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**7.1.6**

Exercise (45 minutes)

**HIS Strategic Planning in Afghanistan**

1. Read the case study.
2. List some lessons learned based on the observations by the technical advisor (pp.10–11) and based on your own country experience.

**HIS Strategic Planning in Afghanistan**

**Part I: First Application (2008–2009)**

**Initiation and Duration.** The decision to undertake the HIS Strategic Planning Process in Afghanistan was made in early 2008, as a follow-up to the completion of the Health Metrics Network (HMN) style of health information system assessment carried out in 2007. The Ministry of Health (MOH) was clearly receptive and supportive, and HMN and the World Health Organization (WHO) strongly promoted the idea and provided technical support, especially for the HIS assessment process.

The U.S. Agency for International Development (USAID) and Management Sciences for Health (MSH) were also strong supporters of the idea and the process. MSH has provided longstanding technical assistance to various aspects of data capture, data management, and HIS development through a succession of USAID-funded health system development projects in Afghanistan. A number of long-term staff were assigned to HIS work over succeeding projects. There was close collaboration between MSH and the MOH, which contributed effectively to the process.

The planning and organization of the process began in August, 2008, with group work beginning in September. The group work continued for eight months, and the plan document was finalized and issued in mid-2009.

**Primary Purposes.** The central purpose was to address gaps found through HMN’s HIS assessment process. The Ministry also wished to begin a systematic development of the HIS and its various subsystems in support of the Afghanistan National Development Strategy (ANDS) and pursuit of the Millennium Development Goals (MDGs). Thus, the process was strongly linked to national and health development goals, objectives, and strategies. Moreover, new strategies in the provision of healthcare in Afghanistan, such as contracting out to nongovernmental organizations (NGOs) for service delivery, created considerable challenges for service data capture and use for monitoring service development and performance progress. Finally, an unwritten but widely recognized purpose of the process was to further strengthen the national health organizations and programs, and the capacity of their managers and staffs to carry out logical planning, design, and implementation of important health and support systems.

**Participation and Organization.** Participation in the process occurred at several levels. Policy guidance and process oversight were provided by senior managers through an HIS Development Steering Committee (22 senior MOH managers, and representatives of donor organizations). The committee met frequently during the process, and then became the source of monitoring its progress after the implementation of the plan began. Also, there was a core HIS strategic planning (HIS SP) group that essentially managed and guided the process on a day-by-day basis. This team was led by the director of the HMIS department in the MOH, and included a number of staff and other key HIS managers from the Ministry and a few external advisors, for a total of eight people. Finally, there was an HIS SP Stakeholder Working Group comprising 37 national program managers and officers, and staff from other ministries, NGOs and external advisors and consultants. This working group was organized in subgroups that addressed components of each step, and produced the major products.

**Management.** The core working group drew on HMN’s *Guidance for the HIS Strategic Planning Process*[[1]](#footnote-1) in choosing its planning steps and products. Working group members functioned as managers and facilitators of the process. Working group activities were staged over a sequence of phases in which the large group would participate in periods of intense plenary work, and smaller subgroup activities led to the generation of important products. When the products were finalized, the core team would present them to the steering committee for review and approval. These phases of group work were carried out sequentially over a period of eight months extending into 2009. Stakeholder working group members were dedicated to supporting the process. A number of donor agencies and NGOs maintained their participation in a spirit of positive collaboration, which enabled a strong national-international consensus around the vision, objectives, strategies, and interventions, and led to an organized process of donor support for strategies and priority development activities.

**Principal Steps and Products.** The process was carried out in a sequence of phases and steps adapted from those recommended in HMN’s guidance. Phases I and II appeared as follows:

| **Phase, Module, and Step** | **Title of the Task** | **Product** |
| --- | --- | --- |
| Phase I | HIS Assessment | HIS Assessment Scores Spreadsheets |
| Phase II, Module I | Prepare for HIS strategy design and planning |  |
| Step 1 | Review assessment results | Low-scoring questions |
| Step 2 | Identify priority HIS subsystems and define priority HIS problems | Table 2.1. Average assessment scores by category and systemTable 2.2. Priority HIS subsystems and problems |
| Step 3 | Prepare the information required for the HIS strategic planning process | * Dimensions (functions) of the Afghan HIS
* HIS Strategic Planning and Rationale
* Table 3.1. Inventory of ongoing and planned HIS developments and funding sources
* Table 3.2. Titles of Afghan HIS subsystems
* HIS Strategy Development Roadmap/Schedule
* Afghan Priority Health Problems and Essential Services
* Afghan Key Health Indicators
* Recent HIS development strategies and plans
* Current training of relevance to HIS and M&E
* Existing health and population databases, responsible offices
* HIS unit, staff, activity costs
* Current health information dissemination media
* Recent HIS subsystem assessments of relevance
* Module II Program Materials (Steps 4 thru 8)
 |
| Phase II Module II | Conduct HIS strategic planning |  |
| Step 4 | Prioritize HIS subsystems and problems | Table 2.2. Reviewed and endorsed |
| Format 4.1. Priority HIS problems and indicators |
| Optional Task | Conduct causal problem analysis | Problem diagram and list of constraints for selected subsystems |
| Step 5 | Create HIS vision | Format 5.1. A consolidated HIS Vision Description |
| Step 6 | Develop and prioritize current and planned HIS strengthening efforts | Format 6.1. Expanded list of ongoing HIS strengthening activities, indicating which address priority HIS subsystems and problems |
| Step 7  | Develop HIS objectives and interventions | Format 7.1. For each priority HIS subsystem: overall improvement objective and list of strategic interventionsFormats 7.2 and 7.3. Summarize HIS objectives and interventions across HIS information categories and subsystems |
| Step 8 | Plan intervention implementation phasing | Format 8.1. Gantt chart of intervention implementation |
|  | Closing session of Module II | Updated HIS Strategy Development Roadmap |
| Phase II, Module III | Develop HIS planning and costing |  |
| Step 9  | Develop detailed strategy design and activity implementation planning | Each subsystem strategy and set of interventions described in detailFormat 9.1. Completed detailed activity plans for the strategies of each HIS subsystem |
| Step 10  | Develop HIS strategy costing | Table 10.1. Common HIS development cost elementsTable 10.2. Strategy resource requirements for each HIS subsystem and interventionTable 10.3. Summary of costs by HIS subsystem, type of activity, and year |
| Step 11 | Develop HIS strategy monitoring and evaluation framework | Table 11.1. HIS Strategy Evaluation FrameworkTable 11.2. HIS Strategy Monitoring Framework |
| Step 12 | Complete HIS Strategic Plan document | 1. A completed draft HIS Strategy and plan document including appendices.
2. A final document prepared for distribution, discussion, and review
3. Process and responsibilities for managing the plan review, approval, and funding
 |

Content of the HIS Strategic Plan Document

The structure and content of the strategic plan document helps describe the products of all the subgroup and core team efforts:

**Chapter 1. Introduction**

* 1. Background and Rationale
	2. HIS Assessment and Strategic Planning Process
	3. Stakeholders of the Health Information System
	4. Afghanistan HIS Problems and Constraints (by HMN category)

**Chapter 2. Afghanistan HIS Vision**

2.1 Vision

2.2 Mission Statement

2.3 Principles and Desired Characteristics

**Chapter 3. Afghanistan Comprehensive Health Information System Strategy 2009-2013**

* 1. Objectives and Targets of the Afghanistan HIS Strategic Plan
	2. Interventions
	3. Implementation Plan
	4. HIS Resource Requirements
	5. Critical Assumptions and Risks
	6. Mechanisms for Coordination
	7. Monitoring the Implementation of the Strategy
	8. Conclusion

Appendixes A–J

Cost of the HIS Strategic Plan Process

The principal costs of carrying out such an extensive group planning process is the cost of the time of national managers and staff, and of long and short-term advisors, which was difficult to estimate. The HIS SP process entailed approximately 25 meetings of 20 participants for an average of two hours each (125 person/days). However, the core team spent many more hours in preparation and follow-up.

The estimate of total external costs incurred including the HIS Assessment process and involvement of short and long-term expertise during the planning process comes to about $95,000 over a 12-month period.

Strengths and Benefits

At the end of the HIS strategic plan process in mid-2009, the core team conducted a detailed critique, which led to a 10-page note covering all aspects of the process. Some of the main points are captured here:

* The entire HIS strategic planning process benefitted from a strong and active core team of national HIS officers led by the director of the HMIS, with significant support from collegial long term advisors to the MOH provided by the European Community (EC), the World Bank, and USAID.
* The guideline and formats used to facilitate the process were drawn or adapted from the version of the HIS Strategic Plan Guidelines, developed by MSH for HMN in 2008, adapted to the Afghan situation.
* The HIS strategic planning process followed the application of the HMN HIS Assessment using the generic HIS Assessment spreadsheet tool.
	+ It was especially helpful to prepare and insert certain important background information into the Module II Guidelines, such as:
		- The diagram of the overall HIS Strategic Planning Process
		- The Roadmap (schedule of the strategic plan steps, products, and responsible group)
		- A table confirming national priority health problems and related essential health services
		- A table defining indicators of priority health problems and essential services
	+ The success of the process was also enhanced by several key factors that existed in Kabul at that time:
* The quality of the national technical leadership and core team membership
* The breadth and balance of the stakeholder working group members, which insured representation of all departments and programs
* The HIS steering committee’s chair and members, and their sincerity, interest, and sponsorship of the stakeholder planning process
	+ Excellent attendance at important working sessions and steering committee meetings enabled important MOH departments, representatives of other ministries, and interested donor project experts to keep abreast of, and continually support, the process.
	+ Some of the most useful tasks and products to be placed within the Module II guidelines were the creation of the list of national priority health problems and related essential services, and the current core indicators for monitoring health problems and related services. The process thereby enabled leaders and stakeholders to maintain focus on priority health conditions and related services.
	+ We included a vision statement (brief and general), an HIS mission statement (brief and performance-oriented), and a set of principles and desired characteristics, all within a section of the plan devoted to the HIS vision.
	+ The HIS core team did an excellent job in assembling all known recent and ongoing HIS development efforts at the outset.
	+ The working group and subgroups fully understood and followed the logic of proceeding from a qualitative definition of the priority problems, to selected quantitative indicators of some of the problems, to the formulation of quantified performance-improvement objectives (reduction in problem indicators), to the ideas for interventions.
	+ A key task in Step 9 was the definition of the immediate product expected from each HIS development activity.
	+ When devising the HIS strategy monitoring and evaluation (M&E) framework, the challenge is to narrow down the number of problem, objective, and product indicators to a manageable set so that, along with scheduled start and completion dates for the selected activities and the responsible office for each, the Core Team is left with a reasonable M&E framework. This proved to be relatively straightforward and successful.
	+ When the plan document was assembled from the various products and finalized,a reasonable balance was achieved in the organization, authorship, and final preparation between the members of the Core Team (comprising long-term technical advisors, short-term technical advisors, and national HIS development managers).
	+ Responsibility for coordination of the implementation process was clearly defined with the steering committee, which remained active through the five-year implementation period.
	+ During the preparation of the proposal document, the Core Team conducted an exercise to define “Critical Assumptions, Risks, and Challenges,” which were taken into consideration during implementation planning.
	+ The model document outline served us well with its advice on limiting the amount of text and placing most tables in the appendices. (The plan document has about 22 pages of text plus a considerable number of appendices.)
	+ As the plan document was being finalized, the content of the plan was being shared with various review groups, beginning with the HIS steering committee. The feedback from these reviews helped sharpen the substance of the plan document.
	+ This collaborative process and review appears to be one reason that there was growing consensus in support of the plan and its strategic interventions. Even more important was the constant sponsorship and support given by the Deputy Minister for Technical Affairs, the Director of Policy and Planning, the Chairman, and the Deputy Chairman of the HIS Steering Committee. Their leadership, in combination with that of the Director of the HMIS, conveyed the seriousness with which this HIS strategic planning process was undertaken.
	+ Solidarity (for the most part) among the major donors and long-term external advisors was also helpful in gaining and maintaining consensus.

Challenges and Drawbacks

1. We are not sure that the summation and averaging of the scores across components of the assessment are that comparable, because of the variety of assessment panel members (some more technically involved in the HIS subsystems than others).
2. Additional, more objective indications of HIS functionality, data management and use should be employed for certain components and subsystems (such as the surveillance system, supplies management, and special programs) to supplement the more subjective assessment provided through the spreadsheet.
3. More guidance for carrying out HIS problem definition would have been helpful. Low-scoring assessment questions can be translated into objective HIS problem statements only with full familiarity of the current health information system and its use.
4. Time management and adherence to schedules were a critical challenge for the core team and working groups.
5. Some HIS development specialists enter this process with the view that the HIS and its components and characteristics are the primary subject and object of the strategic planning, for the sake of HIS development. Others see HIS improvement as an important means for improving the management, performance, resources, and impact of the health sector and services. Which of these perspectives one holds determines the primary dimension for categorizing the assessment results (scores), and grouping the resulting problems and their definition.
6. The development of the HIS Vision involved some differences of opinion among expat experts as to what a “vision” should look like. We ultimately included all views in a section of the proposal devoted to the vision.
7. Because of the shortage of objective measurements of HIS problems, many of the problem indicators and objectives were stated in terms of the HIS assessment scores, which is a bit worrisome, because of their subjectivity and the need to re-measure them toward the end of the plan period.
8. One of the challenges was to clearly organize the generation and grouping of interventions, first according to the objectives that they address, and subsequently within groups of similar interventions for purposes of implementation.
9. In the first compilation of subgroup interventions across periods, most interventions were proposed to begin in 2009. The infeasibility of this soon became apparent, and each group was asked to revise the implementation phasing to reduce the number of interventions to be initiated in the first two years, and give priority to those interventions that should logically come first.
10. The challenge in Step 9 is to maintain consistency in the degree of detail in activity planning across the component groups.
11. The time required to draft and then finalize the plan document was about six months, but several levels of review were going on at the same time.
12. The core team and steering committee noted the following challenges facing plan implementation at the end of the process:
	1. Transition in national and ministry leadership, changing national and health policies and priorities, and constantly evolving donor support, interests and priorities
	2. The desire to progressively engage the private healthcare providers in disease notification and service reporting, along with adherence to evolving standards of care
	3. The need to mobilize the additional resources required to fund as yet unfunded activities
	4. Updating priorities, standards, and procedures across the HIS and its various subsystems in the face of rapidly changing program strategies and support systems, particularly human-resource development and training
	5. The challenge of integrating data management, analysis, and use across the several principal sources of routine, with periodic data generation (HMIS, DEWS, special program reporting, and the relatively unplanned series of surveys)
13. Principal questions now are: whether the amount of time, national staff effort, technical advisory support, and funding is truly needed to produce a high-quality HIS strategic plan; how often this can be arranged; and can the process be totally self-managed by the Ministry the next time.

**Part II: Second Application of HIS Strategic Planning (2015)**

The possibility to answer question 13 above arose in early 2015, when the Ministry of Health decided to undertake the next five year cycle of HIS strategic planning. The following general characteristics of this second process were:

* It was considered primarily as an opportunity to review the implementation experience of the first plan, and to make revisions to that plan based on achievements, constraints, and changing requirements.
* As such, the process was designed by the Ministry of Health and the MSH LMG project to be very abbreviated in time and effort.
* The process was being carried out after the World Bank had developed their SEHAT (System Enhancement for Health Action in Transition) project, which included a component devoted to HIS and M&E enhancement.
* The leadership of the Ministry of Health and of the HIS cluster of units and subjects was in the process of change, and the intentions of a new director to be responsible for all aspects of HIS functions and development dominated the process.

**Duration**

The majority of the group and subgroup process was carried out in one month (March, 2015), with structured group discussions convened within a two-week period. The review and adjustment of the products generated continued over a number of months. At the end of 2015, the final plan document had not been issued yet by the Ministry, though it is anticipated. Some possible causes of this delay will be explored below.

**Management and Organization**

Again, the management and structure of the HIS strategic plan process involved three groups:

* The HIS steering committee was smaller and more MoH-populated than the one used during the first SP process and early implementation. The steering committee had 12 members, 9 of whom were senior staff of the MOH.
* The core team had only four members: the MOH HIS General Director (a new position and appointment), the HMIS Team Leader (changed since the first plan was produced), and two MSH LMG HIS/M&E advisors.
* The strategic planning review team (similar to the previous HIS stakeholders working group) had 37 members, 31 of whom were from departments and programs of the MOH; the remainder represented donor organizations and projects (UNICEF, WHO, and MSH).

**Steps of the Abbreviated Process.** These essentially constitute the agendas of the two major meetings convened for the process.

Meeting 1 (March 2015) HIS Strategic Planning Review Team:

1. Review progress and status of existing HIS Strategic Plan
2. Update priority HIS gaps and needs
3. Review and revise HIS vision, principles, and desired characteristics
4. Review and revise HIS development objectives, interventions, and products
5. Review and inclusion of SEHAT HIS Plan
6. Adjustment of the Comprehensive HIS Strategic Plan toward priorities

Meeting 2 (One Week Later):

* 1. Review draft sections
		1. Progress and results of the past HIS Strategic Plan
		2. Current priority HIS gaps and needs
		3. Revised HIS Vision, principles of development, and desired characteristics
		4. Revised objectives, priority interventions, products/results
	2. Review and revise strategic planning implementation plan and responsibilities
	3. Confirm availability, needs for funding, and technical cooperation
	4. Define remaining steps and products to finalize the HIS Strategic Plan

**Important Products of the Process**

1. Achievements over the previous plan period
	1. Overall objectives for which there is considerable achievement (citing the achievement)
	2. Achievements of each of the nine priority programs and systems
2. Important current challenges and gaps
	1. Pertaining to overall objectives
	2. Pertaining to the nine specific programs
3. Priority interventions identified for the overall HIS SP and by each program
4. A framework of agreed HIS SP objectives, interventions, expected results, and responsibilities
5. Specific HIS SP Review Team discussions of importance (these led to the sections under chapter IV), Special Topics, shown below in the outline of the plan document.

**Structure and Content of the HIS SP Document**

Chapter I. Introduction

* 1. Background and history of the HIS-SP planning process
	2. Experience with the implementation of the last strategic plan: achievements and lessons learned

Chapter II. Current Situation: Identification of 9 Priority Systems

2.1 Current HIS needs and gaps

2.2 Current priorities (within each department)

2.3 HIS organization development

2.3.1 Current situation

2.3.2 Description of the planned organization

2.3.3 Scope of work of the General Directorate HIS and the proposed structure

Chapter III. The Future

3.1 The HIS Vision, Mission, and Principles of Development and Operation

3.2 The Planned HIS Development Strategy

3.2.1 Development Objectives

3.2.2 Key Interventions and Expected Products

3.2.3 Implementation Plan: Responsible Departments; Schedule

3.2.4 Resource Situation

Chapter IV. Special Topics

4.1 The challenge of implementation

4.2 The challenge of expanding and improving the use of data at all levels

4.3 The various types and uses of monitoring

4.4 The need to better manage the expanding number of mHealth applications

4.5 Health survey planning and management

4.6 HMIS integration

Chapter V. Conclusion

Appendixes A–L

**Comparison of the Two Processes**

The following points are offered as a comparison of the two processes by a technical advisor who participated in both processes.

Strengths and Benefits of the Second Planning Process

1. Given the long duration, expenditure of effort and costs incurred during the first HIS SP process, the MOH and the MSH LMG project agreed that the duration of this planning effort should be considerably shorter and less ambitious.
2. In addition, the Ministry and HIS core group recognized that the ambition, comprehensiveness, and complexity of the first plan should be reduced.
3. This process was seen as an opportunity to review achievements and gaps in implementation, define a smaller set of priorities, and essentially update the earlier plan for more focused attention on fewer priorities.
4. The review of achievements and obstacles in implementation led to recognition and definition of important HIS needs and practices that were not clearly defined and understood within the previous strategic planning components, and that extend beyond and across all objectives and interventions.
5. Many of the supporting materials and products generated during the first strategic planning process were found useful and were fairly easily updated, such as current databases, HIS training courses, priority health problems, services and related indicators, inventory of ongoing HIS development activities, and sources of support.

Challenges and Drawbacks

1. Despite the wisdom of the MOH-MSH concerns expressed above, the process was obviously hindered by the extreme brevity of its duration and the lessor priority given to it because of competing activities, such as the World Bank SEHAT program planning.
2. While the scheduling of the process just as a new Minister was settling in and new appointments to senior positions were being made did not lessen the MOH perception of the importance of the process, it did contribute to constraints.
3. Perhaps the most noticeable was the ongoing definition of a new HIS Directorate and appointment of a General-Director who was not associated before with the HIS system planning and development. Many of the senior MOH staff who supported the HIS SP process were just learning of the new integrated structure of all units related to HIS and evaluation and were not yet on board with it.
4. Thus, it is likely that the new HIS General Directorate was not yet in a position to take on such an ambitious process, which requires extensive consensus-building across all participating departments and donors.
5. The smaller and shorter process was also handicapped by not receiving such extensive external technical advice as before, being essentially limited to local MSH advisors and one external consultant. The risk in this was the possibility that the MSH support was not totally in balance with the views of other projects and donors.
6. A critical assumption being made by the MOH and the USAID/MSH support team was that the previous extensive HIS SP experience stood the MOH in good stead to manage the process this time with far less technical assistance and in a much shorter period. In fact, it was MSH project leadership that fostered the very short process. The MOH would have preferred a longer period of technical assistance from MSH.
7. Despite the passage of time since the initial HMN HIS planning guidance was issued, there has not been a formal assessment of its effectiveness nor consideration of how the obvious ambition of that process might be tempered with more realism and efficiency.



1. <http://www.who.int/healthmetrics/tools/en/>. [↑](#footnote-ref-1)