

The complete RHIS curriculum is available here: <https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum>

**7.1.10**

**Two Examples of National Mechanisms of HIS Coordination and Partnership**

The coordination and maintenance of collaborative partnerships is critical for the development of health-information systems, and for the effective operation and sustainability of important routine health information system/health information system (RHIS/HIS) functions. Below are two national examples in which various approaches to HIS coordination and collaboration were employed.

**National HIS Strategic Planning in Afghanistan**

The approaches used for two successive HIS strategic development plans in Afghanistan are described extensively as a case study in Handout 7.1.6. The importance of a broad set of participants and partners for the success of the planning process was recognized very early in the process. Critical leadership, technical management, and participation were sought from senior management officials within the Ministry of Public Health, directors of all important departments and programs in the health sector, representatives of other sectors also supporting the generation and use of health and population data, institutions with essential health functions, and representatives of donor agencies and their development projects. Coordination across these institutions and groups was enabled by the creation and functioning of the following groups:

* **HIS Steering Committee**. This functioned as an oversight and decision-making body chaired by a deputy minister of public health, and supported by a broad selection of ministry leaders and donor-agency representatives.
* **Core HIS Strategic Planning Technical Team**. The team was led by the director of the HMIS department, and supported by senior technical staff from HIS-related units and technical advisors from ongoing HIS support projects. The team structured, led, and managed the steps of the HIS strategic planning process.
* **HIS Strategic Planning Working Group**. The group consisted of national and external HIS-related officers with technical responsibilities and expertise in subjects of HIS development and operations. As the process unfolded across its planned steps, the working group formed appropriate subgroups for dealing with components of the strategic plan, following agreed formats for interim products.
* **Officers Assigned Specialized Tasks**. Certain planning steps and products required dedicated attention from appropriately qualified staff. They drafted diverse sections of the plan document and developed activity plans, a monitoring framework, cost estimates, budgets, and requirements for donor support. They also formatted and produced the plan document and appendices.

The effectiveness of these groups depended on leadership and oversight by Ministry decision makers and technical managers.

**LQAS-Based Health and Health Service Monitoring System in Uganda**

In 2009, the Ministry of Health of Uganda received technical and financial support from USAID to design, develop, operate, and sustain a health-monitoring system based on district-level surveying of the health situation in sampled communities and households, using the small-sample approach called lot quality assurance sampling (LQAS). Several levels of coordination and collaboration were required to carry this out. Especially important were the cross-ministry coordination at the central level, and the partnerships at the district level, as described below:

* **Central Level.** The main coordination mechanism was the LQAS technical steering committee. This body met periodically to review and guide the development and implementation of the new health monitoring system. Its membership included relevant departments from the Ministry of Health (policy and planning, HMIS, and health-service quality assurance), the Ministry of Local Government (planning and budgeting), representatives of donor agencies and projects, and national institutions involved in training in health monitoring, evaluation, and health-services research (who tailored their M&E courses to build capacity and support the LQAS system).
* **District Level.** The primary offices responsible for health and service monitoring at the district level are the district civil administration office and the district health office. However, other partners were needed to successfully operate the new monitoring process, which includes community LQAS surveys, facility surveys, and intervention planning for service performance improvement. USAID’s LQAS project helped prepare district and facility staff to monitor, analyze and manage data. M&E officers from project implementing partners (IPs) active in the district also participated in training and facilitation. In addition, a cadre of national LQAS facilitators and master trainers were prepared and assigned to support each district process. Moreover, local health NGOs and community representatives were called on to support the processes and the review and response to the findings. The district health office led and managed the process and ensured that activities were funded through district budgets and donor project support.

