	98	100	100	96	100	100
Thatt	69	1	86	46	0	73
Total	74	46	97	79	93	80

Khyber Pakhtunkhwa	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Abbottabad	96	96	100	100	100	91
Bannu	100	92	91	92	97	78
Battagram	100	100	100	100	100	100
Buner	55	26	79	74	68	0
Charsadda	90	97	98	93	93	0
Chitral	56	58	50	54	48	74
D.I. Khan	72	72	90	91	90	0
Dir Lower	83	83	85	83	84	85
Dir Upper	79	87	90	75	83	83
Hangu	100	94	100	100	100	100
Haripur	68	91	99	99	100	100
Karak	74	86	97	97	100	100
Kohat	70	67	88	100	98	100
Kohistan	69	72	33	51	54	0
Lakki Marwat	74	82	92	88	76	80
Malakand	90	90	100	100	95	93
Mansehra	89	90	92	94	92	94
Mardan	99	97	100	100	100	100
Nowshera	70	26	79	82	73	84
Peshawar	84	92	95	92	90	97
Shangla	88	97	100	100	100	100
Swabi	77	70	68	77	78	0
Swat	99	99	99	100	88	99
Tank	91	94	94	91	79	76
Total	84	83	89	90	88	74

Source: DHIS Software in each Province

ANNEX-2
Compliance Rate (Accumulated Total)

Unit : %

Blochistan	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Gwadar	82	84	84	80	84	89
Jaffarabad	58	0	54	57	62	0
Keich (Turbat)	91	93	97	98	99	92
Killa Abdullah	20	0	0	0	0	0
Killa Saifullah	74	83	83	77	83	0
Lasbella	96	98	96	95	93	96
Mastung	4	80	92	96	92	0
Nushki	94	93	100	90	97	87
Panjgur	84	84	81	86	84	81
Pishin	94	91	94	91	34	25
Quetta	31	45	0	0	0	0
Sibi	61	66	71	0	0	0
Zhob	100	0	98	63	95	5
Ziarat	100	100	96	96	93	96
Total	76	67	78	70	69	45

AJK	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Bhimber	98	100	100	100	100	100
Hattian	91	85	97	100	100	94
Kotli	0	0	95	94	94	93
Muzaffarabad	80	63	86	74	77	83
Sudhnoti	98	0	98	100	100	98
Total	62	45	94	91	92	92

FATA	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Bajaur	82	89	81	94	97	94
FR Bannu	87	100	100	100	100	98
FR D.I. Khan		82	91	82	73	91
FR Kohat	90	100	90	100	80	90
FR Lakki	67	100	100	100	100	100
FR Peshawar	100	100	100	100	88	75
FR Tank		47	57	59	33	2
Khyber	87	93	93	107	107	88
Kurrum	62	68	96	100	100	0
Mohmand	100	100	105	95	90	93
North Waziristan	68	70	95	100	100	98
Orakzai	100	97	100	100	100	100
South Waziristan	65	78	89	93	93	61
Total	83	81	91	93	89	48

Note : FR Peshawar and FR Kohat is counted one target area, FR Bannu and FR Lakki, FR D.I.Khan and FR Tank too.

Source: DHIS Software in each Province

ANNEX-3
Compliance Rate (Main Health Facilities)

Punjab	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Attock	100	98	100	100	100	100
Bahawalnagar	98	98	100	100	100	100
Bahawalpur	99	99	100	100	100	100
Bhakkar	100	100	100	100	100	100
Chakwal	100	100	100	100	100	100
Chinot	100	100	100	100	100	100
D.G Khan	98	79	81	83	87	75
Faisalabad	99	99	99	100	100	99
Gujranwala	100	100	100	100	100	100
Gujrat	99	100	100	100	100	100
Hafizabad	97	100	100	100	100	100
Jhang	100	100	100	100	99	97
Jhelum	100	100	100	100	100	100
Kasur	100	100	100	99	100	98
Khanewal	100	100	100	100	100	100
Khushab	98	98	98	98	100	100
Lahore	92	95	98	98	98	96
Layyah	100	100	100	100	100	100
Lodhran	100	100	100	100	100	100
Mandi Bahauddin	100	100	100	100	100	100
Mianwali	100	100	100	100	100	100
Multan	100	100	100	100	100	100
Muzaffargarh	100	100	100	100	100	100
Nankana Sahib	100	100	100	100	100	100
Narowal	100	100	100	100	100	98
Okara	100	100	100	100	100	100
Pakpattan	100	100	100	100	100	100
Rahimyar Khan	100	100	100	100	100	99
Rajanpur	100	23	100	100	100	100
Rawalpindi	100	100	100	100	100	100
Sahiwal	100	100	99	100	100	100
Sargodha	100	100	100	99	99	100
Sheikhupura	82	82	82	82	100	100
Sialkot	100	100	100	100	100	100
Toba Tek Singh	100	100	100	100	100	100
Vehari	100	100	98	99	100	100
Total	99	98	99	99	100	99

Source: DHIS Software in each Province

ANNEX-3
Compliance Rate (Main Health Facilities)

Sindh	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Dadu	90	94	82	88	92	94
Hyderabad	0	38	88	46	88	92
Khairpur	81	50	82	85	92	86
Matiari	0	93	100	100	100	100
Mirpurkhas	0	0	98	96	100	98
N.S. Feroze	0	0	93	85	98	0
Sanghar	0	0	75	85	87	88
Sukkur	97	100	87	100	100	100
T.M. Khan	0	0	100	100	95	100
Tando Allahyar	94	100	100	100	100	100
Thatt	83	2	92	55	0	80
Total	42	34	70	67	68	62

Khyber Pakhtunkhwa	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Abbottabad	98	96	100	100	100	95
Bannu	97	92	89	92	95	66
Battagram	100	100	100	100	100	100
Buner	70	30	87	83	83	0
Charsadda	92	98	100	94	94	0
Chitral	28	34	41	41	41	79
D.I. Khan	74	74	95	98	95	0
Dir Lower	95	95	97	90	95	92
Dir Upper	86	89	94	86	94	94
Hangu	100	100	100	100	100	100
Haripur	83	98	98	98	100	100
Karak	88	92	100	96	100	100
Kohat	81	73	96	100	100	100
Kohistan	69	69	33	53	53	0
Lakki Marwat	71	84	90	94	68	77
Malakand	93	96	100	100	96	93
Mansehra	97	95	97	98	97	98
Mardan	98	98	100	100	100	100
Nowshera	14	14	78	81	78	86
Peshawar	75	92	96	94	96	96
Shangla	78	94	100	100	100	100
Swabi	78	85	74	85	80	0
Swat	100	98	98	100	82	100
Tank	91	95	100	95	86	77
Total	83	85	91	92	90	73

Source: DHIS Software in each Province

ANNEX-3

Compliance Rate (Main Health Facilities)

Blochistan	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Gwadar	85	88	77	81	85	96
Jaffarabad	70	0	64	67	82	0
Keich (Turbat)	88	92	100	100	100	94
Killa Abdullah	20	0				
Killa Saifullah	75	80	75	80	85	0
Lasbella	98	100	100	98	94	100
Mastung	6	83	94	94	94	0
Nushki	100	100	100	100	100	92
Panjgur	94	94	94	88	81	75
Pishin	95	92	92	92	43	5
Quetta	21	53				
Sibi	80	90	80	0	0	0
Zhob	100	0	94	22	89	0
Ziarat	100	100	94	94	89	94
Total	66	68	75	70	71	49

AJK	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Bhimber	100	100	100	100	100	100
Hattian	94	88	94	100	100	94
Kotli	84	93	91	93	93	93
Muzaffarabad	88	76	90	73	73	90
Sudhnoti	100	100	100	100	100	93
Total	91	90	94	90	90	94

FATA	2011		2012			
	Nov	Dec	Jan	Feb	Mar	Apr
Bajaur	67	100	100	67	100	100
FR Bannu	91	100	100	100	100	100
FR D.I. Khan	0	67	67	67	33	67
FR Kohat						
FR Lakki	100	100	100	100	100	100
FR Peshawar	100	100	100	100	100	100
FR Tank	20	60	80	80	20	0
Khyber	100	100	100	100	100	100
Kurrum	0	100	100	100	100	0
Mohmand	96	96	100	91	87	91
North Waziristan	76	65	100	100	100	94
Orakzai	100	100	100	100	100	100
South Waziristan	100	75	75	100	100	100
Total	83	87	97	96	91	91

Note : FR Peshawar and FR Kohat is counted one target area, FR Bannu and FR Lakki, FR D.I.Khan and FR Tank too.

Source: DHIS Software in each Province

Table Months DHIS Reports Submitted

Punjab	2011												2012			
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
Attock																
Bahawalnagar																
Bahawalpur																
Bhakkar																
Chakwal																
Chinot																
D.G Khan																
Faisalabad																
Gujranwala																
Gujrat																
Hafizabad																
Jhang																
Jhelum																
Kasur																
Khanewal																
Khushab																
Lahore																
Layyah																
Lodhran																
Mandi Bahauddin																
Mianwali																
Multan																
Muzaffargarh																
Nankana Sahib																
Narowal																
Okara																
Pakpattan																
Rahimyar Khan																
Rajanpur																
Rawalpindi																
Sahiwal																
Sargodha																
Sheikhupura																
Sialkot																
Toba Tek Singh																
Vehari																

Note: Months that DHIS report was submitted from DHO to PHD

Sindh	2011												2012			
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
Dadu																
Hyderabad																
Khairpur																
Matiari																
Mirpurkhas																
N.S. Feroze																
Sanghar																
Sukkur																
T.M. Khan																
Tando Allahyar																
Thatt																

Khyber Pakhtunkhwa	2011												2012			
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
Abbottabad																
Bannu																
Battagram																
Buner																
Charsadda																
Chitral																
D.I. Khan																
Dir Lower																
Dir Upper																
Hangu																
Haripur																
Karak																
Kohat																
Kohistan																
Lakki Marwat																
Malakand																
Mansehra																
Mardan																
Nowshera																
Peshawar																
Shangla																
Swabi																
Swat																
Tank																

Note: ▭ Months that DHIS report was submitted from DHO to PHD

Blochistan	2011												2012			
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
Gwadar																
Jaffarabad																
Keich (Turbat)																
Killa Abdullah																
Killa Saifullah																
Lasbella																
Mastung																
Nushki																
Panjgur																
Pishin																
Quetta																
Sibi																
Zhob																
Ziarat																

AJK	2011												2012			
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
Bhimber																
Hattian																
Kotli																
Muzaffarabad																
Sudhnoti																

FATA	2011												2012			
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
Bajaur																
FR D.I. Khan & FR Tank																
FR Bannu & FR Lakki																
FR Peshawar & FR Kohat																
Khyber																
Kurrum																
Mohmand																
North Waziristan																
Orakzai																
South Waziristan																

Note: Months that DHIS report was submitted from DHO to PHD

for SSC

F. No. 40-5/2007-NHIRC
Government of Pakistan,
Ministry of Health
NHIRC
******

Subject: - **Minutes of the National Steering Committee on Strengthening of Health Information Systems in Pakistan held on November, 04, 2009 in the Ministry of Health, Islamabad**

Meeting of the National Steering Committee on Strengthening of Health Information Systems in Pakistan was held under the chairmanship of Secretary Health, on November, 04, 2009 in the Ministry of Health, Islamabad.

2. List of participants and Agenda of the meeting are placed at ***Annex-I and II***.

3. After recitation from the Holy Quran and introduction of the participants to the chairman, executive director NHIRC gave a brief presentation (placed at Annex-III); he touched upon the background of NHIRC and progress made since 2003. He stated that the JICA study "on improvement of management information Systems in health sector of Pakistan" took 46 months to conclude, cause a delay of 10 months. Software developed in February, 2007 but could not be made functional and after a substantial hard work it became operational in August, 2009. In November, 2008, he was assigned the task to revisit the issue of DHIS Software. Decision for a third party evaluation, to ascertain software viability through electronic government directorate was made. Mean while NHIRC took all stake holders on board' i.e provincial governments, JICA, USAID, PAIMAN and electronic government directorate to resolve the core issue of software. Major corrections in a formulae, indicators, tools and method of application by end users were made. Efforts were made to bring uniformity to software and data collection tools and to standardize operation and trainings. NHIRC also developed a contingency plan regarding software and approached the National Reconstruction Bureau (NRB) and PAIMAN for this purpose. Executive Committee meeting held on 19th August, 2009, declared that the DHIS software developed by JICA had been functional. Electronic government directorates also give its endorsement. DHIS implementation in almost 73 districts had been carried out. However, DHIS activities in the remaining 63 districts need to be initiated. The executive director NHIRC also informed that NHIRC was entering in era to develop NHIRC "WEBSITE" to achieve the goal of a "PAPERLESS REGIMEN", which would enable to save billions of Rupees spending each year on printing materials.

Decision

The committee appreciated the efforts of NHIRC and was granted permission to negotiate with potential donor agencies for implementing of DHIS in the remaining districts and to launch the National Health Information Resource Centre WEBSITE.

Action by NHIRC (Director Development)

4. The executive director further informed that NHIRC is committed with JICA under agreement to recruit essential staff. Therefore, the Committee may allow NHIRC to recruit essential staff to run NHIRC effectively.

Decision

The Committee Decided that NHIRC may recruit the essential staff and the process for recruitment of staff for NHIRC may be initiated urgently.

Action by NHIRC and Ministry of Health.

5. The executive director also informed that CDWP, in its meeting held on 20th March, 2007 decided that on completion of the project NHIRC be converted to regular revenue budget. We need to commence necessary process on immediate basis.

Decision

Secretary Health took cognizance and directed to take immediate steps to incorporate financial requirements of next fiscal year budget in the overall Ministry of Health budget.

Immediate Action by NHIRC (Joint Executive director)

6. The executive director NHIRC apprised the meeting that NHIRC is housed in private hired building, the lease of which would expire on 01-06-2010. Therefore NHIRC may be given clear guidelines for its future lodging as a priority due to urgency of matter.

Decision

It was decided that NHIRC should take up the matter with Ministry of Health on urgent basis.

Action by NHIRC (Joint Executive Director)

7. The executive director apprised that NHIRC had submitted a PC-I for "Integrated Disease Surveillance (IDS)" in 2007. NHIRC was in touch with Planning Commission to solicit approval of the said PC-I. In a recently held meeting with Planning Commission, The concept was approved, however, it was recommended to revised the PC-I.

8. The executive director NHIRC informed that Pakistan has been selected for "Round 2 funding" of US$ 48,500/- for Strengthening of HIS through Health Metrics Network (HMN) and a memorandum of understanding has already been signed with HMN secretariat, Geneva. The road map for the implementation of the project is ready and will be implemented as soon as the funds are disbursed. The Committee was apprised the study would be completed in a 9 month period, starting from December, 2009. Dr. Mir Ajmal Hamid Chief Advisor, JICA Pakistan office pointed out that HMN is launched in poor African Countries where the federal styles of government are not working and apprehended that by the introduction of HMN there may be a chance of duplication in data collection. Director General Health and Executive director NHIRC clarified that the current activities under HMN are limited to an assessment study and would not make any duplication as such.

Decision

The committee endorsed the proposal submitted by Executive director NHIRC.

Action by NHIRC

JICA Presentation

9. Mr. Shuji Noghuchi, Team Leader, JICA Technical Cooperation Project (TCP), explained a three year programme under technical corporation project. He stated that the National Action plan was adopted by Ministry of Health and opined that there may be only District Health Information System for Pakistan. The Team Leader introduced his team members and explained "Inception Report" (***Annex-IV***) prepared by the consultant.

Decision

Secretary directed that the project that plan be submitted for approval to Joint Coordination Committee.

12. Dr. Raza Zaidi, Health Advisor, DFID pointed out that the presentation shown by NHIRC reflect less utilization of funds. Federal government should spend their funds in implementation of DHIS. However, he appreciated the efforts for implementation of DHIS in Punjab. He opined that an annual feed back report may be prepared as it was done in the past using information generated through HMIS. He also proposed that Government should finalize the health policy. The executive director apprised the meeting that due to the nonfunctioning of DHIS software, NHIRC could not utilize optimum budget. But the instructions to provincial governments have already been issued for reporting on new DHIS. The report generation will start very soon and ultimately will share to all of us.

13. Dr. Shabbir, UNFPA, suggested that all donors should pool their funds with NHIRC, to implement the DHIS in a scientific and effective manner, and thus NHIRC would be in position to the fill the gap of implementation from such donor assistance. The executive director informed that NHIRC is a focal point for all DHIS activities; Any party interested to offer support in implementation of DHIS may coordinate with NHIRC.

14. Ms Elizabith Burnhart, CTO, USAID proposed that the entire donor groups should work in coordination with government for implementation of DHIS. She assured to support if donor conference is convened.

15. In his closing remarks, secretary health took serious note on non participation of the secretaries of Punjab, Sindh and NWFP, Gilgit Baltistan and AJK and desired that the secretaries of the provinces should ensure attendance in future.

16. Proposals submitted by NHIRC and decisions taken in the meeting.

Item No. 1 & 2. **POST FACTO APPROVAL OF DECISIONS TAKEN IN THE 1ST & 2ND EXECUTIVE COMMITTEE MEETINGS HELD ON 16TH FEBRUARY, 2009 AND 19TH AUGUST, 2009**

Secretary health asked the participants of the meeting if there was any points to be raised regarding the decisions taken in the 1st and 2nd Executive Committee meeting held on 16th February, 2009 and 19th August, 2009, Mr. Shimizu Tsutomu, representative, JICA Pakistan, pointed out that the proposal for HMN was not discussed in 2nd Executive Committee meeting. The Executive director NHIRC informed that HMN was introduced to the

participants in the said meeting.

Decisions **The Committee endorsed the decisions taken in 1st & 2nd Executive Committee meeting held on 16th February, 2009 and 19th August, 2009 respectively.**

Item No. 3 **APPROVAL OF PROPOSAL FOR AMENDMENT IN THE COMPOSITION OF THE NATIONAL STEERING COMMITTEE.**

The executive director NHIRC stated that the proposed amendment is being proposed to include some member required for HMN. Dr. Mir Ajmal Hamid. Chief Advisor, JICA, suggested that the existing constitution may continue.

Decisions **Secretary directed that some participants such as Electronic Government, Ministry of Information Technology, National Data Base Registration Authority (NDRA) for the meeting may be included. However, the rest of the participants may be invited as and when necessary (*Annex-V*).**

Item No. 4 **STATUS OF NHIRC AFTER 30-06-2010**

Decisions **It was decided that a regular budget may be demanded for NHIRC for the next year as a regular revenue budget and effort may start for declaration of NHIRC as an attached Department of Ministry of Health.**

Item No. 5 **PROPOSAL TO APPROVE INCEPTION REPORT OF JICA TECHNICAL COOPERATION PROJECT (TCP)**

Decisions **The Committee approved the Inception Report of JICA technical cooperation project. Chairman directed that the Annual Work Plan of JICA Technical Cooperation Project must be approved from Joint Coordination Committee (JCC) and Project Management Committee.**

Item No. 5 **APPROVAL TO AMEND COMPOSITION OF JOINT COORDINATION COMMITTEE AS REFERRED IN RECORD OF DISCUSSION (R&D)**

Decisions The secretary health directed to that director general health as a chairman

instead of additional secretary in the Joint Coordination Committee. Mr. Mir Amal Hamid Chief Advisor Health Informed that this committee is not authorized to change the composition of the committee. The changes in the composition can be made after concurrence from economic affairs Division. **It was decided that the proposed amendment may be carried out with consultation with Economic Affairs Division.**

ACTION BY JICA/NHIRC

Item No. 6 — **INTRODUCTION OF PROPOSED PROJECT MANAGEMENT COMMITTEE JICA TECHNICAL COOPERATION PROJECT (TCP)**

Decisions — **It was decided that the proposed amendment may be carried out with consultation with economic affairs division in line with item No. 5.**

Item No. 7 — **APPROVAL TO DELEGATE POWERS TO EXECUTIVE DIRECTOR NHIRC TO CONSTITUTE WORKING GROUPS JICA TECHNICAL COOPERATION PROJECT (TCP)**

Decisions — **The steering committee granted Executive director NHIRC have all the powers to constitute working groups for TCP**

Item No. 8 — **RECRUITMENT OF STAFF FOR NHIRC REQUESTED BY JICA TECHNICAL COOPERATION PROJECT (TCP)**

Decisions — **The committee decided that NHIRC may recruit essential staff and the process may be initiated urgently.**

9 — **The NHIRC was permitted to negotiate with donors for financial and technical assistance for implementation of DHIS**

17. The meeting concluded with a vote of thanks.

****

Annex-I

List of Participants of National Steering Committee held on 04-11-2009 at Ministry of Health Islamabad

Sr. No.	Name	Designation & Organization	Phone	Email
1	Dr.Rasheed Juma	Director General Health, Ministry of Health, Islamabad		
2	Dr. Iftikhar Ahmed Khan	Executive Director **NHIRC**		
3	Mr. Muhammad Jalal	Secretary Health, Government of **Balochistan**	081-9201942 03073837151	jalalzl@yahoo.com
4	Dr. Irfan Qureshi	Joint Executive Director **NHIRC**	0333-2144545	irfanqureahidr@gmail.com
5	Dr. Jawed A. Memon	Director (Coordination) **NHIRC**		
6.	Dr. Hassan Orooj	Deputy Director General Health, **NHIRC**	03008546685	hasanorooj@yahoo.co.uk
7	Mr. Alam Zeb Bangash	Assistant Director M & E **NHIRC**		
8	Dr.Saqlain Gilani	Project Director **NPPCB NIH**	051-9255617 03008438956	
9	Mr. Raja Faizal Hassan Faiz	CLA MOL & MP	03145333221	
10	Mr. Badaruddin Abbasi	**Director,** Ministry of Population and Welfare, Islamabad		badaremc@hotmail.com
11	Mr. Syed Iftikhar	Ministry of Information Technology, Islamabad	03005103567	siftikhar@moitt.gov.pk
12	Dr. Raza Zaidi	Health Advisor **DFID**	03008504956	r-zaidi@dfid.gov.uk
13	Mr. Shuji Noguchi	Team leader, **JICA/SSC**	03218529820	uoguch@sccitaly.co.uk
14	Mr. Shimizu Tsutomn	Senior Representative **JICA**	03345131881	shimizu.tsutomn@jica.go.jp
15	Dr.Mir Ajmal Hamid	Chief Advisor, **JICA**	03345131852	mahamid@comsats.net.pk
16	Dr.Muhammad Akram	Assistant Director Health **Gilgit-Baltistan**	03469217880	akmdrlo@yahoo.com
17	Dr. Ali Ahmad	Provincial Programme Manager DHIS, **NWFP**	03005924572	ali_ahmed2457@yahoo.com
18	Dr. M. Anwar Janjua	Director MIS **Punjab**	042-99201139 03334804206	majjanjua56@yahoo.com
19	Ms. Chantelle Allen	Deputy Project Director **PRIDE**	051-2850891	chantelle.allen@pride.org.pk
20	Ms. Lundy Keo	Team Leader (AIMS) hospital, **GTZ-AJK**	03075559092	lundy.keo@gtz.de
21	Dr. M. Iqbal Khan Durani	Assistant Director General **MOH**	03005148688	iqbalkhandurani@yahoo.com
22	Mr. Faateh-ud-din	**National Institute of Population Studies**	051-9260167, 03009718034	faateh_uda@yahoo.com

23	Dr. Faisal Mansoor	**DYNPM, EPI**	03335254085	faisalmansoor@gmail.com
24	Mr. Pervez Akhtar	Planning Officer Health **Peshawar**	091-9211487 03339208358	
25	Dr. Ali Ahmed Baloch	Provincial coordinator HMIS /DHIS **Balochistan**	081-9211357 03218624484	
26	Dr. Hamid Afridi	Deputy National Coordinator **MOH**	051-9202289 03339300775	star_afridi@yahoo.com
27	Dr. Shoaib Ahmed	Additional Secretary Health	021-99203108 03008233973	
28	Dr. Raza M. Khan	Health system Technical Advisor **PRIDE/ USAID**	03345165320	raza.khan@pride.org.pk
29	Mr. Bashir-ur-Rahman	Technical Advisor **IRC-PRIDE**	03335186135	bashir_rahman@yahoo.com
30	Dr. Shuaib Khan	**JSI-PAIMAN**	111-000-025	shuaib@jsi.org.pk
	Mr. Nasim Ahmad Khan	Contech International	03334409642	nasimahmad4@yahoo.com
32	Dr. Mursalin, WHO/HIS advisor	HMIS coordinator **NHIRC**	051-9203480 0344500831	n_hmis@yahoo.com
33	Dr. Shabbir, Technical Advisior	**UNFPA**	03028509030	ghulam.shabbir@un.org.pk
34	Ms. Pamela Sequeira	M & E Specialist **Technical Resource Fund**	03345100259	pamela.sequeira@trfpakistan.org
35	Ms. Benazeer Kaleem Section officer	**Ministry of Food & Agriculture**	051-9206009	
36	Dr. Ayesha Rasheed	**USAID**	051-2082830 03008562953	arasheed@usaid.gov
37	Dr. M. suleman Memon	Epidemiologist Malaria control program **Ministry of Health**	051-9255776 03335175403	memonmsuleman@yahoo.com
38	Mr. Shigeru Kobyashi	**JICA**		kobasyashi@ssc-tokyo.co.jp
39	Mr. Masahi Akiho	**JICA**		akiho@ssc-tokyo.co.jp
40	Mr. Masaharu Maekawa	**JICA**	03345131907	maekawa.masaharu@jica.go.jp
41	Mr. Kenji kashimazaki	**JICA**		kashimazaki.kenji@jica.go.jp
42	Dr. Ahmad Afifi	Deputy Team Leader DHIS department NIH, **JICA**		
43	Mr. Bal Ram Bhia	**PAIMAN**		balram@jsi.org.pk
44	Dr. Zia Ullah Khan	**Ministry of Health**	051-9213807	ziadr2001@yahoo.com
45	Ms. Elizabeth Barnhart	**USAID**		ebarnhart@usaid.gov
46	Mr. Saeed Majeed	**NHIRC**	051-9212501	
47	Ms. Sumaira Idrees	**NHIRC**	051-9212502	si.bioinfo@gmail.com

F. No. 40-5/2009/NHIRC
Government of Pakistan
Ministry of Health
NHIRC
******

SUBJECT: AGENDA FOR NATIONAL STEERING COMMITTEE MEETING HELD ON 04-11-2009 (WEDNESDAY) AT 10:30 AM IN COMMITTEE ROOM, MINISTRY OF HEALTH ISLAMABAD

1. RECITATION FROM THE HOLY QURAN
2. INTRODUCTION OF PARTICIPANTS
3. OPENING REMARKS BY THE CHAIRMAN
4. PRESENTATION BY NHIRC
5. PRESENTATION BY JICA TECHNICAL COOPERATION PROJECT (JTC)

TEA BREAK

6. POST FACTO APPROVAL OF DECISIONS TAKEN IN THE 1ST EXECUTIVE COMMITTEE HELD ON 16TH FEBRUARY, 2009
7. POST FACTO APPROVAL OF DECISIONS TAKEN IN THE 2ND EXECUTIVE COMMITTEE HELD ON 19TH AUGUST, 2009
8. APPROVAL OF PROPOSAL FOR AMENDMENT IN THE COMPOSITION OF THE NATIONAL STEERING COMMITTEE.
9. STATUS OF NHIRC AFTER 30-06-2010.
10. PROPOSAL TO APPROVE INCEPTION REPORT OF JICA TECHNICAL COOPERATION PROJECT (JTC))
11. APPROVAL TO NOTIFY JOINT COORDINATION COMMITTEE AS REFERRED IN RECORD OF DISCUSSION (R&D)
12. APPROVAL OF PROPOSED PROJECT MANAGEMENT COMMITTEE JICA TECHNICAL COOPERATION PROJECT (JTC))
13. APPROVAL TO DELEGATE POWERS TO EXECUTIVE DIRECTOR NHIRC TO CONSTITUTE WORKING GROUPS JICA TECHNICAL COOPERATION PROJECT (JTC))
14. RECRUITMENT OF STAFF FOR NHIRC REQUESTED BY JICA TECHNICAL COOPERATION PROJECT (JTC))
15. OPEN DISCUSSION/COMMENTS FROM PROVINCES AND STAKE HOLDERS
16. ANY OTHER ITEM WITH PERMISSION OF THE CHAIR
17. CONCLUDING REMARKS
18. VOTE OF THANKS

****

NHIRC Presentation

The Executive Director NHIRC apprised the meeting regarding background of NHIRC touched upon the progress made since 2003. He stated that NHIRC was created in July, 2003 through a PC-I. During 2004, a 36 months study was conducted through technical and financial assistance of JICA to improve upon the HMIS. However, the JICA study took 46 months to conclude a delaying of 10 months; the study envisaged a National Action Plan for implementation of DHIS, preparation of software, training manuals and data collection tools self assessment/Gap analysis with consultation of all stakeholders. However, the software developed in February, 2007 could not be made functional and after a substantial hard work, it becomes operational in August, 2009. The Executive Director also elaborated the function of NHIRC. He informed the meeting that NHIRC is governed by a National Steering Committee chaired by Secretary Health to take all the policy decisions and an Executive Committee to take all important executory decisions for implementation of DHIS than there are provincial DHIS cells to implement all decisions taken in the Steering as well as Executive Committee. The Executive Director NHIRC informed that in November, 2008, he was assigned the task to revisit the issue of DHIS Software, which was the main issue/hurdle faced by NHIRC in implementation of DHIS. He added that on 11th December, 2008, NHIRC, JICA and PAIMAN unanimously decided for third party evaluation to ascertain software viability through Electronic Government Directorate. NHIRC had taken on board all stake holders' i.e provincial governments, JICA, USAID, PAIMAN and Electronic Government Directorate to resolve the core issue of software. Electronic Government Directorate was apprised that the software viable and could be implemented after major corrections in a formulae, indicators, tools and method of application by end users. Keeping in view the recommendation of EGD, NHIRC had carried efforts, and number of meetings and exercises and took thread alteration to bring uniformity to software and data collection tools and to standardized operation and trainings. He added that NHIRC developed contingency plan regarding software and approached to National Reconstruction Bureau (NRB) and PAIMAN. The PAIMAN was kind enough to support in the software improvement through M/s EYCON. The whole system was therefore, revived. NHIRC ensured uniformity and standardization for issuing certification for the DHIS activities all over the country in order to maintain a high level of monitoring and evaluation to ensure quality data collection. He added that a Technical Committee was also constituted to check improvements made by M/s AZM and M/s EYCON in the same software. The Committee met on 18th August, 2009 and submitted their recommendations to the Executive Committee meeting held on 19th

August, 2009. It declared that the DHIS software was functional, but software needed improvements in some features as well as indicators. Both the firms should work together for further improvement. Executive Director NHIRC added that the recommendation of Electronic Government Directorate also endorsed the above said recommendations and stated that the Software was functional. It recommended that a single firm be selected for one province, It emphasized that payment to the firms be conditionalized to the performance. It further endorsed that the valuable features of both firms be incorporated in software.

2. The Executive Director further informed the participants that with financial and technical support of lied printing materials in 40 districts all over Pakistan. Thus Punjab government had implemented DHIS in all its 36 districts. However, with financial and technical support of PAIMAN, DHIS activities are being carried out 24 districts. Resultantly, DHIS implementation in 73 districts had been carried out. Whereas, 33 districts from Punjab has started reporting on the new DHIS. He stated that DHIS activities in the remaining 63 districts have not been carried out. The Executive Director NHIRC informed the meeting that NHIRC has achieved almost as the target envisaged in the PC-I to implement the DHIS in 64 districts all over the country. He added that NHIRC had started negotiation with donor agencies for implementation of DHIS in the remaining districts including Gilgit & Baltistan, FATA and AJK. He further informed that NHIRC plans to call donors conference in near future. The Executive Director NHIRC also informed that NHIRC was entering in era to develop NHIRC "WEBSITE", so as to incorporate all the relevant material and information on the proposed WEBSITE and to achieve the goal of paperless regimen which would be able to save billions of Rupees spending each year on printing materials.

- Joint Secretary (ADB/Japan), Economic Affairs Division

b) The Japanese side - JICA Consultants

- Chief Representative of JICA Pakistan and/or staff nominated by Chief Representative

3.3 Project Management Committee

3.3.1 Function

Meeting of Project Management Committee will be held four times a year to fulfill the following function.

- To make decisions on major issues on DHIS implementation, improvement and development
- To finalize the DHIS policy guideline implementation (including the information systems for private health facilities)
- To identify the information needs and to make decisions for continuous DHIS improvement (replacement of indicators, improvement of software, etc.)
- To supervise, guide and coordinate DHIS activities
- To approve the plan of capacity building for DHIS

3.3.2 Composition

1) Chairperson: Executive Director, NHIRC, Ministry of Health

2) Members:

a) The Pakistani side- Provincial DGHS/ Directors/coordinators of DHIS (including AJK, GILGIT AND BALTISTAN, FATA and ICT)

b) The Japanese side - JICA Consultants

- Chief Representative of JICA Pakistan and/or staff nominated by Chief Representative

Sr. No	Existing
1	Secretary Health - Chairman
2	Director General Health
3	Secretaries of all provinces
4	Executive Director (NHIRC)
5	Joint Secretary (F&D) MoH
6	Executive Director (NIH)
7	Joint Executive Director (NHIRC)
8	National Programme Managers (EPI, HIV/AIDS, PHC, TB, Malaria, Nutrition, Hepatitis. Blindness etc.)
9	Representative of allied Ministries (Planning, Finance, Population Welfare, Statistics)
10	Chief (Health), Planning & Development Division, Government of Pakistan
11	Chief Representatives, JICA, Pakistan
12	Representatives , USAID
13	Country Representative, WHO
14	Country Representative, UNFPA
15	Country Representative, DFID, British High Commission
16	Country Representative, UNICEF,
17	Country Representative, CIDA
18	Programme Director, IRC, PRIDE
19	Country Representative ,GTZ
20	Representative, Ministry of Interior
21	Director General, Federal Bureau of Statistics,

Sr. no	Proposed	Remarks
1	Joint Secretary, Ministry of Information Technology	
2	Business Analyst, Electronic Government Directorate	
3	Executive Director, Electronic Government Directorate	
4	Representative, Ministry of Food, Agriculture	
5	Team Leader, JICA Technical Cooperation Project	
6	President of Heart File, Pakistan	
7	Country Coordination Mechanism for the Global Funds	
8	Chief Party, PAIMAN	
9	Representative, Ministry of Labour and Manpower	
10	Chief HSSP, Global Fund, Health Service Academy,	
11	Director General National Database and registration Authority	

SSC システム科学コンサルタンツ株式会社
SYSTEM SCIENCE CONSULTANTS INC.

PROCEEDING OF THE MEETING ON THIRD FEBRUARY 2010

THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

The Meeting was held on 3rd February 2010 in National Institute of Health, Islamabad. After explanation of Mr. Kobayashi and Dr. Afifi about project components, findings from baseline survey and field visits and problems confirmed, all participants discussed about following issues. As the results of discussion, all participants agreed as follows:

1. **Budget availability of Provincial Health Departments**
   The Project delivered results of baseline survey which shows budget availability of each province. Representatives from AJ&K, FATA and CDA, areas of which the baseline survey did not covered agreed to submit the budget information to the Project.
   Representatives of PHDs explained their budget situation as follows;

Province	PC-1	Nos of Districts secured budget	Note
Punjab	Approved (up to June 2010)	36 districts	Nothing decided beyond June 2010
Sindh	Approved on 15th January 2010 for all districts for 2 years	23 districts	8 districts are supported by MNCH (1 year), 3 by PAIMAN, and 11 by NPPI. Approved PC-1 will be functional from second year.
NWFP	Approved for 12 districts	19 districts	7 districts (PAIMAN) for 1 year, but no hard ware supplied till date. Need support for JICA District.
Balochistan	Approved for 4 districts for training purpose and recruitment of human resources for 20 districts	20 districts	Rs. 15 million for 20 districts up to June 2010(till now no utilization). Printing cost and hard ware is not included.
AJ&K	No	2 districts	2 districts by PAIMAN for 1 year but hard ware is not supplied.
FATA	No	-	Save the Children trained 800 personnel in FATA.
ICT (CDA)	No	-	Single district

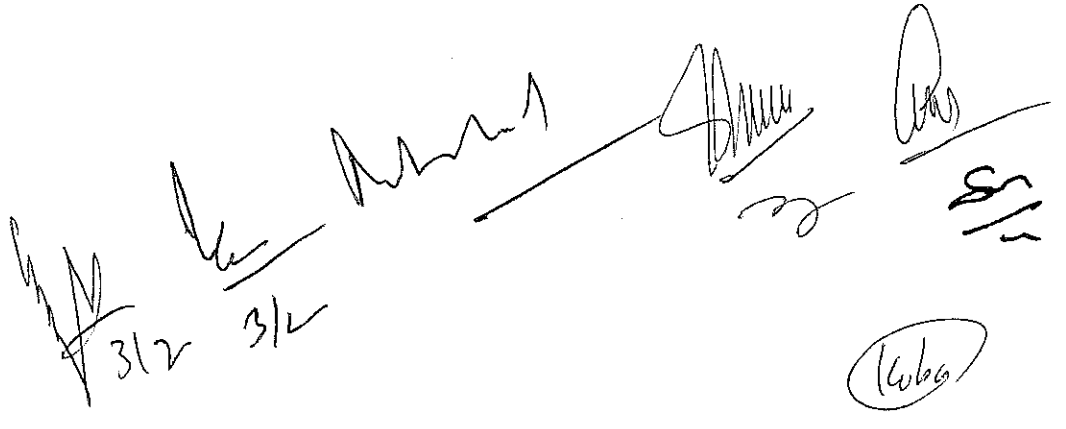
2. **Target Provinces / Districts of the Project**
   Representatives of PHDs understood that the Project needs to revise the target areas from whole country to provinces / districts who can ensure the budgets for project activities. The representatives will convey this issue to their senior officials in PHDs. PHDs will reports name of possible districts which participate the Project with budget availability aforementioned in the First Project Management Committee Meeting on 10th February 2010.

3. **Tools and Instruments**
   Representatives of PHDs agreed that it is appropriate to use the tools & instruments approved by NHIRC on June 2009 for this Project. However, participants pointed out that notification of DHIS tools and instruments by NIHRC is necessary for utilization of their budget. This issue will be discussed in the First Project Management Committee Meeting.

4. **Latest version of the DHIS Software**
   The presentation of DHIS software (latest version) will be made in the first PMC meeting on 10th February. Participants will send comments about DHIS software by 6th February. Software company will answer these questions in their presentation on 10th February.

5. **Trainings**
   PHDs will discuss the training schedule based on the idea of training schedule made by the Project.

6. **Collaboration with PPHI**
   This subject should be discussed in the PMC meeting on 10th February. Participants believe that this matter should be taken by NHIRC with Federal PPHI Authorities.



7. Request from PHDs

Appointment for focal person in each province by the Project.
Printing and training cost should be borne by the Project in initial stage.
To start use of information components.
Monitoring support is required at provincial and district level.

The Project will recommend these requests to JICA authorities.

Mr. Shigeru Kobayashi
Deputy Team Leader, JICA DHIS Project

Dr. Younis Asad Sheikh
Provincial Coordinator (HMIS), Sindh

Dr. Ali Ahmad
Provincial Program Manager, DHIS, NWFP

Dr. Khaleeq Ahmed Qureshi
Additional Director Provincial MIS Cell, Punjab

Mr. Niaz Muhammad
HMIS/DHIS coordinator, FATA

Dr. Ali Ahmad Baloch
Provincial Coordinator D HIS, Balochistan

Dr. Mahmood Arshad
Additional Director Health, CDA Islamabad

Mr. Khawaja Manzoor
Provincial Coordinator DHIS, AJ & K

Mr. Mr. Kenji Kashiwazaki
Representative, JICA Pakistan Office
(Observer)

District Health Information System Project for Evidence Based Decision Making and Management

SSC システム科学コンサルタンツ株式会社
SYSTEM SCIENCE CONSULTANTS INC.

PROCEEDING OF THE FIRST PROJECT MANAGEMENT COMMITTEE MEETING ON TENTH FEBRUARY 2010

THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

The Meeting was held on 10th February 2010 in NHIRC, Islamabad.
Following issues were discussed and agreed by all participants in the meeting.

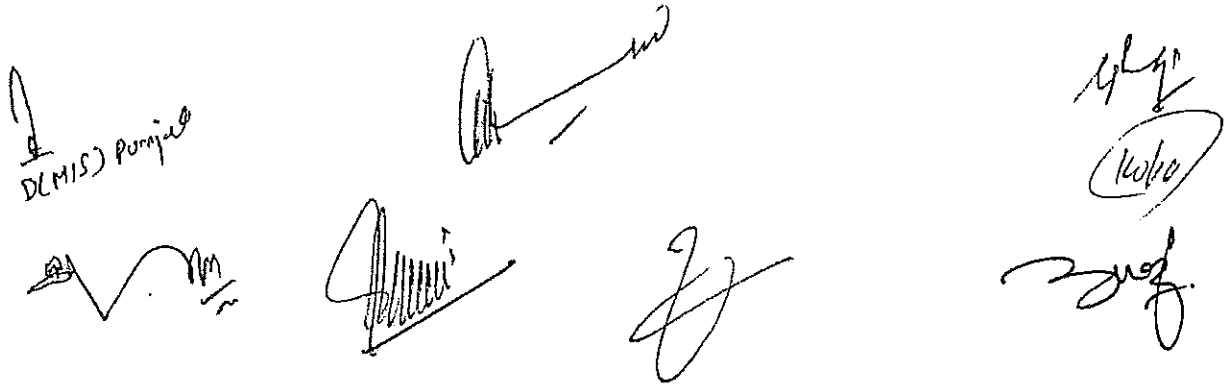
1. **First JCC Meeting**
   All participants agreed that the First JCC Meeting will be held on 2nd March 2010.

2. **Counter Part of the Project**
   All participants confirmed that officials of Provincial health Departments and District Health Office are counter parts of the Project.

3. **Baseline survey**
   Results of baseline survey were shared among the participants. More details will be provided by the Project. However, in principal, the baseline survey findings are endorsed.

4. **Revision of the National Action Plan**
   Ideas of "Revision of National Action Plan" will be discussed betwe en NHIRC and Project, and recommendations will propose to higher forum for its formal approval.

5. **Target Provinces / Districts**
   Based on the phased approach of DHIS scaling-up, PHDs nominated the candidates districts of which the PHDs ensure the budgets for printing of DHIS tools and instruments, hardware and trainings.



	Province	Nos. of Districts	Name of districts
1	Punjab	36 (will be confirmed)	Attock, Bahawalnagar, Bahawalpur, Bhakkar, Chakwal District, Dera Ghazi Khan, Faisalabad, Gujranwala, Gujrat, Hafizabad, Jhang, Jhelum, Kasur, Khanewal, Khushab, Lahore, Layyah, Lodhran, Mandi Bahauddin, Mianwali, Multan, Muzaffargarh, Narowal, Nankana Sahib, Okara, Pakpattan, Rahim Yar Khan, Rajanpur, Rawalpindi, Sahiwal, Sargodha, Sheikhupura, Sialkot, Toba Tek Singh, Vehari, Chiniot,
2	Sindh	23	Badin, Dadu, Ghotki, Hyderabad, Jacobabad, Jamshoro, Karachi, Kashmore, Khairpur, Larkana, Mirpurkhas, Naushahro Feroze, Benazirabad (Nawabshah), Qambar, Sanghar, Shikarpur, Sukkur, Tharparkar, Thatta, Umarkot, Tando Allahyar, Matiari, Tando Muhammad Khan
3	NWFP	19	Abbotabad, Haripur, Kohistan, Shangla, Chitral, Dir Lower, Malakand, Hangu, Bannu, Karak, Lakki Marwat, Tank, Buner Charsadda, Dera Ismail Khan, Mardan, Peshawar, Swat, Upper Dir
4	Gilgit/Baltistan	(will be confirmed in May 2010)	
5	Balochistan	6	Gawadar, Jaffar Abad, Lesbela, Quetta, Sibi, Zhob
6	AJ&K	-	
7	FATA	-	
8	ICT (CDA)	-	

All provinces are requested to inform the candidate districts of which PHDs ensure the budgets for hardware, printing and trainings to the Project latest by 17th February 2010.

6. **DHIS Training Schedule and Provincial Budgets**

The Project understood that TOT in Islamabad for provincial and district master trainers of NWFP and Balochistan is not feasible due to budget constraints of PHDs. Therefore, the Project will discuss this matter with JICA Pakistan Office.

Training schedule from May 2010 to March 2011 will be discussed in PHDs based on the work schedule of the Project.

7. **DHIS Tools & Instruments**

NHIRC will notify the tools & instruments immediately.

Tools & Instruments printed by the PHDs will be distributed to FLCFs through DHOs.

Regarding the HMIS monthly / yearly report forms and old edition of DHIS forms, the PHDs agreed to dispose of the HMIS forms by themselves.

8. **DHIS Software**

NHIRC announced that JICA – Pakistan Government version of DHIS software is only a authorized software, and it is used in the entire country.

The Project will install DHIS software in the districts which are selected as target districts

D(MIS) Punjab

of the Project (Districts will ensure the computer hardware, budgets for printing and trainings).

It is agreed that the Project will maintain the DHIS software up to March 2011, and Pakistani side will take maintenance responsibility for the DHIS software from April 2011 onwards.

9. **Nomination of provincial / district master trainers**

PHDs will nominate officials for provincial master trainers (4 person / province) and district master trainers (4 person / district) for the target districts of the Project.

10. **Collaboration with PPHI/PRSP**

NHIRC agreed that NHIRC will discuss with Federal PPHI Authorities for resolving the issues of (a) responsibilities / sharing printing cost of DHIS tools & (b) report collection and data entry.

11. **Request from PHDs**

All necessary cost for initial stage should be borne by the Project.

Dr. Younis Asad Sheikh
Provincial Coordinator (HMIS), Sindh

Dr. M. Anwar Janjua
Director, Health Service MIS, Punjab

Dr. Fazal Mahmood
Director General, Health Service, NWFP

Mr. Niaz Muhammad
HMIS/DHIS coordinator, FATA

Dr. Ali Ahmad Baloch
Provincial Coordinator DHIS, Balochistan

Mr. Khawaja Manzoor
Provincial Coordinator DHIS, AJ & K

Dr. Ghulam Ali
DHIS Coordinator, Gilgit &Baltistan

Mr. Shigeru Kobayashi
Deputy Team Leader, JICA DHIS Project

Mr. Mr. Kenji Kashiwazaki
Representative, JICA Pakistan Office
(Witness)

No. F. 40-6/2010-NHIRC
Government of Pakistan
Ministry of Health
NHIRC
******

Islamabad the 18th August, 2010

Subject: - **Minutes of the Joint Coordination Committee meeting held on 1st June, 2010 at Islamabad Hotel, Islamabad**

Dear Sir,

I am directed to enclose herewith a copy of minutes of the meeting of 1st Joint Coordination Committee held on 1st June, 2010 for information and further necessary action.

(Ali Akbar Khan)
Deputy Director (L.F &A)/
National HMIS Coordinator

Distribution to:

1. Dr. M. Anwar, Janjua, Director, MIS, Health Department, Government of the Punjab, Lahore.
2. Dr. Younis Asad Sheikh, Provincial Coordinator DHIS, Health Department, Government of Sindh, Hyderabad.
3. Dr. Ali Ahmad, Provincial Programme Manager, DHIS, Health Department, Government of KPK, Peshawar.
4. Dr. Ali Ahmad, Bloch, Provincial HMIS Coordinator, Health Department, Government of Balochistan, Quetta.
5. Muhammad Naiz, HMIS Coordinator, Health Department FATA, Warsak Road, Peshawar
6. Mr. Manzoor Khawaja, Provincial Coordinator DHIS Health Department Government of Azad Kashmir, Muzaferabad.
7. Dr. M. Hussan Khan, Deputy Director Health Services, Department of Health, Government of Gilgit Baltistan, Gilgit.
8. Mr. TOSHIYA SATO, Senior Representative JICA Pakistan, Islamabad.
9. Mr. Shigeru Kobayashi, Deputy Team Leader, JICA Expert, NIH, Islamabad.

Copy for information to;-

i) PS to Director General Health, Government of Pakistan, Ministry of Health, "C" Block Pak Secretariat, Islamabad.

ii) PS to Executive Director NHIRC.

Deputy Director (L.F &A)/
National HMIS Coordinator

F. No. 40-6/2007-NHIRC
Government of Pakistan,
Ministry of Health
NHIRC
******

Subject: - **Minutes of the Joint Coordination Committee meeting held on 1st June, 2010 at Islamabad Hotel, Islamabad**

1st meeting of Joint Coordination Committee of SSC was held on 1st June, 2010 at 11.00 AM at Islamabad Hotel Islamabad. The Director General Health, Ministry of Health Islamabad chairs the meeting.

2. List of participants and Agenda of the meeting are placed at *Annex-I and II.*

3. After recitation from the Holy Quran and introduction of the participants, the proceeding started.

4. The following proposals were submitted and decisions taken in the meeting.

ITEM NO. 3. **PROGRESS UPTO MARCH, 2010**

Mr. Shigeru Kobayashi, Deputy Team Leader, JICA Technical Cooperation Project (TCP), high-lighted the main activities upto March, 2010. The copy of presentation is at ***Annex-III.*** He added that due to the budget constraint from Pakistan side the SSC project proposed to review the Project Design Matrix (PDM) and submitted the following points for the revision of PDM:-

- Baseline survey was conducted and a resume was distributed amongst NHIRC and PHDs.
- DHIS tools, instruments & training manuals were approved in June, 2009 will be used in the DHIS trainings to be held by the project.
- Although target area of the project covers all districts in Pakistan, it should be narrow down to districts where can ensure the necessary budgets for project activities.
- Action Plan and monitoring indicators should also be revised in line with the revision of the aforementioned target districts.
- Training cost will be borne by Pakistan side as agreed in R/D. However, training cost for provincial Master Trainers for all provinces and training cost for District Master Trainers for the

provinces o 'Khyber Pukhtu.n Khwa and Baluchistan will be borne by Japanese sic e.

- It was reflected in R&D that the PHDs would print DHIS monthly report forms at their own cost. The project (SSC) would distribute it to FLCF and arrange to discard the HMIS report forms. However., it is now being proposed that SSC would not participate or bear any cost as initially planned.
- Since Punjab province has already introduced DHIS in all its districts, therefore, SSC would not implement the DHIS trainings for data entry and processing but implement training for data use for Punjab province.

Mr. Shigeru Kobayashi, Deputy Team Leader, JICA Technical Cooperation Project (TCP), further added some bugs were found in February, 2010 in the DHIS software. These bugs will be fixed by JICA experts. SSC will release the DHIS software to the PHDs and DHOs through NHIRC. Mr. Sohail Ahmad, senior programme officer JICA Pakistan informed the meeting that as per R/D, JICA is responsible for two year software maintaince and installation and there after the responsibility will shift to Pakistan side.

The chairman expressed concern that for the last two years the issue of software was coming up for discussion in every meeting. JICA should realize and make the DHIS software functional and also fix the bugs as reported in the meeting. He added that the project could not be operational without proper software.

Mr. Shigeru Kobayashi, Deputy team leader informed that a meeting on designing of a management system of DHIS software at selected districts will be held in June, 2010.

Decision ***JCC took cognizance of the activities as reflected in the working paper dated 1st June, 2010.***

ITEM NO. 4 **ANNUAL ACTION PLAN FROM MAY, 2010 TO MARCH, 2011**

Mr. Shigeru Kobayashi, Deputy Team Leader, JICA Technical Cooperation project presented the annual plan (action plan) started from May, 2010 to

March, 2011 *Annex-III*. However, the provincial representatives of Khyber Pukhtun Khwa pointed out they could not assign the officials to this training in June since Pakistani's fiscal year is closing at the end of June. Therefore the implementation of the training should be shifted to July, 2010.

Director MIS health department government of the Punjab pointed out that they achieved 90% regularity in reporting and added that they needs support in the following area for improving the quality.

- To improve quality of work, monitoring support and refresher training are required.
- Assistance for review meetings.
- Support in preparation, printing and distribution of quarterly reports to all stakeholders.

Mr. Shigeru Kobayashi, Deputy Team Leader reply that they have not included these in the action plan and would not able to support these activities at this stage.

The representative of Punjab again stated that these activities are very important they may have met their needs from other sources/donor agency.

Decision ***It was decided that the SSC will start the activities from the month of July, 2010. Installation & maintenance system for the DHIS software at selected districts will be established through discussion among NHIRC, representative of PHDs and JICA experts.***

Item No. 5 **NOMINATION OF DISTRICTS BY PROVINCES FOR THE PROJECT ACTIVITIES**

Provincial Health Departments submitted the update information to the SSC about the nominated districts and availability of the budget.

The SSC will revise the nominated list based on the information. But selection of target districts will also be discussed with Ministry of Health and JICA advisory team.

Decisions *As above*

ITEM NO. 6 **REVIEW AND DISCUSS THE MAJOR ISSUES FOR SMOOTH IMPLEMENTATION OF THE PROJECT**

At the end of the meeting, Chairman, Director General, Ministry of Health instructed representatives to hold internal meetings in the province for formulating implementation structure and ensure the budget. He stated that he will request provincial governments to allocate necessary budgets for the project implementation. He also requested the provincial governments to provide the cost list i.e (i) cost on training, (ii) cost on supply of tools & instrument (iii) cost on hardware (iv) cost of software maintenance and cost of installation to formulate a joint strategy for implementation of DHIS in the country. He further added that NHIRC, JICA and SSC may discuss these maters in meeting in his office shortly.

Decision *As above*

5. The meeting concluded with a vote of thanks.

****

Annex-I

List of Participant of 1st SCC meeting held in 01-06-2010

S. No	Name of the participant	Designation
01	**Professor Dr. Rashid Juma**	**Director General Health** **In chair**
02	DR. Afzaal Aslam	Director NHIRC, Islamabad
03	DR. Rubina Afzaal	Director NHIRC, Islamabad
04	Mr. Ali Akbar Khan	Deputy Director NHIRC, Islamabad
05	Alam Zeb Bangash	Assistant Director NHIRC, Islamabad
06	Dr. Anwar Janjua	Director Health Services (MIS), Punjab Lahore
07	Dr. Younis Asad	DHIS Coordinator Sindh Hyderabad
08	Dr. Ali Ahmad	DHIS Coordinator KP, Peshawar
09	Dr. Ali Ahmad Baloch	Provincial HMIS/DHIS coordinator, Balochistan, Quetta
10	Dr. Jamil Ahmad	Deputy Director Health KP, Peshawar
11	Dr. Muhammad Naiz	S/O/HMIS Coordinator, FATA, Peshawar
12	Dr. Kamran Raiz Dar	Assistant Director AJK
13	Mr. Toshiya Sato	Senior Representative, JICA Pakistan
14	Mr. Tomoyuki Nagita	Representative, JICA Pakistan
15	Mr. Sohail	Senior Programme Officer, JICA Pakistan
16	Mr. Shigeru Kobayashi	Deputy Team Leader JICA project SSC, NIH, Islamabad
17	Dr. Ahmad Afifi	Deputy Team Leader, JICA project (SSC), Islamabad
18	Mr. Masashi Akiho	Data Analyst JICA project SSC, NHIH, Islamabad
19	Dr. Hadi Bux Jatio	Project Officer Sindh, Hyderabad
20	Dr. Zulifiqar	Project Officer Gilgit-Baltistan
21	Mr. Muhammad Ali But	Office Manager JICA project SSC, Islamabad
22	Mr. Suleman Ameer	Event Manager JICA project SSC, Islamabad

ANNEX 8

No. F. 40-6/2010-NHIRC

Government of Pakistan
Ministry of Health
NHIRC
*****

Subject:- **AGENDA ITEMS**

1. Recitation from Holy Quran.
2. Welcome Address by the chairman.
3. Progress upto March, 2010 will present by SSC.
4. Action Plan from May, 2010 to March, 2011 will present by SSC.
5. Nomination of districts by provinces for the project activities.
6. Review and discuss the major issues for smooth implementation of the project
7. Any other item with the permission of chair.

****

10-D, 3rd Floor, Shan Plaza, Fazl-e-Haq Road, Blue Area, Islamabad, Phone No. 051-9212501 Fax No. 051-9212500

First JCC Meeting for District Health Information System Project for Evidence Based Decision Making & Management (EBM)

1st June 2010

Summary of the project activities up to March 2010

Plan of Operation

Schedule of Major Project Activities

	First Year			Second Year				Third Year		
	2009			2010				2011		
	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
1. Revision of NAP and Formulation of implementation plan										
2. Preparation of training programs and materials										
3. Implementation of the trainings				Data input & processing					Data use	
4. Discard HMIS report forms and distribute DHIS forms										
5. Delete HMIS software and installation of										
6. Starting DHIS operation										

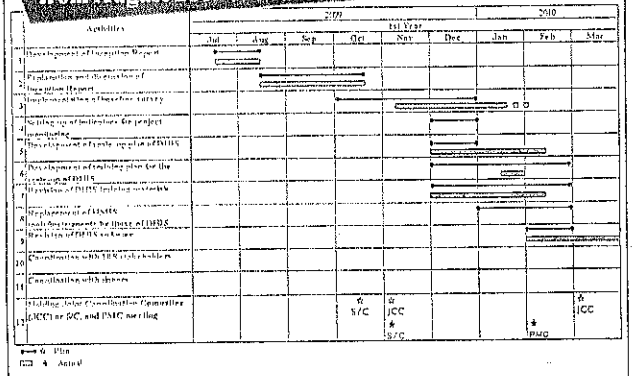
2

Major Activities of the Project

First Year (July 2009 to March 2010)	Second Year (April 2010 to March 2011)	Third Year (April 2011 to June 2012)
➢ Implementation of baseline survey ➢ Setting up of indicators for project monitoring ➢ Development of scale-up plan of DHIS ➢ Development of training plan for the scale-up of DHIS ➢ Revision of DHIS training materials ➢ Replacement of HMIS tools/instruments by those of DHIS ➢ Maintenance of DHIS software ➢ Coordination with HIS stakeholders / Donors ➢ Holding JCC meeting	➢ Implementation of training on data collection, data entry, processing, analysis and supervision ➢ Supervision for the training on data collection, data entry, processing and analysis done by PHDs & DHOs ➢ Installation of DHIS software ➢ Mid-Term Evaluation by JICA (scheduled in December 2010) ➢ Coordination with HIS stakeholders / Donors ➢ Holding JCC meeting	➢ Implementation of training on data usage ➢ Implementation of training on supervision ➢ Implementation of supervision on data usage ➢ Development and implementation of refresher training plan ➢ Cooperation with the End-Term Evaluation by JICA (scheduled in December 2011) ➢ Coordination with HIS stakeholders ➢ Coordination with donors ➢ Holding JCC meeting

3

Annual Action Plan and Performance of the Project from August 2009 to March 2010



4

Major Achievements from Aug. 2009 to March 2010

- Baseline survey (report is distributed)
- Revision of PDM (to be officially approved in June 2010)
- Materials Used in DHIS Trainings (Tools & Instruments and Training Manuals, Software)
- Nomination of Target Districts in 2010
- Preparation of Annual Work Plan from May 2010 to March 2011 including Framework of Training Schedule

5

Proposal to Revise the PDM

Review of the National Action Plan

- There is a gap of development levels among the Provinces, Sindh, NWFP and Baluchistan but they follow the procedures in line with NAP for scaling up the DHIS. AJK, Gilgit/Baltistan, FATA and ICT are also preparing PC-1 for DHIS implementation.
- Project will implement the activities in line with the NAP.

7

Proposal to Revise the PDM

Subjects	Original	Proposed Revision As Countermeasures
Coverage areas of the Project	All districts in Pakistan	[Province] All provinces. [Districts] Districts which ensure the cost for trainings, printing of tools and instruments, and computer hardware. Target districts for project activities in 2010 will be finalized at the JCC meeting in June 2010, and target districts in 2011 will be selected at the JCC meeting in December 2010
Action Plan for Scaling-up of DHIS	To prepare the nationwide scaling up plans of DHIS.	Framework of the action plan for selected districts was prepared. It will be finalized after finalizing target districts in June 2010.
Indicators for Project Monitoring	Quantitative targets are set up for indicators in PDM.	Required number of trainers in province and district are fixed. Targets of number of trainers in 2010 and replaced ratio of the software will be fixed based on the number of target districts to be decided in June 2010.

8

Proposal to Revise the PDM

Subjects	Original	Proposed Revision As Countermeasures
Training Plan for the Scale-up of DHIS	To cover all districts in Pakistan, and cost will be borne by Pakistan side.	Training will cover the districts which will have secured the cost for training, printing and computer hardware. Training cost will be borne by Pakistan side. TOT for Provincial Master Trainers and training for district trainers in NWFP and Balochistan will be done by the Project.
Tools & Instruments	Discard the HMIS monthly/yearly report forms and distribute the DHIS monthly report forms to health facilities.	Distribution of tools and instruments will be done after July 2010 by PHDs, due to scheduled availability of budget in Pakistan side.

9

Bugs of the DHIS Software

Bugs of the DHIS Software

1. Provinces, Districts and Tehsil can be added with the same name in the system which creates issues for data consistency

Districts

158	Sheikhupura	2573000	Punjab			
159	Nankana Sahib	1408000	Punjab			
161	Khanewal	2545000	Punjab			
162	Lodhran	1476000	Punjab			
163	Multan	3925000	Punjab			
164	Pakpattan	1691000	Punjab			
165	Sahiwal	2212000	Punjab			
166	Vehari	2620000	Punjab			
171	Attock	1340000	Punjab			
172	Chakwal	1293000	Punjab			
173	Jhelum	1119000	Punjab			
174	Rawalpindi	4347000	Punjab			
181	Bhakkar	1373000	Punjab			
182	Khushab	1077000	Punjab			
183	Mianwali	1290000	Punjab			
184	Sargodha	3140000	Punjab			
185	Lahore	0	Punjab			
187	Lahore	0	Punjab			
189	Lahore	0	Punjab			

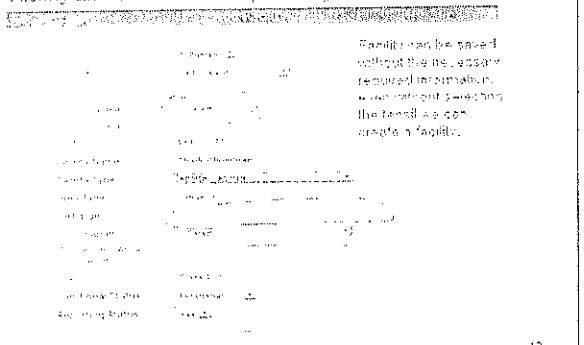
Page 2 of 2

District name can be stored repeatedly.

11

Bugs of the DHIS Software

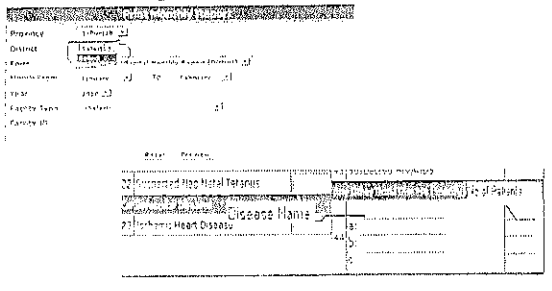
2. Facility can be saved without providing necessary information



12

Bugs of the DHIS Software

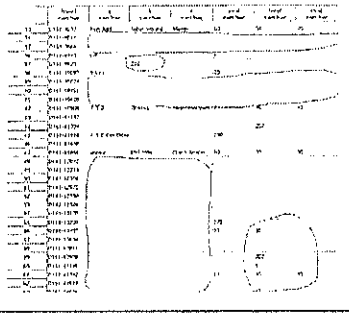
3. Coding errors in the system that create problems and show wrong results, sometimes the list of already stored information is not shown and the user has to log out and log in again.



13

Bugs of the DHIS Software

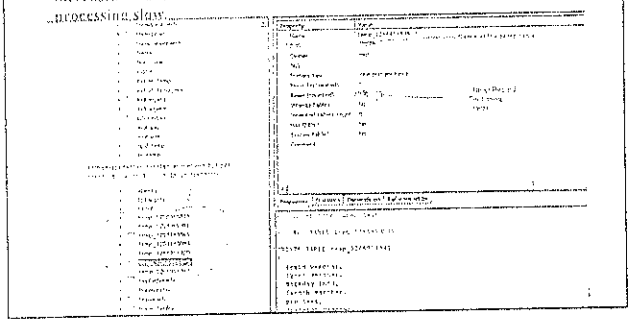
4. Null records which makes the system very slow while retrieving the information from these tables for reports or opening the Data entry form for editing are entered in the database.



14

Bugs of the DHIS Software

5. Database creates temporary tables during the data processing. There are cases that the temporary tables ("temp_" + timestamp) are not removed after termination of processing and the increasing number of temp tables increases the size of database and causes memory waste and makes processing slow.



Annual Work Plan for Second Year (from May 2010 to March 2011)

Basic strategies to Scaling-up of DHIS

- The Project will develop enable environment for scaling-up the DHIS.
- DHIS will be scaled up in a phased manner in the provinces which will ensure the necessary budget before June 2010.
- Activities should be done as a package basis. In case of budget shortage, top priority is given to 1) computer hardware, 2) software installation (supported by JICA), 3) printing of tools & instruments, then 4) trainings.
- The DHIS development will be implemented based on experience in Punjab province as a model.

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Main Project Activities (1/2)

- DHIS scaling-up activities will be implemented based on the "Table S-1 Key Areas of Action". Actions to be taken will be customized based on the status of districts where already completed the trainings / and will implement the trainings.
- The Project will advise the PHDs to continue DHIS activities in the districts where donor's support is going to be terminated.
- The Project will support in preparation of PC-1for DHIS implementation.
- The Project will conduct the training activities for data use in Punjab during 2010, and will expand it to other provinces during 2011.

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Main Project Activities (2/2)

- Annual Work Plan of the Project will be reviewed every year based on 1) the budget availability of the provinces in next year, and DHIS will be scaled up step by step in the province who will ensure the necessary budget, 2) availability of support from funding agencies.
- Target provinces / districts of the Project in 2010 will be discussed with JICA Advisory Mission on June 2010, and the target provinces / districts in 2011 will be discussed with JICA Mid-term Evaluation Mission on December 2010.

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Annual Work Plan

- Annual Work Plan from May 2010 to March 2011

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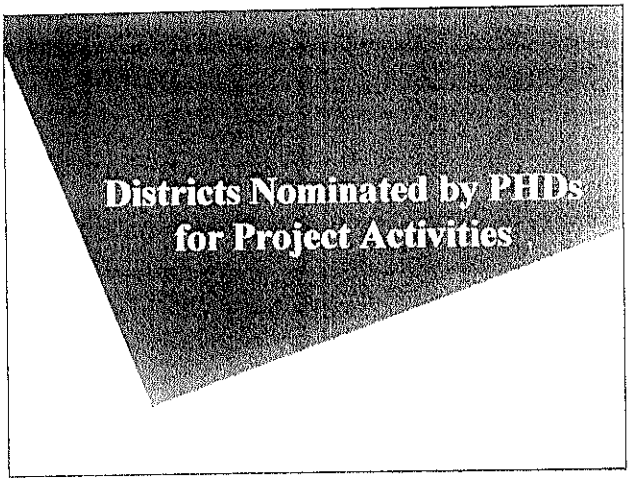

Districts Nominated by PHDs

		Nos	Name of districts
1	Punjab	36	Attock, Bahawalnagar, Bahawalpur, Bhakkar, Chakwal District, Dera Ghazi Khan, Faisalabad, Gujranwala, Gujrat, Hafizabad, Jhang, Jhelum, Kasur, Khanewal, Khushab, Lahore, Layyah, Lodhran, Mandi Bahauddin, Mianwali, Multan, Muzaffargarh, Narowal, Nankana Sahib, Okara, Pakpattan, Rahim Yar Khan, Rajanpur, Rawalpindi, Sahiwal, Sargodha, Sheikhupura, Sialkot, Toba Tek Singh, Vehari, Chiniot,
2	Sindh	23	Badin, Dadu, Ghotki, Hyderabad, Jacobabad, Jamshoro, Karachi, Kashmore, Khairpur, Larkana, Matiari, Mirpurkhas, Naushahro Feroze, Nawabshah, Qambar, Sanghar, Shikarpur, Sukkur, Tando Allahyar, Tando Muhammad Khan, Tharparkar, Thatta, Umarkot
3	NWFP	12	Abbottabad, Haripur, Kohistan, Shangla, Chitral, Dir Lower, Malakand, Hangu, Bannu, Karak, Lakki Marwat, Tank,
4	Gilgit/Baltistan	6*	Gilgit, Skardu, Diamer, Ghizer, Ganche, Astore
5	Balochistan	12	Turbat, Panjgur, Killa Saifullah, Killa Abdollah, Harnai, Quetta, Sibi, Gawadar, Nasseerabad, Dalbandin, Loralai, Noshki,
6	AJ&K	-	
7	FATA	7*	Bajaur, Khyber, Kurram, Mohmand, North Waziristan, Orakzai, South Waziristan
8	ICT (CDA)	-	
Total		89	

Note : *1 Non availability of budget for hardware, tools & instruments, and trainings is reported from PHDs of Gilgit/Baltistan and FATA

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Necessary Preparation by PHDs

Budget Allocation for

1) Training cost for district master trainers (excluding Khyber Phaktunkwa and Baluchistan)
2) Training cost for staffs of FLCFs and secondary hospitals
3) Printing cost of DHIS tools and instruments
4) Procurement cost of hardware such as computers, server and printer if necessary

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Training Schedule

Training Schedule in 2010

	➢ Preparation and Implementation of TOT for Provincial Master Trainers
July 2010	➢ Preparation and Implementation of training for district trainers by Provincial Master Trainers (implemented by PHDs and monitored by the Project)
	➢ Preparation and Implementation of training for district trainers in NWFP and Baluchistan by Provincial Master Trainers (implemented by the Project)
	➢ Preparation and implementation of training on data use for Provincial Master Trainers in Punjab(implemented by Punjab PHD and monitored by the Project).
	➢ Preparation of monitoring plan of DHO on data collection from health facilities and monitoring plan of PHDs on DHOs data entry, processing and analysis in target districts.
August 2010	➢ Preparation and Implementation of training on data use for district trainers by Provincial Master Trainers in Punjab (implemented by Punjab PHD and monitored by the Project)
September 2010	➢ Preparation and Implementation of training for facility staff by district master trainers (implemented by DQHs and monitored by PHDs)
	➢ Preparation and implementation of training on data use for district level trainers in Punjab by PHDs (implemented by PHDs and monitored by the Project).
December 2010	➢ PHDs monitor DHOs' activities on data collection from health facilities, data entry, processing and analysis.

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Plans to be Prepared by PHDs & DHOs

- Implementation Plan of training on DHIS for district trainers by PHDs
- Implementation Plan of training on DHIS for health facility by DHOs
- Procurement plan of computer hardware for DHOs (if necessary)
- Tendering, contracting and printing plan of DHIS tools and instruments

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Materials Used in DHIS Trainings

DHIS Tools & Instruments	Latest edition approved by NHIRC on June 2009
Training Manuals	Latest edition approved by NHIRC on June 2009
DHIS Software	Latest edition AZM submitted to JICA on January 2010

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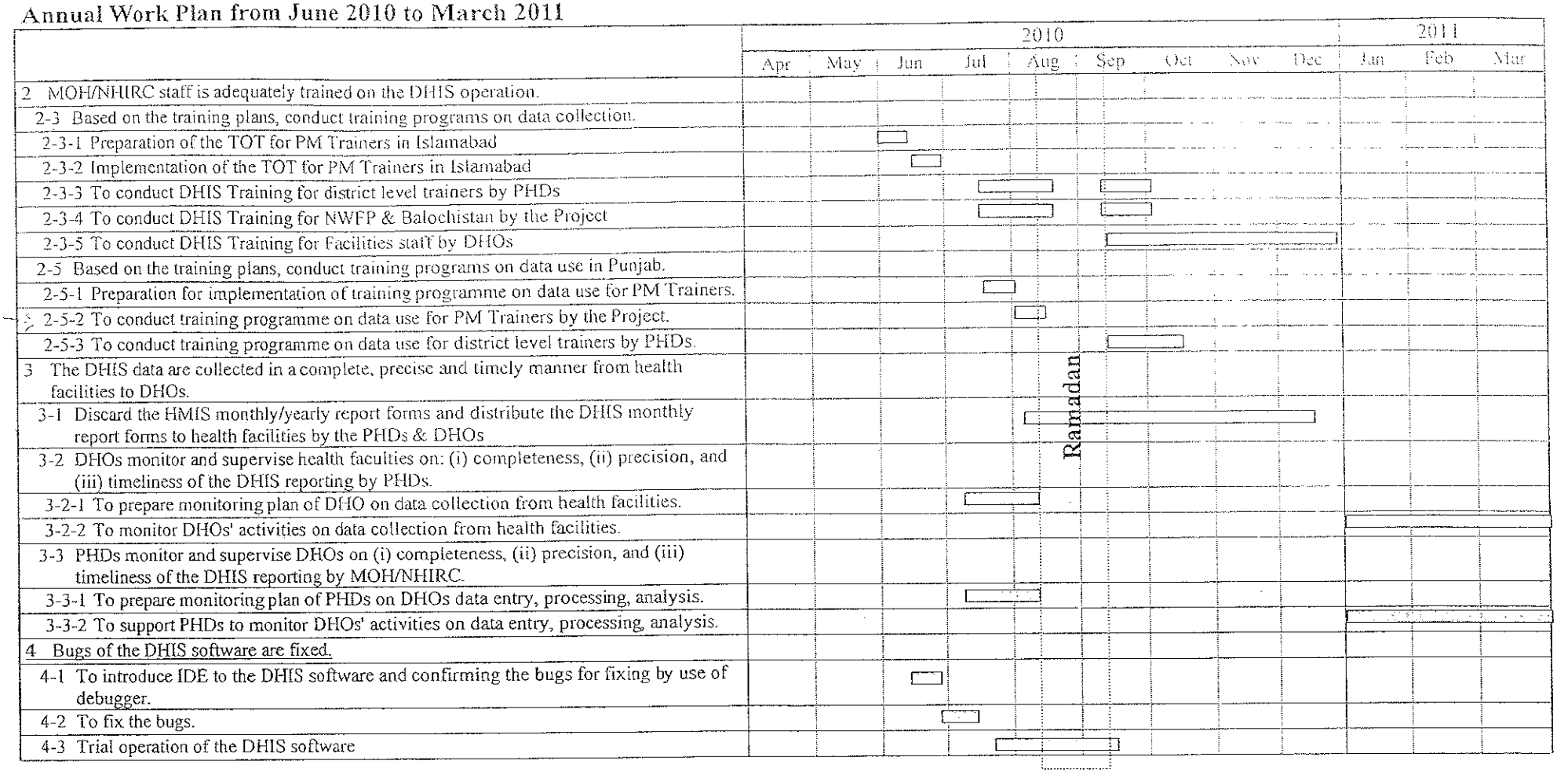
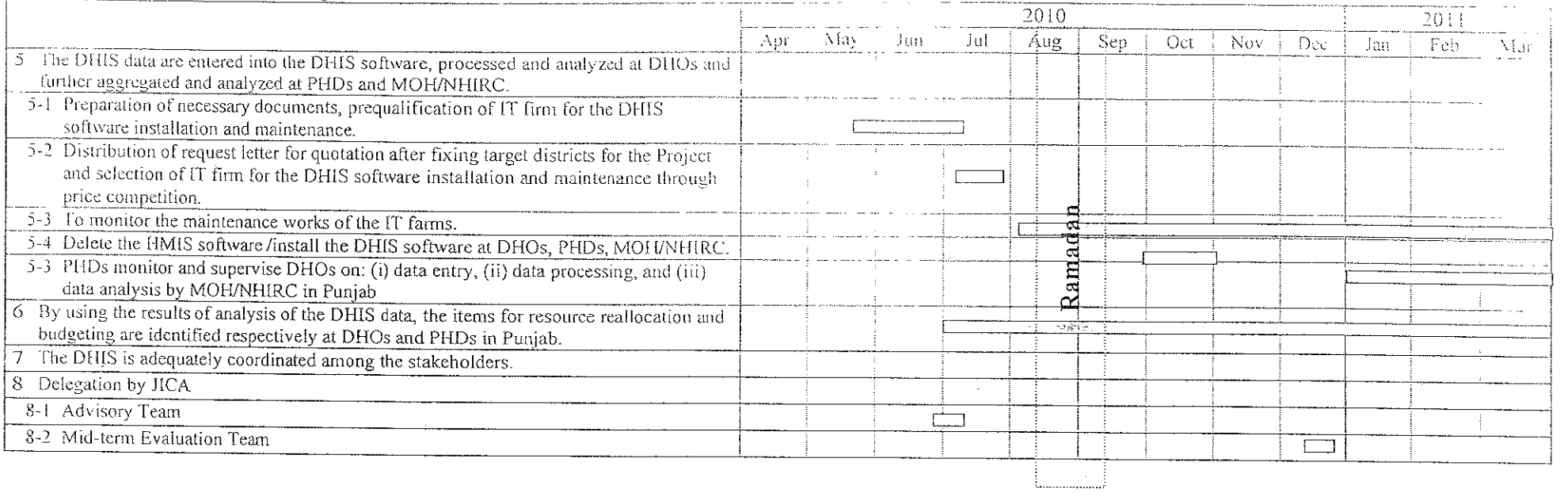
Annual Work Plan from June 2010 to March 2011



ANNEX 8

Annual Work Plan from May 2010 to March 2011



Working Group Meeting on the District Health Information System Project for Evidence-Based Decision Making and Management

24th June 2010

1 Installation and Maintenance of DHIS Software

1.1 Purpose

Following works will be done by the Contractor to be employed by Project

- Installation of a set of DHIS software (which consists of DHIS software, PHP, PostgreSQL and Apache, hereinafter referred as "DHIS software") in computers at the District Health Offices (DHOs), Provincial Health Departments (PHDs) and NHIRC.
- Maintenance of the DHIS Software for smooth introduction and implementation of DHIS at the DHOs, PHDs and NHIRC.
- Providing support to DHOs, PHDs and NHIRC
- Developing "DHIS Software Maintenance Manual" and "Question and Answer Manual" based on the experience during the service period in English.

1.2 Role of NHIRC, PHD & DHO and the Contractor

(1) Role of NHIRC, PHD & DHO

- Procurement of necessary hardware and Windows
- Maintenance of hardware
- Maintenance of Windows (Licensed Operation System is required)
- Anti-virus program
- Maintenance of application software i.e. PDF writer, Office software, excluding the DHIS software and related programs i.e. PHP, PostgreSQL and Apache
- Providing working space, ~~furniture, telephone, fax, computer and printer~~ for staff of the province support centre
- Providing working space, ~~furniture, telephone, fax, computer and printer~~ for staff of the main support centre (for receiving the call from PHDs and DHOs)

(2) Role of the Contractor

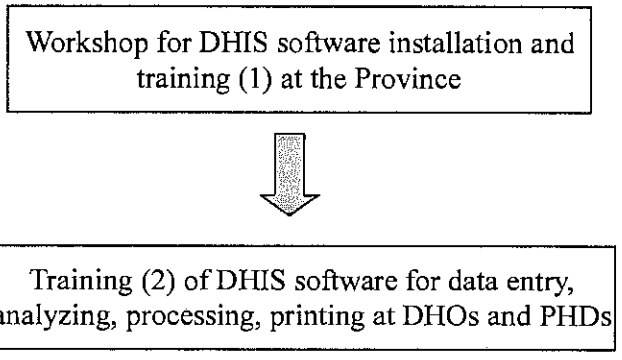
- Revision of the DHIS Software User's Manual
- Installation of the DHS software
- Training of the DHS software
- Maintenance of DHIS software
- Maintenance of programs related to the DHIS software such as PHP, PostgreSQL and Apache

1.3 Major Works by the Contractor

1.3.1 Installation of the DHIS Software

Installation work consists of two parts, i.e. 1) Workshop for DHIS software training (1)

and installation for DHO officers at the Province and 2) Training (2) of DHIS software for data entry, analyzing, processing, and printing of reports at DHOs and PHDs.



(1) Workshop for DHIS software installation and Training (1)

1) Workshop for Punjab, Sindh, Gilgit/Baltistan, and Balochistan

The Contractor shall call the District Health Offices (DHOs) listed on the Table (see page 12) with their computer to the workshops for software installation and training. Installation works will be done through the following steps.

Step 1. To prepare initialization files for each district with the name of District, Tehsil, BHU and RHC, etc. Necessary data for preparing the initialization files is provided by the Project.

Step 2. To hold DHIS software workshop including installation in each province and call the officials from DHOS. The Contractor will request DHOs to bring the computer to the workshop

Step 3. To confirm specification of computers in District Health Offices (DHOs) for installing DHIS software.

Step 3. To check the existence of anti-virus program in the computer. And continue the works in case if the anti-virus program in the computer. To install the anti-virus program provided by the Project if no anti-virus program in the computer. Viruses identified by the anti-virus program should be deleted.

Step 4. To export HMIS / DHIS data from the computers.

Step 5. To install DHIS software provided by the Project on the computers in DHOs

Step 6. To import the DHIS data exported at "Step 4."

Step 7. To convert the DHIS data by use of data converter provided by the Project.

Step 8. To check operation of the DHIS software installed.

Step 9. To get signature from representative of DHO / PHD on the checklist

Step 10. To develop a database by use of data / information of the checklist (specification of computer, condition, etc) to database

Skip the step 4, 6 and 7 in case if DHIS are not implemented in the DHO.

The Contractor shall conduct the DHIS software training for DHO's staff which is mentioned on (2) below.

2) Workshops for Khyber Pakhtunkhwa, AJK and FATA

The Contractor shall hold workshops at Islamabad for installation of the DHIS software for DHOs in Khyber Pakhtunkhwa, AJK and FATA. The Contractor request DHOs of AJK and FATA to bring the computer to the workshop, and install the DHIS software through the steps aforementioned.

(2) Components of the DHIS Software Training (1)

The Contractor shall conduct the DHIS training for DHO's staff for enabling them to implement the following works.

1) To export of the DHIS data from computer
2) To uninstall the old version of DHIS software from the computer
3) To install the DHIS software provided by the Project
4) To import the data exported at "1)"
   or entry the data using sample of monthly reports prepared by the Project if DHO does not have any DHIS data.
5) To make the indicator report and log report, and printing of the indicator report by use of imported data, log report and monthly report.
6) To make backup / batch files / synchronization
7) To explain the supporting system of DHIS software how these officials get the technical support for solving software troubles by use of the "DHIS Software User's Manual".
8) To provide a set of the DHIS Software User's Manuals and DHIS software with DVD to each Provincial Health Department / District Health Office.

(3) Training of DHIS Software (2)

The Contractor shall conduct the DHIS training (2) at the DHOs for ensuring them to implement the following works

1) Data entry
2) Data analyzing / processing
3) Printing of reports
4) Backup / batch files / synchronization

1.3.2 Maintenance of the DHIS software

The Contractor shall set up the "Main Supporting Centre" in Islamabad and "Provincial Supporting Centres" in the provinces of which target districts locate in.

Table Staff Composition of Each Supporting Centre

Type	Location	Staff
Main Support Centre	➢ Islamabad	➢ Project leader ➢ Deputy leader (System Engineer) ➢ Programmer / Tester (two persons)
Provincial Support Centres	➢ Punjab ➢ Sindh ➢ K.P.K. ➢ Gilgit/Baltistan ➢ Balochistan	➢ Maintenance staff

Remarks: The software in DHOs and PHDs in AJK are maintained by Main Support Centre in Islamabad (will be discussed) through the remote control, and The software in DHOs and PHDs in FATA are maintained by Main Support Centre in Islamabad through the remote control.

Workflow of services and major role of supporting centres are shown in following Fig and Table.

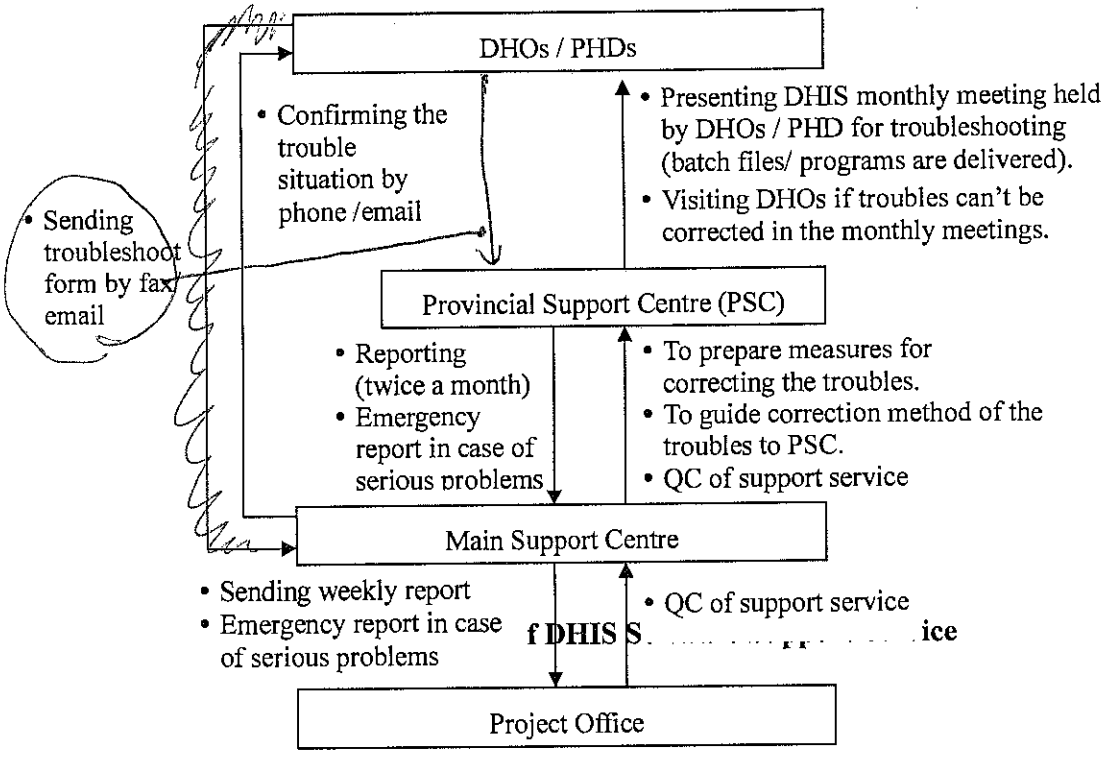


Table Major Role of the Support Centers

Main Support Centre	Provincial Support Centers
• To plan countermeasures for problems reported from DHOs/PHDs • To facilitate Provincial Support Centers for correcting troubles • To monitor the service quality of the Provincial Support Centers • To conduct trainings for IT engineers of PHDs in AJK and FATA, if necessary • To submit the bi-weekly report (summary of problems reported and countermeasures taken) to the Project Office	• To present monthly meetings held by DHOs / PHD and give guidance for correcting the troubles / deliver the batch files / programs. • To take necessary action for solving the problems in case if DHOs cannot correct the troubles by use of the batch files / programs. • To submit weekly report including problems and results of the countermeasures to Main Support Centre • To report the Main Support Centre immediately in case of serious problems

DHIS Software Troubleshoot Form

To DHIS Software Support Centre _____ Fax : XXX-XXX-XXX Tel: XXX XXX E.mail : XXX XXX			
Name of DHO			Date :
Name of Sender		Occupation	
Tel:	Fax :		Email :
Brand of computer		Model No. of computer	
CPU		RAM	Mb
Capacity of Hard Disk Drive	Gb	Free space on C drive	Mb
Operation System (Please mark the OS used on the computer) ☐ Windows XP Home Edition ☐ Windows XP Professional Edition ☐ Windows Vista Home Edition ☐ Windows Vista Professional Edition ☐ Windows 7 Professional Edition ☐ Linux		Problems Occurred (Please attach screen shots) ☐ Cannot enter / edit the data ☐ Cannot save the data / shut down of software ☐ Software has been frozen frequently ☐ Slow data processing / report generation ☐ Getting an error message (Message No.) ☐ Others	
Detail Situation (Please describe the detail situation of the problem as accurately as possible) (Please also attach screen shots)			

2 Revision of PDM

2.1 Challenges and Countermeasures

2.1.1 Challenges

- It was planned, before the Project has commenced, that cost for training, procurement of hardware and printing of DHIS tools and instruments should be borne by Pakistan side. However, Province Health Departments did not have the budget for these works. It was concluded that nationwide scaling-up of DHIS is difficult due to insufficient budgets of Pakistani side.
- "Discard the HMIS monthly/yearly report forms and distribute the DHIS monthly report forms to health facilities" was planned to be implemented by JICA side. However, following situation was confirmed through the field survey.
  - Delivery channel of tools from MOH / PHDs to DHOs has been established.
  - Some districts will receive the tools from Donors / supporting agencies.
- JICA experts could not visit Balochistan and K.P.K. due to security reason although these two provinces are categorized as "focusing-target provinces". And PHDs Balochistan and K.P.K. could not hold training workshops outside of their provinces.

2.1.2 Countermeasures

- DHIS will be scaled up in a phased manner in the provinces which will have ensured the necessary budget from July 2010 to June 2011.
- It was agreed that "Discard the HMIS monthly/yearly report forms and distribute the DHIS monthly report forms to health facilities" will be done by the PHDs by their own cost.
- Instead of the "distribute the DHIS monthly report forms", the Project bears the training cost of district trainers in K.P.K. and Baluchistan at Lahore and Karachi respectively.

2.2 Revised PDM (Proposal)

PROJECT DESIGN MATRIX (Revised)

Project Title: District Health Information System Project for Evidence-Based Decision Making and Management	**Period of Cooperation:** 3 years
Implementing Agency in Beneficiary Country: National Health Information Resource Center (NHIRC), Ministry of Health (MOH), Government of Pakistan	**Target Group:** NHIRC, Province Health Departments (PHDs) and District Health Office (DHOs)
Target Area: ~~**Focusing target province: Punjab, Sindh, NWFP, Balochestan, FANA, ICT, Non-Focusing target province: FATA, AJK**~~ **Districts which have budgets for project activities**	

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
【Overall Goal】 Policy and strategies for health services are developed in an evidence-based manner, through sustainable District Health Information System(DHIS), nationwide in Pakistan	1. [EBM at MOH/NHIRC] At least one item of the national health strategy/policy at the federal level is supported, underpinned and justified by the DHIS.	1. DHOs documents/reports 2. PHDs documents/reports 3. Annual NHIRC reports	
【Project Purpose】 Routine operation and budget planning are practiced in an evidence-based manner, through newly introduced DHIS, at the selected districts. ~~**nationwide in Pakistan**~~	**1. [Scaling-up 1]** Monthly and yearly report forms of the HMIS are replaced by those of the DHIS at the MOH health facilities (= xx %) **2. [Scaling-up 2]** The HMIS software is replaced by that of the DHIS at the DHOs (= xx %) **3. [EBM at PHD]** At least one item of health services budget planning at provincial level is supported, underpinned and justified by the DHIS in the PHDs (= xx %) **4. [EBM at DHO]** At least one item of health services routine operation at district level is supported, underpinned and justified by the DHIS in the DHOs (= xx %)	1. Reports from shipping contractor(s) responsible for discarding HMIS forms and distributing DHIS forms 2. Reports from software company(-ies) responsible for the DHIS software installation 3. PHD budget plan documents 4. DHO expenditure/stock documents	• Federal, provincial and district governments put high priority on implementation of DHIS.
【Output】 1. **[Strategic planning]** ~~Nationwide~~ Scale-up Strategy for the DHIS is ~~prepared and approved at the National Health Information System (HIS) Steering Committee.~~ approved by JCC.	1.1 ~~Nationwide~~ Scale-up Strategy for the DHIS is approved ~~at the National HIS Steering Committee~~ by JCC.	1-1 ~~Nationwide~~ Scale-up Strategy for the DHIS	• Other relevant divisions of the DHOs agree to and accept evidence-based resource reallocation proposals • Other relevant divisions of the PHDs agree to and accept
2 **[Training]** MOH/NHIRC staff is adequately trained on the DHIS operation.	2-1 DHO trainings complete training programs on: (i) data collection (:3), (= xx %)	2-1 Project documents	

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ANNEX 9

	2-2 PHD trainers complete training programs on (i) data collection (*3), (ii) data entry/processing/analysis (*4), data use (*5), and (iv) other subjects, (= xx %) 2-3 MOH/NHIRC trainers complete training programs on (i) data collection (*3), (ii) data entry/processing/ analysis (*4), data use (*5), and (iv) other subjects, (= xx %)	2-2 Project documents 2-3 Project documents	evidence-based budget proposals
3 **[Operation 1: paper-based]** The DHIS data are collected in a complete, precise and timely manner from health facilities to DHOs.	3.1 Health facilities submit the DHIS monthly reports in a timely manner consecutively for 6 months. (= xx %)	3-1 DHO internal documents	
4 **[Operation 2: computer-based]** The DHIS data are entered into the DHIS software, processed and analyzed at DHOs and further aggregated and analyzed at PHDs and MOH/NHIRC.	4-1 Tables or charts are created, sorted into files, and are readily available, for more than two key DHIS indicators at the DHOs. 4-2 Tables or charts are created, sorted into files, and are readily available, for more than two key DHIS indicators at the PHDs.	4-1 DHIS analysis file(s) at DHOs 4-2 DHIS analysis file(s) at PHDs	
5 **[Operation 3: human-based]** By using the results of analysis of the DHIS data, the items for resource reallocation and budgeting are identified respectively at DHOs and PHDs.	5-1 List of identified items for evidence-based resource reallocation is available at the DHOs. (= xx %) 5-2 List of identified items for evidence-based budgeting are available at the PHDs. (= xx %)	5-1 Lists of items for evidence-based resource reallocation at DHOs 5-2 List of identified items for evidence-based budgeting at PHDs	
6. **[Operation 4]** The DHIS is adequately coordinated among the stakeholders.	6-1 The meetings with development partners and related department in MOH are held. 6-2 The number of facility-based HISs does not increase.	6-1 Minutes of the JCC meetings	

【Activities】	【Inputs】	
[Strategic planning] 1-1 Analyze the current situation of the DHIS implementation progress and set up target figure, by using available secondary data and conducting baseline survey. => [Exp-1], [Exp-2] 1-2 Review and update the DHIS National Action Plan (NAP) => [Exp-1], [Exp-2] 1-3 Develop an overall strategic framework for ~~nationwide~~ scaling-up DHIS. => [Exp-1], [Exp-2] 1-4 Select districts which have necessary budgets for project activities ~~Develop a micro-planning of provincial scaling-up for each province (DHIS cell reorganization strategy, logistic strategy, financial strategy, human resource strategy, incentive mechanism for data use, etc.)~~ => [Exp-1], [Exp-2] 1-5 ~~At the National HIS Steering Committee,~~ JCC approve of ~~Nationwide~~ Scale-up Strategy, composed of: (i) revised NAP, (ii) overall strategic framework, and (iii) micro-planning. => [Exp-1], [Exp-2] **[Training]** 2-1 Based on the strategic planning, develop training plans at different levels for different subjects(*1).[Exp-1],[Exp-2] 2-2 Review and revise the DHIS training materials (*2) to increase user-friendliness, if needed, newly develop. [Exp-2], [Exp-3], [Exp-4], [Exp-5] 2-3 Based on the training plans, conduct training programs on data collection (*3). => [Exp-3] 2-4 Based on the training plans, conduct training programs on data entry, processing and analysis. (*4) => [Exp-4] 2-5 Based on the training plans, conduct training programs on data use (*5) => [Exp-5] 2-6 Based on the training plans, conduct training programs on coordination, monitoring and supervision for the DHIS operation. => [Exp-2] **[Operation 1: paper-based]** 3-1 Discard the HMIS monthly/yearly report forms and distribute the DHIS monthly report forms to health facilities. => [Exp-1],[Exp-2] 3-2 ~~Advice~~ DHOs to monitor and supervise health faculties on: (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting by PHDs. =>[Exp-1],[Exp-3] 3-3 ~~Advice~~ PHDs to monitor and supervise DHOs on (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting by MOH/NHIRC. => [Exp-1], {Exp-3} **[Operation 2: computer-based]** 4-1 Delete the HMIS software and install the DHIS software at DHOs, PHDs, and MOH/NHIRC => [Exp-1], [Exp-2], [Exp-4]	**Japan:** **Japanese/International Experts** - Long-term experts [Exp-1] Team Leader [Exp-2] Deputy Team Leader/Monitoring and supervision - Short-term experts [Exp-3] Expert on data collection [Exp-4] Expert on data analysis [Exp-5] Expert on data use • Cost for software maintenance for the first two years • Operational cost for Japanese/international experts • ~~Cost for replacing HMIS report forms with DHIS report forms at health facilities~~ • Cost, for replacing HMIS software with DHIS software at DHOs • Cost for training for provincial master trainers • Cost for training for district master trainers in K.P.K. and Balochistan **Pakistan(NHIRC/PHD)** • MOH staff as counterpart personnel(=>recurrent budget) • Administrative and operational costs (=> recurrent budget) • Cost for hardware procurement and maintenance (=> federal PC-1, Provincial PC-1s) • Cost for training (federal PC-1, Provincial PC-1, regular budget) • Cost for software maintenance for third year (PC-1) • Office(s) and facilities such as electricity, gas, water supply necessary for Project activities and operational expenses for utilities • Cost for replacing HMIS report forms with DHIS report forms at health facilities	

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ANNEX 9

4-2 PHDs to monitor and supervise DHOs on: (i) data entry, (ii) data processing, and (iii) data analysis by MOH/NHIRC. => [Exp-1], [Exp-4] 4-3 MOH/NHIRC to monitor and supervise PHDs on: (i) data aggregation, (ii) data analysis by Japanese Expert. => [Exp-1], [Exp-4] **[Operation 3: human-based]** 5-1 PHDs to monitor and supervise DHOs on: (i) adjustment of resource allocation, and (ii) regular feedback to health facilities, using the results of DHIS monthly reports by MOH/NHIRC. => [Exp-1], [Exp-5] 5-2 ~~Advice~~ MOH/NHIRC to monitor and supervise PHDs on: (i) budget preparation for the following fiscal year, and (ii) regular feedback to DHOs, using the results of DHIS ~~yearly~~ monthly reports for that year by Japanese Expert. => [Exp-1], [Exp-5] **[Operation 4]** 6-1 Strengthen, reorganize or adjust the structure of the DHIS administrative channel form health facilities, DHOs, and PHDs through to MOH/NHIRC. =>[Exp-1], [Exp-2] 6-2 Hold the ~~HIS Steering Committee of MOH/NHIRC level~~ JCC meetings on regular and irregular basis (e.g. case studies of data use for evidence-based management of health services). =>[Exp-1], [Exp-2] 6-3 Hold the DHIS Inter-district meetings at PHD level on regular basis. =>[Exp-1], [Exp-2] 6-4 Encourage the existing vertical information systems for the MOH national programs (e.g. EPI, TB) to be fully integrated into the DHIS. =>[Exp-1], [Exp-2] 6-5 Promote the application of the DHIS among other development partners. =>[Exp-1], [Exp-2]		**【Preconditions】** • MOH continuously supports the project. • MOH/NHIRC remains in the MOH system as the division responsible for HISs. • MOH insures financial resources of the project at federal, provincial and district levels. • Security will no not deteriorating in Pakistan.

[Remarks]

(*1) Levels: MOH/NHIRC, PHDs, DHOs. Subjects: (i) data collection, (ii) data entry, processing and analysis, (iii) data use, (iv) Coordination, monitoring, and supervision for the DHIS operation
(*2) The DHIS training materials are composed of: (i) curricula, (ii) textbooks, (iii) teaching guides, and (iv) MS Power Point modules.
(*3) i.e. how to fill out monthly / ~~yearly~~ DHIS report forms and submit them to DHOs
(*4) i.e. how to enter paper-based data into software, aggregate and/or analyze them
(*5) i.e. how to use the data for evidence-based management of health services
(*6) Training, monitoring and supervision is conducted to province in non-focusing target provinces
(*7) Target figure will be set up in activity 1-1 by December 2009.

3 Availability of PHD's Budget

	Name of Districts	Nos.	Tools/Hardware	Training
Punjab	All 36 districts	36	PHD (Comp.)	PHD (Comp.)
Sindh	Kharpur, Dadu, Sukkar	3	PAIMAN (Comp.)	PAIMAN (Comp.)
	Hyderabad, Mattiari, T.Allahyar, T.M.Khan, Sanghar, N. Feroz, Mirpurkhas, Malir town in Karachi	8	MNCH (July 2010)	MNCH (Comp.)
	S. Benazirabad, Tharparkar, Umarkot, Shikarpur, Jeccobabad, Kashmore, Kambar, Larkana, Ghotki, Badin, Jamshoro	11	NPPI (under negotiation)	NPPI (under negotiation)
	Thatta, Karachi	2	No	No
Balochistan	Quetta, Sibi, Gwadar	3	PAIMAN (Comp.) MNCH (under negotiation)	PAIMAN (Comp.) MNCH (under negotiation)
	Turbat, Panjgur, Killa Saifullah, Killa Abdullah, Harnai, Naseerabad, Dalbandin, Loralai, Noshki	9	MNCH	MNCH
K.P.K.	Abbotabad, Haripur, Kohistan, Shangla, Chitral, Dir Lower, Malakand, Hangu, Bannu, Karak, Lakki Marwat, Tank,	12	Provincial Gov.	Provincial Gov.
	Buner, Charsadda, Dera Ismail Khan, Mardan, Peshawar, Swat, Upper Dir	7	PAIMAN	PAIMAN
FATA	Bajaur, Khyber, Kurram, Mohmand, North Waziristan, Orakzai, South Waziristan, FR Peshawar, FR Kohat, FR Lakki, FR Bannu, FR D. I. Khan, FR Tank	13	Save the Children (under negotiation)	Save the Children (under negotiation)
AJK	Bhimber, Sudhnoti	2	PAIMAN (Comp.)	PAIMAN (Comp.)
	Muzaffarabad, Hattian, Kotli	3	UNFPA	UNFPA
	Mirpur	1	GTZ	GTZ
	Poonch, Neelum	2	NHIRC	NHIRC
	Bagh, Havli	2	PRIDE (USAID)	PRIDE (USAID)
G/B	Hunza Nagar, Gilgit, Ghizer, Ghanche, Daimir, Skardu, Astor	7	Tools by NHIRC Hardware by Provincial Gov.	NHIRC

MINUTES OF SECOND JOINT COORDINATING COMMITTEE BETWEEN THE JAPAN INTERNATIONAL COOPERATION AGENCY AND THE AUTHORITIES CONCERNED OF THE ISLAMIC REPUBLIC OF PAKISTAN ON JAPANESE TECHNICAL COOPERATION FOR THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

The Japanese Advisory Study Team (hereinafter referred to as "the Team"), organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Mr. Keiichi Takemoto, Director of Health Division 4, Human Development Department, visited Islamabad, the Islamic Republic of Pakistan (hereinafter referred to as "Pakistan"), from July 5, 2010 to July 8, 2010 for the purpose of reviewing the contents of the District Health Information System Project for Evidence-Based Decision Making and Management (hereinafter referred to as "DHIS Project").

As a result of the 2nd Joint Coordinating Committee Meeting (hereinafter referred to as "the 2nd JCC") held on July 7, 2010 **(Annex-A)** and subsequent discussions, JICA and the authorities concerned of Pakistan agreed on the matters referred to in the documents attached hereto and also agreed by Economic Affairs Division (EAD) vide UO No. 4(131) Japan-I/05, dated September 30, 2010 **(Annex-B).**

Both parties also agreed that, after the signing of this Minutes of the 2nd JCC, the Project Design Matrix (hereinafter referred to as "PDM") dated April 25, 2009, will be revised and the revised PDM will be signed by the Ministry of Health (hereinafter referred to as "MoH"), National Health Information Resources Centre (hereinafter referred to as "NHIRC"), Economic Affairs Division (hereinafter referred to as "EAD") and JICA, which is the same procedure as the signing of the original PDM.

Islamabad, October 21, 2010

西片高俊

Takatoshi Nishikata
Chief Representative
JICA Pakistan Office

Iftikhar Ahmed Khan
Executive Director
NHIRC, Ministry of Health
Islamic Republic of Pakistan

THE ATTACHED DOCUMENT

1. Revision of PDM

The Team and the authorities concerned of Pakistan agreed to revise the PDM in Annex 1 of Minutes of Meeting dated April 25, 2009 (hereinafter referred to as "PDM Ver.1"), as follows:

PDM Ver.1	PDM Ver.2	Note
【Target Area】 Focusing target province: Punjab, Sindh, NWFP, Balochestan, FANA, ICT Non-Focusing target province: FATA, AJK	【Target Area】 Districts which have budgets for project activities	• PHDs do not have budget for implementing the project activities at all districts. • FATA and AJK also need support for software installation and maintenance.
【Project Purpose】 (narrative summary) Routine operation and budget planning are practiced in an evidence-based manner, through newly introduced DHIS nationwide in Pakistan	【Project Purpose】 (narrative summary) Routine operation and budget planning are practiced in an evidence-based manner, through newly introduced DHIS at the selected districts in Pakistan	• The Project implements the activities at the districts which ensure the budget for project activities.
【Project Purpose】 (means of verification) 1. Reports from shipping contractor(s) responsible for discarding HMIS forms and distributing DHIS forms	【Project Purpose】 (means of verification) 1. DHIS reports from NHIRC/ PHDs / DHOs	
【Output 1】 [Strategic planning] Nationwide Scale-up Strategy for the DHIS is	【Output 1】 [Strategic planning] Scale-up Strategy for the DHIS is prepared and	

prepared and approved at the National Health Information System (HIS) Steering Committee.	approved at the National Health Information System (HIS) Steering Committee.	
【Indicator for Output 1】 1.1 Nationwide Scale-up Strategy for the DHIS is approved at the National HIS Steering Committee	【Indicator for Output 1】 1.1 Scale-up Strategy for the DHIS is approved at the National HIS Steering Committee	
【Activities】 1-3 Develop an overall strategic framework for nationwide scaling-up DHIS.	【Activities】 1-3 Develop an overall strategic framework for scaling-up DHIS.	
1-4 Develop a micro-planning of provincial scaling-up for each province (DHIS cell reorganization strategy, logistic strategy, financial strategy, human resource strategy, incentive mechanism for data use, etc.)	1-4 Select districts which have necessary budgets for project activities.	
1-5 At the National HIS Steering Committee, approve of Nationwide Scale-up Strategy, composed of: (i) revised NAP, (ii) overall strategic framework, and (iii) micro-planning.	1-5 At the National HIS Steering Committee, approve of Scale-up Strategy, composed of: (i) revised NAP, (ii) overall strategic framework, and (iii) micro-planning.	
3-2 Advise DHOs to monitor and supervise health faculties on: (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting by PHDs.	3-2 DHOs monitor and supervise health faculties on: (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting by PHDs.	● The subject should be clear.
3-3 Advise PHDs to monitor	3-3 PHDs monitor and	

and supervise DHOs on (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting by MOH/NHIRC.	supervise DHOs on (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting by MOH/NHIRC.	
4-2 Advise PHDs to monitor and supervise DHOs on: (i) data entry, (ii) data processing, and (iii) data analysis by MOH/NHIRC	4-2 PHDs monitor and supervise DHOs on: (i) data entry, (ii) data processing, and (iii) data analysis by MOH/NHIRC	
4-3 Advise MOH/NHIRC to monitor and supervise PHDs on: (i) data aggregation, (ii) data analysis by Japanese Expert.	4-3 MOH/NHIRC monitor and supervise PHDs on: (i) data aggregation, (ii) data analysis by Japanese Expert.	
5-1 Advise PHDs to monitor and supervise DHOs on: (i) adjustment of resource allocation, and (ii) regular feedback to health facilities, using the results of DHIS monthly reports by MOH/NHIRC.	5-1 PHDs monitor and supervise DHOs on: (i) adjustment of resource allocation, and (ii) regular feedback to health facilities, using the results of DHIS monthly reports by MOH/NHIRC.	
5-2 Advise MOH/NHIRC to monitor and supervise PHDs on: (i) budget preparation for the following fiscal year, and (ii) regular feedback to DHOs, using the results of DHIS yearly monthly reports for that year by Japanese Expert.	5-2 MOH/NHIRC to monitor and supervise PHDs on: (i) budget preparation for the following fiscal year, and (ii) regular feedback to DHOs, using the results of DHIS monthly reports for that year by Japanese Expert.	
【Inputs】 Japan: •Cost for software maintenance for the first two	【Inputs】 Japan: •Cost for software maintenance for the first two	• Delivery channel of DHIS report forms is already established in the Provinces, and replacement is done by Pakistan side.

years •Operational cost for Japanese/international experts •Cost for replacing HMIS report forms with DHIS report forms at health facilities •Cost, for replacing HMIS software with DHIS software at DHOs	years •Operational cost for Japanese/international experts •Cost for replacing HMIS software with DHIS software at DHOs •Cost for training for provincial master trainers. •Cost for training for district master trainers in K.P.K. and Balochistan.	• The Project implements TOT for provincial master trainers to develop the platform for enabling scale-up the DHIS in all provinces. • The Project implements TOT for district master trainers in K.P.K. and Balochistan at places outside these provinces due to the security reason.
【Inputs】 Pakistan(NHIRC/PHD): •MOH staff as counterpart personnel(=>recurrent budget) •Administrative and operational costs (=> recurrent budget) •Cost for hardware procurement and maintenance (=> federal PC-1, Provincial PC-1s) •Cost for training (federal PC-1, Provincial PC-1, regular budget) •Cost for software maintenance for third year (PC-1)	【Inputs】 Pakistan(NHIRC/PHD): •MOH staff as counterpart personnel(=>recurrent budget) •Administrative and operational costs (=> recurrent budget) •Cost for hardware procurement and maintenance (=> federal PC-1, Provincial PC-1s) •Cost for training (federal PC-1, Provincial PC-1, regular budget) •Cost for software maintenance for third year (PC-1)	• Delivery channel of DHIS report forms is already established in the Provinces and replacement is done by Pakistan side.

•Office(s) and facilities such as electricity, gas, water supply necessary for Project activities and operational expenses for utilities	•Office(s) and facilities such as electricity, gas, water supply necessary for Project activities and operational expenses for utilities •Replacement/distribution of DHIS report forms at health facilities	

In accordance with the proposal of the Executive Director of NHIRC given in the 2nd JCC, a follow-up Committee comprising of members from NHIRC, JICA, and SSC, was held on July 15 to finalize the said Minutes of the 2nd JCC.

NHIRC:
1. Dr. Afzaal Aslam, Director Development
2. Mr. Ali Akbar Khan, Deputy Director
3. Mr. Alam Zaib Khan Bangash, Assistant Director

JICA Pakistan Office:
1. Mr. Toshiya Sato, Senior Representative
2. Mr. Tomoyuki Nagita, Representative
3. Mr. Sohail Ahmed, Senior Program Officer

SSC (DHIS Project):
1. Mr. Shuji Noguchi, Team Leader

It was mutually opined by the follow-up Committee that JCC could be the appropriate and approved forum for the revision of PDM, subject to agreement by EAD (through its representative present in the 2nd JCC).

It was also mutually accepted that Steering Committee of National Health Information System (HIS) is the only authorized body to approve "Scale-up Strategy for the DHIS".

Most Immediate
By Fax

No.F. 40-6/2010-NHIRC
Government of Pakistan
Ministry of Health
NHIRC
*****

Islamabad the 16th March 2011

1. **Secretary (Health),**
Secretary Health Deptt. Punjab,
Civil Sectt. Lahore.
Road, **Lahore.**

2 **Secretary (Health),**
Secretary Health Deptt. Office,
Building No-1, 06th Floor, Kamal Ataturk
Karachi.

3. **Secretary (Health),**
Secretary Health Office,
HRD Building, Khyber Road,
Peshawar,
Khyber Pakhtoon Khawa.

4. **Secretary (Health),**
Secretary Health Deptt. Office,
Civil Secretariat, Block-No-05, Room No.1
Zargoon Road,
Quetta.

5 **Secretary (Health),**
Health Department, ,
Govt. of Gilgit &Baltistan,
Gilgit.

6. **Secretary (Health),**
Directorate of Health Secretary, AJK
966-B Coob Line, Qasim Market,
Rawalpindi.

7. **Director Health Services,**
Directorate Health Service, FATA.
FATA Secretariat, Warsak Road Kababian
Peshawar.

8. **Director Health Officer,**
ICT, **Islamabad.**

Subject: - **MINUTES OF THE 3RD & 4TH MEETINGS OF JOINT COORDINATION COMMITTEE (JCC) OF NHIRC, MINISTRY OF HEALTH.**

Dear Sir,

Minutes of the 3rd & 4th JCC meeting dully approved by Director General (Health) Chair Person of Joint Coordination Meeting (JCC) are enclosed herewith and sent for your kind perusal and implementation of DHIS in the Districts.

2. This issues with the approval of competent authority.

Ali Akbar khan
Deputy Director (L.F&A)/
National HMIS Coordinator
051-9212501

Copy for information and necessary action to:-

1. PS to Director General Health, Ministry of Health, Block, C, Pak, Sectt. Islamabad.
2. PS to Executive Director, (NHIRC), Ministry of Health, Islamabad.
3. Senior. Representative JICA, Pakistan Office, 4th Floor Serena Office Complex, Plot No 17,
   Ramna – 5, Khayaban-e-Suharwardy, G-5/1, Islamabad.
4. Team Leader, SSC District Health information System for Evidence Based Decision Making & Management Administration Block NIH,
5. Director (MIS/DHIS), Directorate General of Health Services, Health Department, Govt. of the Punjab, 24- Cooper Raod, Lahore.
6. Provincial Coordinator (DHIS), Directorate General of Health Services, Health Department, Govt. of Sindh, Wahdat Colony. Hyderabad.
7. Project Manager (DHIS), Directorate General of Health Services, Health Department, Govt. of Khyber Pukhtun Khwa, Plot No-14-15, Sector B-2, Phase-V, Opp. FPSE, Office, Hayet Abad, Peshawar.
8. Provincial Coordinator (DHIS), Directorate General of Health Services, Health Department, Govt. of Baluchistan, Link Saryiab Road, Quetta.
9. Coordinator DHIS /S.O, Directorate of Health Services, Health Department, Government of Gilgit-Baltistan, Gilgit.
10. Provincial Coordinator DHIS, Directorate General of Health Services, Health Department, Govt. of AJK, Room No.23 Block-F, New District Complex AJK, Muzaffarabad.
11. DHIS Coordinator/S.O, Directorate of Health Services, FATA Secretariat, Warsak Road Kababian FATA Peshawar.

Deputy Director (L.F &A)/
National HMIS Coordinator

Minutes of the Joint Coordinating Meeting District Health Information System Project, For Evidence Based Decision Making And Management.

Dated: 08th February, 2011

Venue: Islamabad Hotel, Islamabad,

Agenda of the meeting is annexed at **A.**

List of participants is annexed at **B.**

Item-No.1&2 **Recitation of Holy Quaran and welcome address by chairman.**

Meeting started with the recitation of Holy Quran followed by brief opening remarks by the chairperson.

The 3rd JCC meeting was chaired by Dr. Agha Mehboob, Deputy Director General, Ministry of Health, on behalf of Director General (Health) chairman of Joint Coordination Committee (JCC). He appreciated the efforts of provincial health department particularly Punjab being the leading province. He said that provincial health department of KPK province would be the next one, to accomplish the DHIS project activities after the Punjab. He also suggests to other provincial health departments to follow the provincial health departments of Punjab & KPK and complete the DHIS project activities as early as possible.

Item No. 3. **Progress of Activities done by the SSC Project:**

Mr. Shigeru Kobayashi, Deputy Team Leader, JICA Technical Cooperation Project (TCP), high-lighted the progress of main activities done by project from July 2010 to January, 2011. Copy of project presentation is attached at **(Annex-C).**

The major activities conducted by SSC and Provincial Health Department during the above period are:-

- Implementation of TOT for Provincial Master Trainers from KPK and Baluchistan by SSC
  - 28 Provincial Master Trainers from seven regions of above two provinces were trained from 19th to 21st July 2010 at Islamabad.

- Implementation of TOT for District Master Trainers for KPK & Baluchistan by SSC
  - 48 District Master Trainers from 12 districts in KPK were trained at Lahore from 26th to 29th July 2010.
  - 39 District Master Trainers were trained at Lahore from 13 districts of Baluchistan from 2nd to 5th August 2010.
- Implementation of TOT for District Master Trainers by PHDs
  - Trainings for district master trainer were implemented at 9 districts at Sindh, 17 at KPK, 8 at Baluchistan, 10 at FATA and 5 at AJK by the Provincial Health Departments.
- Implementation of training for the use information at provincial and district level at Punjab by SSC.
  - Technical working group meeting was held at Lahore from 1st to 4th September 2010.
  - 2 days workshop was held at Sahiwal district from 6th to 7th September 2010.
- Distribution of DHIS monthly report forms to health facilities by the PHDs & DHOs.
  - DHIS tools were distributed in 09 districts at Sindh, 15 at KPK (12 out of 15 will be distributed within a week), 8 of Baluchistan, 10 of FATA & 5 of AJK by the Provincial Health Departments and Development Partners.
- Bugs in the DHIS software removed.
  - Bugs were identified, removed and fixed by the Project at September 2010.
  - Improved version of JICA's DHIS software has been used on a trial basis at Provincial Health Department Punjab since September 2010.
- DHIS software installation and maintenance.
  - DHIS Software will be installed in the proposed selected districts by the Project as shown in Table 02 of working paper of 3rd Joint Coordination Committee Meeting. The proposed schedule of

schedule of DHIS software installation is shown in Table 03 in the aforementioned working paper.

- Sub-contractor for software maintenance will be selected by the criteria of lowest bidder with the qualitative assurance up to end of March 2011.

- SSC Project will be responsible for DHIS Software Maintenance up to May 2011,
- Sub-contractor will be responsible for DHIS Software Maintenance from May 2011 up to April 2012.
- NHIRC will be responsible for DHIS Software Maintenance from May 2012 onwards.

Presentation made by the Provincial Health Departments.

Khyber Pakhtoon Khawa Health Department:

- Dr. Ali Ahmed of KPK Health Department presented the implementation and reports generation progress of DHIS Software. He further informed that the printing process of DHIS Tools and Instruments will be completed within a couple of weeks. He also informed that provincial health department is unaware of the activities done in the district by UNFPA as they have not contacted / involved the provincial health department in the said activities. However we have asked the District Health Departments that why districts by passed the Provincial Health Departments.

Punjab Health Department:

- Dr. Khaleeq Qureshi represented the Punjab Health Department, he stated that all 36 districts are reporting and the project period has been extended by the competent authorities up to 2012.

Baluchistan Health Department:

- Dr. Ali Ahmed Baloch from Baluchistan health department has stressed on early arrangements of DHIS Software Training and installation of DHIs Software in the PAIMAN Districts.

FATA Health Directorate:

- Dr. Muhammad Niaz from FATA informed that at present only Mohmend Agency has been started sending the monthly reports and

very soon monthly reporting would be start from the other agencies too.

Sindh Health Department:

- Dr. Yonus Asad Sheikh represented the Sindh Health Department. He highlighted the Progress of DHIS activities in the districts of Sindh which are covered through donor agencies i.e. MNCH, NPPI and UNFPA and seven districts supported by MNCH are still waiting for supply of hardware & installation of DHIS software. NPPI (WHO) have been promised for their support in 10 districts at all levels i.e. capacity building, supply of hardware and DHIS tools up to April 2011. Dr. Yonus Asad Sheikh also pointed out that there was some lack of coordination between the PPHI and district government. Therefore he made a request to NHIRC for the settlement of said lack of coordination in between the PPHI and Provincial Health Department Sindh.

Decision **JCC approves the activities conducted by the SSC and Provincial Health Departments during the period under discussion**

Item No.4 **Up-datation of Base line Survey.**

- The SSC Project submitted the Baseline Survey Report at the PMC meeting held on 10th February 2010.
- SSC Project received comments from NHIRC on the above baseline survey based on the comments received from provincial health department in June 2010.
- All the reservation of Provincial Health Departments are now reflected in the said Baseline Survey.

Item No.5 **Finalization of Target Districts and Installation Schedule of DHIS Software by SSC**

The following criteria for the selection of districts for installation and maintenance of DHIS Software were decided as:

a) Having DHIS tools and instrument.

b) Having Computer hardware.

c) Completed DHIS training on tools and Instrument.

All Provinces submitted the list of 110 districts of the country and AJK which fulfilled the above mentioned criteria.

The above condition in all selected districts will be confirmed from Provincial Health Departments during the next Joint Coordination Committee (JCC) in the month of March 2011 and the districts which could not secure the provision of tools, hardware and trainings will be dropped from the above list of target districts.

Moreover the JICA/SSC team dropped the Gilgit Baltistan Province from the installation of DHIS Software Trainings. i.e. Gilgit and Sakardu. As the Gilgit Baltistan Provincial Health Department has requested to include the Gilgit Baltistan Health Department in DHIS Activities in the next financial year.

Decision: As above.

Item No.6 **Details of Up-datation of DHIS Software.**

- Installation of IDE Software (Eclipse3.5 galileo)
- Changing the Platform is shown in the following table

Name	Original	New
Name of Platform	Apache2 Triad	XAMPP 1.7.2
Apache Server	Apache 2.0.52	Apache 2.2.12
PHP Language	PHP 5.0.2	PHP 5.3.0

- **Debugging of DHIS Software:**

  More than 170 bugs have been found and removed by the experts of SSC in the DHIS Software from August 2010. Brief description of which can be seen in the presentation made in the 3rd JCC Meeting.

Rescheduling of DHIS Software installation in target districts

- The Provincial Health Departments has not completed the requirements of districts due to uncertainty of budget disbursement and the NHIRC has also not provided the DHIS tools in PAIMAN districts, as the Printing Corporation has not provided the tools as yet. Therefore the DHIS Software installation has to be rescheduled at some districts.

- DHIS software except in Punjab will be installed in two phases through software installation training workshops at the following 74 out of 110 districts by the SSC Project.

Ist Phase: DHIS Software Installation training of districts would be held in February / March 2011.

2nd Phase: DHIS Software Installation training of districts would be held in May / June 2011.

Decision: As above.

Item No.07 **Schedule of DHIS Software installation by the project.**

- **Training Workshops:**

  The proposed schedule for Installation of DHIS Software Workshops during the months of February and March 2011 is reflected as below:

Districts	Date of Training	Venue of Training
10 district from FATA	17th to 19th February	Islamabad
10 districts from KPK	21st to 23rd February	Islamabad
7 districts from KPK and 05 districts from AJK	24th to 26th February	Islamabad
05 districts from Sindh and 2 districts from Baluchistan	28th February to 2nd March	Islamabad

- DHIS Software will be Installed and updated in Punjab after consultation of Provincial Health Department and NHIRC.
- Team of NHIRC and Provincial/District Health Department (4 to 5 Persons) will be trained for DHIS Software installation.
- Supervision and monitoring of above mentioned training would be carried out by both NHIRC and JICA/SSC.

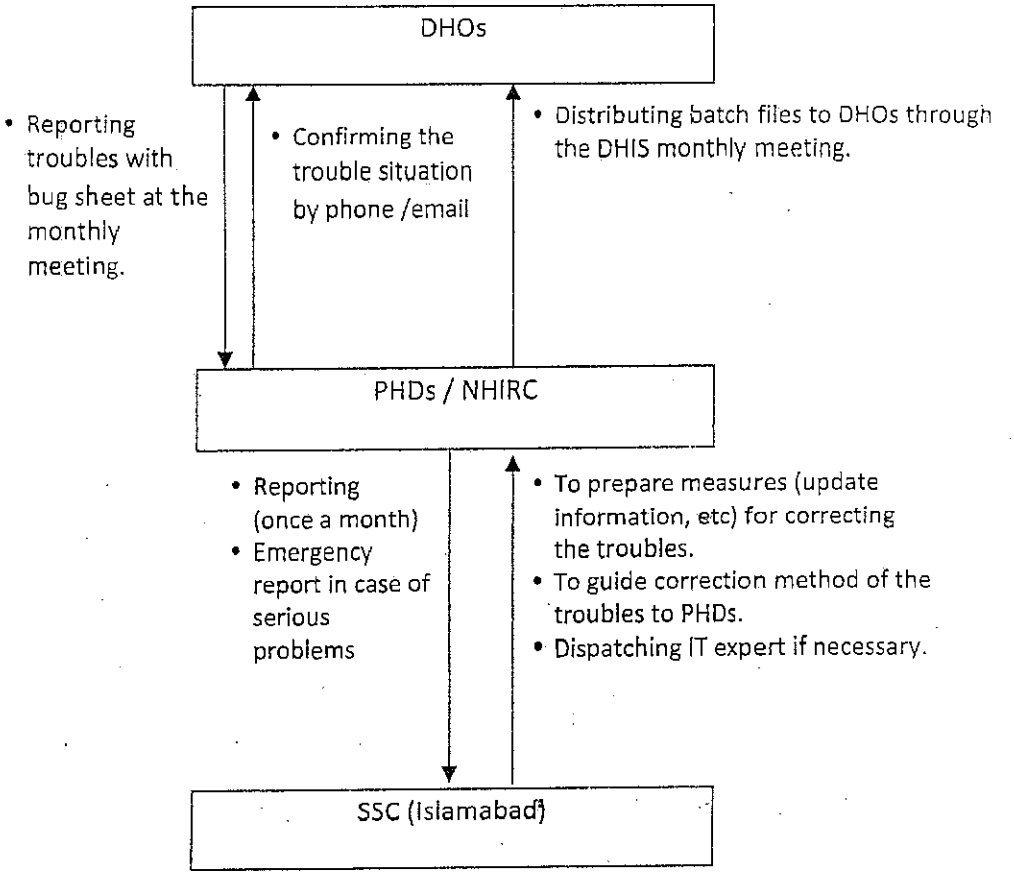
Some provincial health departments also expressed their concerned over the transportation of CPU (s) from the far flung areas to the place of training of workshop. Chairperson proposed that JICA may provide laptops for the software training. But SSC representative told that as per record of discussion, Government of Pakistan is responsible for the provision of same type of services in the relevant head. So the matter provision of laptop will be looked after by the government of Pakistan. In this regard, NHIRC also shows their inability for provision of laptops due to the constraint and shortage of funds.

Decisions ***JCC agrees with the proposals for training/installation of DHIS Software in two Phases in the target districts.***

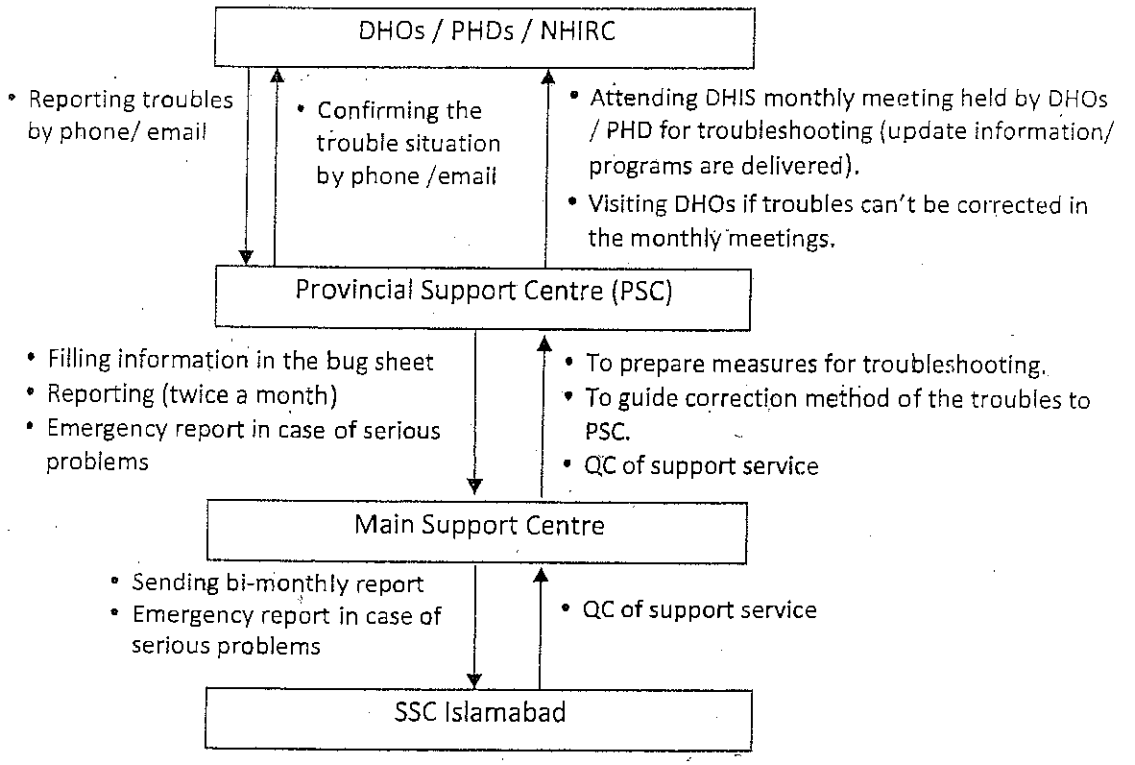
Item No. 8 **Schedule and TOR of subcontractor for DHIS Software maintenance.**

Schedule

- DHIS Software Maintenance will be conducted in following three phases phases.
  - In the Ist phase, IT Experts of SSC Projects will be responsible for maintenance of DHIS Software in the target district up to May 2011.
  - In the 2nd phase, the sub-contractor will be responsible for maintenance of DHIS Software since May 2011 up to the end of April 2012.
  - In the 3rd Phase the Government of Pakistan will be responsible for maintenance of DHIS software since May 2012 onwards.
- Flow of maintenance of DHIS Software by SSC IT experts till March 2011 would be as under:-



- Flow of maintenance of DHIS Software by experts of sub-contractor from may 2001 to April 2012 would be as under:



TOR's for the selection of Sub-Contractor for DHIS Software Maintenance.

➢ Chief planning officer Mr. Rahim Zaada of KPK Health Department has suggested maintenance of transparency in the bidding process and there should be two bids; technical bid and financial bid.

Chairperson also emphasized that both technical and financial bids go hand in hand but technical bid always has the upper hand. JICA also agreed and endorsed the remarks of chairperson.

Decision ***Chairperson agreed with the KPK representative remarks and JCC approves the schedule and flow of maintenance program of DHIS Software.***

Item No. 9 **Revision of PDM**

The Project Design Matrix (PDM) is modified, as decided in the pervious JCC meeting, in the light of advise received from Economic Affairs Division.

Decision ***JCC approves the changes as reflected in the revised PDM ver039****

Item No. 10 **Collaboration with PPHI**

The duty was assigned to NHIRC, during the previous meeting of JCC to discuss the issues of non-reporting of some Basic Health Units which fall under the administrative jurisdiction of PPHI / PRSP.

NHIRC informed the house that PPHI both federal and provincial representatives were invited to pre-JCC meeting, to discuss the issues / problems faced by district / provincial health authorities. Despite of the fact that invitation letters were sent to the PPHI very late and therefore, none of PPHI officials has attended the meeting.

However job is assigned again to NHIRC to take up the matter with the PPHI authorities and progress may be presented in the next JCC meeting to be held in the month of March 2011.

Decision *As above*

Item No. 11 **Notification of DHIS Tools & Instruments**

NHIRC informed that we have already issued a notification in this regard; however we will again circulate the same notification to all concerned

Item No. 12 **Annual Work Plan from May 2011 to June 2012**

Annual Work Plan for the period from May 2011 to June 2012 was presented in JCC meeting. *(Annex F)*

The SSC Project pointed out that schedule of the "Training for the use of information" would be revised in the month of June 2011 since the schedule of DHIS software installation is behind the original schedule.

Decision **JCC approved the Annual Work Plan for DHIS activities during the period starting from May 2011 to June 2012**

Dr. Agha Mehboob Deputy Director General, ministry of Health, in his concluded remarks emphasis that there should be no donor duplication to avoid financial loss and wastage of human resource.

The meeting concluded with the vote of thanks

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SYSTEM SCIENCE CONSULTANTS INC.

District Health Information System Project for Evidence Based Decision Making and Management

3rd Joint Coordinating Committee Meeting

Date: 8th February 2011 at 10:30
Venue: Islamabad Hotel, Islamabad

Agenda

1. Welcome address
2. Recitation from Holy Quran
3. Progress of the Project Activities
   - Activities by JICA
   - Activities by PHDs
4. Update of the Baseline Survey
5. Finalizing Target Districts
6. DHIS software for installation by the Project
7. Schedule of the DHIS software for installation by the Project
8. Schedule and TOR of the Sub-contractor for software maintenance
9. Revision of PDM
10. Collaboration with PPHI
11. Notification of Tools & Instruments
12. Draft Action Plan for next Japanese fiscal year from May 2011 to June 2012
13. Remarks
14. Vote of Thanks

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DHIS Department, Administration Block, National Institute of Health, Chak Shahzad, Islamabad Pakistan
TEL & FAX +92(51)2240563

ANNEX 12

Most Immediate
By Fax

No.F. 40-6/2010-NHIRC
Government of Pakistan
Ministry of Health
NHIRC
*****

Islamabad the 16th March 2011

1. **Secretary (Health),**
Secretary Health Deptt. Punjab,
Civil Sectt. Lahore.
Road, **Lahore.**

2 **Secretary (Health),**
Secretary Health Deptt. Office,
Building No-1, 06th Floor, Kamal Ataturk
Karachi.

3. **Secretary (Health),**
Secretary Health Office,
HRD Building, Khyber Road,
Peshawar,
Khyber Pakhtoon Khawa.

4. **Secretary (Health),**
Secretary Health Deptt. Office,
Civil Secretariat, Block-No-05, Room No.1
Zargoon Road,
Quetta.

5 **Secretary (Health),**
Health Department, ,
Govt. of Gilgit &Baltistan
Gilgit.

6. **Secretary (Health),**
Directorate of Health Secretary, AJK
966-B Coob Line, Qasim Market,
Rawalpindi.

7 **Director Health Services,**
Directorate Health Service, FATA.
FATA Secretariat, Warsak Road Kababian
Peshawar.

8. **Director Health Officer,**
ICT, **Islamabad.**

Subject: - **MINUTES OF THE 3RD & 4TH MEETINGS OF JOINT COORDINATION COMMITTEE (JCC) OF NHIRC, MINISTRY OF HEALTH.**

Dear Sir,

Minutes of the 3rd & 4th JCC meeting dully approved by Director General (Health) Chair Person of Joint Coordination Meeting (JCC) are enclosed herewith and sent for your kind perusal and implementation of DHIS in the Districts.

2. This issues with the approval of competent authority.

25/04/2011

Ali Akbar khan
Deputy Director (L.F&A)/
National HMIS Coordinator
051-9212501

Copy for information and necessary action to:-

1. PS to Director General Health, Ministry of Health, Block, C, Pak, Sectt. Islamabad.
2. PS to Executive Director, (NHIRC), Ministry of Health, Islamabad.
3. Senior. Representative JICA, Pakistan Office, 4th Floor Serena Office Complex, Plot No 17,
   Ramna – 5, Khayaban-e-Suharwardy, G-5/1, Islamabad.
4. Team Leader, SSC District Health information System for Evidence Based Decision Making & Management Administration Block NIH,
5. Director (MIS/DHIS), Directorate General of Health Services, Health Department, Govt. of the Punjab, 24- Cooper Raod, Lahore.
6. Provincial Coordinator (DHIS), Directorate General of Health Services, Health Department, Govt. of Sindh, Wahdat Colony. Hyderabad.
7. Project Manager (DHIS), Directorate General of Health Services, Health Department, Govt. of Khyber Pukhtun Khwa, Plot No-14-15, Sector B-2, Phase-V, Deg. FPSE, Office, Hayet Abad, Peshawar.
8. Provincial Coordinator (DHIS), Directorate General of Health Services, Health Department, Govt. of Baluchistan, Link Saryiab Road, Quetta.
9. Coordinator DHIS /S.O, Directorate of Health Services, Health Department, Government of Gilgit-Baltistan, Gilgit.
10. Provincial Coordinator DHIS, Directorate General of Health Services, Health Department, Govt. of AJK, Room No.23 Block-F, New District Complex AJK, Muzaffarabad.
11. DHIS Coordinator/S.O, Directorate of Health Services, FATA Secretariat, Warsak Road Kababian FATA Peshawar.

Deputy Director (L.F &A)/
National HMIS Coordinator

Minutes of the Joint Coordinating Meeting District Health Information System Project, For Evidence Based Decision Making and Management

Dated: 19th March, 2011

Venue: Hotel Hill View, Islamabad,

Agenda of the meeting is annexed at **A.**

List of participants is annexed at **B.**

Item-No.1&2 **Recitation of Holy Quran and welcome address by chairman.**

Meeting started with the recitation of few verses from Holy Quran. The purpose of the meeting was to view the progress made by JICA experts during February and March 2011, to see the progress made by provinces to fulfill the criteria for continuation of DHIS activities in the next financial year, to decide the additional target districts for Project activities and to discuss the collaboration with PPHI. The meeting was chaired by Director General Health, and in his remarks he underscored the need of valuable data for any decision and policy making and appropriate use of our meager resources, he also emphasis the importance the accuracy and timeliness of data generation. He stressed that any strategy, policy is useless unless there is no reliable and steady data available for decision makers. Some projects and programs were not successful in the past just because these programs were not based on solid and reliable data. He said that DHIS is very vital for us and DHIS is supported by JICA in collaboration with NHIRC and provincial Health Departments including AJ&K and FATA. He welcomes the participation from PPHI / PRSP who are participating in such meetings for the first time. He also stressed that the information generated through DHIS should be analyzed and used at different levels for decision making. Due to commitment of Federal Director General Health, some part of the meeting was presided over by Director General Health Services, Punjab.

Item No. 3. **Progress of the Project Activities since 8th February 2011.**

- **Installation of DHIS Software in DHOs and PHDs by JICA experts.**

DHIS Software installation workshops were conducted four times from February 17, 2011 to March 02, 2011 at Islamabad. Each workshop was of three days duration. Three participants from each district and five participants from provincial office were invited besides one participant for each batch from NHIRC. From Punjab one participant form each district of Punjab (total 18 districts) and two participants from Punjab Provincial Office were also invited in

all the four batches to guide, facilitate and share their experiences with the districts from other provinces. The JICA IT Experts conducted the training. Training included brief introduction of the software packages, installation and un-installing training of DHIS Software, Use of DHIS software and distribution of DHIS Software on CDs to all DHOs and PHDs. A pre and post test was also arranged to evaluate the ability of resource persons to deliver the knowledge and understanding ability of the participants. All the participants expressed their satisfaction and JICA IT experts were also of the view that most of the participants are now confident and competent enough to look after the DHIS Software in their districts. NHIRC supervised all the training from very beginning till end.

First three days workshop of DHIS Software installation was conducted between February 17 and February 19, 2011 in which 29 participants from 10 districts of FATA and five participants from FATA Directorate attended. Only one participant from FATA was not able to attend the workshop due to bad security reasons in his district. Five participants from five districts of Punjab also attended the workshop.

Second workshop was conducted from February 21 to February 23, 2011. In this workshop 30 participants from 10 districts of KPK and three participants from KPK provincial office attended. In this five participants from five districts of Punjab also attended the workshop.

Third workshop was conducted from February 24 to February 26, 2011. Twenty out of planned Twenty one (participants from seven districts of KPK and two participants from provincial office attended. Only one participant from KPK was not able to attend the workshop due to bad security reasons in his district. In the same training workshop, 15 participants from five districts of Azad Kashmir and four participants from AJK DGHS office attended. Four participants from four districts of Punjab and one participant from provincial office also attended. One participant out of twenty one participants was not able to attend the workshop.

The fourth (the last) workshop was conducted from February 28 to March 02, 2011. 15 participants from five districts of Sindh and five participants from provincial office attended. Six participants from two districts of Baluchistan and six participants from provincial office also attended. Similarly four participants from four districts along with one participant from Punjab provincial office attended this training workshop.

Totally 167 participants (160 from provinces, 4 from NHIRC, two from UNFPA and one from Save the Children) officials from different parts of the country attended the workshop.

- **Selection of Sub-Contractor for DHIS Software maintenance by JICA experts with participation of JICA and NHIRC**

Maintenance system of the DHIS software was designed through the discussion among representatives of PHDs, NHIRC and JICA experts during the Working Group Meeting on 24th June 2010. It was decided that only those firms, that were technically scrutinized and short listed during the Project "Study on Improvement of Health Information System in Pakistan" in 2006, will be allowed to participate in the bid.

Resultantly tender documents were given to the following five firms:

1. AZM Computer Services (Pvt.) Ltd.
2. Electronic Solutions Pakistan (Pvt.) Ltd.
3. Micro Innovations & Technologies (Pvt.) Ltd.
4. NetSol (Pvt.) Ltd.
5. Norsk Data Pakistan (Pvt.) Ltd.

The firms were requested to submit to DHIS Project their bidding documents in two separate sealed envelopes, one containing technical data and the other containing the price quotation. Out of these five firms, first three in the list submitted the bidding documents. After examination of documents of technical data, Messrs AZM was the only firm which was technically qualified. The rest two were disqualified. The price quotation of Messrs AZM was found within the ceiling price/budget of the maintenance contract. Hence Messrs AZM was declared to be the winning bidder in the bidding, and a letter of award was issued. However, the detail terms and conditions will be confirmed and the contract will be signed in May 2011, since when the maintenance of DHIS software will start.

- **Procurement of DHIS Tools by NHIRC**

Deputy Director (LF&A) NHIRC informed the participants that Manager Government Printing Press was contacted and he informed that tools and instruments will be ready within 15 days to be dispatched to PAIMAN districts and two districts of Gilgit Baltistan. The Deputy Director (NHIRC) categorically informed that the DHIS tools are supplied to the PAIMAN districts once only which would be sufficient for a period of one year. Thereafter the provincial and district governments will take the responsibility of availability of DHIS tools to assure the continuity and sustainability.

- Procurement of DHIS Tools by PHDs

  DHIS Coordinator Azad Kashmir (AJ&K) informed the participants that tools in 2 PAIMAN districts (Bhimber and Sudhnuti) are near to be exhausted. UNFPA provided tools to the districts of Muzaffarabad, Kotli and Hattian Bala for one year in 2011 which are sufficient for two years if these are used judiciously.

- Provincial Coordinator DHIS Baluchistan informed the participants those additional Rs. One Million is added for printing of DHIS tools, although their letter signed and submitted to JICA experts by Provincial Coordinator dated 15th March 2011 says that printing order was issued with the budget of Rs. 1 Million. Similarly Rs. 1.5 Million was used for training purposes in 13 districts which were pending for target districts. Moreover he explained that Rs. 1.9 Million are reserved for 17 Computers and its accessories and the process of procurement is expected to be completed within next month positively.

  Project Director PPHI Baluchistan expressed their assistance of lending their computers to 17 districts including the above 13 districts, in case the procurement is delayed, in Baluchistan from Provincial Health Department, PPHI assured to extend their help in providing the said computers.

  Four districts namely Chagai, Loralai, Harnai and Kacchi are dropped by Government of Baluchistan for security concerns in the area.

- Provincial Coordinator DHIS Sindh stated that, out of Rs. 9.69 Million of the total budget of province, Rs. 8.8 Million were adjusted with Government Printing Press and it is expected that the supply of DHIS tools will start within 15 days and then these will be distributed to the districts accordingly, though the letter signed and submitted to JICA experts by DG Health Sindh dated March 16, 2011 says that such tools will be adjusted up to the end of April 2011.

  NHIRC stated that in PAIMAN districts, all the tools will be provided by NHIRC for period of one year within 15 days. District Thatta will get tools from Government of Sindh budget.

  MNCH Project is already supporting 7 districts in Sindh. Six districts out of 7 districts supported by MNCH have already been trained. Remaining one district of namely NS Feroze will be covered by the end of April 2011. DHIS tools to district NS Feroze will be distributed after completion of training of Health Facility staff.

- Provincial Coordinator KPK informed the participants that PC-I worth of Rs 100 Million for 12 districts was approved. Now 17 out of 24 districts are reporting

through DHIS. In seven PAIMAN districts, computer hardware is already available and training of health facility staff is also completed. There was a shortage of DHIS tools in 5 out of 7 PAIMAN districts, which were filled up by getting these tools from other districts, and all these 5 districts are now started DHIS reporting.

DHIS Coordinator FATA in his presentation informed that, in all the agencies, tools and hardware are available, health facility staff had been trained, and DHIS Software Installation is completed for 10 agencies, as having been reported in the 3rd JCC meeting.

Director General Health Services Punjab informed the participants that from the provincial government resources, all the 36 districts of Punjab are now reporting through DHIS. HMIS has been ceased now. He offered to provide technical assistance to other provinces.

Director Health Services Gilgit Baltistan requested that Gilgit Baltistan being a new province should not be dropped from the Project activities and its two districts namely Skardu and Gilgit shouldbe included in target districts. He stated that Gilgit Baltistan has Provincial Master Trainers on DHIS, Hardware is available. DHIS Tools and training were to be provided by NHIRC, but as informed by Deputy Director NHIRC due to budgetary constraints, training could not be provided to Gilgit Baltistan Health Facility Staff but DHIS tools will be supplied. DHS informed that Gilgit Baltistan will arrange training of their health facility staff from its own resources. Director General Health Services, Punjab and Project Director PPHI Balochistan supported the request of Gilgit and Baltistan for consideration as target districts.

- **Notification of DHIS tools and instruments by NHIRC**

  DHIS Tools and Instruments were updated by Technical Working Group (TWG) in May 2009 and approved by Steering Committee (SC) in December 2009 which is notified by NHIRC vide notification No. F. 40-6/2010-NHIRC Dated March 17, 2011. *(Annexure C)*. The notification along with one complete set of DHIS Tools specimen and specifications were distributed among the members / representatives of the Joint Coordination Committee and representatives of PRSP / PPHI

Decision As Above

Item No. 4 **Finalization of Target Districts**

The selection criteria for the districts which are to be selected for Project activities were re-confirmed as follows:

Districts which have already completed the following items such as

(a) Printing of DHIS tools and instrument

(b) Procurement of Computer Hardware,

and

(c) Completed DHIS training to Health Facility Staff

In accordance with the above criteria, 39 districts were confirmed as qualified as target district satisfying the above criteria, in the meeting of 3rd JCC on 8th February 2011.

In addition to 39 districts, the following 35 districts (*Table 01*) were listed as districts which would possibly secure the necessary budget and fulfill the criteria. For such districts, each province was requested to submit a letter to DHIS Project, before the meeting of 4th JCC, with the clear description of availability of funds (budget and status), and procurement schedule of items which had not been adequate, for the Project activities for the next fiscal year.

Table 01

Province	Districts	Nos.
Khyber Pakhtunkhwa	Buner, Charsadda, Dera Ismail Khan, Mardan, Peshawar, Swat, Upper Dir	7
Sindh	Dadu, Khairpur, Sukkur, Thatta, Sanghar, NS Feroze	6
Baluchistan	Chagai, Gwadar, Harnai, Jaffarabad, Kacchi, Kech, Killa Abdullah, Loralai, Lesbela, Mastung, Naseerabad, Pishin, Panjgur, Quetta, Sibi, Zhob, Ziarat	17
AJK	Mirpur, Neelum, Poonch, Bagh, Haveli	5
Total		35

- *Gilgit and Skardu, G/B Province are not listed in the above target districts, as it was confirmed in the 3rd JCC meeting, that the tools and instruments which were supposed to be provided by NHIRC was not implemented.*
- *Chagai, Harnai, Kacchi and Loralai of Balochistan are the districts which were agreed as target districts, during the 3rd JCC meeting. Balochistan Province, however, would not continue DHIS activities in these districts, because of security reason*

- After lengthy deliberations, conclusion was made on the 35 districts, as shown in *Table 02*, for DHIS activities to be continued by JICA experts during the next fiscal year starting from May 2011 onwards.

Table 02

PROVINCE	PROPOSED DISTRICTS	DECISION OF FINALIZED DISTRICTS
Khyber Pakhtunkhwa	Buner, Charsadda, Dera Ismail Khan, Mardan, Peshawar, Swat, Upper Dir	All districts were dropped because the written information of current status of the districts was not furnished by the province.
Sindh	Dadu, Khairpur, Sukkur, Thatta, Sanghar, N.S. Feroze	NS Feroze was selected as one of the target districts. The remaining S are considered as target districts, with the condition that a letter signed by DGHS reaches to JICA/JICA experts on or before April 15th 2011, stating that the tools have been provided for the listed districts. In case the letter does not reach in specified time or any district is omitted, inclusion of districts as a whole or a part will be immediately cancelled.
Baluchistan	Chagai, Gwadar, Harnai, Jaffarabad, Kacchi, Kech, Killa Abdullah, Loralai, Lesbela, Mastung, Naseerabad, Pishin, Panjgur, Quetta, Sibi, Zhob, Ziarat	4 districts out of 17, namely Chagai, Loralai, Harnai and Kacchi are dropped by Government of Balochistan for reasons of bad security in the area The remaining 13 are considered as target districts, with the condition that a letter signed by DGHS reaches to JICA/JICA experts on or before April 15th 2011, stating that the tools and computers have been provided for the listed districts, in collaboration with PPHI, In case the letter does not reach in specified time or any district is omitted, inclusion of districts as a whole or a part will be immediately cancelled.
AJ&K	Mirpur, Neelum, Poonch, Bagh, Haveli	All districts dropped because the process of negotiation is still under process with GTZ.

Decision **JCC approved the final list of additional target districts, with the conditionality, where DHIS activities will be continued by JICA Experts for the next financial year**

Item No. 5 Collaboration with PPHI.

- Project Director PPHI Sindh informed the participants that PPHI is operational in 19 districts of Sindh having 1035 health facilities. He complained that PPHI was never involved in the process of implementation of DHIS either by the province or NHIRC. NHIRC made it clear that letters had been written to the concerned PPHI departments last time and provincial government was also requested repeatedly to make sure the presence of PPHI in meetings and provide us MOU signed among the PPHI and Health Department, Government of Sindh and Federal Government. Project Director PPHI Sindh is simultaneously placing orders for supply of HMIS and DHIS tools. He assured the participants that PPHI Sindh is ready to support DHIS by providing tools and hardware *(Annexure D)*. He requested that PPHI staff should also be given training on DHIS Software installation and software to be installed on his computers so that he can give 100% compliance from the health facilities under his jurisdiction.
- Project Director PPHI Balochistan informed the participants that he can regularly send the data for synchronization to the provincial office, JICA Pakistan and NHIRC. He stated that Provinces/Regions under development like Balochistan and Gilgit Baltistan should be given more preference and stringent criteria should not be applied to these areas. He also offered all his assistance including providing computers where DHIS Software can be installed.
- DSM Chakwal representing PRSP /CMIPHC Punjab informed that PRSP is operational in 1044 health facilities including 844 Basic Health Units of 12 districts in Punjab. All the health facilities are reporting through DHIS and reporting regularity is 100%. He informed that no budget of printing of DHIS tools is available with PRSP. At this point Director General Health Services, Punjab clarified that one line budget is provided to PRSP from the districts and PRSP has to prepare its estimates according to its requirements. DSM Chakwal stated that there is shortage of certain DHIS tools. Regular feedback is shared with District Health Managers during Monthly Review Meeting (MRM).

- **Public Health Specialist representing PPHI KPK** informed that PPHI is operational in 13 districts of KPK where six PPHI are reporting through DHIS and seven districts are reporting through HMIS. He stated that DHIS tools stock is available in sufficient quantity and PPHI make arrangements for DHIS tools from its own resources. He also informed that PPHI has developed their own format to get more information on certain indicators besides information from DHIS.

Decision As above

The acting chairman was of the opinion that lack of coordination exists in the Sindh and the Baluchistan provinces between DHIS cells and PPHI offices. He stressed to have a close coordination between the two for smooth functioning of the system. Similarly chairman was satisfied with the collaboration seen in DHIS Cells of KPK and Punjab with PPHI KPK and PRSP (CMIPHC) Punjab respectively. He also stressed to have one reporting system instead of numerous reporting systems

Meeting ended with the vote of thanks by the Director General Health Punjab (Acting Chairperson) team leader of JICA experts.

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SYSTEM SCIENCE CONSULTANTS INC.

MINUTES OF WORKING GROUP MEETING
THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR
EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

A Working Group Meeting held on 21st July 2011 at Islamabad for discussing 1) Work schedule from June 2011 to June 2012, 2) Indicator and target figures, and 3) Software maintenance for DHIS implementation. .

As a result of the discussions, all participants agreed to the matters in the document attached hereto.

The matters will be proposed and approved by coming JCC meeting.

21st July 2011

Mr. Shigeru Kobayashi
Deputy Team Leader, JICA DHIS Project

Dr. Kawaja Abdul Rehman
Director Provincial MIS Cell, Punjab

Dr. Ali Ahmad
Provincial Program Manager, DHIS, Khyber Pakhtunkhwa

Dr. Ali Ahmad Baloch
Provincial Coordinator DHIS, Balochistan

Mr. Khawaja Manzoor
State Coordinator DHIS, AJ & K

Dr. Mushtaq Ahmed
HMIS/DHIS coordinator, FATA

Dr. Zulfiqar Ali
District Coordinator HMIS, DHO Islamabad

Mr. Sohail Ahmed
Representative, JICA Pakistan Office
(Observer)

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DHIS Department, Administration Block, National Institute of Health, Chak Shahzad, Islamabad Pakistan
TEL & FAX +92(51)2240563

ATTACHED DOCUMENT

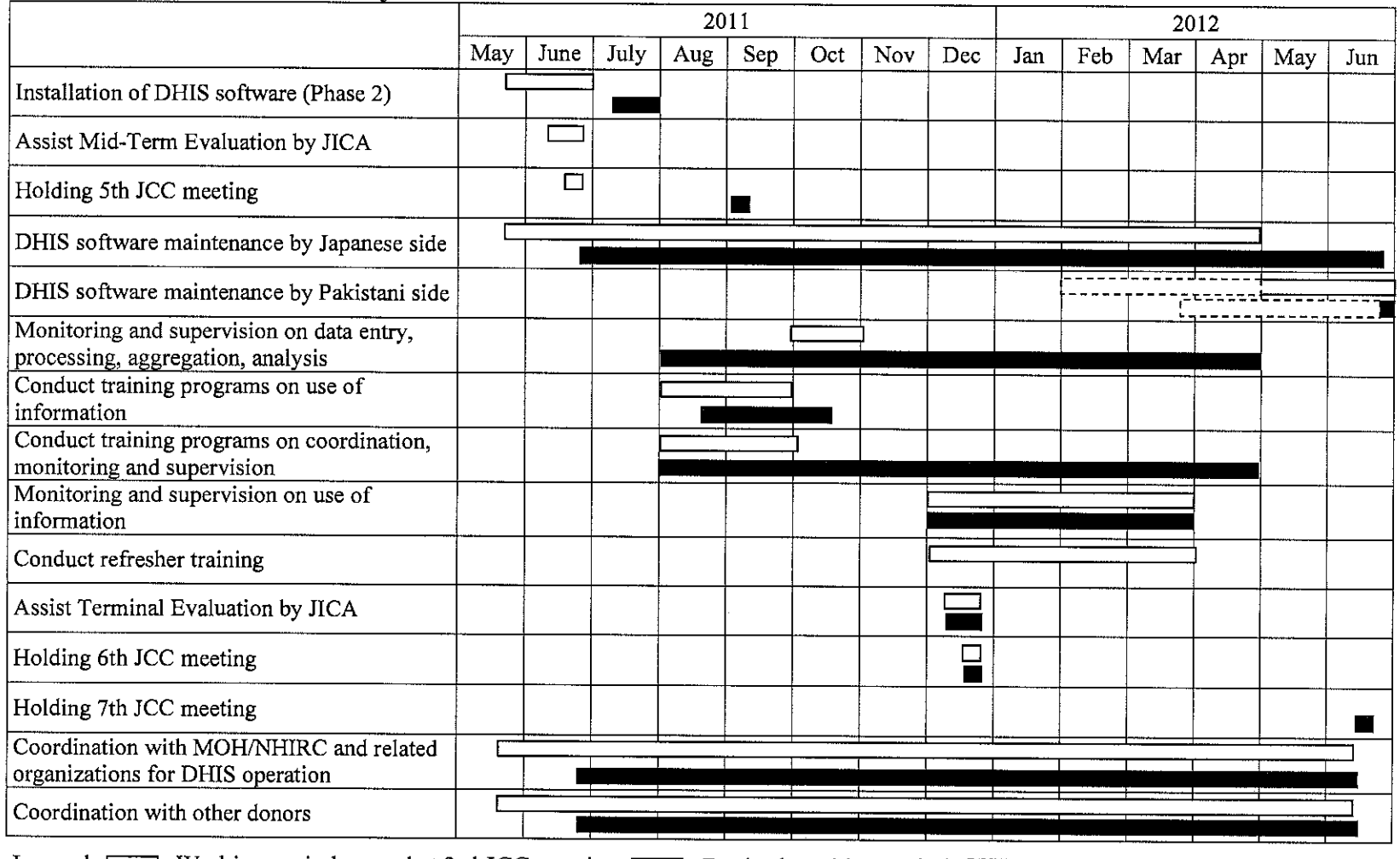
1. Work schedule from June 2011 to June 2012
   - Revision of the "Action Plan" from June 2011 to June 2012 which was approved by 3rd JCC meeting held on February 2011 is agreed as attached (see ANNEX 1).
   - This revision will be discussed and approved at the forth coming JCC meeting.
   - Since JICA Pakistan Office plans to revise activity for "Refresher training", this part will be discussed in the forth coming JCC meeting.
   - It is reported that there are some districts which have already secured the DHIS tools, computer hardware and DHIS trainings in Balochistan and AJK. PHDs Balochistan and AJK request the Project to include these districts as target districts.
   - The Project informed that the Project is under discussion with JICA Pakistan Office about support of DHIS activities in the non-target districts particularly software installation. Result of discussion will be communicated to the provincial side as early as possible.

2. Explanation of Indicator and setting of target figures
   - Indicators in the PDM were confirmed by participants, and target figures are set up as attached (see ANNEX 2).

3. Presentation of AZM, sub-contracting company for DHIS software maintenance work
   - All representatives from PHDs including ICT agreed with the role and function of AZM for maintenance of DHIS software.
   - PHDs Punjab and Khyber Pakhtunkhwa agreed to provide space in their Computer Cell for AZM staff. PHD Balochistan informed that there is no available space in their Computer Cell.
   - Participant from PHD Sindh and G/B could not attend this meeting.

ANNEX-1

Annual Work Plan from May 2011 to June 2012



Legend: ▭ Working period agreed at 3rd JCC meeting, ■ Revised working period, ⬚ Transition period

ANNEX 13

ANNEX 99

Review of the Indicator (1/4)

Narrative Summary	Objectively Verifiable Indicators	Questions
【Overall Goal】 Policy and strategies for health services are developed in an evidence-based manner, through sustainable District Health Information System(DHIS), nationwide in Pakistan	1.[EBM at MOH/NHIRC] At least one item of the national health strategy/policy at the federal level is supported, underpinned and justified by the DHIS.	
【Project Purpose】 Routine operation and budget planning are practiced in an evidence-based manner, through newly introduced DHIS, at the selected districts in Pakistan	**1.[Scaling-up 1]** Monthly and yearly report forms of the HMIS are replaced by those of the DHIS at the MOH health facilities (=100 %) **2.[Scaling-up 2]** The HMIS software is replaced by that of the DHIS at the DHOs (=100 %) **3.[EBM at PHD]** At least one item of health services budget planning at provincial level is supported, underpinned and justified by the DHIS in the PHDs (= xx %) **4.[EBM at DHO]** At least one item of health services routine operation at district level is supported, underpinned and justified by the DHIS in the DHOs (= 100 %)	**3.[EBM at PHD]** Due to restructure of health sector in the province is undergoing, this indicator will be revised after confirming the plan in each province.

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Review of the Indicator (2/4)

Narrative Summary	Objectively Verifiable Indicators	Questions
【Output】 **1.[Strategic planning]** Scale-up Strategy for the DHIS is approved by JCC.	1.1 Scale-up Strategy for the DHIS is approved by JCC.	1.1 Role of federal government and provincial government for scaling up the DHIS is unclear after July 2011.
2 **[Training]** MOH/NHIRC staff is adequately trained on the DHIS operation.	2-1 DHO trainers complete training programs on: (i) data collection (:3), (=100 %) 2-2 PHD trainers complete (i) data collection (*3), (ii) data entry/processing/analysis (*4), data use (*5), and (iv) other subjects,, (=100 %) 2-3 MOH/NHIRC trainers complete training programs on (i) data collection (*1), (ii) data entry/processing/ analysis (*2), data use (*3), and (iv) other subjects, (= xx %)	

(*1) i.e. how to fill out monthly DHIS report forms and submit them to DHOs
(*2) i.e. how to enter paper-based data into software, aggregate and/or analyze them
(*3) i.e. how to use the data for evidence-based management of health services

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Review of the Indicator (3/4)

Narrative Summary	Objectively Verifiable Indicators	Questions
3 **[Operation 1: paper-based]** The DHIS data are collected in a complete, precise and timely manner from health facilities to DHOs.	3.1 Health facilities submit the DHIS monthly reports in a timely manner consecutively for 6 months. (= 90 %)	
4 **[Operation 2: computer-based]** The DHIS data are entered into the DHIS software, processed and analyzed at DHOs and further aggregated and analyzed at PHDs and MOH/NHIRC.	4-1 Tables or charts are created, sorted into files, and are readily available, for more than two key DHIS indicators at the DHOs. 4-2 Tables or charts are created, sorted into files, and are readily available, for more than two key DHIS indicators at the PHDs.	

Review of the Indicator (4/4)

Narrative Summary	Objectively Verifiable Indicators	Questions
5 **[Operation 3: human-based]** By using the results of analysis of the DHIS data, the items for resource reallocation and budgeting are identified respectively at DHOs and PHDs.	5-1 List of identified items for evidence-based resource reallocation is available at the DHOs. (= 100 %) 5-2 List of identified items for evidence-based budgeting are available at the PHDs. (= 100 %)	
6.**[Operation 4]** The DHIS is adequately coordinated among the stakeholders.	6-1 The meetings with development partners and related department in MOH are held. 6-2 The number of facility-based HISs does not increase.	6-2 New HISs should be developed if necessary. It should change to; DHIS is revised and modified if need arises..

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MINUTESOFWORKING GROUP MEETING

THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR EVIDENCE-BASED DECISION MAKING MANAGEMENT

A working Group Meeting held on 22nd August 2011 at Islamabad for information sharing and discussion of the progress of DHIS implementation at provincial level. The agendum for the meeting were: 1) Report of monitoring visit to three provinces by DHIS Project, 2) Report of the progress of DHIS implementation by each province, 3) Share of the schedule of DHIS project during August 2011 to June 2012, and 4) Confirmation of the status of decentralization in each province after the enforcement of 18th Amendment.

As a result of the discussion, all participants agreed to the matters in the document attached hereto.

22nd August 2011

Mr. Ahmad Afifi
Deputy Team Leader, JICA DHIS Project

Mr. Farooq Ahmad
Computer Program Officer, Provincial MIS Cell, Punjab

Dr. Younis Asad Sheikh
Provincial DHIS Coordinator, Sindh

Dr. Ali Ahmad
Provincial Program Manager, DHIS, Khyber Pakhtunkhwa

Dr. Ali Ahmed Baloch
Provincial Coordinator DHIS, Balochistan

Mr. Aziz Haider
Statistical Officer, Gilgit Bultistan

Kh Manzoor Ahmad
State DHIS Coordinator, Health Department, AJK

Dr. Mushtaq Ahmad
Program Coordinator, DHIS, Health Department, FATA

Dr. Zulfiqar Ali
District Focal Person
for DHIS Islamabad

ATTACHED DOCUMENT

1. Report of monitoring visit to three provinces by DHIS Project

Ms. Chiaki Kido, member of DHIS Project (the Project) made a presentation with slides on the result of monitoring visit to Sindh, Khyber Pakhtunkhwa and Punjab provinces during December 2010 to August 2011. She said that she appreciated the great efforts made by facilities and DOH for promotion of DHIS. However, she pointed out some observations about shortage of DHIS tools/instruments, necessity of refresh training and strengthening of coordination in some districts.

Dr. Ali Ahmad, Provincial Program Manager, DHIS, Khyber Pakhtunkhwa, put some additional information about his province in response to Ms. Kido's presentation:

1) IT environment: All DOHs are supposed to complete installation of internet facility and two telephone lines within August 2011.
2) Staff at DHIS cell: Standard number of staff at DHIS cell should be three (1 coordinator, 1 statistical officer and computer operator) but some districts cannot satisfy this standard because of the shortage of eligible human resource.
3) Vehicle: Province realizes the shortage of vehicle for supervision at DOH but it is beyond the control of Province.
4) DHIS tools/instruments: distribution of tools/instruments to all districts had been completed until July 21, 2011.
5) Refresh training: efforts to secure a budget for refresh training of facility staff within this year has been made so far.
6) Data entry: in some districts, data entry is not going well smoothly.
7) Meeting: In Khyber Pakhtunkhwa, there are no monthly meetings with districts but quarterly meetings are held. Next quarterly meeting will be held in the end of September 2011.

Mr. Farooq Ahmad, Computer Program Officer, Provincial MIS Cell, Punjab, added some information about the situation of Punjab province.

1) Staff at DHIS cell: In some districts, there are vacancies of DHIS staff. Initially all the posts were occupied by the persons working on contract basis. These persons found better jobs elsewhere on regular basis, subsequently these posts were vacant. It is expected that new staff will be assigned soon.
2) Shortage of tools/instrument: the amount of supply from province to district is sufficient. There might be a shortage at facility level but it is a temporal.

2. Report of the progress of DHIS implementation by each province

1) **Punjab**: Mr. Farooq Ahmad, Computer Program Officer, Provincial MIS Cell, made presentation with slides. He explained that all of 36 districts of Punjab fully implement DHIS with good performance. He pointed out some problems with DHIS software such as slowness of printing speed and some remaining bugs. As "way forward", he suggested that harmonization of data of DHIS with other vertical programs, and that inclusion of tertiary hospital into the routine HIS. Also he requested the Project team to share the list of bug which had been corrected by the Project.

2) **Sindh**: Dr. Younis Asad Sheikh, Provincial DHIS Coordinator, made presentation with slides. He explained that three districts out of 11 sent DHIS monthly report regularly in the first and second quarterly of 2011. He said that Thatta district did not sent their report because they had a problem with PC. Then he shared the schedule related DHIS in Sindh from August 2011 to October 2012 and introduced his plan to provide training for 10 districts in September 2011, with financial support by NPPI/WHO. He requested inclusion of those 10 districts into target districts in Sindh. Also he said he was trying to secure budget to provide refresh training during the first quarter of 2012. As "way forward", he suggested that inclusion of tertiary, private and parastatal hospitals under unified HIS must be necessary to have more accurate data. And he added that it would be very helpful for them if they had an opportunity to visit other province for study tour to observe their way of DHIS implementation.

3) **Khyber Pakhtunkhwa**: Dr. Ali Ahmad, Provincial Program Manager, DHIS, made presentation with slides. He showed a slides of compliance rate by districts as of June 2011 and pointed out that 7 out of 24 target districts did not sent DHIS monthly report due to software problem or other constraints. He said that province neither prepare feedback report for districts nor provide supervisory visit because of the order of security situation, in addition to constraints of budget or human resources. He commented that full implementation of DHIS to cover tertiary, parastatal and private sector would be important for the better usage of health information at provincial level. Also, he suggested that exchange visits of provincial/district staff to/from other province would be helpful to study DHIS implementation in other provinces.

4) **Balochistan**: Dr. Ali Ahmed Baloch, Provincial Coordinator DHIS, made presentation with slides. He explained that training of facility staff and provision of tools/instruments had completed in all of 14 target districts. However, he pointed out

that collection of monthly report remained to 5-6 districts per month. He said that provincial coordination such as feedback reporting, supervision and organization of monthly meeting would be started within this year. As a "recommendation", he suggested that expansion of information system to tertiary, private and parastatal hospitals. In the end, he requested inclusion of five newly independent districts into their target districts and provision of additional "Training on DHIS software installation" to them.

5) **Gilgit Bultistan**: Mr. Aziz Haider, Statistical Officer, explained that PC-1 had been approved last month and they were waiting for the budget for the facility staff training. He said that they were ready to start DHIS because they were already fully equipped with trained human resources in DHIS and PCs. He requested technical assistance for the province. Also he suggested the necessity of opportunities to visit other provinces for their master trainers to study good performance of DHIS.

6) **AJK**: Kh Manzoor Ahmad, State DHIS Coordinator, Health Department, made presentation with slides and explained the situation of five target districts. He pointed out that all of them sent monthly report regularly; however, he added that compliance rate was less than 50% in the three districts because they started DHIS just recently and they have some remote areas where access to health facilities is quite difficult. Next, he introduced the result of data QA in all of five target districts. He commented that the accuracy rate was over 70% and it was quite satisfactory. Then he emphasized an importance of technical supports by the Project team regarding DHIS software maintenance to AJK as well as other provinces. Also he requested opportunities to visit other provinces for province/district staff to study good performance of DHIS. Regarding the prior working group meeting held in 21st of July, 2011, he asked feedback about inclusion of five additional districts into their target. In the end, he extended an invitation to the Project team to AJK to give them guidance for the improvement of DHIS performance.

7) **FATA**: Dr. Mushtaq Ahmad, Program Coordinator, DHIS, Health Department, made presentation with slides. He explained that six out of 10 target districts are supplied with DHIS tools/instruments and the rest of four districts would receive them within a month because it took time to print tools/instruments. He said that there was great difficulty in the distribution of tools/instruments to the target districts because of law and order situation in FATA. Also he pointed out that district DHIS coordinators are not assigned at all because of the limitation of human resource. He added that "data manager" covers the role of DHIS coordinators in FATA and Province has a meeting

with them monthly.

Comments

- In response to the similar requests from three provinces, Ms. Chiaki Kido, DHIS Project team member confirmed the need of study tour to other province. Dr. Younis Asad Sheikh, Sindh replied that it would be useful to observe DHIS implementation at provincial and district level in Punjab because they already accumulated two years experience there. Also other participants agreed about his comment.
- Dr. Mushtaq Ahmad, DHIS Program Coordinator, FATA asked to the other participants whether financial information is available at BHU in other province. He asked this question because availability of this information would effect on completeness in the part of "XVI-B Financial report". Other participants answered at BHU level they have no budget so they suggested to him to advise BHU to fill "NA".
- In response to the similar requests from four provinces, Mr. Farooq Ahmad, Punjab, introduced DHIS monthly report format for tertiary hospital (basically same as secondary hospital monthly report with additional indicators) used in Punjab. He said that in Punjab they collect monthly reports from 20 teaching hospitals and they process data with DHIS software. He suggested that it would be better to haves separate format for tertiary hospital to collect more detailed information.
- Mr. Farooq Ahmad, Punjab, showed the contents of Punjab DHIS annual report to the participants as an example of DHIS reporting. He said they make monthly, quarterly and annual report in Punjab. Ms. Kido asked to the participants if they make such periodical reports in other provinces. All other provinces replied they had not started preparation of periodical DHIS report yet.

3. Share of the schedule of DHIS project during August 2011 to June 2012 by DHIS Project

Ms. Chiaki Kido, member of DHIS Project made a presentation with slides on upcoming schedule of the project. Especially she reminded participants about attendance to the "Use of Information" training starting from the next day. Also she requested cooperation from AJK for the joint monitoring mission by GIZ and JICA.

4. Confirmation of the status of decentralization in each province after 18th Amendment

Captain Zaeer Ullah, Provincial office in Lahore, DHIS project, asked to participants about the difference in each province after the enforcement of 18th Amendment. Participants explained the situation in their province as follows:

1) **Punjab**: Mr. Farooq Ahmad, Computer Program Officer, answered that the districts of Punjab already have authority to make their budget plan before the announcement of 18th Amendment. Therefore, the situation has not been changed.
2) **Sindh:** Dr. Younis Asad Sheikh, Provincial DHIS Coordinator, said that now districts are independent in terms of budgeting but the system is not functioning yet because of the political instability.
3) **Khyber Pakhtunkhwa**: Dr. Ali Ahmad, Provincial Program Manager, answered that now district governments are able to make their budget plan by line departments according to their priority.
4) **Balochistan**: Dr. Ali Ahmed Baloch, Provincial Coordinator DHIS, said now their districts are independent in theory.
5) **Gilgit Bultistan**: Mr. Aziz Haides, Statistical Officer, said that Gilgit Bultistan started to make provincial budget plan since last year. However, their districts are not independent and they have no authority to make their budget plan.
6) **AJK**: Kh Manzoor Ahmad, State DHIS Coordinator, said no change had brought in AJK.
7) **FATA**: Dr. Mushtaq Ahmad, Program Coordinator, DHIS, explained that it is still centralized in FATA. Their districts have no authority to make budget plan.

5. Closing remarks

Ms. Chiaki Kido, member of DHIS Project thanked to the participants and presentations by them. She said it was very helpful for all of them to share the progress of DHIS implementation at provincial level. In the end she appreciated the contribution by Punjab to this meeting for sharing their experiences such as periodical reports and monthly report format from tertiary hospital.

End

District Health Information System Project for Evidence Based Decision Making and Management

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MINUTES OF WORKING GROUP MEETING
THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

A Working Group Meeting held on 3rd November 2011 at Islamabad for discussing 1. Revision of PDM after devolution of MOH, 2. Progress of the project activities from June to October 2011, 3. Activities planned from October 2011 to July 2012 and 4. JICA's terminal evaluation.

As a result of the discussions, all participants agreed to the matters in the document attached hereto.

The matters will be proposed and approved in forth coming TAG meeting.

3rd November 2011

Executive Director,
National Institute of Health, Islamabad

Mr. Shuji NOGUCHI
Team Leader, JICA DHIS Project

Dr. Mohamad Ali Ahsan
Representative, Directorate of Health, Punjab

Dr. Ali Ahmad
Provincial Program Manager, DHIS, KPK

Dr. Ali Ahmad Baloch
Provincial Coordinator DHIS, Balochistan

Mr. Khawaja Manzoor
State Coordinator DHIS, AJ & K

Dr. Mushtaq Ahmed
DHIS coordinator, FATA

Mr. Tomoyuki NAGITA
Representative, JICA Pakistan Office
(Observer)

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ATTACHED DOCUMENT

1. Revision of the PDM after Devolution of MOH

All participants agreed to change the indicators of Project Purpose as follows:

Revision of Indicators for Project Purpose

Original	Revised
1. Monthly and yearly report forms of the HMIS are replaced by those of the DHIS at the MOH health facilities (= 100 %)	Move to Indicator for outputs
2. The HMIS software is replaced by that of the DHIS at the DHOs (= 100 %)	Move to Indicator for outputs
3. At least one item of health services budget planning at provincial level is supported, underpinned and justified by the DHIS in the PHDs (= xx %)	At least one item of health services budget planning at district level is supported, underpinned and justified by the DHIS in the DHOs (= 100 %)
4. At least one item of health services routine operation at district level is supported, underpinned and justified by the DHIS in the DHOs (= xx %)	At least one item of health services routine operation at district level is supported, underpinned and justified by the DHIS in the DHOs (= 100 %)

2. Progress of the project activities from June to October 2011,

All participants accepted the achievements of following activities implemented from June to October 2011.

(1) Finalization of Target Districts

Following 100 districts are selected as the target districts of the Project.

Province	Name of Target District	Nos of Target Districts
Punjab	Attock, Bahawalnagar, Bahawalpur, Bhakkar, Chakwal, Chiniot, Dera Ghazi Khan, Faisalabad, Gujranwala, Gujrat, Hafizabad, Jhang, Jhelum, Kasur, Khanewal, Khushab, Lahore, Layyah, Lodhran, Mandi Bahauddin, Mianwali, Multan, Muzaffargarh, Narowal, Nankana Sahib, Okara, Pakpattan, Rahim Yar Khan, Rajanpur, Rawalpindi, Sahiwal, Sargodha, Sheikhupura, Sialkot, Toba Tek Singh, Vehari	36
Sindh	Dadu, Hyderabad, Khairpur, Mattiari, Mirpurkhas, N.S. Feroze, Sanghar, Sukkur, T. Allahyar, T.M. Khan, Thatta	11
Khyber Pakhtunkhwa	Abbotabad, Bannu, Batagram, Buner, Charsadda, Chitral, Dera Ismail Khan, Dir Lower, Manshera, Nowshera, Hangu, Haripur, Karak, Kohat, Kohistan, Lakki Marwat, Malakand, Mardan, Peshawar, Shangla, Swabi, Swat, Tank, Upper Dir	24
Balochistan	Gwadar, Jaffarabad, Kech, Killa Abdullah, Killa Saifullah, Lesbela, Mastung, Noshki, Panjgur, Pishin, Quetta, Sibi, Zhob, Ziarat	14
AJK	Bhimber, Hattian, Kotli, Muzaffarabad, Sudhnoti	5
FATA	Bajaur, Khyber, Kurram, Mohmand, North Waziristan, Orakzai, South Waziristan, FR D. I. Khan & FR Tank, FR Lakki & FR Bannu, FR Peshawar & FR Kohat	10
Total		100

(2) Achievements of the Project

Based on the Action Plan approved by 3rd JCC Meeting on 8th February 2011, following activities were done from June to October 2011.

- The Project monitored DHIS activities in district level (Punjab, KPK and AJK).
- The Project held a training for use of information for Provincial Master Trainers.
- The Project held Working Group Meetings in July and August 2011.
- The Project held a partners meeting with GIZ and WHO in July 2011.
- The Project installed the DHIS software to remaining 46 PHDs and DHOs.
- The Project has assigned AZM for maintenance of the DHIS Software since August 2011. AZM established Provincial Support Centers in PHD Punjab, Sindh, KPK and Baluchistan.
- About 139 troubles reported to the Support centers from August to October 2011. 80 out of 139 are troubles which is not caused by DHIS Software i.e. hardware troubles, OS troubles and virus trouble, etc.
- Any change of software specifications is not included in the project activities. However, the Project may hold a meeting with representatives of PHDs, AZM and

JICA experts to discuss these subjects for further improvement of DHIS.

(3) Activities planned from October 2011 to July 2012

1) Monitoring and supervision on data collection, entry, processing, aggregation, analysis

- Progress of DHIS activities in each province is confirmed at the working group meeting every month.
- Districts which show the compliance rate and completion rate at lower levels will be selected as districts to be monitored. PHDs shall inform these districts that they are selected as monitoring districts due to their poor performance.
- These districts are requested to report the reason of poor performance and set up concrete target figure of the compliance rate and the completion rate within one month for improving completeness and data quality.
- Target figures and actual data of compliance rate and completion rate in selected monitoring districts will be reported at the working group meeting.
- Regarding the software itself, Provincial Support Centers visit DHOs for trouble shooting if necessary. JICA experts also accompany with the Provincial Support Centers when they go to visit the districts which JICA experts can visit.

2) Training on use of information

- The Project will conduct three day training on "Use of Information" for District Manager or focal person of DHIS at Islamabad.
- Representatives of PHDs request the Project to increase the number of trainees form the district to two person. The Project will reply it after discussion with JICA Pakistan Office.
- Curriculum of the training is same as the training on use of information for Provincial Master Trainers held on August 2011.
- Tentative schedule of the training is as follows:

Unit: District

Batches	1st	2nd	3rd	4th	Total
Period	14-16 Nov	22-24 Nov	28-30 Nov	1-3 Dec	
Punjab	5	10	12	9	36
Sindh		11			11
KPK	20	4			24
Balochistan			14		14
AJK				5	5
FATA				10	10
Total	25	25	26	24	100

Schedule will be finalized after discussion with JICA Pakistan Office.

3) DHIS software maintenance

- Sub-contracting company, AZM will continue the maintenance service of DHIS software. And a maintenance manual will be prepared based on the maintenance records.
- AZM will conduct training of data entry, processing, aggregation and analysis by use of actual data accumulated at each DHO.
- AZM will start the practical training of DHIS software operation (refreshing) from middle of November 2011. Detail schedule will be prepared through the discussion between PHDs and AZM.

4) Cessation of the Refresher Training

JICA Pakistan Office proposed cassation of the refresher training. All participants agreed this cassation.

5) Support to the non target districts

JICA Pakistan Office explained following strategies for supporting non-target districts for up scaling the DHIS.

- The Project visit non-target districts to monitor the works of Provincial Master Trainers when PHD hold DHIS trainings.
- Regarding the DHIS software, Provincial Support Centre shall cooperate these districts through the maintenance service to PHD.

3. JICA's terminal evaluation

- Mr. Kobayashi, deputy team leader of the DHIS Project explained JICA's terminal evaluation system. The terminal evaluation team will visit Pakistan on January or February 2012.
- All participants agreed to collect the information how DHOs use DHIS information by questionnaire survey. This questionnaire will be delivered and collected by PHDs. Questionnaire will be finalized through the discussion among representatives of PHDs.
- All participants agreed that expected results of the Project will be achieved in the middle of January 2012 well before the terminal evaluation.

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ANNEX 16

MINUTES OF WORKING GROUP MEETING

DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR EVIDENCE BASED DECISION MAKING AND MANAGEMENT DATED 22nd December 2011

A working Group Meeting held on 22nd December 2011 at Islamabad for discussing:

- Progress of Activities
- Report of Training on Use of DHIS Information
- Report of DHIS Software Maintenance
- Practical Refresher Training for Data Eatery and Processing
- Confirmation on Training Manual on Use of DHIS Information
- Confirmation Questionnaire to be Used for DHIS Information
- Compliance Rate of District of Each Province
- Reminder Terminal Evaluation

As a result of discussion, all participants agreed to the matter in the documents attached hereto:

The matters will be proposed and approved in the forthcoming TAG meeting.

Executive Director (In Chair)
National Institute of Health, Islamabad

DHIS Expert
JICA DHIS Project

Director Health Services (MIS),
Directorate of Health Punjab

Provincial Program Manager DHIS
Peshawar, Khyber Pakhtunkwa

Provincial Coordinator, DHIS,
Balochistan

State Coordinator, DHIS,
AJ&K

DHIS Coordinator, FATA

Representative, JICA Pakistan Office
(Observer)

AZM

District Health Information System Project for Evidence Based Decision Making and Management

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Introduction

Meeting started with recitation few verses from Holy Quran. After briefly welcoming the audiences, Mr. Sohail Ahmad informed the house that JICA has recently met Additional Secretary Cabinet Division for constitution of Technical Working Group for DHIS Project. He informed that Additional Secretary has agreed and promised that formal notification will be issued during the month of December 2011 with the chairperson from Cabinet Division and one participant from Ministry of Interprovincial Coordination.

Participants from Sindh and Gilgit Baltistan could not participate.

Progress of the Project Activities:

Report of the Training on Use of DHIS Information:

During the months of November and December, Trainings on "Use of Information" were conducted in for batches for all target districts. DHIS is fully implemented Punjab and Khyber Pakhtunkwa; participants of these provinces were distributed in the four and two batches respectively. Participants from Sindh and Balochistan participated in third batch, whereas participants from Azad Kashmir and FATA attended the fourth batch. It is encouraging to note that participation from International Development Partners (WHO) also attended the meeting. Details of participation are reflected in a Table at placed at **Annexure A.**

At the start and end of the training, pre-test and post-test were also arranged and it is encouraging the all the participants show the visible improvement in their knowledge and skills. Details can be seen in Table B at **Annexure B.**

Report of DHIS Software Maintenance

DHIS Software Maintenance Project Province wise Support Status

Mr. Rizwan, Team Leader of Software Maintenance Sub-contractor presented the report of activities pertaining to their task. Khawaja Manzoor State Coordinator AJK was of the view that all the observations received from his state, he is not aware of this communication. Representatives of KPK and FATA also raised similar observation. AJK again stressed for Provincial Support Unit at Muzaffarabad.

Mr. Rizwan also presented the time schedule of the training program in the target districts that was agreed with the participants.

Mr. Noman informed the house that new requirements in the software are coming from provinces and districts. He asked the JICA to clarify the situation. Mr. Sohail replied that he would discuss it with JICA authorities. At present, he said that sub-contractor has to remain within the agreed commitments.

District Health Information System Project for Evidence Based Decision Making and Management

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Province	Total	Received	Pending	New Requirements
Punjab	63	50	0	13
Sindh	22	22	0	0
KP	52	50	0	2
Balochistan	19	16	2	1
AJK	38	38	0	0
FATA	9	9	0	0
Total	203	185	2	16

DHIS Software Maintenance Project Category wise Support Status

Province	A	B	C	D	E	F	Total
Punjab	0	1	37	13	10	2	63
Sindh	0	0	0	0	18	4	22
KP	0	12	20	2	16	2	52
Balochistan	1	8	2	1	7	0	19
AJK	0	7	0	0	31	0	38
FATA	0	0	0	0	9	0	9
Total	1	28	59	16	91	8	203

Category	Detail
A	Lack of Basic Computer Knowledge
B	Lack of DHIS Knowledge
C	Improvements in DHIS
D	New Requirements in DHIS
E	DHIS Related Support
F	Other [Hardware, Operating System, Virus]

Practical Refresher Training for Data Entry and Processing:

The proposed program of Practical Refresher Training for Data Entry Operators in each target district was presented to the participants that was approved and agreed unanimously. All the provinces have already given their confirmations and approved of the same. The Proposed Time Table of the said training is placed at **Annexure C.**

Confirmation on Training Manual on Use of DHIS Information

VALUE ADDITION IN NEW VERSION OF TRAINING MANUAL ON USE OF DHIS INFORMATION

- The format of the training schedule was rearranged and improved.
- The revised monthly PHC/SHC sample report forms were added as Annexure.
- Analyses of Reports at district level were displayed.
- Diagrams & Charts were updated where needed.
- Graphs were properly labeled & improved.
- Handouts were synchronized with their respective exercises.
- Exercises were made understandable and unnecessary repetition was removed
- Grammatical errors removed thereby improving syntax.
- By the end of the training, the Participants prepared Action Plan on the specific format of their districts.

All the participants have shown their complete satisfaction and approved the modifications and improvements in Training Manuals on "Use of Information" made during the month of September 2010 at Lahore.

Confirmation of Action Plan Format:

The participants agreed on the format of Action plan, which was used during the training period was agreed and will be used during the future course of time in the target districts (**Annexure D**).

Confirmation Questionnaire to be used for DHIS Information

The participants agreed upon questionnaire prepared for the Use of DHIS Information in subsequent course of time. The Questionnaire is attached as **Annexure E**. All participants agreed to collect the information by District Health Offices by using DHIS Information through questionnaire survey. This questionnaire will be delivered and collected by PHDs. Questionnaire is now unanimously agreed and finalized for future use

Compliance Rate of District of Each Province

Province	TARGET DISTRICTS	AVERAGE %
Punjab	36	98.4
Sindh	11	30.9
KPK	24	82.2
Balochistan	14	33.4
AJ&K	5	74.3
FATA	10	59.8

Provincial Coordinator KPK informed the house that few districts whose compliance rate is less than 80% is because these districts are taken up by PPHI, but anyhow they are taking up the matter with concerned authorities.

Provincial Coordinator Balochistan stated that some districts which are not reporting, the reason being the flood and law and order situation.

State Coordinator AJK told that there is software problem in one of the district Hattian Bala.

DHIS Coordinator DHIS FATA stated that they have taken punitive action against the defaulters and now they are reporting. A Bajour district has also started reporting on DHIS. In the next Working Group meeting, we will see the visible improvement.

Representative from Punjab stated that he will share with the DHIS Project the validation exercise and that will be presented to the house in the next working group meeting. All provinces agreed to perform the same exercise in their respective provinces and will conduct monitoring exercise on regular basis. DHIS project will also conduct joint monitoring exercises in the selected districts of the provinces. In this connection, one of member of DHIS project will visit selected districts along with you.

Reminder Terminal Evaluation

- During the last Working Group Meeting held in November 2011, Deputy Team Leader of the DHIS Project explained the JICA's terminal evaluation system. The terminal evaluation team will visit Pakistan on January or February 2012. It was again reminded to the participants of arrival of the forthcoming terminal evaluation team.
- All participants reassured that expected results of the project will be achieved in the middle of January 2012 well before the terminal evaluation
- Newsletter has been prepared and published by DHIS Project and is distributed to the participants for further distribution in their respective regions.

Meeting ended with the vote of thanks

District Health Information System Project for Evidence Based Decision Making and Management

SSC システム科学コンサルタンツ株式会社
SYSTEM SCIENCE CONSULTANTS INC.

Annexure A: List of Participants from the target districts

	Participants					Master Trainers
Batches	**1st**	**2nd**	**3rd**	**4th**	**TOTAL**	
Period	**Nov. 14 to 16**	**Nov. 22 to 24**	**Nov. 28 to 30**	**Dec. 01 to 03**		
Punjab		10	12	9	31	4
Sindh		11			11	3
KPK	16	5			21	4
Balochistan			14		14	3
AJK				5	5	1
FATA				9	9	0
TOTAL	16	26	26	23	91	15
Partner Agency	WHO					

Annexure B: Result of Pre-Test & Post Test showing Improvement

Province	Pre - Test	Post-Test	Improvement %
Punjab	5.5	7.8	42
Sindh	5.1	8.3	63
KPK	4.3	7.4	72
Balochistan	3.6	7.6	117
AJK	5.4	7.2	33
FATA	3.3	6.8	106
Average	4.5	7.5	71

MINUTES OF WORKING GROUP MEETING
THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

A Working Group Meeting held on 23rd January 2012 at Islamabad for discussing 1. Revision of PDM, 2. Progress of the project activities from June 2011 to January 2012, 3. Activities planned from February to July 2012 and 4. JICA's terminal evaluation.

As a result of the discussions, all participants agreed to the matters in the document attached hereto. The matters will be proposed and approved in the first TAG meeting held on 24th January 2012.

23rd January 2012

Dr. Khaleeq A Qureshi
Deputy Provincial Program Manager, Punjab

Dr. Yunis Asad Sheikh
Provincial Program Manager, DHIS, Sindh

Dr. Ali Ahmad
Provincial Program Manager, DHIS, KPK

Dr. Ali Ahmad Baloch
DHIS Coordinator, Balochistan

Mr. Sajjad Ali
Account Officer, Gilgit & Baltistan

Mr. Khawaja Manzoor
State Coordinator DHIS, AJ & K

Mr. Mohammad Mateen
DHIS coordinator, FATA

Dr. Amir Zada Khan
District Health Officer, ICT, Islamabad

Mr. Shigeru KOBAYASHI
Deputy Team Leader, JICA DHIS Project

Mr. Tomoyuki NAGITA
Representative, JICA Pakistan Office
(Observer)

Mr. Amjad Mahmood
Senior Joint Secretary
Cabinet Division, Islamabad
(Observer)

ATTACHED DOCUMENT

1 Revision of PDM

All participants agreed that National Institute of Health (NIH) has worked as federal level counterpart of the DHIS project since July 2011.

All participants agreed the revision of Project Design Matrix (PDM) of the Project which was revised at 3rd JCC meeting held on 8th February 2011.

2 Progress of the Project Activities

2.1 Activities done from June 2011 to January 2012

All participants agreed that the Project completed following activities.

- Trainings for use of information for Provincial Master Trainers from 7 provinces and District Master Trainers from 100 districts.
- Installation workshop of DHIS software for 46 DHOs and PHDs (39 in July 2011 and 7 in October 2011).
- DHIS software has been maintained from 1st August 2011 by AZM. AZM established Provincial Support Centers in PHD Punjab, Sindh, KPK and Baluchistan.
- Refresher training of DHIS software operation from December 2011 to 24th January 2012 by AZM.
- Working Group Meetings (July, August, November and December 2011).
- Partners meeting with GIZ and WHO in July 2011.

As the results of maintenance service, 219 troubles were reported to the Support centers from 1st August 2011 to 15th January 2012. 160 out of 219 of these were not caused by DHIS Software but related to hardware, OS and virus etc.

2.2 Compliance Rate of the DHIS Reports

There are 54 districts out of 100 shown more than 90% of compliance rate in November 2011. And 8 districts (6 in Sindh, 1 in Balochistan and 1 in FATA) have never submitted the report in 2011.

	More than 90%	Less than 90%	Total
Punjab	34	2	36
Sindh	2	9	11
KPK	7	17	24
Balochistan	5	9	14
AJK	3	2	5
FATA	4	6	10
Total	54	46	100

PHDs are requested to take necessary measures for rectifying the DHIS activity in following districts which showing less than 90% of the compliance rate in November 2011.

Province	Districts	Nos
Punjab	D.G. Khan, Lahore	2
Sindh	Hyderabad, Khairpur, Mattiari, Mirpurkhas, N.S. Feroze, Sanghar, T. Allahyar, T.M. Khan, Thatta	9
Khyber Pakhtunkhwa	Hangu, Shangla, Mansehra, Peshawar, Dir Lower, Dir Upper, Swabi, Tank, Karak, Lakki Marwat, Kohat, Nowshera, Kohistan, Haripur, Buner, D.I. Khan, Chitral	17
Balochistan	Panjgur, Gwadar, Killa Saifullah, Keich (Turbat), Jaffarabad, Mastung, Sibi, Quetta, Killa Abdullah	9
AJK	Kotli, Muzaffarabad	2
FATA	FR Bannu, Khyber, Bajaur, South Waziristan, FR Lakki, North Waziristan, FR D.I. Khan, FR Tank	8

In addition, following subjects were agreed during the meeting.

(1) Action to be taken by PHD Sindh

During the monitoring visit by the Project in December, DG Health and provincial DHIS coordinator Sindh informed the Project that DHIS tools distributed to 5 districts namely Mirpurkhas, N.S. Feroze, Sanghar, T. Allahyar and T.M. Khan in December 2011 although DG Health informed the Project that 7 districts supported by MNCH were already provided DHIS tools by MNCH in July 2011. In addition, remaining 2 districts supported by MNCH in Sindh namely Hyderabad and Mattiari have not submitted DHIS reports in 2011.

It is also found that there are gaps in the compliance rate for Sukkur which was submitted submitted in July 2011 and January 2012.

PHD Sindh explained that MNCH provided 13 tools & instruments out or 24 at that time, and remaining forms were provided by PHD Sindh in December 2011. Therefore, 7

districts supported by MNCH shifted their health information system from HMIS to DHIS in January 2012. It is expected that all districts submit the data from February 2012.

(2) Action to be taken by PHD AJK

There was no data of Hattian district in the first compliance report from PHD AJK due to software problems. However, data from January to December 2011 for Hattian is included in the second report submitted by AJK. In addition, AZM, software maintenance company reported that staff of Hattian district brought his personal computer instead of the computer of Hattian district during training period since there is no computer for DHIS in his office.

PHD AJK reported that the problems in Hattian were already solved by PHD AJK and computer also provided to DHO Hattian.

(3) Action to be taken by PHD FATA

Some gaps were found in the compliance rate in 2011 submitted in July 2011 and January 2012. PHD Fata explained that the number of facilities functioned were changed due to change of security situation.

2.3 Progress of Questionnaire Survey on Use of DHIS Information

It was confirmed that PHDs already distributed DHOs the questionnaire finalized in the working group meeting in December 2011.

It is also agreed that the questionnaire will be collected by end of February 2012. The Project will visit some districts to monitor the activities of DHOs on use of DHIS information in February 2012. Detail schedule will be decided through the discussion with PHDs.

2.4 Activities planned from February to July 2012

All participants agreed that the Project will implement the following activities from February to July 2012.

- Continuation of DHIS software maintenance
- Holding working group meetings and TAG meetings
- Monitoring the use of DHIS information
- Supporting the Terminal Evaluation Team
- Coordination with other donors

3 Other subjects

(1) Sustainability of the Project

All representatives from PHDs explained that they plan to shift the DHIS budget from

PC-1 basis to regular basis.

Senior Joint Secretary, Cabinet Division instructed representatives from PHDs to take necessary action for securing the continuation of DHIS activities after closing the Project.

(2) New requirements for DHIS Software

All participants agreed to have a meeting in February 2012 for discussing the new requirement.

(3) JICA Terminal Evaluation

Besides of the subjects aforementioned, JICA experts explained methods and process of JICA terminal evaluation which is planned to implement in March 2012.

GOVERNMENT OF PAKISTAN
CABINET SECRETARIAT
(CABINET DIVISION)
*****

ANNEX 18

Subject: **MINUTES OF THE TECHNIAL ADVISORY GROUP MEETING HELD ON 24.1.2012 IN CABINET DIVISION.**

A meeting of the Technical Advisory Group Meeting for District Health Information System Project for Evidence Based Decision Making & Management was held on 24th January 2012 in the Committee Room of the Cabinet Division.

2. A copy of the minutes approved by the Chairman Mr. Naved Arif, Special Secretary, Cabinet Division and signed by all concerned, is enclosed for your further necessary action under intimation to this office.

(Amjad Mahmood)
Senior Joint Secretary (SA/Imp.)
(Ph. 9207037)

1. Mr. Toshiya Sato
   Senior Representative,
   Pakistan Office
   JICA International Cooperation Agency.
2. Dr. Birjees Mazhar Kazi,
   Executive Director, National Institute of Health
   Islamabad.
3. Mr. Shuji Noguchi
   Team Leader, District Health Information system Project
   Islamabad.
4. Mr. Sajjad Ahmed Sheikh,
   Joint Secretary, Economic Affairs Division, Islamabad.
5. Mr. Nisar Ahmed,
   Director (PDM-II) Ministry of Provincial Coordination,
   Islamabad.
6. Director General Health Services, Punjab
7. Director General Health Services, Sindh
8. Director General Health Services, KPK
9. Director General Health Services, Balochistan
10. Director General Health Services, AJ&K
11. Director Health Services, Gilgit Baltistan

Cabinet Division's U.O.No.1/12/2012-NIH, dated 23.5.2012.

Minutes of Technical Advisory Group Meeting for District Health Information System Project for Evidence Based Decision Making & Management held on January 24, 2012 in the Conference Room of Cabinet Division, Islamabad under the chairmanship of Special Secretary, Cabinet Division

The Meeting was started with Recitation from Holy Quran, followed by opening remarks by a chairperson, Special Secretary , Cabinet Division, welcome address by Senior Representative of JICA, introduction of participants, explanation of DHIS including some glimpses of DHIS software, and presentation by JICA Deputy Team Leader.

1. Revision of PDM

1.1 Implementing Agency

It was approved that National Institute of Health (NIH), which is under the supervision of Cabinet Division, shall act as Supervisory Agency. Federal Government shall not be involved in funding of the project.

1.2 Technical Advisory Group (TAG) meeting

It was also agreed that Technical Advisory Group (TAG) will take the place of the former Joint Coordination Committee (JCC), headed by Additional Secretary of Ministry of Health. The role of TAG should be the same as one of JCC.

1.3 Individual Output

(1) Output 1

Representatives of PHDs pointed out that National Action Plan for DHIS is a blue print of DHIS, it is required therefore that the DHIS activities of provincial Government should be coordinated with the National Action Plan. They also pointed out the necessity of coordinating agency at federal level.

It was agreed that 1) the "Activity 1-2" in Project Design Matrix (PDM) should be remained and NIH, under the supervision of Cabinet Division, may be asked to supervise the National Action Plan, without any financial commitments. The actual beneficiaries, i.e., the District and Provincial Governments will provide technical facilitation and support to the project.

Since the roles of "HIS Steering Committee" are uncertain due to the devolution of Ministry of Health, it was also agreed to delete "HIS Steering Committee" from Output 1 activity of PDM.

(2) Output 2

It was agreed that:

1) Trainings are categorized as the following three trainings:
   a) Training on Data Collection
   b) Training on Data Entry, Processing and Analysis

c) Training on Use of Information

2) The activity of debugging DHIS software program is also included in Output 2 activity.

(3) Output 4 & 5

It was agreed that the role of defunct Ministry of Health / NHIRC should be deleted from Output 4 & 5 due to devolution of Ministry of Health while PHDs should be involved with activities relevant to these outputs.

1.4 Indicator in Each Output

It was agreed that all indicators except compliance rate of DHIS monthly report are set at 100% and compliance rate of DHIS monthly report should be kept at more than 90%.

1.5 Software Maintenance

It was agreed that JICA shall bear the cost of software maintenance up to the end of June 2012.

Regarding the software maintenance from July 2012 onwards, Chairperson pointed out that the Federal Government is not in a position to bear the maintenance cost of DHIS software for the provincial governments.

It was agreed that software maintenance will be continued under the responsibility of PHDs. PHDs shall make a maintenance contract with private company with the coordination of Cabinet Division for continuation of DHIS software maintenance.

1.6 Extension of the Project

JICA expressed their intention not to extend the project period. Pakistan side agreed to it.

PHD Sindh requested the Project to provide services for installation and training of the DHIS software in their remaining districts. JICA explained that it can provide DHIS software for PHD Sindh, and as the Project has responsibility to train provincial level master trainers only therefore the provincial master trainers are expected to train district level trainees under the concept of the cascade style. It was agreed that all remaining districts in the provinces will be trained by Provincial Master Trainers trained by the Project. However, Project can dispatch one of its Software experts to oversee the training sessions, on the request of PHD Sindh.

Chairperson instructed Provincial Governments to make a list of provincial master trainers for securing the implementation structure before closing the project, and provide the list to NIH for record.

Revised PDM and Plan of operation are attached on ANNEX-1 and 2.

2. Progress of the Project Activities

TAG approved results of the activities implemented from June 2011 to January 2012 which

are described on the working paper (see ANNEX-3).

3. **Future Activities**

TAG approved future activities of the project described on the working paper.

4. **JICA Terminal Evaluation**

JICA Senior Representative, Mr. Sato, emphasized that the Terminal Evaluation would be conducted in March this year (the exact timing will be determined later), so that each PHDs are expected to cooperate with the mission for Terminal Evaluation.

24th January 2012

Naved Arif
Special Secretary, Cabinet Division
Islamic Republic of Pakistan

Toshiya Sato
Senior Representative,
Pakistan Office
JICA International Cooperation Agency

Dr. Birjees Mazhar Kazi,
Executive Director
National Institute of Health,
Islamic Republic of Pakistan

Shuji Noguchi
Team Leader
The District Health Information System
Project For Evidence-based Decision
Making and Management

Fahim Tahir
Representative,
National Institute of Health,
Islamic Republic of Pakistan

Aftab Ahmad Khan
Section Officer
Economic Affair Division,
Islamic Republic of Pakistan

Nisar Ahmed
Director (PDM-II)
Ministry of Inter Provincial Coordination
Islamic Republic of Pakistan

MINUTES OF WORKING GROUP MEETING
THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR
EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

A Working Group Meeting held on 23rd February 2012 at Islamabad for discussing progress of the project activities. As a result of the discussions, all participants agreed to the matters in the document attached hereto.

23rd February 2012

Dr. Ali Ahmad Baloch
DHIS Coordinator, Balochistan

Mr. Khawaja Manzoor
State Coordinator DHIS, AJ & K

Dr. Mushtaq Ahmad
DHIS coordinator, FATA

Mr. Shigeru KOBAYASHI
Deputy Team Leader, JICA DHIS Project

Mr. Tomoyuki NAGITA
Representative, JICA Pakistan Office
(Observer)

ATTACHED DOCUMENT

1 Progress of the Questionnaire Survey

Questionnaire for use of DHIS information was delivered to 100 target districts through the provincial health departments. All participants agreed to submit the questionnaires by 15th March 2012

2 Progress of the Project Activities

2.1 Budget Preparation System

Change of budget preparation system was reported from representatives of the provincial health departments during the 1st TAG meeting dated on 24th January 2012.

Therefore, present budgeting system is confirmed through the questionnaire survey to DG Health. As the results, following situation is confirmed.

Province	Preparation of proposal estimates of DHO's budget	Approval of proposal estimates of DHO's budget
Punjab	Prepared by EDO (H)	Approved by DCO
Sindh	Prepared by EDO (H)	Approved by PHD Sindh
Khyber Pakhtunkhwa	Prepared by EDO (H)	Approved by DCO
Balochistan	Prepared by PHD	Approved by the Finance Department
AJK	Prepared by EDO (H)	Approved by the State Government of AJK
FATA	Prepared in mutual consultation by DHS and ASO	Approved by the Finance Department

Source : Provincial health departments
Note : DHS : Directorate of Health Service, ASO : Agency Surgeon Office

2.2 Missing Data Report

It was confirmed that "zero (0)" and "-" is one of major cause for increasing the missing data rate. Therefore, all participants agreed that

1) Check "Not Applicable" if facilities note "N.A."
2) Facility staff put only "0" on the monthly report but should not use "-".
3) Computer operator should entre "0" when "0" is in the field.

SHD AJK already instructed DHOs to follow the above instruction.

2.3 Compliance Rate of the DHIS Reports

There are 59 districts out of 100 shown more than 90% of compliance rate in December 2011 (increased 5 districts from November 2011).

	November 2011		December 2011	
	More than 90%	Less than 90%	More than 90%	Less than 90%
Punjab	34	2	33	3
Sindh	2	9	4	7
KPK	7	17	12	12
Balochistan	5	9	4	10
AJK	3	2	1	4
FATA	4	6	5	5
Total	54	46	59	41

PHDs are requested to take necessary measures for rectifying the DHIS activity in following districts which showing less than 90% of the compliance rate in December 2011.

Province	Districts	Nos
Punjab	D.G. Khan, Lahore, Rajanpur	3
Sindh	Hyderabad, Thatta, Khairpur, Mirpurkhas, Naushero Feroze, Sanghar, T. M. Khan	7
Khyber Pakhtunkhwa	Karak, Dir Lower, Dir Upper, Swabi, Kohat, Chitral, D.I. Khan, Buner, Nowshera, Charsadda, Kohistan, Lakki Marwat	12
Balochistan	Keich (Turbat), Gwadar, Panjgur, Mastung, Quetta, Jaffarabad, Killa Abdullah, Killa Saifullah, Sibi, Zhob	10
AJK	Hattian, Muzaffarabad, Kotli, Sudhnooti	4
FATA	Bajaur, FR D.I. Khan & FR Tank, South Waziristan, North Waziristan, Kurrum	5

2.4 Strategy on extension of DHIS to non-target districts by PHDs

SSC requests representatives of PHDs to make presentation at next working group meeting on March 2012. Necessary formats will be sent to the PHDs from SSC.

2.5 DHIS software maintenance

Maintenance activities has been implemented continuously.

The Project reports PHDs that many troubles which are not related DHIS Software, i.e. trouble of OS and virus.

AZM requested to PHDs to

1) install the licensed Operating System.

2) install the anti-virus program and update regularly.

3 Activities up to June 2012

Following activities will be implemented up to June 2012.

- Monitoring and supervision of DHIS activities.
- DHIS software maintenance.
- Joint terminal evaluation in June 2012.

The Project also informed that JICA terminal evaluation will be implemented in June 2012. Detail information will be informed by the JICA Pakistan Office.

MINUTES OF WORKING GROUP MEETING
THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR
EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

A Working Group Meeting held on 24th February 2012 at Islamabad for discussing new requirements issues of DHIS software. As a result of the discussions, it was agreed that measures for 10 requirements out of 23 reported will be taken by the JICA DHIS Project. And measures for the remaining issues will be taken by the Pakistan side.

Details of the requirements are shown in the document attached hereto.

24th February 2012

Mr. Faraz Ahmad
Software Statistician, Punjab

Dr. Ikram Khan
Deputy Program Manager, DHIS, KPK

Dr. Ali Ahmad Baloch
DHIS Coordinator, Balochistan

Mr. Khawaja Manzoor
State Coordinator DHIS, AJ & K

Dr. Mushtaq Ahmad
DHIS coordinator, FATA

Mr. Shigeru KOBAYASHI
Deputy Team Leader, JICA DHIS Project

Mr. Tomoyuki NAGITA
Representative, JICA Pakistan Office
(Observer)

ATTACHED DOCUMENT

1 Information Sharing System between PHDs and AZM

- Provincial supporting staffs of AZM prepare bi-weekly report based on the reports from DHOs.
- Provincial supporting staffs of AZM send the bi-weekly report to SSC and also PHDs.
- AZM takes responsibility to prepare the bi-weekly report, and no comment is acceptable from PHDs. PHDs should send comments to SSC in writing, if any.

2 New Requirements of DHIS Software

All participants agreed proposed measures to be taken for new requirements (see ANNEX 1). This proposal will be discussed with the Federal level counterpart for further actions.

DHIS New Requirements

Sr #	Bug Sheet Ref. #	Province	District	Problem	Reported By		Result of Discussion	Within Project Scope
					Name	Date		
1	4	Punjab	DG Office	An option & form in Data Management menu is required just below the option "Splitting and Merging Districts" for splitting of all facilities at Tehsil level just like the same criteria used in splitting of facilities at District level. So that the facilities can be divided in Tehsils.	Mr. Farooq DG office LHR	5-Aug-11	All participants concluded that this function is required. However, this issue is related spesification of DHIS. Therefore, the Project requests PHDs to take necessary measures by Pakistan side.	No
2	8	Punjab	DG Office	New data entry field is required in Facilities (HID) form. When a user creates or modify a facility, he should be able to enter No. of Beds for that facility there. Likewise, when the user opens the Facility listing report by giving any criteria, so there should be a column in the report showing number of beds in any facility. Column heading in the report should be "No. of Beds".	Mr. Farooq DG office LHR	8-Aug-11	All participants concluded that this function is not required.	No
3	14	Punjab	DG Office	A data entry field is missing in Secondary Hospital data entry form, Section XVI-A, between serial number 5 & 6, named as "CT Scan". As per DHIS official documents related to Secondary data entry form, the field named as "CT Scan" should be there, so the user can enter the data related to CT Scans.	Mr. Farooq DG office LHR	11-Aug-11	All participants conluded that this function is required. The Project proposes to modify the software during the project period.	Yes

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Sr #	Bug Sheet Ref. #	Province	District	Problem	Reported By		Result of Discussion	Within Project Scope
					Name	Date		
4	16	Punjab	DG Office	Add 2 new data entry Text fields in Secondary Hospital data entry form, Section XIII-B, serial no. 53 & 54, below the heading "Any other unusual Disease (Specify)". So the user can enter any 2 unusual diseases in these 2 fields as Text by themselves. Right now user is unable to enter any Text in there.	Mr. Farooq DG office LHR	11-Aug-11	Participants could not reach conclusion. Need more discussion for finalizing the proposal to the Federal Government.	No
5	22	Punjab	DG Office	In Section II, preview of Print Monthly Reports, by giving any filtering criteria, the word "Monthly" in the heading before the word "Target" should be removed, it should show the heading as "Target" not as "Monthly Target"	Mr. Farooq DG office LHR	13-Aug-11	All participants agreed this request. The Project proposes to cahnge "Monthly Target" to "Target".	Yes
6	24	Punjab	DG Office	When user opens Print Monthly Report by giving any filtering criteria other than selecting more than one Month, in the preview of this report, Section II, serial no. 1 to 13, it shows the "Target" & "Performance" values as average of selected months given in criteria. Now it should show the value as SUM of the Target & Performance of selected months in the report rather than showing the values as average of selected months.	Mr. Farooq DG office LHR	15-Aug-11	Participants could not reach conclusion. Need more discussion for all 13 indicators for finalizing the proposal to the Federal Government.	No

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ANNEX 19

Sr #	Bug Sheet Ref. #	Province	District	Problem	Reported By		Result of Discussion	Within Project Scope
					Name	Date		
7	26	Punjab	DG Office	A new facility listing report is required, which should show the no. of facilities as district wise. So the user can see the no. of specific facilities in any specific district. i.e. If a user wants to know how much BHUs, DHUs, & THQs are in district Multan & Lahore etc. So the report will show the no. of BHUs, DHUs, & THQs in district Multan & Lahore.	Mr. Farooq DG office LHR	16-Aug-11	All participants agreed this request. The Project proposes to add this report during the project period.	Yes
8	28	Punjab	DG Office	Addition of Divisions in DHIS.	Mr. Farooq DG office LHR	18-Aug-11	All participants concluded that this function is required. However, this issue need more discussion for clarifying the mandate of Divisional Government. Therefore, the Project requests PHDs to take necessary measures by Pakistan side.	No
9	66	Punjab	Multan	Town wise information is not available as after devolution new setup has been established town-wise instead of tehsil wilse.	Mr Qaiser Abbass Statistical Officer	14-Jan-12	All participants concluded that this function is required. The Project requests PHDs to take necessary measures by Pakistan side.	No
10	67	Punjab	Multan	Report of Unusual disease cannot be generated from software.	Mr Qaiser Abbass Statistical Officer	14-Jan-12	Participants could not reach conclusion. Need more discussion for finalizing the proposal to the Federal Government.	No

Sr #	Bug Sheet Ref. #	Province	District	Problem	Reported By		Result of Discussion	Within Project Scope
					Name	Date		
11	68	Punjab	Multan	Human Resource section, previous month entered data should be reflected automatically for the current month	Mr Qaiser Abbass Statistical Officer	14-Jan-12	All participants agreed to fix the figures in "Sanction" calumn only.	
12	69	Punjab	Multan	Population of District, Tehsil and UC's should be updated automatically by simply giving growth rate	Mr Qaiser Abbass Statistical Officer	14-Jan-12	All participants concluded that this function is required. This issue will be proposed to Federal Government.	No
13	70	Punjab	Multan	Population of Previous year should be saved in software so that the exact denominator could be taken to compare data with previous year	Mr Qaiser Abbass Statistical Officer	14-Jan-12	All participants concluded that this function is required. This issue will be proposed to Federal Government.	No
14	71	Punjab	Multan	Generation of reports of the health institutions functioning under EDO(H) only is not available. Nishter hospital multan is also class-I institute but not under the jurisdiction of EDO(H)	Mr Qaiser Abbass Statistical Officer	14-Jan-12	All participants concluded that this function is not necessary.	No
15	72	Punjab	Multan	Facility to Generate financial Year report . ie July to June is not available	Mr Qaiser Abbass Statistical Officer	14-Jan-12	All participants concluded that this function is required. The Project proposes to add this function during the project period.	Yes
16	73	Punjab	Multan	Indicator Reports software generate all reports month wise. where as there are many indicators which must be calculated annually. There should be a facility to generate indicator Reports on quarterly, annually basis.	Mr Qaiser Abbass Statistical Officer	14-Jan-12	More discussion is required for each indicator. Measures of this issue should be taken by Pakistan side if necessary.	No

Sr #	Bug Sheet Ref. #	Province	District	Problem	Reported By		Result of Discussion	Within Project Scope
					Name	Date		
17	74	Punjab	Multan	Provision required to select Multiple selection of Class and facility type in all reports.	Mr Qaiser Abbass Statistical Officer	14-Jan-12	All participants concluded that this function is not necessary.	No
18	75	Punjab FATA	Okara	There should be a provision of making the facility Functional/Non-functional for the specific month	Ms Sajjida Statistical Officer	10-Jan-12	All participants concluded that this function is required. This change reflect to log report and compliance report only. The Project proposes to do this modification during the project period.	Yes
19	18	Balochistan	DG Office	When we open monthly compliance report there is a column of Total reports but there is no Total % column. If it is possible to add a new column of Total %. It is needed at Provincial Level.	Asad Ali Computer operator DG Office Quetta	26-Nov-11	Column of "Total %" was already added. "Expected reports * reporting month" is used for denominator of "Total %".	Yes
20	22	Khyber Pakhtunkhwa	DG Office	New report required which show sum of all disease for all districts	Dr Ali DG office KP	7-Oct-11	This function is not required since the requested data can be generated in the advance report.	No
21	26	Khyber Pakhtunkhwa	DG Office	New Detail Report required which show the total number of Blanks fields with their name for each facility	Jahanzib Data Entry Operator KP	13-Oct-11	All participants agreed that this request is not necessary.	No

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ANNEX 19

Sr #	Bug Sheet Ref. #	Province	District	Problem	Reported By		Result of Discussion	Within Project Scope
					Name	Date		
22	81	Punjab	Bahawal-pur	Indicator Based report should export in MS Excel format with the Graph.	Mr. Babar S.O.	13-Oct-11	This request is not accepted due to technical reason.	No
23	27	Balochistan	DG Office	Need of timeline: Detailed Report required showing the list of batch files received before and after the target date.	Mr. Abdul Rahim, Statistical Officer, DG Office, Quetta	10-Feb-12	All participants concluded that this request is not required	No

MINUTES OF WORKING GROUP MEETING
THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR
EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

A Working Group Meeting held on 20th March 2012 at Islamabad for discussing progress of the project activities. As a result of the discussions, all participants agreed to the matters in the document attached hereto.

20th March 2012

Dr. Khaleeq Ahmad Quraishi
Deputy Program Manager, Punjab

Dr. Ikram Ullah Khan
Deputy Program Manager, DHIS, KPK

Dr. Ghulam Ali
Director, Health Services, Health
Department, Gilgit & Baltistan

Dr. Mushtaq Ahmad
DHIS Coordinator, FATA

Dr. Iqbal Afridi
City Health Officer
CDA, Islamabad

Mr. Shigeru KOBAYASHI
Deputy Team Leader, JICA DHIS Project

Mr. Sohail Ahmad
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1 Progress of the Questionnaire Survey

There are 52 questionnaires already collected as of 20th March 2012. PHDs agreed to send the remaining questionnaires to project office in NIH by end of March 2012.

Districts Submitted the Questionnaire on Use of DHIS Information

Province	Districts submitted	Not Yet Submitted	Total Nos.
Punjab	**4** districts: Chiniot, Faisalabad, Rawalpindi, Sialkot,	**32** districts: Attock, Bahawalnagar, Bahawalpur, Bhakkar, Chakwal, Dera Ghazi Khan, Gujranwala, Gujrat, Hafizabad, Jhang, Jhelum, Kasur, Khanewal, Khushab, Lahore, Layyah, Lodhran, Mandi Bahauddin, Mianwali, Multan, Muzaffargarh, Narowal, Nankana Sahib, Okara, Pakpattan, Rahim Yar Khan, Rajanpur, Sahiwal, Sargodha, Sheikhupura, Toba Tek Singh, Vehari	36
Sindh	**0** district:	**11** districts: Dadu, Hyderabad, Khairpur, Mattiari, Mirpurkhas, N.S. Feroze, Sanghar, Sukkur, T. Allahyar, T.M. Khan, Thatta	11
Khyber Pakhtunkhwa	**23** districts: Abbotabad, Bannu, Batagram, Buner, Charsadda, Chitral, Dera Ismail Khan, Dir Lower, Manshera, Nowshera, Hangu, Haripur, Karak, Kohat, Kohistan, Lakki Marwat, Malakand, Mardan, Peshawar, Shangla, Swat, Tank, Upper Dir	**1** district: Swabi,	24
Balochistan	**13** districts: Gwadar, Jaffarabad, Kech, Killa Abdullah, Killa Saifullah, Lesbela, Mastung, Noshki, Panjgur, Pishin, Sibi, Zhob, Ziarat	**1** district: Quetta	14
AJK	**4** districts: Bhimber, Kotli, Muzaffarabad, Sudhnoti	**1** district: Hattian	5
FATA	8 areas & FRs Bajaur, Kurram, Mohmand, North Waziristan, South Waziristan, FR D. I. Khan & FR Tank, FR Lakki & FR Bannu, FR Peshawar & FR Kohat	2 areas Khyber, Orakzai,	10
Total	52	48	100

2 Progress of DHIS Activities

2.1 FATA

- DHIS has been introduced into all 10 areas & FRs.

- Save the children supported DHIS in terms of procurement of computer hardware, tools & instruments and DHIS trainings. UNICEF also supported DHIS trainings at facility level.
- There are 2 areas and 2 FRs that are supported by PPHI. BHUs under control of PPHI in the area do not submit monthly report to DHOs.

Participant from KPK explained that PHD KPK has made agreement with PPHI and keep good coordination with PPHI. PPHI also provides DHIS tools to the BHUs in their districts of jurisdiction.

It is pointed out that proper MOU is important for information sharing with PPHI.

The Project will invite PPHI people from each province at the working group meeting going to be held in May 2012.

2.2 Khyber Pakhtunkhwa

- DHIS has been introduced into 24 districts out of 25 in Khyber Pakhtunkhwa.
- PC-1 was approved for 12 districts in 2009 worth of Rs 90.72 millions for three years. However, DHIS was also introduced to the remaining districts with the support of donor agencies i.e. JICA, PAIMAN, UNFPA, UNICEF and Save the Children.
- Phase-II PC-1 was submitted to P&D Department, and it is under revision for provision of DHIS tools to all 25 districts for 3 years.

2.3 Punjab

- DHIS has been introduced into all 36 districts in Punjab.
- Compliance rate in January shows lower rate due to increase the number of target facilities in Lahore.
- Series of DHIS activities i.e. DHIS monthly meeting, data validation exercise etc were carried out in Punjab.
- Punjab plans to apply regular budget for DHIS activities.

2.4 Gilgit / Baltistan

- DHIS is going to be introduced into G/B.
- 100 health facilities supported by PPHI did not report to PHD. In addition, health facilities are reporting through HMIS and some health facilities could not report even through HMIS due to lack of budget.
- However, computer hardware is available at DHOs, and some funds are provided by GIZ for trainings which is also available.

2.5 CDA

- DHIS has not introduced in CDA health facilities.
- CDA look after 2/3 of population in Islamabad (60% of the population in urban, 38%

3

are in rural, and remaining in slums).

- DHIS software training by the Project plans from March 26 & 27, 2012 and use of DHIS information training from 2nd to 4th April 2012.

3 Compliance Rate

3.1 Compliance Rate in January 2012

There are 65 out of 100 districts that show more than 90% of compliance rate in January 2012 (increased in 6 more districts from December 2011).

	November 2011		December 2011		January 2012	
	> 90%	< 90%	> 90%	< 90%	> 90%	< 90%
Punjab	34	2	33	3	34	2
Sindh	2	9	4	7	4	7
KPK	7	17	12	12	13	11
Balochistan	5	9	4	10	4	10
AJK	3	2	1	4	4	1
FATA	4	6	5	5	6	4
Total	54	46	59	41	65	35

PHDs are requested to take corrective measures for improving the DHIS activities in following districts which show less than 90% of the compliance rate during January 2012.

Province	Districts	Nos
Punjab	D.G Khan, Lahore	2
Sindh	Sukkur, Dadu, Khairpur, Hyderabad, Thatt, Sanghar, N.S. Feroze	7
Khyber Pakhtunkhwa	Lakki Marwat, Kohat, Dir Lower, Tank, Dir Upper, Nowshera, D.I. Khan, Swabi, Chitral, Buner, Kohistan	11
Balochistan	Keich (Turbat), Gwadar, Killa Saifullah, Panjgur, Jaffarabad, Killa Abdullah, Mastung, Quetta, Sibi, Zhob	10
AJK	Muzaffarabad	1
FATA	South Waziristan, Bajaur, North Waziristan, FR D.I. Khan & FR Tank, FR Kohat	5

In addition, change of "expected number of report" between November 2011 and January 2012 was also discussed. The Project requested PHDs to monitor number of expected report to find the reason of change.

Number of Expected Reports

Unit : Facilities

	2011		2012
	Nov	Dec	Jan
Punjab	3,832	3,945	3,962
Sindh	430	596	718
Khyber Pakhtunkhwa	1,374	1,398	1,390
Balochistan	638	642	643
AJK	323	323	324
FATA	357	427	415
Total	6,954	7,331	7,452

3.2 Facility-wise Compliance Rate

(1) Dispensary

The Project reported that compliance rate of dispensary is relatively low in all provinces.

It was discussed that the compliance rate of dispensary is low due to

- lack of human resources in dispensaries and
- Non-functional dispensaries and dispensaries which don't have obliged to submit DHIS report are included in the "expected reports".

DHOs cannot afford to support dispensaries for preparing report due to limitation of human resources, but facilities which received medicines from the Government should report through DHIS.

However, it is possible to deduct the number of non-functional dispensaries. For this , the Project is going to add a function for identifying the "functional / non functional" status of facilities.

(2) Hospital

Hospital covers 50% of total OPD although only 5% of shares in terms of number of facilities (in case of Multan District, Punjab).

For increasing the compliance rate of hospital, it is pointed out that:

- increasing number of trainees in hospital (Defunct NHIRC instructions were to train only 11 person at hospital)
- DHIS training is added in the curriculam of medical and nursing schools

Available measures for increasing compliance rate of hospitals will be discussed at PHDs.

4 DHIS software maintenance

Maintenance activities are being implemented by AZM continuously.

5 Development of 7 functions on DHIS Software

5.1 Development of 7 functions

The Project agreed to develop 7 functions (in Table below) for fulfilling the new requirements selected at the working group meeting on 24th February 2012.

Table List of the New Requirements Selected

No.	Sr #	Province	Problem
1.	3	Punjab	A data entry field is missing in Secondary Hospital data entry form, Section XVI-A, between serial number 5 & 6, named as "CT Scan". As per DHIS official documents related to Secondary data entry form, the field named as "CT Scan" should be there, so the user can enter the data related to CT Scans.
2.	5	Punjab	In Section II, preview of Print Monthly Reports, by giving any filtering criteria, the word "Monthly" in the heading before the word "Target" should be removed, it should show the heading as "Target" not as "Monthly Target"
3.	7	Punjab	A new facility listing report is required, which should show the no. of facilities as district wise. So the user can see the no. of specific facilities in any specific district. i.e. If a user wants to know how much BHUs, DHUs, & THQs are in district Multan & Lahore etc. So the report will show the no. of BHUs, DHUs, & THQs in district Multan & Lahore.
4.	11	Punjab	Human Resource section, previous month entered data should be reflected automatically for the current month
5.	15	Punjab	Facility to Generate financial Year report . ie July to June is not available
6.	18	Punjab FATA	There should be a provision of making the facility Functional/Non-functional for the specific month
7.	19	Balochistan	When we open monthly compliance report there is a column of Total reports but there is no Total % column. If it is possible to add a new column of Total %. It is needed at Provincial Level.

5.2 Approval of Images of Data Entry Screens and Output Screens

All participants approved proto type of new requirements presented by AZM (slides of images are attached).

6 Other Issues

- Cabinet Division, not NIH, acts as federal counterpart, while Senior Joint Secretary of Cabinet Division acts as a focal person of the project.
- JICA terminal evaluation will be conducted in June 2012.

After Change

New Requirement No.18 – Bug No. 75– Punjab
Making the facility Functional/Non-Function on Specific Months

Log Report (Month Wise)

Province: Province Name
District: District Name
Year: 2011

	Facility	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Pallandri														
534001	Un Approved FAPs	✓	✓	✓	NF	✓	✓	✓	✓	✓	✓	✓	✓	11
534002	DHQ Hospital Pallandri	✓	✓	✓	NF	✓	✓	✓	✓	✓	✓	✓	✓	11
534004	RHC Chechhan	✓	✓	✓	NF	✓	✓	✓	NF	✓	✓	✓	✓	10
534007	BHU Azad Pattan	✓	✓	✓	✓	✓	✓	✓	NF	✓	✓	✓	✓	11
534008	BHU Battran	✓	✓	✓	✓	✓	✓	✓	NF	✓	✓	✓	✓	11
534013	BHU Pantha	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
534028	FAP Dana Pantha	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
534034	FAP Naka Sma Mora	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
534035	FAP Numb Dhar Drach	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
534037	FAP Pir Gaib	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
534042	FAP Kot Kelli	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
534006	RHC Mong	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
534018	Civil Dispensary Chellar	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
534020	Civil Dispensary Dhingroon	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✓	3
534023	BHU Pattan Sher Khan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
534029	FAP Islam Nagar	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
534030	FAP Kanchi	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
534031	FAP Khori Khokhrai	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
534041	FAP Upper Numbai	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
District Totals:														
Total Reports Received:		19	18	18	16	18	18	18	15	18	18	18	19	213
Reports Expected:		19	18	18	16	19	19	19	16	19	19	19	19	222
Reporting Regularity:		100%	98%	98%	100%	98%	98%	98%	89%	98%	98%	98%	100%	

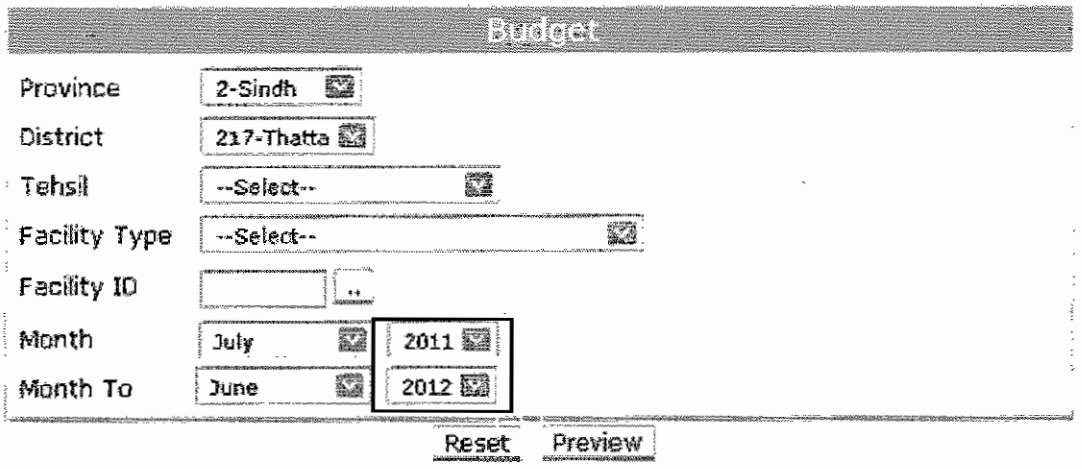
Existing

New Requirement No.19 – Bug No. 18– Balochistan
Total % Column Required for year

District	Expected Reports	Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec		Total Month Reported
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Kalat	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Kharan	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Khuzdar	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Lasbella	81	73	90	74	91	70	86	76	94	77	95	70	86	77	95	73	90	77	95	77	95	78	96	79	98	12
Mastung	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	20	80	2
Awaran	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Washuk	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Gwadar	44	38	86	36	82	41	93	38	86	40	91	41	93	-	-	-	-	-	-	35	80	36	82	37	84	9
Panjgur	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27	73	32	86	31	84	31	84	4
Keich (Turbat)	85	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	5	15	18	51	60	-	-	3
Jaffarabad	84	-	-	-	-	-	-	-	-	-	-	-	-	48	57	30	36	44	52	48	57	49	58	-	-	5
Kachhi (Bolan)	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Naseerabad	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Jhal Magsi	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Chagai	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Pishin	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50	94	48	91	49	92	50	94	48	91	5
Quetta	55	34	62	39	71	43	78	30	55	23	42	28	51	27	49	25	45	26	47	17	31	17	31	25	45	12
Killa Abdullah	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	20	-	-	1
Nushki	31	-	-	12	39	30	97	28	90	30	97	28	90	29	94	29	94	29	94	29	94	29	94	28	90	11
Dera Bugti	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Kohlu	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Sibi	41	-	-	24	59	20	49	23	56	9	22	23	56	23	56	21	51	29	71	25	61	-	-	-	-	9
Ziarat	27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26	96	26	96	26	96	3
Harnai	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Barkhan	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Killa Saifullah	35	-	-	26	74	29	83	31	89	33	94	33	94	29	83	27	77	25	71	28	80	26	74	-	-	10
Loralai	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Musa Khail	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Zhob	40	39	98	40	100	37	93	39	98	39	98	37	93	40	100	40	100	40	100	40	100	40	100	-	-	11
Sherani	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Total	643	184	29	251	39	270	42	265	41	251	39	260	40	273	42	295	46	349	54	421	65	435	68	294	46	97

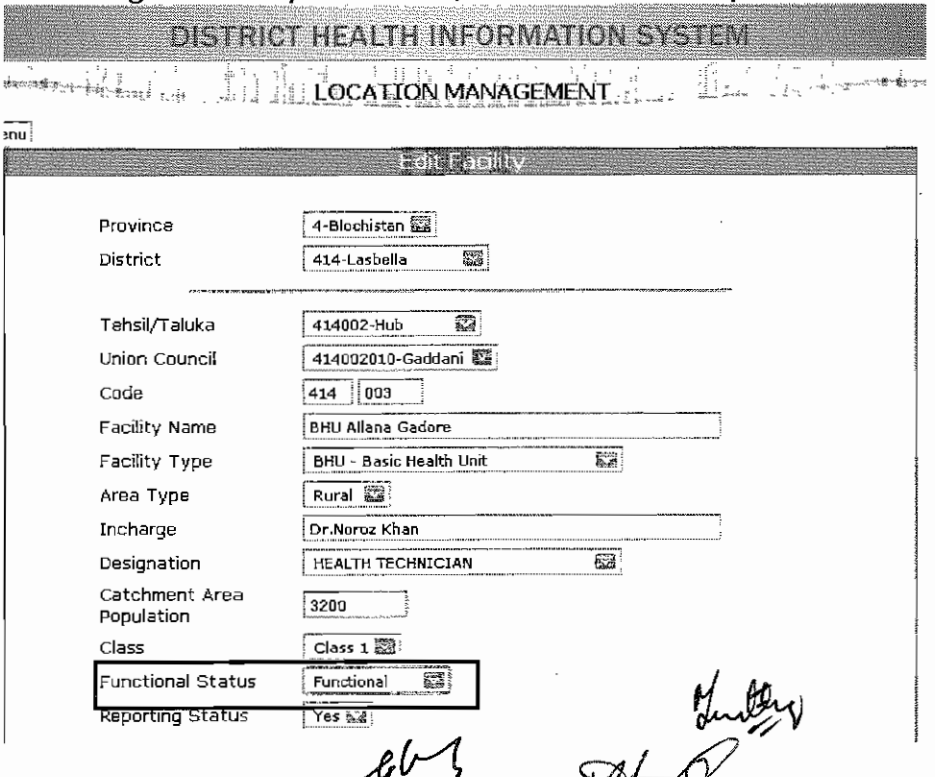
After Change

New Requirement No.15 – Bug No. 72– Punjab
Generate Financial year Report



Existing

New Requirement No.18 – Bug No. 75– Punjab
Making the facility Functional/Non-Function on Specific Months



After Change

New Requirement No.7– Bug No. 26 – Punjab

Summary Report for No. of Facilities in district facility Type wise

District	Tehsil	DHQ	THQ	BHU	RHC	CD	MCH	FAP	LC	GRD	RD	SHC	UHC	TBC	MH	FC	HD	UD	TD	HOSP	THOS	CH	TINS	SHS	USK	ADMIN	OTHER
District -1																											
	Tehsil - 1	1	1	3	6	5	7			4	3							3									3
	Tehsil - 2		1	2																							3
	Tehsil - 3		1	5																							
	District - 1 Total	1	3	10	6	5	7	0	0	4	3	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	6
District -2																											
	Tehsil - 1		1	3	5	4		5																		5	
	Tehsil - 2		1	6	5					5		3							5					5			
	Tehsil - 3	1	4	7	4																						
	District -2 Total	1	6	16	14	4	0	5	0	5	0	3	0	0	0	0	0	0	5	0	0	0	0	5	0	5	0
District -3																											
	Tehsil - 1	0	4	3		6	6				7											7					8
	Tehsil - 2	0		6											5			6						5		5	
	Tehsil - 3	0		5				5																			
	District -3 Total	0	4	14	0	6	6	5	0	0	7	0	0	0	5	0	0	6	0	0	0	7	0	5	0	5	8
Grand Total		2	13	40	20	15	13	10	0	9	10	3	0	0	5	0	0	9	5	0	0	7	0	10	0	10	14

Existing

New Requirement No.11 – Bug No. 68 – Punjab

Sanctioned Filed auto fill by previous month data

Section XVI: Human Resource Data (From Facility Records) ☐ Not Applicable

		Sanctioned	Vacant	Contract	General Duty In HF	General Duty Out HF
1	Senior Medical Officer					
2	Medical Officer					
3	Women/Lady Medical Officer					
4	Dental Surgeon					
5	Head Nurse					
6	Staff Nurse/ Charge Nurse					
7	Medical Assistant					
8	Sanitary Inspector					
9	Lab Assistants					
10	Dental Assistant					
11	X-Ray Assistant					
12	Lady Health Visitor					
13	Health Technician/ Medical Technician					
14	Dispenser					
15	EPI Vaccinator					
16	CDC Supervisor					
17	Midwife					
18	LHW					
19	Others					

After Change

New Requirement No.11 – Bug No. 68 – Punjab
Sanctioned Filed auto fill by previous month data

Section XV: Human Resource Data (From Facility Records) ☐ Not Applicable

		Sanctioned	Vacant	Contract	General Duty In HF	General Duty Out HF
1	Senior Medical Officer	2				
2	Medical Officer	6				
3	Women/Lady Medical Officer	2				
4	Dental Surgeon	2				
5	Head Nurse	0				
6	Staff Nurse/ Charge Nurse	1				
7	Medical Assistant	0				
8	Sanitary Inspector	0				
9	Lab Assistants	1				
10	Dental Assistant	0				
11	X-Ray Assistant	1				
12	Lady Health Visitor	2				
13	Health Technician/ Medical Technician	0				
14	Dispenser	8				
15	EPI Vaccinator	2				
16	CDC Supervisor	0				
17	Midwife	4				
18	LHW					
19	Others	0				

Existing

New Requirement No.15 – Bug No. 72– Punjab
Generate Financial year Report

Budget

Province	2-Sindh	
District	217-Thatta	
Tehsil	--Select--	
Facility Type	--Select--	
Facility ID		..
Month	January	
Month To	March	2012

Reset Preview

Existing

New Requirement No.5 – Bug No. 22 – Punjab
Show the heading as "Target" not as "Monthly Target"

CLOSE PRINT EXCEL

DHIS DISTRICT HEALTH INFORMATION SYSTEM

DHIS v01-01

Aggregated PHC Facility Monthly Report
District Muzaffarabad

Month January To March **Year** 2012 **Total Working Days**

Section II: Monthly Performance (Number or % as appropriate)

		Monthly Target	Performance
1	Daily OPD attendance (#)		
2	Full immunization coverage (#)		
3	Antenatal Care (ANC-1) coverage (#)		
4	Monthly report data accuracy		
5	Delivery coverage at facility (#)		
6	TB-DOTS patients missing more then one week (#)		
7	Total Visits for FP (#)		
8	LHW pregnancy registration coverage (#)		

After Change

New Requirement No.5 – Bug No. 22 – Punjab
Show the heading as "Target" not as "Monthly Target"

CLOSE PRINT EXCEL

DHIS DISTRICT HEALTH INFORMATION SYSTEM

DHIS v01-01

Aggregated PHC Facility Monthly Report
District Muzaffarabad

Month January To March **Year** 2012 **Total Working Days**

Section II: Monthly Performance (Number or % as appropriate)

		Target	Performance
1	Daily OPD attendance (#)		
2	Full immunization coverage (#)		
3	Antenatal Care (ANC-1) coverage (#)		
4	Monthly report data accuracy		
5	Delivery coverage at facility (#)		
6	TB-DOTS patients missing more then one week (#)		
7	Total Visits for FP (#)		
8	LHW pregnancy registration coverage (#)		

After Change

New Requirement No.19 – Bug No. 18– Balochistan

Total % Column Required for year

District	Expected Reports	Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec		Total		Total Month Reported
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Kalat	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Kharan	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Khuzdar	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Lasbella	81	73	90	74	91	70	86	76	94	77	95	70	86	77	95	73	90	77	95	77	95	78	96	79	98	901	93	12
Mastung	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	20	80	21	7	2
Awaran	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Washuk	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Gwadar	44	38	86	36	82	41	93	38	86	40	91	41	93	-	-	-	-	-	-	35	80	36	82	37	84	342	65	9
Panjgur	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	27	73	32	86	31	84	31	84	121	27	4
Keich (Turbat)	95	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	5	15	18	51	60	-	-	70	7	3
Jaffarabad	84	-	-	-	-	-	-	-	-	-	-	-	-	48	57	30	36	44	52	48	57	49	58	-	-	219	22	5
Kachhi (Bolan)	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Naseerabad	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Jhal Magsi	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Chagai	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Pishin	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	50	94	40	91	49	92	50	94	40	91	245	39	5
Quetta	55	34	62	39	71	43	78	30	55	23	42	28	51	27	49	25	45	26	47	17	31	17	31	25	45	334	51	12
Killa Abdullah	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	20	-	-	1	2	1
Nushki	31	-	-	12	39	30	97	28	90	30	97	28	90	29	94	29	94	29	94	29	94	28	90	28	90	301	81	11
Dera Bugti	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Kohlu	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Sibi	41	-	-	24	59	20	49	23	56	9	22	23	56	23	56	21	51	29	71	25	61	-	-	-	-	197	40	9
Ziarat	27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26	96	26	96	26	96	78	24	3
Harnai	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Barkhan	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Killa Saifullah	35	-	-	26	74	29	83	31	89	33	94	33	94	29	83	27	77	25	71	28	80	26	74	-	-	287	68	10
Loralai	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Musa Khail	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Zhob	40	39	98	40	100	37	93	39	98	39	98	37	93	40	100	40	100	40	100	40	100	40	100	-	-	431	90	11
Sherani	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Total	643	184	29	251	39	270	42	265	41	251	39	260	40	273	42	295	46	349	54	421	65	435	68	294	46	3548	46	97

MINUTES OF WORKING GROUP MEETING
THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR
EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

A Working Group Meeting held on 24th April 2012 at Islamabad for discussing progress of the project activities. As a result of the discussions, all participants agreed to the matters in the document attached hereto.

24th April 2012

Mr. Muhammad Ali Ahsan
Representing
Director (MIS), Punjab

Dr. Ikram Ullah Khan
Deputy Program Manager, DHIS, KPK

Khawaja Manzoor Ahmad
State Coordinator DHIS
Health Department,
Muzaffarabad, Azad Kashmir

Dr. Mushtaq Ahmad
DHIS Coordinator, FATA

Dr. Iqbal Afridi
City Health Officer
CDA, Islamabad

Dr. Ali Ahmad Baloch 24/4/12
Provincial Coordinator DHIS
Balochistan, Quetta

Dr. Ahmad Afifi
Deputy Team Leader, JICA DHIS Project

Mr. Nagita
JICA Pakistan Office (Observer)

ATTACHED DOCUMENT

1 Progress of the Questionnaire Survey

There are 52 questionnaires already collected as of 24th April 2012. PHDs agreed to send the remaining questionnaires to project office in NIH by May 02, 2012.

Districts Submitted the Questionnaire on Use of DHIS Information

Province	Districts submitted	Not Yet Submitted	Total Nos.
Punjab	**4** districts: Chiniot, Faisalabad, Rawalpindi, Sialkot,	**32** districts: Attock, Bahawalnagar, Bahawalpur, Bhakkar, Chakwal, Dera Ghazi Khan, Gujranwala, Gujrat, Hafizabad, Jhang, Jhelum, Kasur, Khanewal, Khushab, Lahore, Layyah, Lodhran, Mandi Bahauddin, Mianwali, Multan, Muzaffargarh, Narowal, Nankana Sahib, Okara, Pakpattan, Rahim Yar Khan, Rajanpur, Sahiwal, Sargodha, Sheikhupura, Toba Tek Singh, Vehari	36
Sindh	**0** district:	**11** districts: Dadu, Hyderabad, Khairpur, Mattiari, Mirpurkhas, N.S. Feroze, Sanghar, Sukkur, T. Allahyar, T.M. Khan, Thatta	11
Khyber Pakhtunkhwa	**24** districts: Abbotabad, Bannu, Batagram, Buner, Charsadda, Chitral, Dera Ismail Khan, Dir Lower, Manshera, Nowshera, Hangu, Haripur, Karak, Kohat, Kohistan, Lakki Marwat, Malakand, Mardan, Peshawar, Shangla, Swat, Tank, Upper Dir, Swabi	**0** district:	24
Balochistan	**13** districts: Gwadar, Jaffarabad, Kech, Killa Abdullah, Killa Saifullah, Lesbela, Mastung, Noshki, Panjgur, Pishin, Sibi, Zhob, Ziarat	**1** district: Quetta	14
AJK	**5** districts: Bhimber, Kotli, Muzaffarabad, Sudhnoti, Hattian	**0** district:	5
FATA	8 areas & FRs Bajaur, Kurram, Mohmand, North Waziristan, South Waziristan, FR D. I. Khan & FR Tank, FR Lakki & FR Bannu, FR Peshawar & FR Kohat	2 areas Khyber, Orakzai,	10
Total	54	46	100

2 Progress of DHIS Activities

2.1

- Software Installation Training

A two days DHIS installation and operating workshop was conducted at CDA Directorate of Health Office Islamabad from 26 March 2012 to 27 March 2012.

6 persons selected from CDA Director Health Servers were trained.

2.2

- Use of Information Training

Three days workshop on "Use of DHIS Information" was conducted in Islamabad Hotel Islamabad from 02 April 2012 to 04 April 2012.

1 participant from Punjab, 2 from FATA and 6 from CDA Islamabad were trained.

2.3

- Monitoring and Evaluation Tour to Sindh

A two member's team from SSC visited District Noshero Feroze and District Sanghar on 17 April 2012 and 18 April 2012 respectively.

In Noshero Feroze, facility staff trainings were completed in September 2011, tools were distributed in January 2012. In RHC New Jatoi had 86% DHIS tools were available and data accuracy was found to be 80%. DHIS tools reserve stocks were not available in BHU Gul Mohammad Jatoi, however data quality was 70%.

Similarly, in District Sanghar health facility staff training was completed in May 2011. Data collection through DHIS was started from Jan 2012. In Govt Disp. Rawitani 73% DHIS tools were used and data accuracy was 90%, while in BHU Jiabad, 80% of DHIS tools are in use and data accuracy is around 95%.

2.4

- Study Tour to Southern Punjab

Senior Joint Secretary, Cabinet Division, Islamabad along with Deputy Team Leader of the Project visited Bahawalpur, DG Khan and Multan districts and observed:

- Bahawalpur

Compliance and regularity rate of DHIS monthly report submission is 100% and 02% of the DHIS monthly report were left blank. District has sufficient budget for procurement of DHIS tools. Monthly meetings on DHIS are held regularly and feedback report is also shared with all concerned. Information generated through DHIS is used in distribution of medicines to the health facilities and for procurements purposes

- D.G Khan

This district has serious issues with Punjab Rural Support Program (PRSP) which has administrative and financial control over Basic Health Units and Rural Dispensaries of the district The staff of these health facilities are on strike since October 2011 and such compliance and regularity rate of DHIS report submission is around 80% and completeness of DHIS monthly report is less than 50%. At present DHIS tools are available but not currently there is no budget for printing and procurement of DHIS tools.

No budget estimates for DHIS printing are submitted for the next financial year.
Posts of Statistical Officer and Computer Operator are lying vacant.

- Multan

This district can be called as model DHIS district. The DHIS compliance and regularity rate is 100%. DHIS tools are available in the stock, All the Medical, Nurses and paramedical staffs are trained in DHIS. Registers are filled correctly. Monthly review meeting is conducted regularly. DHIS is used as evidence for budget planning.

2.5

- DHIS Software Issues

Maintenance activities are carried out continuously. The project received many reports which are due to virus and use of trial operating system.

The project requested PHDs to

1. Install licensed operating system
2. Install anti-virus program and update it regularly.

3 Compliance Rate in February 2012

There are 68 out of 100 districts that show more than 90% of compliance rate in February 2012 (increased in 3 more districts from January 2012).

	November 2011		December 2011		January 2012		February 2012	
	> 90%	< 90%	> 90%	< 90%	> 90%	< 90%	> 90%	< 90%
Punjab	34	2	33	3	34	2	34	2
Sindh	2	9	4	7	4	7	4	7
KPK	7	17	12	12	13	11	14	10
Balochistan	5	9	4	10	4	10	5	9
AJK	3	2	1	4	4	1	4	1
FATA	4	6	5	5	6	4	7	3
Total	54	46	59	41	65	35	68	32

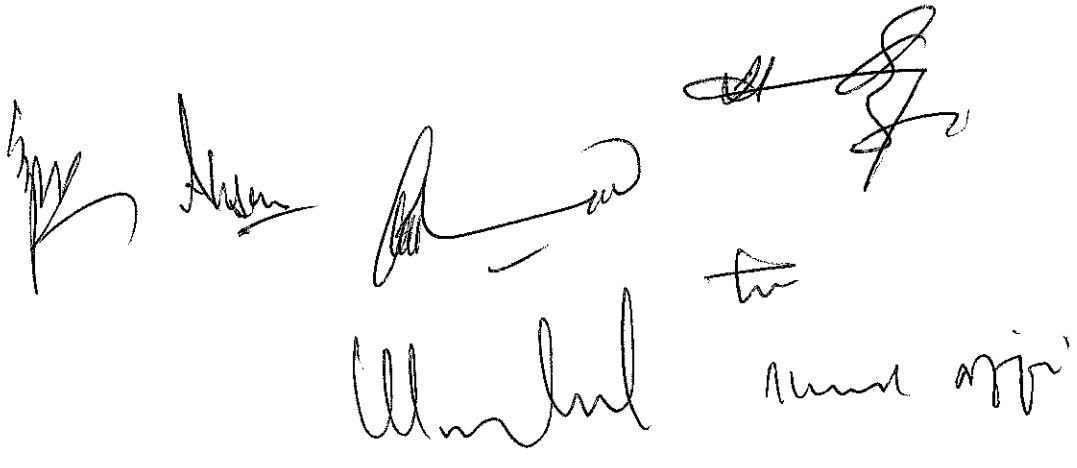
PHDs are requested to take corrective measures for improving the DHIS activities in following districts which show less than 90% of the compliance rate during February 2012.

Province	Districts	Nos
Punjab	D.G Khan, Lahore	2
Sindh	Dadu, N.S. Feroze, Khairpur, Sanghar, Tando Allahyar, Hyderabad, Thatta	7
Khyber Pakhtunkhwa	Lakki Marwat, Dir Lower, Nowshera, Swabi, Chitral, Dir Upper, Buner, D.I. Khan, Kohat, Kohistan	10
Balochistan	Panjgur, Gwadar, Killa Saifullah, Jaffarabad, Pishin, Killa Abdullah, Quetta, Sibi, Zhob	9
AJK	Muzaffarabad	1
FATA	Mohmand, FR D.I. Khan & FR Tank, Kurrum	3

4 DHIS software maintenance

Maintenance activities are being implemented by AZM continuously.

Province	Total	Resolved	Pending	New Requirements
Punjab	**122**	**98**	**5**	**19**
Sindh	**43**	**43**		
KP	**69**	**67**		**2**
Balochistan	**34**	**30**	**1**	**3**
AJK	**49**	**49**		
FATA	**14**	**14**		
Total	**331**	**301**	**6**	**24**



5 Development of 7 functions on DHIS Software

5.1

- AZM has completed development of 5 new DHIS requirements. The 2 remaining new requirements are still under development by AZM, which are expected to be completed by AZM, which are expected to be completed by the end of this week.

Development – Completed

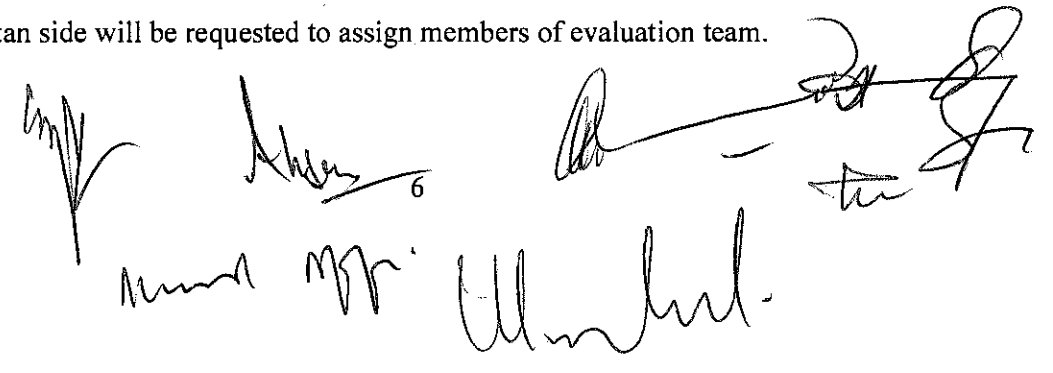
Sr. #	Province	Ref. #	Short Description
1	Punjab	14	Missing field for "CT Scan" in Secondary data entry form
2	Punjab	22	Show the heading as "Target" not as "Monthly Target"
3	Punjab	26	Summary Report for No. of Facilities in district facility Type wise
4	Punjab	72	Generate Financial year Report
5	Balochistan	18	Total % Column required for year

Development – In Progress

Sr. #	Province	Ref. #	Short Description
1	Punjab	68	Auto-fill of Sanctioned Field from previous month data
2	Punjab	75	Making the facility Functional/Non-Function on Specific Months

6 Other Issues

- Team member of JICA terminal evaluation will visit Pakistan from 4th June 2012.
- Pakistan side will be requested to assign members of evaluation team.



MINUTES OF WORKING GROUP MEETING
THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR
EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

A Working Group Meeting held on 28th May 2012 at Islamabad for discussing progress of the project activities. As a result of the discussions, all participants agreed to the matters in the document attached hereto.

28th May 2012

Mr. Farooq Ahmad
Computer Program Officer, DHIS, Punjab

Dr. Ikram Ullah Khan
Deputy Program Manager, DHIS, KPK

Dr. Ali Ahmad Baloch
DHIS Coordinator, Balochistan

Dr. Mukhtar Ali Zehri
Public Health Specialist, PPHI, Balochistan

Mr. Khawaja Manzoor Ahmed
State Coordinator DHIS, AJ & K

Dr. Mushtaq Ahmad
DHIS Coordinator, FATA

Dr. Iqbal Afridi
City Health Officer, CDA, Islamabad

Mr. Shuji NOGUCHI
Team Leader, JICA DHIS Project

Mr. Tomoyuki NAGITA
Representative, JICA Pakistan Office
(Observer)

ATTACHED DOCUMENT

1 Progress of the Questionnaire Survey

There are 75 questionnaires already collected as of 28th May 2012. .

Districts Submitted the Questionnaire on Use of DHIS Information

Province	Districts submitted	Not Yet Submitted	Total Nos.
Punjab	**12** districts: Attock, Chiniot, Faisalabad, Hafizabad, Lodhran, Mandi Bahauddin, Muzaffargarh, Nankana Sahib, Okara, Rawalpindi, Sialkot, Sheikhupura,	**24** districts: Bahawalnagar, Bahawalpur, Bhakkar, Chakwal, Dera Ghazi Khan, Gujranwala, Gujrat, Jhang, Jhelum, Kasur, Khanewal, Khushab, Lahore, Layyah, Mianwali, Multan, Narowal, Pakpattan, Rahim Yar Khan, Rajanpur, Sahiwal, Sargodha, Toba Tek Singh, Vehari	36
Sindh	**10** district: Dadu, Hyderabad, Mattiari, Mirpurkhas, N.S. Feroze, Sanghar, Sukkur, T. Allahyar, T.M. Khan, Thatta	**1** districts: Khairpur	11
Khyber Pakhtunkhwa	**24** districts: Abbotabad, Bannu, Batagram, Buner, Charsadda, Chitral, Dera Ismail Khan, Dir Lower, Manshera, Nowshera, Hangu, Haripur, Karak, Kohat, Kohistan, Lakki Marwat, Malakand, Mardan, Peshawar, Shangla, Swabi, Swat, Tank, Upper Dir	**0** district:	24
Balochistan	**14** districts: Gwadar, Jaffarabad, Kech, Killa Abdullah, Killa Saifullah, Lesbela, Mastung, Noshki, Panjgur, Pishin, Quetta, Sibi, Zhob, Ziarat	**0** district:	14
AJK	**5** districts: Bhimber, Hattian, Kotli, Muzaffarabad, Sudhnoti	**0** district:	5
FATA	**10** areas & FRs Bajaur, Khyber, Kurram, Mohmand, North Waziristan, Orakzai, South Waziristan, FR D. I. Khan & FR Tank, FR Lakki & FR Bannu, FR Peshawar & FR Kohat	0 areas	10
Total	75	25	100

2 Progress of DHIS Activities / Compliance rate of DHIS reports

There are 70 out of 100 districts that show more than 90% of compliance rate in March 2012 (increased in 2 more districts from February 2012).

	Nov-11		Dec-11		Jan-12		Feb-12		Mar-12	
	> 90%	< 90%	> 90%	< 90%	> 90%	< 90%	> 90%	< 90%	> 90%	< 90%
Punjab	34	2	33	3	34	2	34	2	34	2
Sindh	2	9	4	7	4	7	4	7	5	6
KPK	7	17	12	12	13	11	14	10	13	11
Balochistan	5	9	4	10	4	10	5	9	6	8
AJK	3	2	1	4	4	1	4	1	4	1
FATA	4	6	5	5	6	4	7	3	8	2
Total	54	46	59	41	65	35	68	32	70	30

The Project also shown the compliance rate in last 6 months based on the number of reports submitted within 2 months. It was agreed to use this compliance rate for JICA evaluation. Representatives of PHDs are requested to report the Project if any incorrect figures in the attached table by 8th June 2012.

Based on the five months data from November 2011 to March 2012, there are 40 districts shows more than 90% of compliance rate (not including FATA). This data will be up dated with reflection of the compliance rate in October 2011 of which PHDs will submit by 8th June 2012.

Table Number of Districts shown more than 90% of compliance rate from October 2011 to March 2012

Province	> 90%	< 90%	Total
Punjab	33	3	36
Sindh	0	11	11
Khyber Pakhtunkhwa	5	19	24
Balochistan	2	12	14
AJK	0	5	5
FATA	1	9	10
Total	41	59	100

Remarks: 1. Data on October 2011 are not included.
2. FATA's Data on March was not available as of 25 May 2012.

3 Schedule of JICA Terminal Evaluation

The Project explained that JICA Terminal Evaluation Team headed by Mr. Sato, senior representative JICA Pakistan Office will implement the study from 5th to 16th June 2012.

Draft schedule of the study is as follows:

Date	Work items	Note
6-June	Field visit to Punjab & Khyber Pakhtunkhwa	Mr. Kunio Nishimura (in charge of evaluation) and Miss Kido
7-June		
8-June		
14-June	- ditto -	
15-June	2nd TAG meeting	

Representatives of PHDs are requested to inform available date for interview between 9th and 13th June. The Project will set up the schedule based on the information from PHDs.

4 DHIS software maintenance and Development of 7 functions on DHIS Software

All participants agreed that maintenance works by AZM will be terminated 23rd June 2012. Bugs / troubles reported in June 2012 would not be fixed but records will be submitted to Pakistan side at the end of the Project.

Software maintenance system after termination of the Project will be confirmed during the terminal evaluation period.

MINUTES OF WORKING GROUP MEETING
THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR
EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

A Working Group Meeting chaired by Dr. Rana Muhammad Safdar, Principal Scientific Officer NIH held on 14th June 2012 at Islamabad for discussing progress of the project activities. As a result of the discussions, all participants agreed to the matters in the document attached hereto.

14th June 2012

Mr. Farooq Ahmad
Computer Program Officer, DHIS, Punjab

Dr. Younis Asad Sheikh
DHIS Coordinator, Sindh

Dr. Ikram Ullah Khan
Deputy Program Manager, DHIS, KPK

Dr. Ali Ahmad Baloch
DHIS Coordinator, Balochistan

Khawaja Manzoor Ahmed
State Coordinator DHIS, AJ & K

Dr. Mushtaq Ahmad
DHIS Coordinator, FATA

Mr. Shuji NOGUCHI
Team Leader, JICA DHIS Project

Mr. Toshiya Sato
Senior Representative, JICA Pakistan Office

Dr. Rana Muhammad Safdar,
Principal Scientific Officer, NIH

ATTACHED DOCUMENT

1 Achievements of the Project

1.1 DHIS Trainings

All participants agreed that the Project completed following trainings during the project period based on the agreement with DG Health Service of each province.

Table DHIS Trainings Implemented by the Project

Causes	Periods	Target (Nos of perticipants)
• Training on data collection, monitoring and instruction	July 2010	Provincial Master Trainers excluding Punjab (28).
	August 2010	12 DHOs from KP (48 master trainers) and 13 DHOs (39) from Balochistan.
• Training on data entry, processing and analysis	February 2011 July 2011 October 2011 March 2012	Master trainers and statistical officials of PHDs and DHOs (21 from PHDs and 237 from DHOs).
	From Nov. 2011	Provincial coordinators DHIS.
	December 2011 to January 2012	Staff in DHOs.
• Training on Use of Information	August 2010	Officials from PHD Punjab and DHOs in Punjab (9).
	August 2011	Provincial master trainers (36).
	November 2011, April 2012	Decision makers in DHOs (101).

Provincial Health Departments also conducted DHIS trainings in the target districts. Following number of trainees were trained by these trainings.

Table DHIS Trainings Implemented by the PHDs

	Nos of Districts	Nos. of Provincial Master Trainers Trained	Number of District Master Trainers Trained	Number of Health Facility Staff Trained
Sindh	11	5	33	2,483
Khyber Pakhtunkhwa	24	10	91	5,062
Balochistan	2	3	5	255
AJK	5	4	14	1,294
FATA	10	3	30	792
Total	52	25	173	9,886

Note: Information of districts in Punjab is not included since PHD Punjab completed DHIS training before starting this project

1.2 Installation of DHIS Software / Data Entry, Processing and Analysis

Updated DHIS software was installed to all PHDs and DHOs in the 100 target districts as follows.

Table DHIS Software Installation Workshops

	1st workshop	2nd workshop	Additional workshop
Periods	➢ 17th to 19th February 2011 ➢ 21st to 23rd February 2011 ➢ 24th to 26th February 2011 ➢ 28th February to 2 March 2011	➢ 11th to 13th July 2011 ➢ 18th to 20th July 2011 ➢ 26th to 28th July 2011	➢ 12th to 14th October 2011 ➢ 26th to 27th March 2012
Participants	➢ 17 districts in KPK ➢ 10 district in FATA ➢ 5 in AJK ➢ 5 districts in Sindh ➢ 2 districts in Baluchistan ➢ 18 district in Punjab	➢ 7 districts in KPK ➢ 5 districts in Sindh ➢ 12 districts in Baluchistan ➢ 13 district in Punjab ➢ ICT	➢ 1 district of Sindh ➢ 6 districts of Punjab ➢ PHD Gilgit & Baltistan ➢ CDA

All participants intimated that the updated software is running in the 8 PHDs (including G/B, CDA and ICT) and DHOs in 100 target districts.

All participants also agreed followings.

- The Project trained 100 target districts for enabling them to make table and figures by use of data entered in the DHIS software during the software installation workshops. In addition, sub-contractor for DHIS software maintenance also conducted same training on data entry, processing and analysis on December 2011.
- Through the monitoring and meetings, all 100 target districts confirmed their skills of data entry to DHIS software. 6 PHDs and 100 DHOs are also now capable of data collection and analysis with DHIS software, and of preparation of tables and charts of more than 3 kinds that can be utilized for various purposes.

1.3 Compliance Rate

There are some small scale facilities, which do not have necessary human resources and/or capabilities for DHIS reporting, are also included in the facilities which are obliged to submit DHIS reports.

Thus, all participants agreed to apply the report submission rate from main health facilities (BHU, RHC, DHQ and THQ) for compliance rate.

There were 48 districts which kept more than 90% of compliance rate from main health facilities in 6 months from November 2011 to April 2012.

Table Number of districts kept more than 90% of compliance rate in last six months.

	Not including Report Submitted Behind the Schedule		Including Report Submitted Behind the Schedule	
	Last 6 months	Last 4 months	Last 6 months	Last 4 months
Punjab	33	34	33	34
Sindh	0	2	1	3
Khyber Pakhtunkhwa	4	10	5	10
Blochistan	1	2	3	3
AJK	0	4	1	4
FATA	1	2	2	3
Total	39	54	45	57

Table Number of districts kept more than 90% of compliance rate from main health facilities

Provinces	In last 6 months	In last 4 months
Punjab	33	34
Sindh	1	4
Khyber Pakhtunkhwa	6	11
Blochistan	2	5
AJK	2	4
FATA	4	5
Total	48	63

It was also confirmed that compliance rate from main health facilities has been improved since January 2012.

Table Number of districts kept more than 90% of compliance rate from main health facilities

Province	Nos. of target districts	2011		2012			
		Nov	Dec	Jan	Feb	Mar	Apr
Punjab	36	35	33	34	34	35	35
Sindh	11	3	4	6	5	8	7
Khyber Pakhtunkhwa	24	11	15	19	18	16	14
Blochistan	14	6	7	8	6	4	5
AJK	5	3	3	5	4	4	5
FATA	10	7	8	9	9	9	9
Total	100	65	70	81	76	76	75

1.4 Use of DHIS Information

All participants confirmed results of the questionnaire survey on use of DHIS information that 53 districts (61%) out of 87 utilized DHIS data for 1) budget preparation, 52 districts (60%) utilized the data for 2) health policies / strategies planning, 69 districts (79%) utilized the data for 3) resource allocation (medicines, facility staff, etc.) and 31 districts (36%) utilized the data for 4) other purpose. And all 87 districts responded that they utilized DHIS data in for any one of the purpose of 1) to 4).

Table Usage of DHIS Information

Provinces	Nos of Districts Responded	Usage of DHIS Information				Districts Using DHIS data in terms of 1) to 4)
		1) Budget preparation	2) Policies / strategies planning	3) Resource allocation	4) Others	
Punjab	36	58%	61%	69%	42%	100%
Sindh	3	100%	100%	67%	0%	100%
Khyber Pakhtunkhwa	24	38%	50%	83%	54%	100%
Balochistan	12	100%	100%	100%	17%	100%
AJK	5	40%	40%	60%	0%	100%
FATA	7	86%	14%	100%	14%	100%
Total	87	61%	60%	79%	36%	100%

All participants confirmed that 56 districts out of 87 identified the performance gap between the target indicators and actual achievements shown in DHIS data, and 55 districts (63%) took measures for rectifying the situation. District did not take any rectifying measure was only one, and all 55 districts took measures for rectifying the gaps i.e. "holding meetings", "strengthening the stakeholder's awareness" and "reviewing the indicators".

Table Districts Identified Performance Gaps and Took Measures

Provinces	Nos. of districts responded	District identified gaps	District took measures
Punjab	36	75%	75%
Sindh	3	67%	67%
Khyber Pakhtunkhwa	24	42%	38%
Balochistan	12	75%	75%
AJK	5	40%	40%
FATA	7	86%	86%
Total	87	64%	63%

2 Scaling up of DHIS

There are 124 districts out of 143 have introduced DHIS as of June 2012. In addition, PHDs plans to introduce DHIS in 1 remaining district in Khyber Pakhtunkhwa and 2 in

Balochistan. PHD Sindh also approved budget for introducing DHIS to remaining 2 districts.

Therefore, non DHIS districts with no scaling up plan are 14 (5 in AJK, 7 in Gilgit & Baltistan and 2 in Islamabad) only.

Table Present Situation of Scaling Up of DHIS in Provinces

Provinces	Total Nos. of districts	Nos. of target districts	Non target districts		Note
			DHIS districts	Non-DHIS districts	
Punjab	36	36			
Sindh	23	11	11	1	Supported by NPPI. Revised PC-1 was submitted.
Khyber Pakhtunkhwa	25	24		1	Revised PC-1 was submitted.
Balochistan	30	14	14	2	PC-1 was approved. And revised PC-1 including remaining 2 districts was submitted.
AJK	10	5		5	Supported by GIZ.
FATA	10	10			Supported by Save the Children
Gilgit & Baltistan	7			7	
Islamabad (ICT + CDA)	2			2	
Total	143	100	25	18	

3 Cooperation between PHDs and PPHI/PRSP

PPHI from Muzaffarabad district, AJK explained no cooperation and information sharing between PPHI and PHD AJK. State coordinator AJK pointed out that PPHI did not invite provincial office to their district level monthly meetings. More over, central office also wrote them to use DHIS tool and instruments for reporting purpose. But there may be some misunderstandings at facility level.

Provincial coordinator Sindh also pointed out less communication between PHD and PPHI.

Chairperson pointed out that strengthening the cooperation between PHDs and PPHI is important for improving the DHIS activities in districts.

All participants agreed it.

4 Handing over process of DHIS Software

AZM prepared latest version of DHIS software which debugged the troubles reported from PHDs & DHOs till 31st May 2012 and troubles found during the trial operation of 7 new requirements in Punjab during May 2012.

It is agreed that JICA Pakistan Office will hand over the DHIS software to each PHDs on 15th June 2012 after getting approval from TAG. PHDs take responsibility to install the updated software to DHOs.

Pakistan side requests warranty period of DHIS software released on 15th June 2012. The Project will reply this request in TAG meeting.

5 Terminal Evaluation

All participants agreed the components of evaluation report prepared by JICA evaluation team.

6 Chairperson's View and Recommendation for TAG Meeting

6.1 Review of the meeting

After the above discussion, participants summarized their opinions as follows:

- It is required federal level coordination body for sustainable DHIS activities in the provinces.
- It is recommended that tertiary hospital should be included in DHIS.
- PPHI should be included PPHI activities in the province for better coordination.
- Integration of information system of all vertical programs.
- JICA requests PHDs to secure the budget for DHIS activities after closing the Project onward.

Based on the opinions and comments from participants, Chairperson reviewed today's meeting as follows:

Positives:

i. All consider DHIS useful for district and provincial level decision making.
ii. Approximately 60-80% districts are using this information
iii. Sufficiently trained staff; Master trainers available at provincial level
iv. Ownership exists in all provinces who are willing to continue out of their own resources

Not so goods:

i. Lack of clarity on provision of tools and instruments
ii. Delayed implementation and narrowing of scope to 100 districts
iii. AJK and GB got less attention during the project period and therefore lag behind
iv. Support in FATA provided by the Save the Children has dried up
v. Punjab, Sindh, KP, Balochistan approaching closure
vi. PC-1 development and approval in AJK, FATA and GB may take some time

vii. Important stakeholders such as PPHI, PRSP and other international development partners were not taken on board
viii. Software version 01.03 not installed as yet. Issues will emerge and will need resolution
ix. Patronization at federal level?

6.2 Chairperson's recommendation for TAG meeting

Chairperson also made his recommendation about expected role of stakeholders for TAG meeting on 15th June 2012 as follows:

Federal Role:

i. As DHIS is meant to facilitate DHMTs, whether there should be any federal role at all?
ii. All coordinators suggested need to have federal body / focal point that could:

   a. Coordinate the activities and provide platform to learn from each other's experience
   b. Develop uniform policy guidelines and SOPs
   c. Link DHIS information with national level policies and strategies
   d. Help in arranging international technical assistance as required from time to time

iii. Available options in federal Government include:

   a. Office of the Senior JS Cabinet Division with designated support staff
   b. M/o Interprovincial Coordination
   c. NIH through creation of a new Division of Epidemiology

JICA:

i. Sudden leaving of JICA could be detrimental for the DHIS. So

   a. JICA must consider supporting Pakistan MIS to consolidate and also expand to include tertiary care hospitals and vertical programmes
   b. Continue providing software maintenance and pull out in a phased manner
   c. JICA should continue supporting working group meetings and interprovincial exchange visits

Provinces:

i. In view of health devolution, need to acquire 100% ownership

MINUTES OF MEETINGS
BETWEEN THE JAPAN INTERNATIONAL COOPERATION AGENCY
AND
THE AUTHORITIES CONCERNED
OF THE GOVERNMENT OF ISLAMIC REPUBLIC OF PAKISTAN
ON JAPANESE TECHNICAL COOPERATION FOR
THE DISTRICT HEALTH INFORMATION SYSTEM PROJECT FOR
EVIDENCE-BASED DECISION MAKING AND MANAGEMENT

The Japanese Terminal Evaluation Study Team organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") headed by Mr. Toshiya Sato, Senior Representative of JICA Pakistan Office, carried out the review and evaluation with the authorities concerned of the Government of Islamic Republic of Pakistan on the final result of the District Health Information System (DHIS) Project for Evidence-Based Decision Making and Management (hereinafter referred to as "the Project") on the basis of the Record of Discussions signed on April 25, 2009 (hereinafter referred to as "the R/D"). The terminal evaluation was implemented by the Team which held a series of discussions on the Project progress, achievement and matters pertaining to a sustainable use of DHIS.

As a result of the discussions in the 2nd Technical Advisory Group meeting held on June 15, 2012, both the Japanese and Pakistani side agreed on the matters referred to in the document attached hereto.

Islamabad, June 15, 2012

Toshiya Sato
Terminal Evaluation Study Team Leader
Senior Representative (OP)
JICA Pakistan Office

Amjad Mahmood
Senior Joint Secretary (CMA)
Cabinet Division
Government of Pakistan

Birjees Mazhar Qazi
Executive Director
National Institute of Health
Government of Pakistan

Syed Zain Gillani
Deputy Secretary (Japan)
Economic Affairs Division
Government of Pakistan

THE ATTACHED DOCUMENT

1. Achievement of DHIS Project

The both Japanese and Pakistani sides confirmed the contents of the presentation material prepared by JICA DHIS Project, which is given in ANNEX I.

2. Result of Terminal Evaluation Study

The both Japanese and Pakistani sides confirmed the contents of the Joint Evaluation Report, which is given in ANNEX II.

3. Latest DHIS Software (Version 1. 03)

(1) The copyright to the latest DHIS software belongs to JICA and Cabinet Division/National Institute Health as well as all Provincial Health Departments (PHDs).

(2) JICA agreed to allow all PHDs to utilize and revise, if necessary, the latest DHIS software only in Pakistan and only for public purposes, without any prior consent of JICA.

(3) The Pakistani sides strongly requested JICA to provide the warranty services for the latest DHIS software. JICA showed his intention to make a contract with AZM for such warranty services to be provided through the AZM main support center in Islamabad. The warranty period will be decided after internal consultation by JICA.

4. Measures to be Taken by the Pakistani Side for Sustainable Use of DHIS

It has been confirmed that Cabinet Division/National Institute of Health will provide all PHDs with necessary administrative support and assistance for better coordination among provinces.

5. Measures to be Taken by the Japanese Side for Sustainable Use of DHIS

In addition to 3 (3), the Pakistani side also requested JICA to extend their technical assistance for another one year. While JICA agreed to discuss the issue internally and inform the Pakistani side of the result of the discussion accordingly, JICA reiterated that the following conditions for a new project should be understood by the Pakistani side:

1) The new project (extension of technical assistance) might happen but it can be started one year later at earliest.

2) Taking into consideration one of the lessons learned from the current project, which is "to arrange the necessary conditions to commence the project" (See 3-2 a) of ANNEX II for details), the new project can be started only after confirmation of necessary conditions required for targeted province(s) and district(s) such as the provision of hardware, the contract on software maintenance with a software company.

ANNEX I **ACHIEVEMENT OF PROJECT**
ANNEX II **JOINT EVALUATION REPORT**

ANNEX I

Technical Advisory Group Meeting for District Health Information System Project for Evidence Based Decision Making & Management

15th June 2012

Major Activities & Achievements

DHIS Trainings Implemented by the Project

Causes	Periods	Target (Nos of participants)
• Training on data collection, monitoring and instruction	July 2010	Provincial Master Trainers excluding Punjab (28).
	August 2010	12 DHOs from KP (48 master trainers) and 13 DHOs (39) from Balochistan.
• Training on data entry, processing and analysis	February 2011 July 2011 October 2011 March 2012	Master trainers and statistical officials of PHDs and DHOs (21 from PHDs and 237 from DHOs).
	From Nov. 2011	Provincial coordinators DHIS.
	December 2011 to January 2012	Staffs in DHOs.
• Training on Use of Information	August 2010	Officials from PHD Punjab and DHOs in Punjab (9).
	August 2011	Provincial master trainers (36).
	November 2011 April 2012	Decision makers in DHOs (101).

2

Nos. of Trainees Trained by PHDs (including Donors Trainings)

	Nos of Districts	Nos. of Provincial Master Trainers Trained	Number of District Master Trainers Trained	Number of Health Facility Staff Trained
Sindh	11	5	33	2,483
Khyber Pakhtunkhwa	24	10	91	5,062
Balochistan	2	3	5	255
AJK	5	4	14	1,294
FATA	10	3	30	792
Total	52	25	173	9,886

3

Installation of DHIS Software

Phase	1st workshop	2nd workshop	Additional workshop
Periods	➢ 17th to 19th February 2011 ➢ 21st to 23rd February 2011 ➢ 24th to 26th February 2011 ➢ 28th February to 2 March 2011	➢ 11th to 13th July 2011 ➢ 18th to 20th July 2011 ➢ 26th to 28th July 2011	➢ 12th to 14th October 2011 ➢ 26th to 27th March 2012
Partici-pants	➢ 17 districts in KPK ➢ 10 district in FATA ➢ 5 in AJK ➢ 5 districts in Sindh ➢ 2 districts in Baluchistan ➢ 18 district in Punjab	➢ 7 districts in KPK ➢ 5 districts in Sindh ➢ 12 districts in Baluchistan ➢ 13 district in Punjab ➢ ITC	➢ 1 district of Sindh ➢ 6 districts of Punjab ➢ PHD Gilgit & Baltistan ➢ CDA

4

Number of Districts kept more than 90% of compliance rate from main health facilities

Provinces	In last 6 months	In last 4 months
Punjab	33	34
Sindh	1	4
Khyber Pakhtunkhwa	6	11
Blochistan	2	5
AJK	2	4
FATA	4	5
Total	48	63

5

Number of districts show more than 90% of compliance rate from main health facility

Province	Nos. of target districts	2011		2012			
		Nov	Dec	Jan	Feb	Mar	Apr
Punjab	36	35	33	34	34	35	35
Sindh	11	3	4	6	5	8	7
Khyber Pakhtunkhwa	24	11	15	19	18	16	14
Blochistan	14	6	7	8	6	4	5
AJK	5	3	3	5	4	4	5
FATA	10	7	8	9	9	9	9
Total	100	65	70	81	76	76	75

6

Problems on DHIS Software Raised by PHDs and DHOs

Type of Problems	2011					2012				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Lack of basic computer knowledge	0	0	0	1	0	0	0	0	1	0
Lack of DHIS knowledge	5	4	12	5	2	3	10	7	4	3
Improvements of DHIS	20	2	1	2	0	1	2	3	0	0
New requirements	8	0	2	1	0	11	2	0	1	0
DHIS related support	25	19	25	34	8	12	6	22	16	9
Others (hardware, OS, virus, etc)	0	10	6	4	9	6	9	4	4	3
Total	58	35	46	47	19	33	29	36	26	15

7

Usage of DHIS Information

Provinces	Nos of Districts Responded	Usage of DHIS Information				Districts Using DHIS data in terms of 1) to 4)
		1) Budget preparation	2) Policies / strategies planning	3) Resource allocation	4) Others	
Punjab	36	58%	61%	69%	42%	100%
Sindh	3	100%	100%	67%	0%	100%
Khyber Pakhtunkhwa	24	38%	50%	83%	54%	100%
Balochistan	12	100%	100%	100%	17%	100%
AJK	5	40%	40%	60%	0%	100%
FATA	7	86%	14%	100%	14%	100%
Total	87	61%	60%	79%	36%	100%

8

Present Situation of Scaling Up of DHIS in Provinces

Present Situation of Scaling Up of DHIS in Provinces

Provinces	Total Nos. of districts	Nos. of target districts	Non target districts		Note
			DHIS districts	Non-DHIS districts	
Punjab	36	36			
Sindh	23	11	11	1	Supported by NPPI. Revised PC-1 was submitted.
Khyber Pakhtunkhwa	25	24		1	Revised PC-1 was submitted.
Balochistan	30	14	14	2	PC-1 was approved. And revised PC-1 including remaining 2 districts was submitted.
AJK	10	5		5	Supported by GIZ.
FATA	10	10			Supported by Save the Children
Gilgit & Baltistan	7			7	
Islamabad (ICT + CDA)	2			2	
Total	143	100	25	18	

10

ANNEX II

JOINT EVALUATION REPORT

TABLE OF CONTENTS

ANNEX

Abbreviations

BHU	Basic Health Unit
DG	Director General
DHO	District Health Office
DHIS	District Health Information System
EDOH	Executive District Officer, Health
FLCF	First Level Care Facility
GB	Gilgit-Baltistan
GIZ	Gesellschaft für Internationale Zusammenarbeit
GoJ	Government of Japan
GoP	Government of Pakistan
HIS	Health Information System
HMIS	Health Management Information System
JCC	Joint Coordinating Committee
JICA	Japan International Cooperation Agency
KP	Khyber Pakhtunkhwa
MDGs	Millennium Development Goals
MNCH	Maternal, Neonatal & Child Health
MoH	Ministry of Health
NAP	National Action Plan
NHIRC	National Health Information Resource Centre
NIH	National Institute of Health
NPPI	Norway, Pakistan Partnership Initiative
NSC	National Steering Committee
ODA	Official Development Assistance
PDM	Project Design Matrix
PHD	Provincial Health Department
PMC	Project Management Committee
PO	Plan of Operation
PRSP	Poverty Reduction Strategy Paper
RHC	Rural Health Center
TAG	Technical Advisory Group
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

1. Introduction

1-1 Outline of the Project

GoP developed HMIS in 1992 with the support of USAID, however, after the devolution in 2001, GoP felt need of revamping the centralized information system covering only FLCF. Based on the request from GoP, JICA implemented the Study on Improvement of Management Information Systems in Health Sector (2004-2007). Through the study, a new health system called DHIS was developed and NAP for the nationwide prevalence of DHIS was approved at the Steering Committee.

For the purpose of timely implementation of NAP through the capacity development of NHIRC, GoJ has continued its support for the prevalence of DHIS through a technical cooperation project called "DHIS Project for Evidence-Based Decision Making and Management" since 2009.

(1) Overall Goal of the Project

Policy and strategies for health services are developed in an evidence-based manner, through sustainable DHIS, nationwide in Pakistan.

(2) Project Purpose of the Project

Routine operation and budget planning are practiced in an evidence-based manner, through newly introduced DHIS, at the selected districts in Pakistan.

(3) Outputs

1) Project implementation plan in the target districts is approved at JCC.
2) PHDs / DHOs staff is adequately trained on the DHIS operation.
3) The DHIS data are collected in a complete, precise and timely manner from health facilities to DHOs.
4) The DHIS data are entered into the DHIS software, processed and analyzed at PHDs and DHOs.
5) By using the results of analysis of the DHIS data, the items for resource reallocation and budgeting are identified respectively at PHDs and DHOs.
6) The DHIS is adequately coordinated among the stakeholders.

1-2 Objectives of Evaluation

Main objectives of the evaluation are as follows:

- To review the achievements and assess the major outputs of the Project according to the latest PDM (Its final revision was made and agreed in the 1st TAG meeting held on January 24, 2012).
- To evaluate the Project with the evaluation frame work of 5 criteria, i.e. relevance, effectiveness, efficiency, impact and sustainability.
- To recommend actions to be taken by GoP for ensuring the sustainability of the Project and to extract lessons learned through the Project.

1-3 Schedule of Evaluation

Date (Year 2012)		Activity
June 5	Tue	Internal Meeting, Meeting with NIH
June 6	Wed	Visit to Haripur District, KP Province
June 7	Thu	Visit to Provincial Health Department in Punjab Visit to Sheikhupura District, Punjab Province
June 8	Fri	Visit to Kasur District, Punjab Province
June 9	Sat	Preparation of Terminal Evaluation Report
June 10	Sun	Preparation of Terminal Evaluation Report Interview with PHD
June 11	Mon	Preparation of Terminal Evaluation Report Interview with GIZ
June 12	Tue	Preparation of Terminal Evaluation Report Interview with Save the Children
June 13	Wed	Internal Meeting on Terminal Evaluation Report Interview with PHDs
June 14	Thu	Monthly DHIS Working Group Meeting
June 15	Fri	2nd TAG Meeting and Signing of Minutes of Meetings

1-4 Members of Evaluation Team

Mr. Toshiya Sato	Team Leader Senior Representative, JICA Pakistan Office
Mr. Kunio Nishimura	Evaluation and Analysis Senior Consultant, ICONS Inc.

Mr. Tomoyuki Nagita	Cooperation Planning Representative (Health), JICA Pakistan Office

1-5 Methodology of Evaluation

Major items evaluated are the following aspects based on PDM and PO, approved in the 1st TAG meeting held in January 2012:

1) Achievements of the project based on the indicators set in the PDM
2) Implementation process
3) Analysis by the five evaluation criteria

Five evaluation criteria are as follows.

(1) Relevance

Relevance of the project plan is reviewed in terms of the validity of the project purpose and the overall goal in connection with the development policy of the GoP, aid policy of the GoJ, needs of beneficiaries, and by logical consistency of the project plan.

(2) Effectiveness

Effectiveness is assessed by evaluating the extent to which the project has achieved its purpose and by clarifying the relationship between the purpose and outputs.

(3) Efficiency

Efficiency of the project implementation is analysed with emphasis on the relationship between outputs and inputs in terms of timing, quality and quantity of inputs.

(4) Impact

Impact of the project is assessed on the basis of both positive and negative influences caused by the project.

(5) Sustainability

Sustainability of the project is assessed in terms of political, institutional, financial and technical aspects by examining the extent to which the achievements of the project would be sustained or expanded after the project period.

2. Evaluation

2-1 Achievements of the Project

The achievements of the Project are as follows. For the details, see Evaluation Grid in Annex 2.

2-1-1 Outputs

Output 1: Strategic planning for scaling up DHIS is approved at JCC.

The Output 1 has been achieved.

Though Japanese experts started their activity in Pakistan in August 2009, strategic planning for scaling up DHIS was approved at the 1st JCC held in June 2010 due to the procedure of Pakistan side.

Output 2: PHDs / DHOs staff is adequately trained on the DHIS operation.

The Output 2 has been achieved.

The latest version of DHIS software was installed in all PHDs and 100 DHOs. 81 provincial master trainers and 129 district master trainers were trained on (i) data collection, (ii) data entry/processing/analysis, data use, and (iv) other subjects as of April 2012.

Output 3: The DHIS data are collected in a complete, precise and timely manner from health facilities to DHOs.

The Output 3 has been partially achieved.

PHDs reported to Japanese experts that DHIS forms were consolidated in all the target districts even though a certain lack of DHIS forms and usage of old forms (HMIS forms) were found in some districts.

While about 50% of 100 target districts achieved the indicator, "compliance rate of DHIS monthly report from health facilities are kept more than 90% at the last 6 months of the project", the compliance rate has shown consistent improvement in each province during the project period.

Output 4: The DHIS data are entered into the DHIS software, processed and analysed at PHDs and DHOs.

The Output 4 has been achieved.

Staff of PHDs and DHOs can enter DHIS data into DHIS software, process and analyze by themselves. Staff actually can create tables and charts, sort into files, and readily available,

for more than two key DHIS indicators at the PHDs and DHOs.

Output 5: By using the results of analysis of the DHIS data, the items for resource reallocation and budgeting are identified at PHDs and DHOs.

The Output 5 has been almost achieved.

It has been confirmed by questionnaire survey that 87 districts out of 100 target districts collected DHIS data more than 3 months in 2011 and used health services budget planning and resource reallocation.

Output 6: The DHIS is adequately coordinated among the stakeholders.

The Output 6 has been achieved.

Since the beginning of the Project, NSC meeting, JCC meetings, TAG meetings, PMC meetings, and meetings with JICA/donors were held.

2-1-2 Project Purpose

Project Purpose: Routine operation and budget planning are practiced in an evidence-based manner, through newly introduced DHIS, at the selected districts in Pakistan.

Project Purpose has been almost achieved.

In 87 out of 100 target DHOs as well as PHDs, resource allocation and budget plans were prepared by using the results of analysis of the DHIS data.

2-1-3 Overall Goal

Overall Goal: Policy and strategies for health services are developed in an evidence-based manner, through sustainable DHIS, nationwide in Pakistan.

Prospect of Overall Goal achievement is uncertain.

After the devolution of MoH in Pakistan, it has not been decided which organization or institution takes responsibility to make national health policy and strategy at the federal level. Therefore it is difficult to prospect Overall Goal at present.

2-2 Results of the Evaluation

2-2-1 Implementation Process

(1) Progress of Activities

Due to the delay of the holdings of NSC meeting and JCC meetings and natural disaster (flood), the initial PO of the Project was modified (See Annex2-1). Despite of the above mentioned difficulties, all the activities were conducted and accomplished as per the modified PO. The tremendous efforts of staff such as provincial DG health, EDO, coordinators, etc. in provinces and districts deeply contributed to accomplishment of the activities.

(2) Management of the Project

Both sides held several meetings such as NSC meeting, JCC/TAG meetings for getting approval of the conducted/future activities as well as solving any occurred problems.

The project conducted periodical monitoring by itself and if any problems were found out, the Project gave some solutions and/or suggestions directly or through national staff. And through the main office and branch office established in Islamabad and Lahore, respectively, staff gave advice/solutions through telephone or E-mails. Working Group meetings were held 12 times during the Project and progress of activities and any issues on the project were discussed in these meetings.

Furthermore PDM was revised 3 times corresponding to the change of situation of the project.

2-2-2 Analysis by the Five Evaluation Criteria

The results of analysis by the Five Evaluation Criteria are summarized below. For the details, refer to Evaluation Grid in Annex 2.

(1) Relevance

The relevance of the Project is evaluated to be **"Almost High"** in reference to the needs and health policy of Pakistan as well as Japanese ODA policy for Pakistan.

"Generate reliable health information to manage and evaluate health services" is included in Six Policy Objectives of NATIONAL HEALTH POLICY 2009 (Final Draft). For this purpose NHIRC was envisioned. Due to the devolution of MoH in June 2011, NHIRC was absorbed into NIH. While no organization at the federal level has been / will not be ready to take a full responsibility to realize the above mentioned objective at Federal level so far,

the implementation of DHIS is expected to be continued at the provincial level. Furthermore, to gather and use reliable health information is necessary to commit the PRSP and MDGs. The project is planned to implement DHIS.

The Project is consistent with "Program for the Improvement of Regional Community Health" in "Ensuring Human Security and Human Development" as one of Japan's Assistance Policy for Pakistan. In addition, the Study on Improvement of Management Information System in Health Sector was conducted by JICA from 2004 to 2007 in Pakistan.

Project Purpose points the way to Overall Goal, however, as the devolution of MoH was executed, certain organization/institute is necessary to be nominated for dissemination of DHIS nationwide in Pakistan.

(2) Effectiveness

The Effectiveness of the Project is evaluated to be **"Almost High".**

Despite occasional negative attitude of NHIRC, insufficient budget allocation in some provinces, natural disaster (flood) and the devolution of MoH during the Project, the project adapted to such sudden changes in circumstances in Pakistan and Project Purpose has been almost achieved.

The team confirmed with provincial DG health, EDO and district coordinators that they have started using DHIS data for resource reallocation and budget planning.

(3) Efficiency

The Efficiency of the Project is evaluated to be **"Moderate"** in total.

[Achievement of Outputs]

Almost all the Outputs have been achieved despite of the fact that some Inputs were made late or were not made. If natural disaster did not occur and Pakistan side arranged necessary budget to all districts, all Outputs might be achieved completely, without shrinking the target area.

[Causal relation]

Following sudden changes in circumstance of the Project, some activities has been modified and conducted on the modified PDM and PO.

The following Important Assumptions might have been included:

1) Counterpart Organization is not changed or new Counterpart Organization is appointed in a timely manner in the case of its change.
2) Severe natural disaster doesn't occur.

[Execution of Inputs]
The quality, quantity, timing and cost of Inputs from Japanese side are appropriate. However some Inputs from Pakistan side were delayed or insufficient mainly due to budgetary constraint. The project changed some Outputs of PDM corresponding to circumstance.

[Factors to influence on efficiency]
Though there were some difficulties such as hamper by NHIRC, deficient budget for DHIS training and printing of DHIS forms, security restrictions for visit to FATA, AJK, Balochistan and KP, the Project well discussed to judge situations and changed the previous plans, and PHDs/DHOs have tried their best in doing their duties.

(4) Impact
The Impact of the Project is evaluated to be **"Moderate"** from the followings.

Achievement of Overall Goal is difficult to be realized even after the completion of the Project. There is a gap of target areas between Overall Goal and Project Purpose because the target areas of the project are 100 districts of 5 provinces/FATA/AJK, while Overall Goal is "nationwide in Pakistan". Furthermore, there are some inhibitions to achieve Overall Goal such as unclear responsible organization/institution for scale-up DHIS nationwide, budget allocation for disseminating DHIS, maintenance of DHIS software.
A positive impact is that 24 districts, which did not meet the criteria for the target districts, have introduced DHIS on their own efforts.

(5) Sustainability
The Sustainability of the project is evaluated to be **"Low"** at Federal level and **"Moderate"** at Provincial level based on the assessments from a) Policy Aspect, b) Organizational/Institutional and Financial Aspects, and c) Technical Aspect, as below:

a) Policy Aspect
It is not clear which organization/institution makes National Health Plan/Strategy at present. As DHIS data is fundamental information to concrete commitments to the MDGs

and reduce poverty along the PRSP, a certain organization/institution is required to be nominated for the prevalence of DHIS.

b) Organizational/Institutional and Financial Aspects

As mentioned above, a responsible organization/institution for DHIS does not exist at Federal level, however, PHDs will be in a position to implement DHIS by own budget, subject to the availability of their budget.

c) Technical Aspect

At provincial and district level, trainings related to DHIS have been conducted by their effort except trainings by the Project. Therefore province/district health offices have some institutions which spread and update DHIS training method and contents.

The province health department will disseminate the results of the Project to other districts within its province.

2-2-3 Conclusions

As the conclusions, all five criteria can be reasonably evaluated. This is the results of tremendous efforts by PHDs/DHOs, and certain contributions by the Project. The Project Purpose has been almost achieved by efforts of both sides, however, it is not clear which organization or institution takes responsibility to promote DHIS at Federal level and, furthermore, commits health parts of PRSP and MDGs on world stage. Since the decentralization policy has been implemented and a financial support from Federal Level to Provincial Level is not highly expected, each province will be required to take the lead in a sustainable utilization of DHIS.

3. Recommendations and Lessons Learned

3-1 Recommendations

1) Keep the sustainability for DHIS utilization

It is strongly requested that DHIS should be kept utilized, taking into consideration the following measures for ensuring the sustainability of utilization of DHIS:

a. To secure necessary budgets for operation and maintenance for DHIS in each province, including 1) Software Maintenance (including Revision of Software) and 2) Printing of Tools and Instruments
b. To continue capacity building for DHIS operation in each province through

refresher trainings

c. To hold regular meetings in each province on the status of DHIS implementation, involving all the district DHIS coordinators

2) Extend DHIS to the remaining districts

In the project period, due to the budget constraint by GoP, DHIS could not be installed in all the districts in Pakistan. It is recommended that DHIS should be installed to the remaining districts, which helps GoP establish a unified decision making mechanism.

3) Feedback to field level by top managements

Even through DHIS itself is well operated and evidence-based information is coming from field level to district level and provincial level, efficiency and validity of DHIS will be negatively affected if feedback of necessary resource allocation from district and provincial levels to field level is not taken appropriately.

It is recommended that, in addition to keeping producing the monthly report and using it for appropriate resource allocation and budget planning, feedback to field level should be strengthened.

4) Management of DHIS in the Federal Level

NHIRC managed DHIS at Federal level before the devolution of MoH, though, DHIS has not been managed well at Federal level since the devolution occurred. If Federal level thinks that management of DHIS in Federal level is important to keep a unified DHIS and to get health related information from provinces, a federal body should be established to secure the coordination among each province to regularly discuss DHIS related matters including revision of DHIS software, and feed them back to DHIS.

3-2 Lessons Learned

1) Arrange the necessary conditions to commence the project

When the project started, necessary conditions in districts level, such as provision of personal computers, budget allocation for reporting tools, were not sufficient. Therefore, during the project implementation period, project target districts had to be changed from all districts to some districts of which budget were secured.

In that sense, necessary conditions for the project target area should have been confirmed before the commencement of the project.

2) Strong motivation in the provincial level

While a strong leadership has not been seen in the federal level, it has been found that the provincial level has taken an initiative for the project implementation. This indicates that the provincial level have found the necessity of DHIS and applied it to their practical works.

END

ANNEX 1-1.

PROJECT DESIGN MATRIX (Ver. 4)

Date: 24th January 2012

Project Title: District Health Information System Project for Evidence-Based Decision Making and Management	**Period of Cooperation:** 3 years (from August 2009 to July 2012
Implementing Agency in Beneficiary Country: National Institute of Health (NIH)	**Target Group:** NIH, Province Health Departments (PHDs) and District Health Office (DHOs)
Target Area: Selected Districts/Agencies (as per attached)	

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
【Overall Goal】 Policy and strategies for health services are developed in an evidence-based manner, through sustainable District Health Information System(DHIS), nationwide in Pakistan	1. At least one item of the national health strategy/policy at the federal level is supported, underpinned and justified by the DHIS.	1. DHOs documents/reports 2. PHDs documents/reports 3. NIH documents/reports	• Federal Government puts high priority on implementation of DHIS.
【Project Purpose】 Routine operation and budget planning are practiced in an evidence-based manner, through newly introduced DHIS, at the selected districts in Pakistan	1. At least one item of health services budget planning at district level is supported, underpinned and justified by the DHIS in the relevant PHD and DHOs (= 100%) 2. At least one item of health services routine operation (resource allocation) at district level is supported, underpinned and justified by the DHIS in the relevant PHD and DHOs (= 100 %)	1. Results of questionnaire survey 2. Results of questionnaire survey	
【Output】 **1. [Strategic planning]** Strategic planning for scaling up DHIS is approved at JCC.	1.1 Strategic planning for scaling up DHIS is approved at JCC.	1-1 Project documents	
2 **[Training]** PHDs / DHOs staff is adequately trained on the DHIS operation.	2-1 Revised DHIS software is installed at the DHOs and PHDs. (= 100 %) 2-2 DHO trainings complete training programs on: (i) data collection (*3), (ii) data entry/processing/analysis (*4), data use (*5), and (iv) other subjects. (= 100 %) 2-3 PHD trainers complete training programs on (i) data collection (*3), (ii) data entry/processing/analysis (*4), data use (*5), and (iv) other subjects. (= 100 %)	2-1 Project documents 2-2 Project documents 2-3 Project documents	

3 **[Operation 1: paper-based]** The DHIS data are collected in a complete, precise and timely manner from health facilities to DHOs.	3.1 Monthly and yearly report forms of the HMIS are replaced by the DHIS monthly report at the health facilities (= 100 %) 3.2 Compliance rate of DHIS monthly report from health facilities are kept more than 90% at the last 6 months of the project	3-1 PHD's reports 3-2 PHD's reports	
4 **[Operation 2: computer-based]** The DHIS data are entered into the DHIS software, processed and analyzed at PHDs and DHOs.	4-1 Tables or charts are created, sorted into files, and are readily available, for more than two key DHIS indicators at the PHDs and DHOs.	4-1 DHIS analysis file(s) at DHOs	
5 **[Operation 3: human-based]** By using the results of analysis of the DHIS data, the items for resource reallocation and budgeting are identified at PHDs and DHOs.	5-1 Lists of identified items for evidence-based resource allocation are available at the PHDs and DHOs. (= 100 %) 5-2. Lists of identified items for evidence-based budget planning are available at the PHDs and DHOs. (= 100 %)	5-1 Results of questionnaire survey 5-2 Results of questionnaire survey	
6. **[Operation 4]** The DHIS is adequately coordinated among the stakeholders.	6-1 The meetings with development partners and related government organizations are held.	6-1 Minutes of Meetings	

【Activities】	【Inputs】	
[Strategic planning] 1-1 Analyze the current situation of the DHIS implementation progress and set up target figure, by using available secondary data and conducting baseline survey 1-2 Review and update the DHIS National Action Plan (NAP). 1-3 Develop an strategic planning for scaling-up DHIS. 1-4 Select districts which have necessary budgets for project activities 1-5 Get approval of the strategic planning for scaling up DHIS including revised NAP at JCC. **[Training]** 2-1 Based on the strategic planning, develop training plans at different levels for different subjects (*1). 2-2 JICA experts modify and debug the DHIS software. 2-3 Install the modified DHIS software in DHOs and PHDs. 2-4 Review and revise the DHIS training materials (*2) to increase user-friendliness, if needed, newly develop. 2-5 Based on the training plans, conduct training programs on data collection (*3). and coordination, monitoring and supervision for the DHIS operation 2-6 Based on the training plans, conduct training programs on data entry, processing and analysis. (*4) 2-7 Based on the training plans, conduct training programs on data use (*5) **[Operation 1: paper-based]** 3-1 PHDs discard the HMIS monthly/yearly report forms and distribute the DHIS monthly report forms. 3-2 DHOs monitor the health faculties on: (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting. 3-3 PHDs supervise DHOs on (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting. (3-4) JICA experts supervise PHDs to conducts activities aforementioned smoothly.) **[Operation 2: computer-based]** 4-1 DHOs conduct the: (i) data entry, (ii) data processing, and (iii) data analysis of the collected DHIS monthly report. 4-2 PHDs conduct the data analysis of the collected DHIS monthly report. 4-3 JICA experts supervise the activities 4-1 and 4-2 through PHDs **[Operation 3: human-based]** 5-1 PHDs and DHOs conduct the (i) budget preparation for the following fiscal year, (ii) adjustment of resource allocation, and (iii) regular feedback to health facilities, using the results of DHIS monthly reports.	**Japan:** **<u>Japanese/International Experts</u>** • Team Leader • Deputy Team Leader/Monitoring • Deputy Team Leader/Supervision • Expert on data collection • Expert on data analysis • Expert on data use • Expert on DHIS Software maintenance • Cost for software maintenance from August 2009 to June 2012 • Operational cost for Japanese/international experts • Cost, for replacing HMIS software with DHIS software at DHOs • Cost for training for provincial master trainers • Cost for training for district master trainers in KPK. and Balochistan (only for training mentioned in Activities 2-4) • Cost for training for district master trainers (only for trainings mentioned in Activities 2-5 and 2-6) **Pakistan** • Concerned staff as counterpart personnel (=>recurrent budget) • Administrative and operational costs (=> recurrent budget) • Cost for hardware procurement and maintenance (=> federal PC-1, Provincial PC-1s) • Cost for training, except the one to be borne by Japan (federal PC-1, Provincial PC-1, regular budget) • Cost for software maintenance from July 2012 onward (PC-1) • Office(s) and facilities such as electricity, gas, water supply necessary for Project activities and operational expenses for utilities • Cost for replacing HMIS report forms with DHIS report forms at health facilities	

5-2 JICA experts supervise the activities 5-1 through PHDs **[Operation 6]** 6-1 Strengthen, reorganize or adjust the structure of the DHIS administrative channel form health facilities, DHOs, and PHDs. 6-2 Hold the TAG meetings on regular and irregular basis (e.g. case studies of data use for evidence-based management of health services). 6-3 Hold the DHIS Inter-district meetings at PHD level on regular basis. 6-4 Promote the application of the DHIS among other development partners.		**【Preconditions】** • MOH continuously supports the project. • MOH/NHIRC remains in the MOH system as the division responsible for HISs. • MOH insures financial resources of the project at federal, provincial and district levels. • Security will no not deteriorating in Pakistan.

[Remarks]

(*1) Levels: PHDs, DHOs
Subjects: (i) data collection, (ii) data entry, processing and analysis, (iii) data use, (iv) Coordination, monitoring, and supervision for the DHIS operation

(*2) The DHIS training materials are composed of: (i) curricula, (ii) textbooks, (iii) teaching guides, and (iv) MS Power Point modules.

(*3) i.e. how to fill out monthly DHIS report forms and submit them to DHOs

(*4) i.e. how to enter paper-based data into software, aggregate and/or analyze them

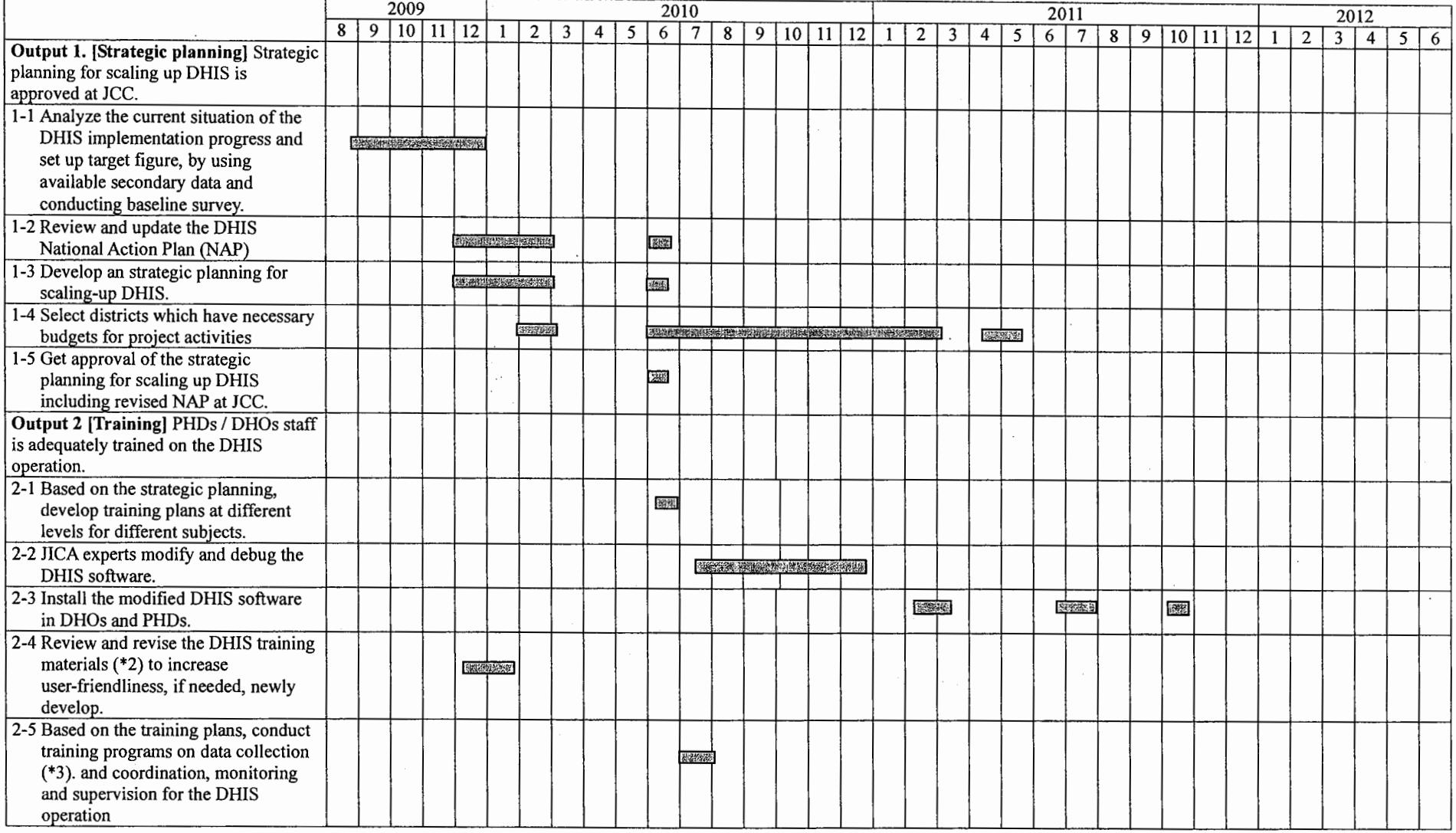
(*5) i.e. how to use the data for evidence-based management of health services

Attachment: List of Target Districts

Province	Name of Target Districts	No
Punjab	Attock, Bahawalnagar, Bahawalpur, Bhakkar, Chakwal, Chiniot, Dera Ghazi Khan, Faisalabad, Gujranwala, Gujrat, Hafizabad, Jhang, Jhelum, Kasur, Khanewal, Khushab, Lahore, Layyah, Lodhran, Mandi Bahauddin, Mianwali, Multan, Muzaffargarh, Narowal, Nankana Sahib, Okara, Pakpattan, Rahim Yar Khan, Rajanpur, Rawalpindi, Sahiwal, Sargodha, Sheikhupura, Sialkot, Toba Tek Singh, Vehari	36
Sindh	Dadu, Hyderabad, Khairpur, Mattiari, Mirpurkhas, N.S. Feroze, Sanghar, Sukkur, T. Allahyar, T.M. Khan, Thatta	11
Khyber Pakhtunkhwa	Abbotabad, Bannu, Batagram, Buner, Charsadda, Chitral, Dera Ismail Khan, Dir Lower, Manshera, Nowshera, Hangu, Haripur, Karak, Kohat, Kohistan, Lakki Marwat, Malakand, Mardan, Peshawar, Shangla, Swabi, Swat, Tank, Upper Dir	24
Balochistan	Gwadar, Jaffarabad, Kech, Killa Abdullah, Killa Saifullah, Lesbela, Mastung, Noshki, Panjgur, Pishin, Quetta, Sibi, Zhob, Ziarat	14
AJK	Bhimber, Hattian, Kotli, Muzaffarabad, Sudhnoti	5
FATA	Bajaur, Khyber, Kurram, Mohmand, North Waziristan, Orakzai, South Waziristan, FR D. I. Khan & FR Tank, FR Lakki & FR Bannu, FR Peshawar & FR Kohat	10
Total		100

ANNEX 1-2.

Plan of Operation (1/3)



Plan of Operation (2/3)

	2009					2010												2011												2012					
	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
2-6 Based on the training plans, conduct training programs on data entry, processing and analysis.																																			
2-7 Based on the training plans, conduct training programs on data use.																																			
Output 3 [Operation 1: paper-based] The DHIS data are collected in a complete, precise and timely manner from health facilities to DHOs.																																			
3-1 PHDs discard the HMIS monthly/yearly report forms and distribute the DHIS monthly report forms.																																			
3-2 DHOs monitor the health faculties on: (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting.																																			
3-3 PHDs supervise DHOs on (i) completeness, (ii) precision, and (iii) timeliness of the DHIS reporting.																																			
3-4 JICA experts supervise PHDs to conducts activities aforementioned smoothly.																																			
Output 4 [Operation 2: computer-based] The DHIS data are entered into the DHIS software, processed and analyzed at DHOs..																																			
4-1 DHOs conduct the: (i) data entry, (ii) data processing, and (iii) data analysis of the collected DHIS monthly report.																																			
4-2 PHDs conduct the data analysis of the collected DHIS monthly report.																																			
4-3 JICA experts supervise the activities 4-1 and 4-2 through PHDs																																			

Plan of Operation (3/3)

	2009					2010												2011												2012					
	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Output 5 [Operation 3: human-based] By using the results of analysis of the DHIS data, the items for resource reallocation and budgeting are identified at DHOs.																																			
5-1 PHDs and DHOs conduct the (i) budget preparation for the following fiscal year, (ii) adjustment of resource allocation, and (iii) regular feedback to health facilities, using the results of DHIS monthly reports.																																			
5-2 JICA experts supervise the activities 5-1 through PHDs																																			
Output 6. [Operation 4] The DHIS is adequately coordinated among the stakeholders.																																			
6-1 Strengthen, reorganize or adjust the structure of the DHIS administrative channel form health facilities, DHOs, and PHDs.																																			
6-2 Hold the TAG meetings on regular and irregular basis (e.g. case studies of data use for evidence-based management of health services).																																			
6-3 Hold the DHIS Inter-district meetings at PHD level on regular basis.																																			
6-4 Promote the application of the DHIS among other development partners.																																			

2-1 Achievement of the Project

Item	Indicator of PDM	Achievement
Output 1 [Strategic planning] Strategic planning for scaling up DHIS is approved at JCC.	1-1 Strategic planning for scaling up DHIS is approved at JCC.	This indicator has been achieved. Strategic Planning for scaling up DHIS was approved by First JCC meeting held on 1st June 2010. After its approval, PDM (Version 1) made on 25 April, 2009 was revised three times as follows. In addition, Project activities have been conducted based on the revised PDM. 1) PDM (Version 2) was approved at Second JCC meeting held on 7th July, 2010 based on the scaling up plan. 2) PDM (Version 3) was approved at Third JCC meeting held on 8th February, 2011 due to the budgetary and time constraints of both JICA experts and the Government of Pakistan. 3) PDM (Version4) was approved at First TAG on 24th January, 2012 due to the shift of C/P, the authorized TAG instead of former JCC and some changes of contents of Outputs and Indicators on PDM (Version 3).
Output 2 [Training] PHDs / DHOs staff is adequately trained on the DHIS operation.	2-1 Revised DHIS software is installed at the DHOs and PHDs. (= 100 %)	This indicator has been achieved. Latest version of DHIS software was installed to DHOs of 100 target districts and PHDs through the software installation workshops held on February (57 DHOs), July (37 DHOs) and October (6DHOs), 2011.
	2-2 DHO trainings complete training programs on: (i) data collection (*3), (ii) data entry/processing/analysis (*4), data use (*5), and (iv) other subjects. (= 100 %)	This indicator has been achieved. 129 district master trainers and 5,783 health facility staff have been trained DHO trainings by the cascade system of the Project as of May, 2011.
	Note:*3: i.e. how to fill out monthly DHIS report forms and submit them to DHOs *4: i.e. how to enter paper-based data into software, aggregate and/or analyze them *5: i.e. how to use the data for evidence-based management of health services	
	2-3 PHD trainers complete training programs on (i) data collection (*3), (ii) data entry/processing/analysis (*4), data use (*5), and (iv) other subjects. (= 100 %)	This indicator has been achieved. Total 81 persons have been trained as provincial master trainer (PHD trainers) as of March, 2011. The training contents for 81 persons consisted of DHIS training (data collection, supervision for the implementation of DHIS) for 24 persons, the data entry/processing/analysis training for 21 persons and the data use training for 36 persons. The average scores of pre-test and post-test are in followings. (Full = 10) According to the results of the tests, skills of participants were improved. | | Total |

Item	Indicator of PDM	Achievement
		1) Average score of pre-test: 4.8 2) Average score of post-test: 7.7 3) Difference of pre- and post test: +3.0
Output 3 [Operation 1: paper-based] The DHIS data are collected in a complete, precise and timely manner from health facilities to DHOs.	3-1 Monthly and yearly report forms of the HMIS are replaced by the DHIS monthly report at the health facilities. (= 100 %)	This indicator has been almost achieved. PHDs reported that DHIS monthly report forms were introduced to all facilities as of January 2012. However, some facilities which were still using old forms were found out during the monitoring survey conducted by the Project. For instance, despite Sindh PHDs reported that 7 districts supported by MNCH received DHIS report forms from MNCH in July 2011, these districts actually received complete set of DHIS report forms in December 2011 and other districts in Sindh province also faced the shortage of DHIS report forms until December 2011. The above matters caused the delay of DHIS activities in these districts. These matters might be caused by the usage of the old forms from a viewpoint of the efficient use of resources nevertheless they had already received those new forms.
	3-2 Compliance rate of DHIS monthly report from health facilities are kept more than 90% at the last 6 months of the Project.	This indicator has been partially achieved. 48 districts out of 100 target districts have been shown more than 90% of compliance rate from the main health hospitals at the last 6 months (November 2011 to April 2012). Major causes of low compliance rate are "shortage of DHIS tools and instrument", "Lack of coordination between DHOs and PPHI", "Disturbance of DHIS activities due to frequent power off", "Polio day", etc.
Output 4 [Operation 2: computer-based] The DHIS data are entered into the DHIS software, processed and analyzed at PHDs and DHOs.	4-1 Tables or charts are created, sorted into files, and are readily available, for more than two key DHIS indicators at the PHDs and DHOs.	This indicator has been achieved. PHDs and DHOs analyzed DHIS data during the use of information training in November and December 2011. All DHOs could make more than 5 tables & charts during the trainings. The Project also confirmed by the monitoring that 8 districts including Hyderabad district, which delayed the start of DHIS activities due to shortage of DHIS report forms, could create the tables & charts using DHIS data.
Output 5 [Operation 3: human-based] By using the results of analysis of the DHIS data, the items for resource reallocation and budgeting are identified at PHDs and DHOs.	5-1 Lists of identified items for evidence-based resource allocation are available at the PHDs and DHOs. (= 100 %)	This indicator has been almost achieved. On data use trainings in November 2011, the targeted DHOs made lists of identified items for evidence-based resource allocation based on DHIS data collected by them. The Project confirmed by questionnaire survey that 87 districts, which collected DHIS data more than 3 months in 2011, used resource reallocation.

Item	Indicator of PDM	Achievement
	5-2. Lists of identified items for evidence-based budget planning are available at the PHD and DHOs. (= 100 %)	This indicator has been almost achieved. On data use trainings on November 2011, the targeted DHO made lists of identified items for evidence-based budget planning based on DHIS data collected by them. The Project confirmed by questionnaire survey that 87 districts, which collected DHIS data more than 3 months in 2011, used budget planning.
Output 6 [Operation 4] The DHIS is adequately coordinated among the stakeholders.	6-1 The meetings with development partners and related government organizations are held.	This indicator has been achieved. A lot of meetings were conducted during the Project as follows. 1) Steering committee meeting 1 November 4th 2009 2) JCC meetings 4 June 8th, July 7th 2010, February 8th, March 19th 2011 3) TAG meeting 2 January 24th, June 15th 2012 4) PMC meetings 3 February 10th 2010, February 8th, March 19th 2011 5) Working Group meetings 12 February 3rd, June 24th 2010, July 21st, August 22nd, November 3rd, December 22nd 2011, January 23rd, February 23rd & 24th, March 20th, April, May 28th, June 14th 2012 6) Developing partner meetings 2 Meeting with GIZ, UNFPA, Save the Children
Project Purpose (Prospect) Routine operation and budget planning are practiced in an evidence-based manner, through newly introduced DHIS, at the selected districts in Pakistan.	1. At least one item of health services budget planning at district level is supported, underpinned and justified by the DHIS in the relevant PHD and DHOs. (= 100%)	This indicator has been almost achieved. At least 87 districts (87 %) used health services budget planning at district level.
	2. At least one item of health services routine operation (resource allocation) at district level is supported, underpinned and justified by the DHIS in the relevant PHD and DHOs. (= 100 %)	This indicator has been almost achieved. At least 87 districts (87 %) used health services resource reallocation district level.
Overall Goal (Prospect) Policy and strategies for health services are developed in an evidence-based manner, through sustainable District Health Information System (DHIS), nationwide in Pakistan.	1. At least one item of the national health strategy/policy at the federal level is supported, underpinned and justified by the DHIS.	After the devolution of Ministry of Health in Pakistan, nobody knows which organization or institution takes responsibility to make national health strategy/policy at the federal level. Therefore it is difficult to prospect Overall Goal at present.

2-2 Process of Project Implementation

Item	Findings
2-1 Progress of Activities	1) Changes of PO(See Annex2-1) Due to the delay of the holdings of Steering Committee (S/C) meeting and Joint Coordinating Committee (JCC) meetings and natural disaster (flood), the previous POs of the Project were changed. 2) Progress of present PO The present PO is conducting on schedule. 3) Accomplishment of each activity Despite of the above mentioned difficulties (delay of the meetings, natural disaster), all activities were conducted and accomplished. 4) Problems on conducting Activities a) Delay of the holdings of the several meetings: (Solution) Well discussions and requests by letters and/or oral were implemented. b) Natural disaster: (Solution) Activities were stopped and then checked the damage of floods. After its confirmation, activities were restarted. c) Indetermination of target districts: (Solution) Activities were conducted the districts which fulfilled conditions such as receiving DHIS forms, etc.. 5) Contribution/hampering factors and coping process [Contribution factors] - Effort of people such as provincial DG health, EDO, coordinators, etc. at provincial and district level - Allocation of budget for DHIS projects even though not enough. [Hampering factors] - Lack of ownership of former C/P on federal level: (Coping) Well discussion - Uncertainty of C/P on federal level after the devolution of Ministry of Health due to decentralization policy: (Coping) Request - Unsafe in some districts: (Coping) Sending Pakistan persons who were employed by the Project.
2-2 Management of the Project	1) Participation for decision-making process by Pakistan side Both sides held several meetings such as S/C meeting, JCC/TAG meetings for approving the conducted activities (past), activities at next period and solving any occurred problems, etc. However some meetings were not held on time. 2) Monitoring The Project conducted periodical monitoring. If any problems were found out, the Project gave some solutions and/or suggestions directly or through national staff. And as provincial support centers were established in Islamabad and Punjab province, etc., staff gave advice/solutions through telephone or E-mails. Working Group meetings were held 12 times during the Project, and progress of activities, faced problems and solutions, etc were discussed at these meetings. 3) Revision of PDM, PO and Indicators PDM was revised 3 times corresponding to change of situation for the Project. Though Indicators were not fixed at the beginning of the Project, those were decided on third year.
2-3 Communication among	1) Within the implementation organization in Pakistan side

stakeholders	Pakistan side has good communication. For example, staff in provinces and districts has conducted DHIS trainings respectively. The provincial/district analytical reports were used for discussion at regular/irregular meetings. 2) Japanese experts and C/P Both side had enough and hard discussion to solve the occurred problems when necessary.
2-4 Collaboration with other donors, etc.	Japanese experts exchanged each information, activities, etc. with WHO, UNICEF, USAID, GIZ, Save the Children for implementation of the Project

2-3 Evaluation by Five Criteria

2-3-1 Relevance: To examine the justifiability or necessity for implementation of the Project

Questions for Evaluation		Findings
Major Item	Minor Item	
1.1 Necessity	(1)Consistency between Project Purpose and Pakistan side	Project Purpose consists with needs of Target Groups such as National Health information Resource Center (NHIRC), National Institute of Health (NIH), Province Health Departments (PHDs), District Health Offices (DHOs) and Health facilities because PHDs and DHOs need to use to decide and manage public health matters based on DHIS data. Project Purpose points the way to Overall Goal. However, as the devolution of Ministry of Health was executed, certain organization/institute is necessary to be nominated for dissemination of sustainable District Health Information System (DHIS) nationwide in Pakistan.
1.2 Priority	(1)Consistency between Overall goal/Project Purpose and National Action Plan	Overall Goal and Project Purpose are consistent with National Action Plan. Some provinces actually are standing on each appropriate stage shown by National Action Plan.
	(2) Consistency between the Project and Japanese ODA policy	The Project is consistent with "Program for the Improvement of Regional Community Health" in "Ensuring Human Security and Human Development" as one of Japan's Assistance Policy for Pakistan.
1.3 Appropriateness as means	(1) Appropriateness of the Project approach	The selected approach of the Project is appropriate. - The target districts are appropriate because districts which satisfied some conditions of the Project such as budget allocation were selected. - The Project used cascade system which TOTs (Training of Trainers) on provincial level were conducted and then they conducted trainings for related persons on district level, and they conducted trainings for BHUs and RHCs.
	(2)Appropriateness of the selected target group	The selected target groups are appropriate. Such target groups actually have central role on public health sector in provinces and districts in Pakistan.
	(3)Superiority of Japanese technical know-how and experiences	THE STUDY ON IMPROVEMENT OF MANAGEMENT INFORMATION SYSTEMS IN HEALTH SECTOR was conducted from 2004 to 2007 in Pakistan by JICA. Furthermore JICA has experience to have conducted Information System Project in other countries.
	(4) Relation between Other donors	The Project had meetings for exchange information of activities, future plans, etc. with other donors such as WHO, UNICEF, UNFPA, Save the Children.
1.4 Other issues	(1)Any change of environment around the Project	Not special.

2-3-2 Effectiveness: To examine the Project effects

Questions for Evaluation		Findings
Major Item	Minor Item	
2.1 Prospect of achievement of Project Purpose	(1) Appropriateness of Project Purpose	Project Purpose is appropriate and almost achieved. The reason of "almost" is described in "2.2 causal relation". Indicator 1: <u>At least one item of health services budget planning at district level is supported, underpinned and justified by the DHIS in the relevant PHD and DHOs. (= 100%)</u> The Project confirmed by questionnaire survey that 87 districts (87 %), which collected DHIS data more than 3 months in 2011, used health services budget planning. Indicator 2: <u>At least one item of health services routine operation (resource allocation) at district level is supported, underpinned and justified by the DHIS in the relevant PHD and DHOs. (= 100 %)</u> The Project confirmed by questionnaire survey that 87 districts (87 %), which collected DHIS data more than 3 months in 2011, used health services routine operation (resource allocation).
2.2 Causal relation between Outputs and Project purpose	(1) Contribution of Outputs to Project Purpose	The Project Purpose has been achieved as results of Outputs. Because Project Purpose consists of 1) Conduct trainings for PHDs/DHOs staff, 2) Collect DHIS data completely, precisely and timely (paper-based), 3) Enter DHIS data into DHIS software, process and analyze (computer-based), 4) Identify resource reallocation and budget based on the results of analysis of DHIS data, 5) Share the information of DHIS with stakeholders. Hence, these Outputs contributed enough to achieve the Project Purpose. Actually, members of the Evaluation team confirmed with provincial DG health, EDO and district coordinators who have already used DHIS data for resource reallocation and budget planning.
	(2)Inhibition to achieve Project Purpose	External factors which caused delay are as follows. [Long way to proceed the activities of the Project] It took time to hold Steering Committee (S/C) meeting and Joint Coordinating Committee (JCC) meetings for approval of the activities of the Project on Pakistan procedure. However these approvals by committee meetings are officially necessary steps for the Project. These delay occurred further delay of implementation of various activities of the Project. [Devolution of Ministry of Health] After the devolution of Ministry of Health due to decentralization policy of the Government of Pakistan, it was not clear which organization/institution was C/P of the Project for few months. [Natural disaster] As heavy floods covered all over Pakistan on July 2010, whole activities of the Project were stopped few months. [Additional Important Assumption] The following Important Assumptions might be necessary <u>from Outputs to Project Purpose</u> or <u>from Activity to Output</u>. 1) C/P is not changed or new C/P is appointed quickly in case C/P was changed. 2) Severe natural disaster doesn't occur.

Questions for Evaluation		Findings
Major Item	Minor Item	
3.1Achievement of Outputs	(1)Achievement of Outputs on schedule, any factors of inhibition	All Outputs has been almost achieved even though all Activities were affected by the above mentioned delay. 1) Output 1 [Strategic planning] Strategic planning for scaling up DHIS is approved at JCC. The Output 1 has been achieved. Though Japanese experts started on August 2009, strategic planning for scaling up DHIS was approved at JCC on June 2010 due to procedure of Pakistan side. 2) Output 2 [Training] PHDs / DHOs staff is adequately trained on the DHIS operation. The Output 2 has been achieved. DHIS operation trainings PHDs and /DHOs staff in 4 provinces and 100 districts were conducted on February, July and October 2011 and latest DHIS software were installed. 129 district trainers and 5,783 facility staff at districts and total 81 master trainers in provinces were trained as of March 2012. 3) Output 3 [Operation 1: paper-based] The DHIS data are collected in a complete, precise and timely manner from health facilities to DHOs. The Output 3 has been almost achieved. PHD reported to Japanese experts that DHIS forms were consolidated in all districts even though was found out lack of DHIS forms and usage of old forms (HMIS forms). About 50% of 100 targeted districts achieved the indicator 3-2 of this Output. 4) Output 4 [Operation 2: computer-based] The DHIS data are entered into the DHIS software, processed and analyzed at PHD and DHOs. The Output 4 has been achieved. Staff of PHDs and DHOs can enter DHIS data into DHIS software, process and analyze by themselves. 5) Output 5 [Operation 3: human-based] By using the results of analysis of the DHIS data, the items for resource reallocation and budgeting are identified at PHD and DHOs. The Output 5 has been almost achieved. In 87 districts of the targeted 100 districts, resource allocation plans and budget plans were made by using the results of analysis of the DHIS data. 6) Output 6 [Operation 4] The DHIS is adequately coordinated among the stakeholders. The Output 6 has been achieved. Since the beginning of the Project, Steering Committee (S/C) meeting, Joint Coordinating Committee (JCC) meetings, Technical Advisory Group (TAG) meetings, Project Management Committee (PMC) meetings and meetings with JICA/donors were held.
	(2)Appropriateness of Indicators' level/contents of each Output	As Output is achieved by result of some Activities, the achievement of some Outputs of the Project have not been resulted enough. Indicators' level and contents of each Output are appropriate except a level of "Indicator 3-2 Compliance rate of DHIS monthly report from health facilities are kept more than 90% at the last 6 months of the Project." These "90 %" and "6 months" might be little high under consideration of Pakistan situation such as delay of start of the actual activities and stop of activities during natural disaster.

Questions for Evaluation		Findings
Major Item	Minor Item	
3.2 Causal relation between Activities and Outputs	(1)Sufficiency of each Activity to achieve each Output	According to adapt to sudden changes in circumstance of the Project, some activities has been modified, and then conducted on new schedule. As mentioned above in "2-2 of 2-3-2 Effectiveness", the following Important Assumptions might be necessary from Activity to Output. 1) C/P is not changed or new C/P is appointed quickly in case C/P was changed. 2) Severe natural disaster doesn't occur.
3.3 Execution of Inputs	(1)Appropriateness of Inputs from viewpoint of the achieved Outputs	1) Japanese side The quality, timing and cost of Inputs by Japanese side were appropriate. As a matter of course, timing and period of dispatch of Japanese experts were changed corresponding to situation of progress of the Project. 2) Pakistan side Not all Inputs form Pakistan were appropriate as follows. - As NHIRC as former C/P had not enough of office room for Japanese expert, Japanese experts have been using office rooms in NIH (present C/P). - NHIRC sometimes acted non-cooperative attitude such as a letter which demanded equipment, installation of unofficial DHIS software into some districts, etc. - Sufficient budget was not executed for cost of hardware procurement and maintenance, cost of training, cost for replacing HMIS report forms with DHIS report forms, etc.
3.4 Factors to influence on efficiency	(1)Efficient usage of local resource	The Project has been effectively using office rooms in NIH and has cooperative with present C/P, i.e. NIH. However, attitude of former C/P, i.e. NHIRC sometimes hampered the activities of the Project.
	(2)Effect of the external factors	All activities contributed to achieve Outputs. However, for instance, delay of some activities during flooding in Pakistan was occurred delay to achieve Outputs.
	(3) Collaboration with other projects	The Project had meetings with other donors for exchange information of the Project, demarcation of activities, target areas, etc.

2-3-4 Impact : To examine the Projects effects including the ripple effects in the long terms

ANNEX-24

Questions for Evaluation		Findings
Major Item	Minor Item	
4.1 Prospect to achieve Overall Goal	(1) Prospect to achieve Overall Goal	1) Overall Goal is difficult to be realized as a result of the Project after the completion of the Project. 2) Though the target areas of Project Purpose are 100 districts of 5 provinces/FATA/AJK, the target area of Overall Goal is "nationwide in Pakistan". So, there is a huge gap of target areas between Overall Goal and Project Purpose. 3) There are some inhibitions to achieve Overall Goal such as unclear responsible organization/institution for scale-up DHIS nationwide, budget allocation for disseminating DHIS, maintenance of DHIS software, security in some areas. 4) As DHIS contributes decision making, budget making, resource allocation planning, etc, the essential contents of Overall Goal is correct at present. 5) To allocate necessary budget for dissemination of DHIS and to appoint responsible organization/institution for scale-up DHIS as Important Assumptions from Project Purpose to Overall Goal are necessary.
4.2 Ripple Effect	(1) Any Positive and negative effects other than Overall Goal	1) Positive impact: 24 districts, which were excluded because they could not satisfy the Project conditions before January 2012, have conducted DHIS by their own effort. 2) Negative impact is not. 3) Any influence to develop on policy, law, institution, standard, etc. isn't at present. 4) Any social influence on Gender issues, Human Right, Poverty, etc. isn't at present. 5) Any economic influence in Pakistan communities, etc. isn't at present. 6) Any environmental influence isn't at present. 7) Any technical influence isn't at present. 9) Any effect for Pakistan society by the meeting with development partners and related government organization of the Project isn't at present.

Questions for Evaluation		Findings
Major Item	Minor Item	
5.1 Continuity of effects	(1) Inhibition and/or contribution factors to the results by implementation of the Project	By the devolution of Ministry of Health in June 2011, it is not clear whether the political support by Pakistan Government is continued or not. This devolution makes serious impact to health sector in Pakistan. 1) Political aspect DHIS will be promoted in each province, specially Punjab province, etc. corresponding to its budget because the results of DHIS data collecting in each province are useful for making health sector budget, health plans, etc. 2) Institutional aspect NIH is one research institute which has Biological Production Division, Drug Control and Traditional Medicine Division, Public Health Laboratories, Nutrition Division, Clinical Research Division. After the devolution, former C/P (NHIRC) was absorbed by NIH and NIH was appointed as C/P of the Project in January 2012. However NIH doesn't acquire the capability to make plans out activities related to District Health Information System (DHIS) and manage activities to make DHIS. After the termination of the Project, it is possible that DHIS software will be developed at provincial level instead of federal level. 3) Financial aspect Necessary budget for DHIS will be secured in each province. 4) Technical aspect In each province, the trainings were conducted not only by the Project but also by province health department and district health offices. Therefore province/district health office have own training institutions which spread and update training method/contents transferred by the Project. The province health department will disseminate the results of the Project to other districts within its province. 5) Ownership Though the ownership of NIH has not been established, the ownership of each province for DHIS seems to have been established. 6) Social/cultural/environmental aspect There isn't any inhibition of continuous effect by the shortage of consideration to Gender Issues, Poverty layer, Socially vulnerable groups, environment, etc.

Annex 3-1: List of Counterparts

Federal Counterpart

Organization	Position	Name	Remarks
NHIRC	Executive Director	Professor Iftikhar Ahmed Khan	Till June 2011
NHIRC	Deputy Director	Mr. Ali Akbar Khan	Till June 2011
NIH	Executive Director	Dr. Birjeer Mazhar Qazi	From May 2012

Provincial Counterpart

Province	Position	Name	Remarks
Punjab	Director General Health Service	Mr. Aslam CH	Till January 2012
Punjab	Director General Health Service	Mr. Zaihd Pcvaiz	Till February 2012
Punjab	Director General Health Service	Dr. Nisar Cheema	From February 2012
Punjab	Director Health Service (MIS)	Dr. Anwar Janjua	Till September 2011
Punjab	Director Health Service (MIS)	Dr. Haroon Jahangir	From September 2011
Punjab	Additional Director Provincial MIS Cell	Dr. Khaleeq Ahmed Qureshi	Till March 2012
Sindh	Director General Health Service	Dr. Abdul Sttar Korai	Till July 2010
Sindh	Director General Health Service	Dr. (Capt) Ghulam Sarwar Channa	Till July 2011
Sindh	Director General Health Service	Dr. (Capt) Hafiz-ul-Haque Memon	Till March 2012
Sindh	Director General Health Service	Dr. Feroz Din Memon	After March 2012
Sindh	Provincial Coordinator DHIS	Dr. Younis Asad Sheikh	
Khyber Pakhtunkhwa	Director General Health Service	Dr. Shaarif Ahmad Khan	
Khyber Pakhtunkhwa	Provincial Coordinator DHIS	Dr. Ali Ahmad	Till March 2011
Khyber Pakhtunkhwa	Provincial Coordinator DHIS	Dr. Javed Perveon	From March 2011
Khyber Pakhtunkhwa	Deputy Program Manager DHIS	Dr. Ikram Ullah Khan	
Balochistan	Director General Health Service	Dr. Amanullah Khan	Till April 2011
Balochistan	Director General Health Service	Dr. Masood Nusherwani	From April 2011
Balochistan	Provincial Coordinator DHIS	Dr. Ali Ahmad Baloch	
AJK	Director General, Health Service, AJK	Dr. Muhammad Qurban Mir	
AJK	State Coordinator DHIS, AJ & K	Khawaja Manzoor Ahamed	
FATA	Director Health Service	Dr. Fawad Khan	
FATA	DHIS coordinator	Mr. Niaz Muhammad	
FATA	DHIS coordinator	Dr. Mushtaq Ahmed	
CDA	Director Health	Dr. Hassan Orooj	
Gilgit & Baltistan	Director Health Service	Dr. Ghulam Ali	

Annex 3-2: List of Japanese Experts

Name	Subject	Dispatch period
Mr. Shuji Noguchi	Team Leader	Aug. 7, 2009 - Sep. 8, 2009 Oct. 9, 2009 - Nov. 14, 2009 Feb. 27, 2010 - Mar 9, 2010 Jun. 28, 2010 - Aug. 11, 2010 Aug. 31, 2010 - Sep. 14, 2010 Nov. 26, 2010 - Dec. 25, 2010 Mar. 9, 2011 - Mar. 23, 2011 Jun. 22, 2011 - Jul. 5, 2011 Oct. 10 , 2011 - Nov. 5, 2011 Nov. 21, 2011 - Dec. 17, 2011 Jan. 23, 2012 - Feb. 21, 2012 May 18, 2012 - Jun. 19, 2012 (Planned)
Mr. Shigeru Kobayashi	Deputy Team Leader Monitoring	Oct. 30, 2009 - Dec. 12, 2009 Jan. 20, 2010 - Mar 7, 2010 May. 19, 2010 - Jul. 17, 2010 Oct. 27, 2010 - Dec. 16, 2010 Jan. 19, 2011 - Mar. 5, 2011 Jun. 22, 2011 - Jul. 30, 2011 Sep. 28 , 2011 - Nov. 17, 2011 Jan. 16, 2012 - Mar. 22, 2012 May 16, 2012 - Jun. 19, 2012 (Planned)
Dr. Ahmad Afifi	Deputy Team Leader Monitoring	Aug. 2, 2009 - Sep. 30, 2009 Dec. 25, 2009 - Feb. 1, 2010 Jun. 14, 2010 - Jul. 7, 2010 Jul. 15, 2010 - Aug. 19, 2010 Sep. 1, 2010 - Oct. 28, 2010 Feb. 13, 2011 - Mar. 22, 2011 Jul. 25, 2011 - Sep. 22, 2011 Dec. 16 , 2011 - Jan. 20, 2012 Feb. 13, 2012 - Apr. 12, 2012 Apr. 23, 2012 - Apr. 24, 2012 May 31, 2012 - Jun. 19, 2012 (Planned)
Ms. Chiaki Kido	Data Collection	Aug. 26, 2009 - Sep. 8, 2009 Dec. 9, 2009 - Dec. 22, 2009 Jul. 14, 2010 - Aug. 12, 2010 Dec. 9, 2010 - Dec. 28, 2010 Feb. 13, 2011 - Mar. 22, 2011 Jul. 25, 2011 - Sep. 1, 2011 Jan. 30, 2012 - Mar. 1, 2012 May 23, 2012 - Jun. 19, 2012 (Planned)
Mr. Masahi Akiho	Data Analysis	Aug. 7, 2009 - Sep. 5, 2009 Oct. 9, 2009 - Nov. 18, 2009 Jan. 6, 2010 - Feb. 7, 2010 May. 19, 2010 - Jun. 28, 2010 Jul. 23, 2010 - Sep. 16, 2010 Nov. 8, 2010 - Dec. 16, 2010 Jan. 25, 2011 - Feb. 10, 2011 Jun. 22, 2011 - Jun. 30, 2011 Sep. 12, 2011 - Nov. 12, 2011 Jan. 9, 2012 - Mar. 1, 2012 May 7, 2012 - Jul. 7, 2012 (Planned)
Mr. Hiroshi Abo	Data Use	Aug. 10, 2009 - Aug. 29, 2009 Dec. 18, 2009 - Jan. 16, 2010 Jul. 30, 2010 - Aug. 15, 2010 Aug. 18, 2010 - Sep. 11, 2010 Aug. 10, 2011 - Sep. 1, 2011 Dec. 16, 2011 - Dec. 31, 2011
Mr. Masahi Akiho	Coordination	Feb. 11, 2011 - Mar. 16, 2011 Jul. 1, 2011 - Jul. 30, 2011
Ms. Rie Yamashita	Coordination	Jul. 14, 2010 - Aug. 8, 2010

Annex 3-3: Project Cost

Japanese Side Operational Expenses

(1) Installation cost of DHIS software in PHDs and DHOs

(2) Maintenance cost of DHIS software (August 2009 to June 2012)

(3) Training cost on DHIS trainings for provincial master trainers

(4) Training cost on DHIS data collection, coordination, monitoring and supervision for district master trainers in Khyber Pakhtunkhwa and Balochistan

(5) Training cost on DHIS data entry, processing and analysis and use of DHIS information for district master trainers in all target districts

Japanese Fiscal Year (from April to March)	2009	2010	2011 (until the end of project) [estimated]
JPY	10,472,000	27,124,000	51,018,000
PKR	12,190,920	31,576,251	59,392,317

JFY: Japanese Fiscal Year (from April to March)

1PKR = 0.859 JPY (as of June 2012)

Pakistani Side Operational Expenses

(1) Concerned staff as counterpart personnel

(2) Administrative and operational costs

(3) Cost for hardware procurement and maintenance

(4) Cost for training, except the one to be borne by Japan

(5) Cost for software maintenance from July 2012 onward

(6) Office(s) and facilities such as electricity, gas, water supply necessary for Project activities and operational expenses for utilities

(7) Cost for replacing HMIS report forms with DHIS report forms at health facilities

Pakistani Fiscal Year / Province	2009/10	2010/11	2011/12
Punjab	17,870,000	13,280,000	19,000,000 *1
Sindh	9,670,000	14,434,000	19,481,000 *2
KP*3	41,800,000	24,620,000	24,300,000
Balochistan	15,000,000	12,122,000	20,000,000
AJK*4	5,017,000	4,015,000	
FATA	11,000,000	12,000,000	23,000,000

UNIT: PKR

Note

*1,2 Total expenditure as of April in 2012

*3 Released budget in each year, and expended 60.720,000 PKR from 2009/10 to 11/12.

*4 PC-1 for DHIS was not approved in AJK. Expenditure of AJK in the table is total cost for DHIS & HMIS. No data is available in 2011/12.

Annex 3-4: List of Equipment

No.	Name of Equipment	Nos.
1	Software for Statistics and Analysis	1
2	Computer for Office Use (incluing Display)	8
3	Printer (Black and White)	1
4	Printer (Color)	1
5	Photocopier	4
6	Air Conditioner	5
7	Multimedia Projector	3
8	Generator	3
9	Computer (for Sub-Contracting)	4
10	Printer (for Sub-Contracting)	4

ANNEX4. Results of Indicators in PDM

【Project Purpose】
Routine operation and budget planning are practiced in an evidence-based manner, through newly introduced DHIS, at the selected districts in Pakistan

Indicator 1:At least one item of health services budget planning at district level is supported, underpinned and justified by the DHIS in the relevant PHD and DHOs (= 100%)

Indicator 2:At least one item of health services routine operation (resource allocation) at district level is supported, underpinned and justified by the DHIS in the relevant PHD and DHOs (= 100 %)

Both indicators has been almost achieved.

As mentioned in the result of Output 5 in detail, the Project targeted 87 districts out of 100 target districts which collected DHIS data more than 3 months before January 2012 because the preparation of budget plan for next fiscal year started from January 2012 in Pakistan and conducted questionnaire survey in 2012.

According to the result of the survey, the Project confirmed that 87 districts (87 %), which collected DHIS data more than 3 months in 2011, used health services budget planning and /or health services resource reallocation. From such matter, it is presumed that more than 87 districts (87 %) use DHIS data for used health services budget planning and /or health services resource reallocation at present.

Output1 [Strategic planning] Strategic planning for scaling up DHIS is approved at JCC.

Indicator 1-1: Strategic planning for scaling up DHIS is approved at JCC.

This indicator has been achieved.

Strategic Planning for scaling up DHIS was approved by First JCC meeting held on 1st June 2010.

It was originally agreed that all necessary cost for the project activities such as printing of DHIS tools & instruments, DHIS trainings for PHD and DHO officials and health facility staff, procurement of computer hardware were borne by Pakistan side. As the result of baseline survey and interview survey to each PHD, it was found that all PHDs except Punjab did not have these budgets. Therefore, the project target areas were changed, and were selected only to the districts which ensured the budget for the project activities. However, it was confirmed that all the provinces were expanding DHIS in their districts in line with the "National Action Plan (NAP)" for the Improvement of Health Information System in Pakistan, although level of DHIS activities varied among the provinces. Therefore, the Project decided to implement DHIS activities in line with NAP .

After those approval, PDM (Version 1) made on 25th April, 2009 was revised three times as follows. Project activities have been conducted based on the revised PDM.

1) PDM (Version 2) was approved at Second JCC meeting held on 7th July, 2010 based on the scaling up plan.
2) PDM (Version 3) was approved at Third JCC meeting held on 8th February, 2011 due to the budgetary and time constraints of both JICA/JICA experts and the Government of Pakistan.
3) PDM (Version4) was approved at First TAG (Technical Advisory Group) on 24th January, 2012 due to the shift of C/P, authorization for TAG instead of former JCC and some changes of contents of Outputs and Indicators on PDM (Version 3).

Output 2 [Training] PHDs / DHOs staff is adequately trained on the DHIS operation.

Indicator 2-1: Revised DHIS software is installed at the DHOs and PHDs. (= 100 %)

This indicator has been achieved.

Latest version of DHIS software was installed to 100 DHOs in the 100 target districts and PHDs through the software installation workshops held in February (57 DHOs), July (37 DHOs) and October (6DHOs), 2011.

In addition, 100 districts finally were selected as target districts during the first TAG meeting in January 2012 as below.

Province	Name of Target Districts	No
Punjab	Attock, Bahawalnagar, Bahawalpur, Bhakkar, Chakwal, Chiniot, Dera Ghazi Khan, Faisalabad, Gujranwala, Gujrat, Hafizabad, Jhang, Jhelum, Kasur, Khanewal, Khushab, Lahore, Layyah, Lodhran, Mandi Bahauddin, Mianwali, Multan, Muzaffargarh, Narowal, Nankana Sahib, Okara, Pakpattan, Rahim Yar Khan, Rajanpur, Rawalpindi, Sahiwal, Sargodha, Sheikhupura, Sialkot, Toba Tek Singh, Vehari	36
Sindh	Dadu, Hyderabad, Khairpur, Mattiari, Mirpurkhas, N.S. Feroze, Sanghar, Sukkur, T. Allahyar, T.M. Khan, Thatta	11
Khyber Pakhtunkhwa	Abbotabad, Bannu, Batagram, Buner, Charsadda, Chitral, Dera Ismail Khan, Dir Lower, Manshera, Nowshera, Hangu, Haripur, Karak, Kohat, Kohistan, Lakki Marwat, Malakand, Mardan, Peshawar, Shangla, Swabi, Swat, Tank, Upper Dir	24
Balochistan	Gwadar, Jaffarabad, Kech, Killa Abdullah, Killa Saifullah, Lesbela, Mastung, Noshki, Panjgur, Pishin, Quetta, Sibi, Zhob, Ziarat	14
AJK	Bhimber, Hattian, Kotli, Muzaffarabad, Sudhnoti	5
FATA	Bajaur, Khyber, Kurram, Mohmand, North Waziristan, Orakzai, South Waziristan, FR D. I. Khan & FR Tank, FR Lakki & FR Bannu, FR Peshawar & FR Kohat	10
Total		100

Indicator 2-2: DHO trainings complete training programs on: (i) data collection (*3), (ii) data entry/processing/analysis (*4), data use (*5), and (iv) other subjects. (= 100 %)

This indicator has been achieved.

DHIS software was improved and installed by the Project to all PHDs and DHOs in the target districts. As the result, debugged DHIS software has been running in the 8 PHDs (including CDA and ITC) and DHOs in 100 target districts.

Manuals for training on use of DHIS information was revised during the training on use of information at Punjab in August 2010, and this revision was approved by representatives of PHDs during the Working Group meeting in December 2011. Manual on DHIS software (data entry, processing and analysis) was up-dated based on the result of DHIS software maintenance, and the Project submitted "DHIS Software Manual" to the Pakistan side through second TAG meeting.

129 district master trainers and 5,783 health facility staff were trained as of March, 2011 by the cascade system of the Project.

In spite of non-existence of federal level counterpart of Pakistan side after the devolution of Ministry of Health, the Project continued the following trainings based on the agreement with DG Health of each province.

Causes	Periods	Target (No. of participants)	Note
Training on data collection, monitoring and instruction	July 2010	Provincial Master Trainers excluding Punjab (28)	Officials from Punjab assigned as trainers
	August 2010	12 DHOs from KP (48 master trainers) and 13 DHOs (39) from Balochistan	Trainings in other districts were done by each PHD
Training on data entry, processing and analysis	February 2011 July 2011 October 2011 March 2012	Master trainers and statistical officials of PHDs and DHOs (21 from PHDs and 237 from DHOs)	Project conducted training for all districts. Training for each DHO office was conducted in Nov. 2011 by sub-contractor. Training for CDA was conducted in March 2012.
	From Nov. 2011	Provincial coordinators DHIS	Project conducted OJT through the study on countermeasures against problems raised in the software maintenance
	December 2011 to January 2012	Staffs in DHOs	Training conducted using data collected by each DHO.
Training on Use of Information	August 2010	Officials from PHD Punjab and DHOs in Punjab (9)	Manual was revised.
	August 2011	Provincial master trainers (36)	
	November 2011 April 2012	Decision makers in DHOs (101)	Training with use of DHIS data collected at each DHO

Indicator 2-3: PHD trainers complete training programs on (i) data collection (*3), (ii) data entry/processing/analysis (*4), data use (*5), and (iv) other subjects. (= 100 %)

This indicator has been achieved.

Total 81 persons have been trained as provincial master trainer (PHD trainers) as of March, 2011. The training contents for 81 persons consist of DHIS training (data collection, supervision for the implementation of DHIS) for 24 persons, the data entry/processing/analysis training for 21 persons and the data use training for 36 persons.

The average scores of pre-test and post-test are in followings. (Full = 10) According to the results of the tests, skills of participants were improved.

	Total
1) Average score of pre-test	4.8
2) Average score of post-test	7.7
3) Difference of pre- and post test	+3.0

Output 3 [Operation 1: paper-based] The DHIS data are collected in a complete, precise and timely manner from health facilities to DHOs.

Indicator 3-1: Monthly and yearly report forms of the HMIS are replaced by the DHIS monthly report at the health facilities. (= 100 %)

This indicator has been almost achieved.

PHDs reported that DHIS monthly report forms were introduced to all facilities as of January 2012. However, some facilities which were still using old forms were found during the monitoring survey conducted by the Project. For instance, despite Sindh PHDs reported that 7 districts supported by MNCH received DHIS report forms from MNCH in July 2011, these districts actually received complete set of DHIS report forms in December 2011 and other districts in Sindh also faced the shortage of DHIS report forms until December 2011. The above matters were caused by the delay of DHIS activities in these districts. It was also found during the monitoring survey January 2012 that some facilities are still using HMIS format in Khyber Pakhtunkhwa. This matter might be caused by the usage of the old forms from a viewpoint of the efficient use of resources nevertheless they had already received those new forms.

For the above reasons, the replacement of the DHIS monthly report forms was delayed in some target districts and its matter affected on the achievement of Project Purpose.

Indicator 3-2: Compliance rate of DHIS monthly report from health facilities are kept more than

90% at the last 6 months of the project

This indicator has been partially achieved.

39 districts out of 100 target districts have been shown more than 90% of compliance rate at the last 6 months (November 2011 to April 2012). In this case, compliance rate was calculated by using the number of report submitted on time. In case of the delayed submission, DHOs instructed health facilities, which did not submit the report on time, to improve the activities. If compliance rate is calculated including the number of reports submitted behind the schedule, 45 districts kept more than 90% of compliance rate in last six months and 57 districts kept more than 90% in last four months as below.

- Number of Districts kept more than 90% of Compliance Rate in last six months -

	Not including Report submitted behind the schedule		Including Report submitted behind the schedule	
	Last 6 months	Last 4 months	Last 6 months	Last 4 months
Punjab	33	34	33	34
Sindh	0	2	1	3
Khyber Pakhtunkhwa	4	10	5	10
Blochistan	1	2	3	3
AJK	0	4	1	4
FATA	1	2	2	3
Total district	39	54	45	57

In case of compliance rate from the main health facilities, 48 districts out of 100 target districts have been shown more than 90% of compliance rate at the last 6 months (November 2011 to April 2012) as below.

- Number of Districts kept more than 90% of Compliance Rate from main health facilities -

Provinces	In last 6 months	In last 4 months
Punjab	33	34
Sindh	1	4
Khyber Pakhtunkhwa	6	11
Blochistan	2	5
AJK	2	4
FATA	4	5
Total district	48	63

Regarding the monthly compliance rate from main health facilities, there were 65 districts showed more than 90% in November 2011. By the efforts of persons in charge, the compliance rate was improved and more than 75 districts showed more than 90% of compliance rate during January to April 2012.

- Number of Districts kept more than 90% of Compliance Rate from main health facilities -

Province	No. of target districts	2011		2012			
		Nov.	Dec.	Jan.	Feb.	Mar.	Apr.
Punjab	36	35	33	34	34	35	35
Sindh	11	3	4	6	5	8	7
Khyber Pakhtunkhwa	24	11	15	19	18	16	14
Blochistan	14	6	7	8	6	4	5
AJK	5	3	3	5	4	4	5
FATA	10	7	8	9	9	9	9
Total district	100	65	70	81	76	76	75

Major causes of low compliance rate are "shortage of DHIS tools and instrument", "Lack of coordination between DHOs and PPHI", "Disturbance of DHIS activities due to frequent power off", "Polio day", etc.

Output 4 [Operation 2: computer-based] The DHIS data are entered into the DHIS software, processed and analyzed at PHDs and DHOs.

Indicator 4-1: Tables or charts are created, sorted into files, and are readily available, for more than two key DHIS indicators at the PHDs and DHOs.

This indicator has been achieved.

The Project trained 21 PHD staff on the data entry, processing and analysis. All participants acquired operation methods of DHIS software including table creation.

The Project trained 237 DHO staff on the data entry, processing and analysis. All participants acquired operation methods of DHIS software including table creation.

All 95 DHO staff, who received training on data use, analyzed DHIS data during the use of information training in November and December 2011. All DHOs could make more than 5 tables & charts during the trainings. The Project also confirmed by the monitoring that 8 districts including Hyderabad district, which delayed the start of DHIS activities due to shortage of DHIS report forms, could create the tables & charts by using DHIS data.

Output 5 [Operation 3: human-based] By using the results of analysis of the DHIS data, the items for resource reallocation and budgeting are identified at PHDs and DHOs.

Indicator 5-1: Lists of identified items for evidence-based resource allocation are available at the PHDs and DHOs. (= 100 %)

Indicator 5-2: Lists of identified items for evidence-based budget planning are available at the PHDs and DHOs. (= 100 %)

Both indicators have been almost achieved.

The target of training for the Output 5 was all DHIS target districts in total 100. However 91 districts actually could participate in this training because among the remaining 9 districts 5 districts in Punjab province completed use of information training prior to this training, 3 districts in KPK and 1 district in FATA did not send participants due to climatic or security reasons. (After this training, KPK implemented additional training for the above 3 district. FATA had not implemented additional training.) During data use trainings on November & December 2011, participants of DHOs prepared lists of identified items for evidence-based resource allocation based on DHIS data collected by them at each DHO. In the end, 89 districts completed this training.

The Project confirmed usage of DHIS information in DHOs through the questionnaire survey in 2012 after completion of the training on use of DHIS information. In this survey, 87 districts out of 100 target districts which collected DHIS data more than 3 months before January 2012 were targeted since preparation of budget plan for next fiscal year generally started from January 2012 in Pakistan.

- Number of Districts Surveyed by questionnaire -

Province	No. of District
Punjab	36
Sindh	3
Khyber Pakhtunkhwa	24
Balochistan	12
AJK	5
FATA	7
Total	87

According to the following result of the questionnaire survey, 50 districts out of 87 utilized DHIS data for preparation of budget plan in next fiscal year, 50 districts utilized the data for preparation of

policy / strategy making, and 67 districts utilized the data for resource allocation (medicines and facility staff).

That is, the Project confirmed by questionnaire survey that 87 districts (87 %), which collected DHIS data more than 3 months in 2011, used health services budget planning and /or health services resource reallocation.

- Usage of DHIS Information -

Province	Preparation of annual budget	Drawing health policy / strategies	Resource allocation
Punjab	20	21	23
Sindh	3	3	2
Khyber Pakhtunkhwa	9	12	20
Balochistan	11	11	11
AJK	1	2	4
FATA	6	1	7
Total district	50	50	67

Output 6 [Operation 4] The DHIS is adequately coordinated among the stakeholders.

Indicator 6-1: The meetings with development partners and related government organizations are held.

This indicator has been achieved.

Lot of meetings as of June 2012 was conducted during the Project as follows.

1) Steering committee meeting	1	November 4th 2009
2) JCC meetings	4	June 8th , July 7th 2010
		February 8th , March 19th 2011
3) TAG meeting	2	January 24th , June 15th 2012
4) PMC meetings	3	February 10th 2010
		February 8th , March 19th 2011
5) Working Group meetings	12	February 3rd , June 24th 2010
		July 21st , August 22nd , November 3rd ,
		December 22nd 2011
		January 23rd , February 23rd & 24th , March 20th
		April 24th , May 28th , June 14th 2012
6) Developing partner meetings	2	Meeting with GIZ, UNFPA, Save the Children

ANNEX5. List of the Interviewee

[Pakistan Side]	
Executive Director, NIH	Dr. BILJEES MAZHAR KAZI
Principal Scientific Officer (Epidemiology), NIH	Dr. RANA MUHAMMAND SAFDAR
EDO Haripur District KPK Province	Dr. Syed Mazhar Ali Shah
Coordinator HMIS/DHIS Cell Haripur District KPK Province	Dr. Bilal Khan
DHIS Service Computer Programme Officer Punjab Provincial Health Department	Dr. Farool Ahmad
Director General Health Services Punjab	Dr. Nisar Ahmad Cheema
EDO Sheikhupura District Punjab Province	Dr. Zafar Iqbal Khokhar
DHIS Coordinator Kasur District Punjab Province	Ms. Amania Mir
Director General Health AJK	Dr. Muhammad Qurban Mir
Head Service Delivery Component, Health Sector Support, GIZ	Dr. Lundy Keo
Deputy Country Director Program Implementation, Save the Children	Dr. Ammanullah Khan
State Coordinator DHIS, AJK	Mr.Khawaja Monzoor Ahmed
Deputy Program Manager, KP	Dr. Ikram Ullah Khan
Director, Directorate of Health Services, CDA	Dr.Hasan Orooj
[Japanese Side]	
Team Leader	Mr. Shuji Noguchi
Deputy Team Leader, DHIS project	Mr. Shigeru Kobayashi
Deputy Team Leader, Monitoring	Dr. Ahmad Afifi
Data Collection	MS. Chiaki kido
IT Specialist	Mr. Masashi Akiho