REPUBLIC OF RWANDA

MINISTRY OF HEALTH

P.O. Box 84 KIGALI

NATIONAL GUIDE FOR THE HEALTH SECTOR POLICY AND STRATEGIC PLAN DEVELOPMENT

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Acronyms

CME   : Continuous Medical Education

DGPHIS   : Directorate General of Planning and Health Information System

EDPRS   : Economic Development and Poverty Reduction Strategy

HIS   : Health Information System

HRH   : Human Resources for Health

HSSP   : Health Sector Strategic Plan

KAP   : Knowledge, Attitudes and Practices

LFA   : Logical Framework Analysis

MTR   : Mid-Term Review

NHPSP   : National Health Policies and Strategic Plans

PSCM   : Procurement and Supply Chain Management

SMART   :   Specific, Measurable, Achievable, Realistic and Time-bound

SWOT   :   Strengths, Weaknesses, Opportunities and Threats

TWG   :   Technical Working Group

UN   **:**   United Nations

WHO   :   World Health Organization

FOREWORD

The Government of Rwanda developed Vision 2020 and EDPRS with a purpose of accelerating the socio-economic development of its population, among other goals. Similarly, the Ministry of Health responded to the general policy directions and developed national health policies, strategies and plans to provide guidance and ensure coherence with the national health system towards improving its performance for the provision of quality health services.

During the past years, the Ministry of Health has elaborated sound and clear policies and strategies. These guiding documents demonstrate high level commitment to ensure that Health Sector interventions will lead Rwanda to be a middle income country with a healthier and happier population.

In 2012, the Ministry of Health embarked on the development of an overarching third Health Sector Strategic plan (HSSP III) which is aligned to the EDPRS II. It was therefore found necessary to align all the existing documents to the EDPRS II and HSSP III as well as harmonize and align individual sub-sector policies and their strategic plans for effective, efficient and holistic approach in service delivery.

This new approach ensures that all the Health Sector and sub sector policies and strategic plans follow the same structure as proposed in the Cabinet Manual. For that reason, the National Guide for policy and strategic plan development for the Health Sector has been developed.

This guide is intended to be used as a reference by all departments and units in the Ministry of Health and Rwanda Biomedical Center that are involved in the process of developing health sector and subsector policies and strategic plans. The guide will also support a comprehensive process of policy and strategic plan development based on a described, rigorous, collaborative and evidence approach.

Dr. Agnes BINAGWAHO

Minister of Health

0. INTRODUCTION.

For any sector to successfully undertake its mandate to offer quality and efficient services to the population, it is paramount that the sector sets a clear direction through an evidence-based policy that is then translated into a strategic plan that provides further strategic directions that guide the operational/implementation plans. The three have to talk to each other, each being derived from the other in that sequence. However, even in the presence of these three, no achievements can be made until the plans are implemented, monitored and reviewed to ascertain that appropriate progress is being made towards the desired outcome.

A quick assessment on existing policies and strategic plans in the health sector conducted in 2012, shows that there are short falls in the process described above. There were 27 sub-sector policies that often are not derived from the national sector policy and there are situations where there are policies that have not been translated into strategic plans while some strategic plans exist without their corresponding policies. Equally, there was poor alignment of policies and strategic plans to HSSP and EDPRS regarding their timelines. The circumstances have not been made any easier by the absence of a common reference guide/manual for policy and strategic plan development.

Recently, a Ministerial decision was taken to merge batches of sub-sector policies, a process that would reduce the number of sub-sector policies from 27 to 14. This process and subsequent efforts towards policy and strategic plan development will benefit from proper guidance, which is the reason why this national guide for health sector policy and strategic plan development for the health sector in Rwanda has been developed.

This guide is intended for use as a resource by all key stakeholders in the health sector, both public and non-public sector, including the partners that will be involved in the process of developing policies and strategic plan. A comprehensive process of policy and strategic plan development is described and if followed will support a rigorous, collaborative and evidence based approach to policy and strategic plan development in the health sector in Rwanda. The guide explains the key aspects to be addressed while developing the health policies and strategic plans in terms of content and process. It provides the details under each component to ensure a systematic approach to policy and strategic plan development also provides the formats for both the policy and strategic plans.

2. DEFINITIONS.

2.1. Policy.

There are numerous definitions of policy (WHO/AFRO, Merriam Webster Dictionary, Oxford Dictionary, Wikipedia Encyclopaedia) but taking into consideration the best elements from these definitions, policy can be defined as a formal statement of intent which defines priorities and parameters for action in response to needs and in context of available resources and other considerations to guide and determine present and future decisions aimed at achieving rational outcomes. Everything action is therefore expected to derive its rationale from this policy.

Planning:

Planning is a systematic process of identifying and specifying desirable future goals and outlining appropriate courses of action and determining the resources required to achieve them.

2.2. Strategic Plan.

A strategic plan can be defined as a document that communicates the envisioned desired future, translated into broadly defined medium to long-term goals and objectives, set priorities, expected results and targets as well as the means to be used to achieve them. It is, thus, about setting a direction for the organisation, institution or program, devising goals and objectives and identifying a range of strategies to pursue so that the organisation might achieve its goals. It is important to note that the strategic plan does NOT stipulate the day-to-day tasks and activities involved in running the organisation, institution or program.

2.3. Operational plan.

Operational plans, also known as implementation plans, are the detailed actions that are identified to achieve the intended results of the strategic plans. It indicates what is to be done, when it is to be done, who will do it, how it will be done and how one will track progress to the desired targets. It also provides the budget for each action.

Figure 1:   Relationship between Policy, Strategic Plan and Operational Plan
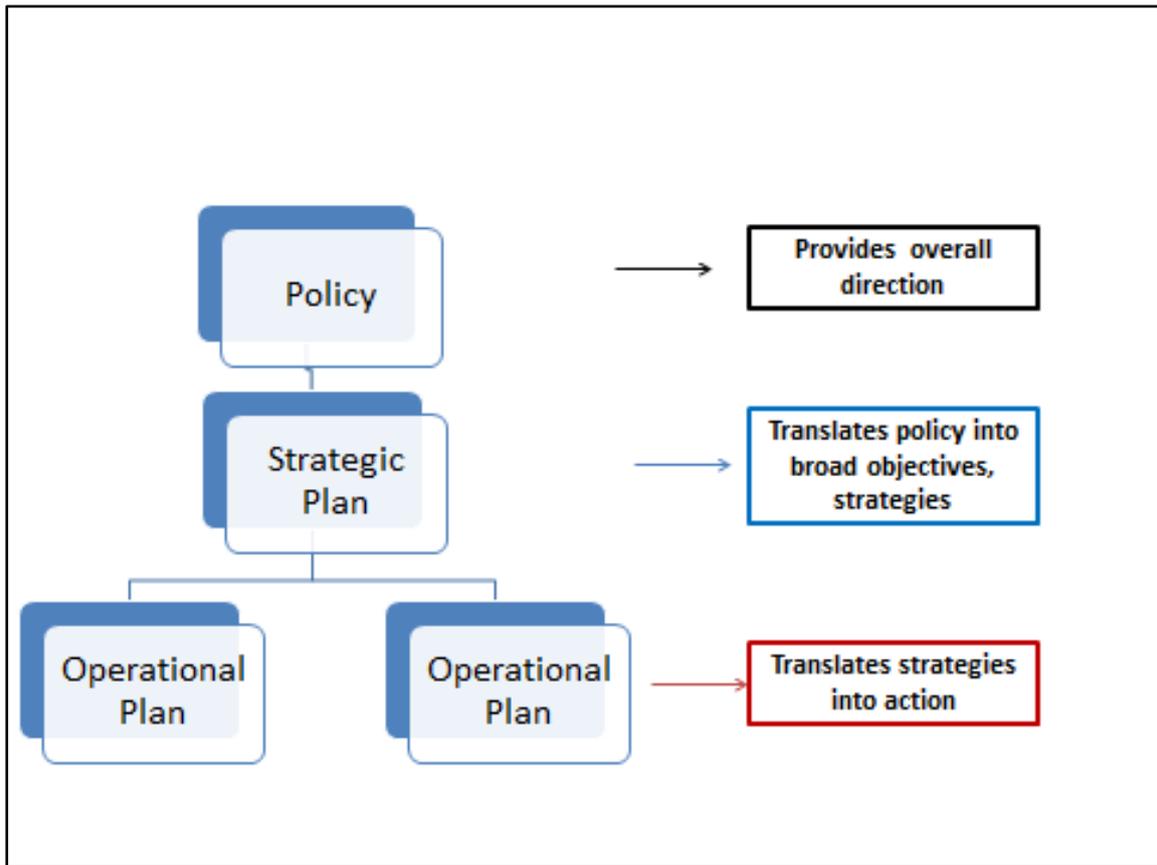
To understand the linkage between the policy, strategic plan and operational plan, one needs to grasp the notion of a sound national policy and plan process as shown in the framework in the figure below:

Figure 2:   Sound Health Policy and Strategic Plan Process
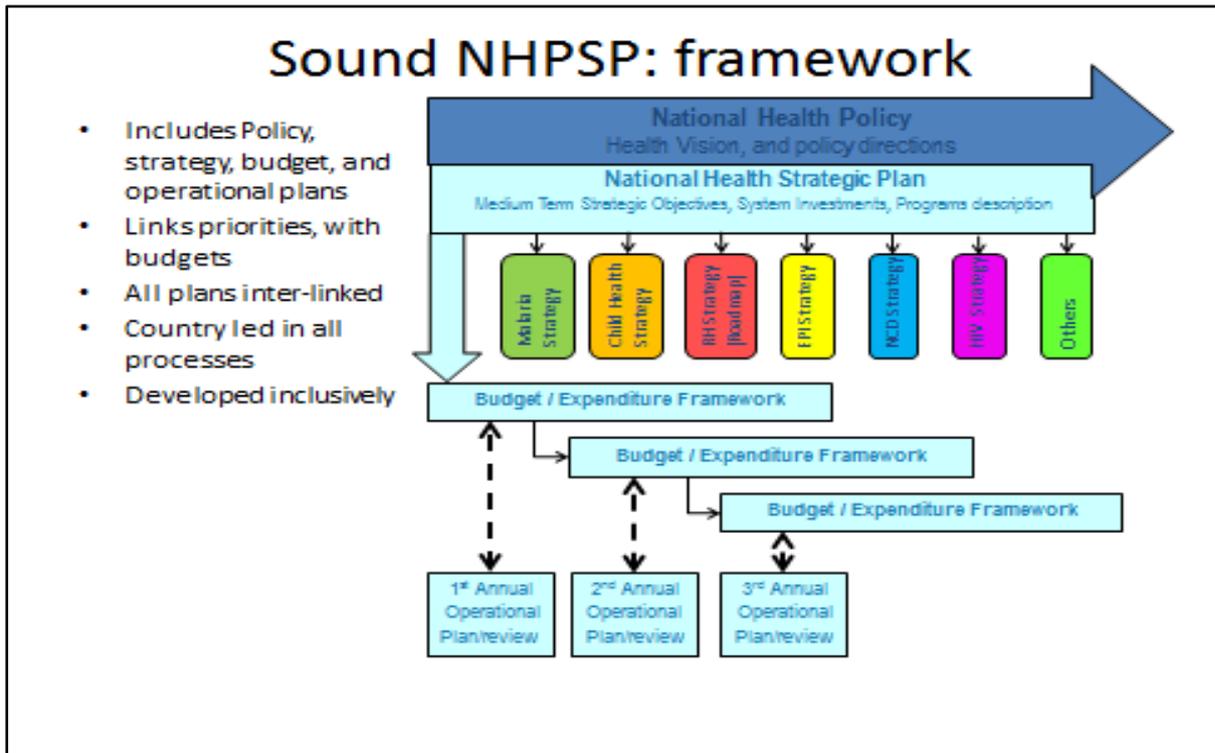
Ideally, the national health sector policy provides reference to the national health sector strategic plan, which in turn informs the program strategies. With the budget and expenditure framework, the program strategies are then translated into actionable annual operational plans. Hence, the sequence in development of these documents should be to start with a policy, then develop a strategic plan and finally an operational plan.

3. GUIDING PRINCIPLES.

-   The process should be as consultative and participatory as possible, involving all key stakeholders including beneficiaries and decision-makers, among others. Undertaking effective stakeholder management and consultation throughout the policy and strategic plan development process is critical to producing a policy and plan output that is comprehensive, well informed, and implementable.
-   The process should not be rushed and should be comprehensive and thorough
-   Development of these documents must have a strong evidence base
-   The entire process should be clearly documented, including methodologies used
-   The process should have a clear peer review mechanisms
-   The documents must be well disseminated and communicated to all stakeholders
-   These documents are developed for a clear and strong cause: solving a given problem.

4. PROCESS AND STEPS IN POLICY, DEVELOPMENT.

4.1. ESTABLISHMENT OF COORDINATION STRUCTURE

The development of a policy is a very important business as all else depend on how good the policy is developed. As such it is advisable to set up an oversight committee for the whole process. It should be a multidisciplinary team from key stakeholders with clear Terms of Reference. For the sector policy, the team could be constituted from members of the senior management team of the Ministry of Health, while for a sub-sector policy, the team could be constituted from the senior members of the appropriate department in the Ministry of Health. However, in each case, the oversight committee would be responsible to the Top Management of the Ministry of Health. If there already exists a sector coordination committee, the work of the oversight committee should be validated by the sector coordination committee before being presented to Top Management of the Ministry of Health.

Equally, various technical working groups (TWGs) would be set up depending on the thematic areas that the policy is developing. Clear terms of reference would need to be developed to guide the work of these TWGs. The TWGs should be chaired by the Ministry of Health officers (Heads of departments for the sector policy and heads of divisions for the sub-sector policies) while being co-chaired by partners or other key stakeholders. The constitution of the TWGs should ensure wide involvement of the stakeholders while at the same time ensuring appropriate representation of necessary expertise.

The Planning Department will be the secretariat of the oversight committee for the sector policy while the relevant department will be the secretariat of the oversight committee for the sub-sector policy being developed. In either case, the Directorate General of Planning and Information System(DGPHIS)would ensure relevance, consistency and respect of the relevant guidelines. The secretariats should prepare the draft terms of reference for the working groups and the oversight committees which should then be approved by the sector coordination committee. The TWGs should develop an appropriate plan of action for their work and share with the secretariats indicating the resources required so that the necessary funding can be availed.

4. 2. SITUATION ANALYSIS.

Once the coordination teams are in place and have been oriented on their terms of reference, the next important step is to undertake a situation analysis. The analysis aims at understanding the status of the issue at hand, the performance of the six building blocks of

the health system in regard to the issue at hand, the trends and the underlying causes, the stakeholders, as well as beneficiary and socio economic/cultural issues and to identify the priority problems and the major potential challenges in addressing them while at the same time providing baseline information for future monitoring and evaluation purposes.

4.2.1. Check list for situation analysis.

The situation analysis should be systematic and comprehensive and could use the following as a check list:

Understand the population and service environment

- Scan the environment
- Profile the population
- Profile and understand the health status of the population
- Profile the geographical context
- Profile the health status
- Profile current service arrangements
- Profile service activity (current and projected)

Identify the health service needs

- Identify health issues (current and projected)
- Identify health service issues (current and projected)
- Develop an approach to categorise and analyse needs.

There are many different methods that can be used to undertake a situation analysis but the starting point should be to identify information and data that already exists and the gap of information and data that may be required but not already available. Hence the methods will include:

- Review of literature including policies, strategies, reports, studies, surveys, census, papers, etc.
- Sector reviews and evaluations
- Program reviews and evaluations
- Review of available data
- New assessments, studies
- Interviews
- Focus group discussions

Techniques for Situation Analysis.

A number of techniques could be used to further evaluate the situation. They include, among others, the SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis, stakeholder analysis, analysis of health systems strengthening building blocks and problem analysis.

4.2.2. Strengths Weaknesses Opportunities and Treats (SWOT) analysis.

While the above methods will yield information and data, a SWOT analysis can be undertaken to evaluate the strengths, weaknesses, opportunities and threats of the sector or sub-sector as the case may be. The SWOT elements are described in the table below.

Table 1:   SWOT Table

Strengths:	Weaknesses:
characteristics of the organization/institution/program that give it an advantage over others	*characteristics that place the organization/institution/program at a disadvantage relative to others*
Opportunities:	**Threats:**
external chances to make greater success for the organization/institution/program	*external elements in the environment that could cause trouble for the organization/institution/program.*

4.2.3. Stakeholder Analysis.

A stakeholder analysis is an analysis of the actors and their influence in the Policy process and its implementation. It helps to understand who is doing what and why, the comparative advantages of each and helps determine who should do what and how. Comprehensive stakeholder identification and analysis is essential to ensure all relevant stakeholders are considered and their role in the policy and its implementation is understood. Stakeholders include those groups, persons or institutions that are likely to affect or to be affected by the policy outcomes. There are of four categories: 1) primary stakeholders who are those affected by the work; 2) secondary stakeholders who are those that affect the work; 3) key stakeholders who can directly influence, or are important to, the work; 4) external stakeholders who are those that are interested in the outcome but who are not directly involved. Stakeholders can include service providers, service users, governments, and private, non-government and community groups/individuals.

Some key questions that can help you understand your stakeholders are:

- What financial or emotional interest do they have in the outcome of your work? Is it positive or negative?

- What motivates them most of all?

- What information do they want from you?

- How do they want to receive information from you? What is the best way of communicating your message to them?

- What is their current opinion of your work? Is it based on good information?

- Who influences their opinions generally, and who influences their opinion of you? Do some of these influencers therefore become important stakeholders in their own right?

- If they are not likely to be positive, what will win them around to support your project?

- If you don't think you will be able to win them around, how will you manage their opposition?

- Who else might be influenced by their opinions? Do these people become stakeholders in their own right?

Tools and approaches used:

The stakeholder analysis may involve use of various tools and approaches such as:

- Guided desk review
- Informant interviews
- Stakeholder meeting
- Survey of individuals
- Focus groups
- Workshops
- Service availability mapping
- Mapping: e.g. power, etc.

Finally the stakeholders after analysis can be mapped on the 4-quadrant grid as shown in the figure below.

Figure 3:   Stakeholder Analysis Grid
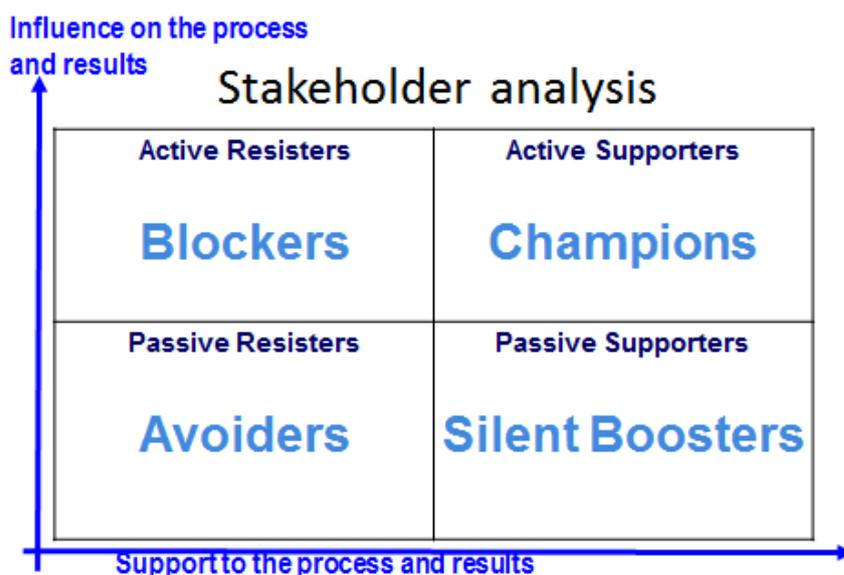
The quadrant in which the stakeholder is positioned shows you the actions you have to take with them:

- **Champions:** High power, interested people: these are the people you must fully engage and make the greatest efforts to satisfy.

- **Blockers:** High power, less interested people: put enough work in with these people to keep them satisfied, but not so much that they become bored with your message.

- **Silent boosters:** Low power, interested people: keep these people adequately informed, and talk to them to ensure that no major issues are arising. These people can often be very helpful with the detail of your project.

- **Avoiders:** Low power, less interested people: again, monitor these people, but do not bore them with excessive communication.

4.2.4. Assessment of health systems strengthening building blocks

For analysis of the sector or sub-sector, a systematic assessment of the performance of the health systems building blocks and their effect on the performance of the sector and the programs will identify the health system gaps that may need to be addressed. This analysis is based on WHO Framework for strengthening health systems to improve health outcomes. The figure below shows the 6 building blocks and their linkage to intermediate health system objectives (increased access and coverage and improved quality and safety of health

services) and the ultimate goals health system goals (improved health, responsiveness, social and financial risk protection and improved efficiency)

Figure 4:   *WHO Health Systems Framework*

THE WHO HEALTH SYSTEM FRAMEWORK

SYSTEM BUILDING BLOCKS

OVERALL GOALS / OUTCOMES

SERVICE DELIVERY

HEALTH WORKFORCE

INFORMATION

MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES

FINANCING

LEADERSHIP / GOVERNANCE

ACCESS
COVERAGE

QUALITY
SAFETY

IMPROVED HEALTH (LEVEL AND EQUITY)

RESPONSIVENESS

SOCIAL AND FINANCIAL RISK PROTECTION

IMPROVED EFFICIENCY
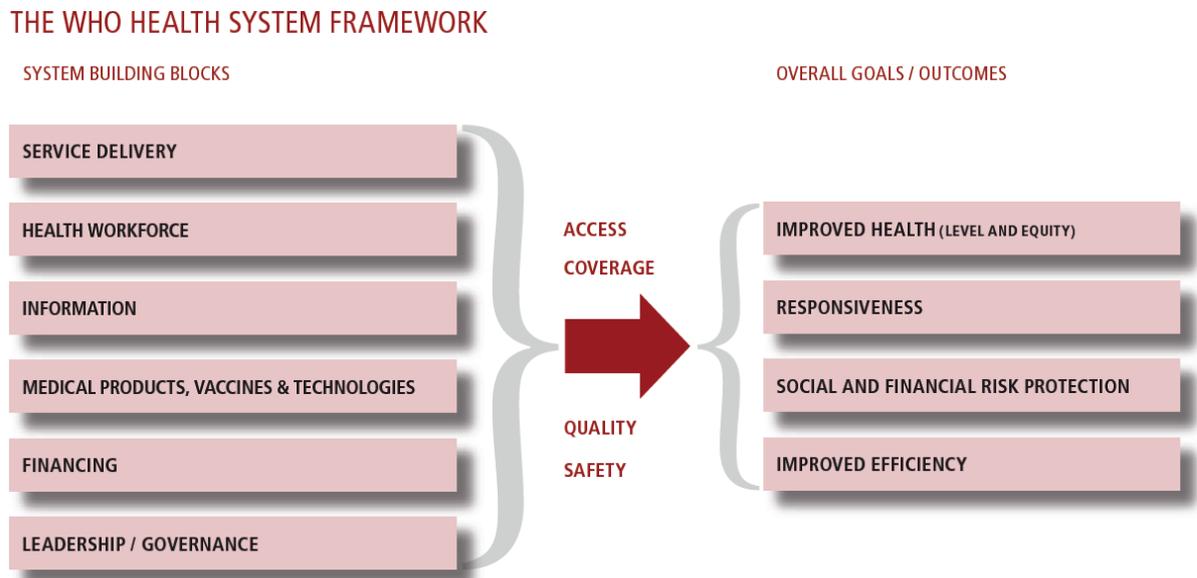
Source: *WHO (2007): Everybody's business. Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action.*

For each building block, a check list is provided below that can be used for thorough assessment.

Service Delivery:

1. Availability
2. Accessibility
3. Demand (understanding the user's perspective, raising public knowledge and reducing barriers to care – cultural, social, financial or gender barriers)
4. Utilization
5. Infrastructure
6. Logistics
7. Management
8. Quality and safety
9. Delivery model/approach (in line with population health needs; barriers to the equitable expansion of access to services, and available resources such as money, staff, medicines and supplies)
10. Efficiency
11. Community participation

Human Resource for Health(HRH):

1. Norms and standards
2. Quantity
3. Quality
4. Distribution
5. Skill mix
6. Competency
7. Production
8. Deployment (recruitment, allocation)
9. HR information system
10. Retention
11. Motivation
12. Education including Continuous Medical Education (CME)
13. Regulation

Health Information System(HIS):

1. Production: To what extent is population and facility based data generated?: Examine the sources like censuses, household surveys, civil registration data, public health surveillance, medical records, data on health services and health system resources (e.g. human resources, health infrastructure and financing)
2. Analysis: assess individual and institutional capacity for data analysis (tools, methods, equipment and human resources (HR))
3. Dissemination: availability of reports, periodicity of reports, timeliness of reporting
4. Quality: Are the data accurate, reliable and timely?

Assess the capacity to detect, investigate, communicate and contain events that threaten public health security at the place they occur, and as soon as they occur and the capacity to synthesize information and promote the availability and application of this knowledge.

Medical products, vaccines and technologies:

1. Policies
2. Regulations
3. Procurement, supply chain management (PSCM)
4. Quality
5. Safety
6. Efficacy
7. Cost-effectiveness

8. Rational use

Health Financing:

1. financing strategy
2. Sources of funding and their status
3. Trends in health financing
4. Efficient use of resources
5. Transparency and accountability in health financing systems
6. Tracking of funds and expenditure
7. Generating information on health financing
8. Resource mobilization
9. Risk pooling

Leadership and Governance:

1. Availability of strategic policy frameworks
2. Effective oversight
3. Coordination and partnership including coalition building
4. Provision of appropriate regulations and incentives
5. Accountability.

4.2.4. Problem analysis.

Problem analysis helps identify the problems and their root causes. Without understanding the root causes, it would be difficult to efficiently address the problem. This analysis can be undertaken using various approaches including the problem tree and the cause-effect analysis (fishbone).

Problem tree:

1. Brainstorm on the problems.
2. Each problem cited or listed is written down on a card (one problem per card).
3. The cards are ranked for priority. The key question for ranking is: which of these problems is the core problem, the problem that creates many other problems and has the most important effects on the desired outcomes.
4. The problem cards are arranged in the form of a tree, with the consequences of the core problem at the top and the factors underlying the core problem below it.

The problem tree shows cause-effect relationships and provides a basis for discussion on which problems have to be dealt with in order to solve the core problems and to which extent these can be influenced

Below is a figure that illustrates the principles of the problem tree analysis.
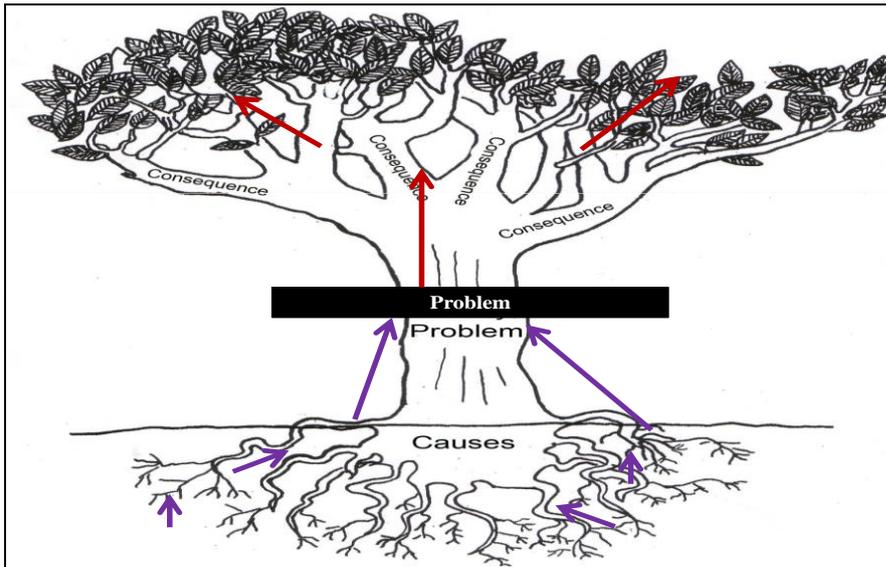
Cause-effect analysis (Fishbone).

This technique helps to study a problem/issue to determine the root cause.

1. Use an idea-generating technique (e.g., brainstorming) to identify the factors within each category that may be affecting the problem/issue and/or effect being studied

2. Repeat this procedure with each factor under the category to produce sub-factors. Continue asking, "Why is this happening?" and put additional segments each factor and subsequently under each sub-factor.

3. Continue until you no longer get useful information as you ask, "Why is that happening?"

4. Analyze the results of the fishbone after team members agree that an adequate amount of detail has been provided under each major category.

5. For those items identified as the "most likely causes", the team should reach consensus on listing those items in priority order with the first item being the most probable" cause.

Below is an figure of fishbone approach
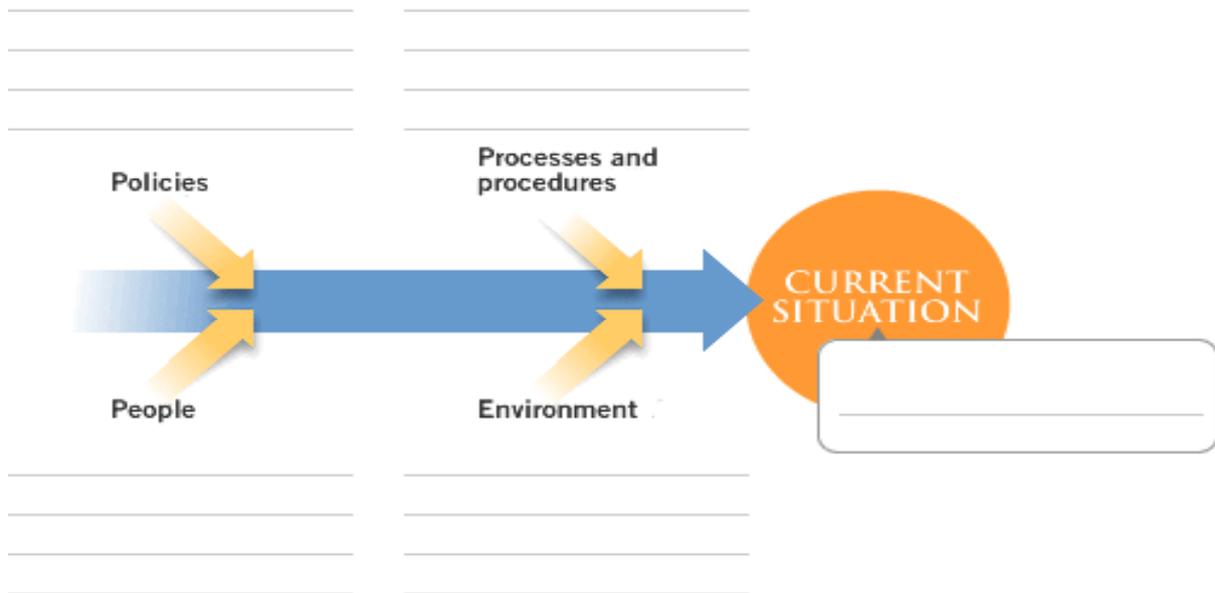
4.3. POLICY ORIENTATION.

4.3.1. Vision

A vision is a picture compelling and challenging future that a society, organization or an individual would like to create sometime in the future. A long-term vision on the preferred future health of the nation should be clearly stated taking into account the national context. Examples could be "Rwanda becoming a nation with a healthy, disability-free and productive population", "Rwanda, a nation with adequate, productive and efficient health workforce".

Elaboration of a vision

The methodology places great emphasis on shared vision. Sector or sub-sector health teams should develop a vision of health that captures the wishes and aspirations of the people and is in line with the larger national vision for socio-economic development.

Like other key aspects of the process, the vision statement should be formulated with cooperation from stakeholders. Drafting the vision statement could follow the following steps:

1. Reviewing the SWOT analysis
2. Formulating stakeholders' aspirations with regard to the health system
3. Identifying the key elements of the vision
4. Debating these key elements
5. Generating ideas to link the various elements together, and
6. Formulating a statement that ties everything together.

4.3.2. Mission

The mission is a statement of why the organization/institution or program exists. It is, therefore, an expression of the purpose of the organization/institution or program. This is what the organization/institution or program does. The mission does not state an outcome and contains no time limit or measurement.

The mission aims at addressing the following 4 questions:

1. **What do we do?** : defines the needs of the populations to be served and specify which of those needs the organization/programs intends to address.

2. **Whom do we serve**? : define the target population

3. **How do we do it?** : the means, resources, or strategies by which the organization intends to reach its goals.

4. **Why do we do it?**: the basic reasons behind the organization's decision to do what it does.

An example could be "The Ministry of Health provides quality and efficient health services to all responding to the population's needs using the primary health care approach to attain universal health coverage".

4.3.3. Guiding principles and values of a national health policy

A policy should identify the values that are cherished by the organization/institution or program and the principles that are essential to guide the choices.

Core values

Core values are the fundamental beliefs of an organization that dictate behaviour and action. They help to determine what is right from wrong in the operations and business of an organization

Examples: respect of human rights; ethics; honesty

Guiding Principles:

Guiding principles are parameters that guide the successful and sustainable implementation of the policy.

Examples: promotion of equity; ensure women empowerment; Adoption of patient centred approach to service delivery; partnerships and collaboration

4.3.4. Goals.

The goals describe ideal states or results to be achieved in the future (long-term) that are in line with the set vision and mission. Goals represent the critical priorities of the institution. Achieving the goals should help the organization to better realize it's mission and to move towards it's vision.

4.3.5. Development of General policy Objectives.

Policy objectives describe what one aims to do to achieve the set goals. They are specific, measurable, achievable, relevant and time-bound (SMART). These should be established in relation to priority health needs identified in the situation analysis.

The problem tree and the cause-effect analysis techniques show cause-effect relationships and provide a basis for discussion on which problems have to be dealt with in order to solve the core problems and to which extent these can be influenced. The problem tree is then converted into an objective tree where each factor in the problem tree is reformulated in terms of an improvement desired and arranged in a form similar to the problem tree. The result is the objective tree, showing how solutions to the problems are related to each other.

4.3.6. Development of policy Directions .

The priority interventions should be determined in relation to previously stated priorities. These should reflect for each policy objective what strategic direction needs to be pursued in order to achieve that particular objective. To reinforce health services, emphasis should be made on issues of finance and financing mechanisms, aspects of human resources, health services organization and management, strengthening health information system and promoting research to guide decisions and to improve the health system's performance.

To provide an example, if one of the priorities is access to health services, the policy objective could be "to improve access to quality services for all the Rwandan population" and the possible priority directions could be that the Government of Rwanda shall:

1. Ensure delivery of a minimum health service package
2. Strengthen health infrastructure
3. Promote use of modern technology
4. Ensure high standards of health practice
5. Ensure availability of adequate and motivated workforce

Such priorities, if implemented, would contribute to the achievement of the policy objective of improving access to quality services for all the Rwandan population.

4.5. GOVERNANCE FRAMEWORK.

Whereas a sound policy or strategic plan is a right step in the right direction, it remains useless until it is implemented and realizes its aim only if and when results are achieved. To enable this to happen, it is important to develop a governance framework that brings all stakeholders' efforts together.

The governance framework should describe how the policy will be implemented. In particular, the implementation of the policy will be done through an appropriate sector or sub-sector strategic plan. The process of developing an implementation framework should be as participatory as possible involving all key stakeholders and should best be initiated after the plan objectives have been defined. However, the stakeholder analysis already will have provided significant relevant information to enable identify potential roles the different stakeholders may play.

In this framework, the following should be highlighted:

4.5.1. Organization & Management of sector or sub-sector to deliver results

4.5.2. Management and Stewardship structures

4.5.3. Partnership and coordination structures:

Brief description of the structures, institutions, strategic partners (development partners, implementing partners, line ministries, etc.), individuals, households and other actors should be provided including their roles, responsibilities and their inter-relations.

4.5.4. Monitoring& Evaluation and accountability mechanisms

For the policy to achieve its desired goal and objectives, it is important to have a mechanism in place that can track the progress being made towards these objectives and being able to take appropriate corrective action early enough to get back on track. For that matter a clear monitoring and evaluation framework for tracking progress on the implementation of the policy is required.

The monitoring and evaluation framework should address monitoring and evaluation needs including:

1. Monitoring of programme inputs, processes and results, required for management of health system investments;
2. Health systems performance assessment, as the key for country decision making processes; and

3. Evaluating the results of the health reform investments and identify which approaches work best.

The framework, as shown in figure 5, is based on the results chain, showing linkage between inputs, outputs, outcomes and impact. The framework facilitates the identification of indicators and data sources, provide tools and guidance for data analysis, and show how the data can be communicated and used for decision-making.

Figure 5:   Framework for Monitoring and Evaluation of Strengthening Health Systems
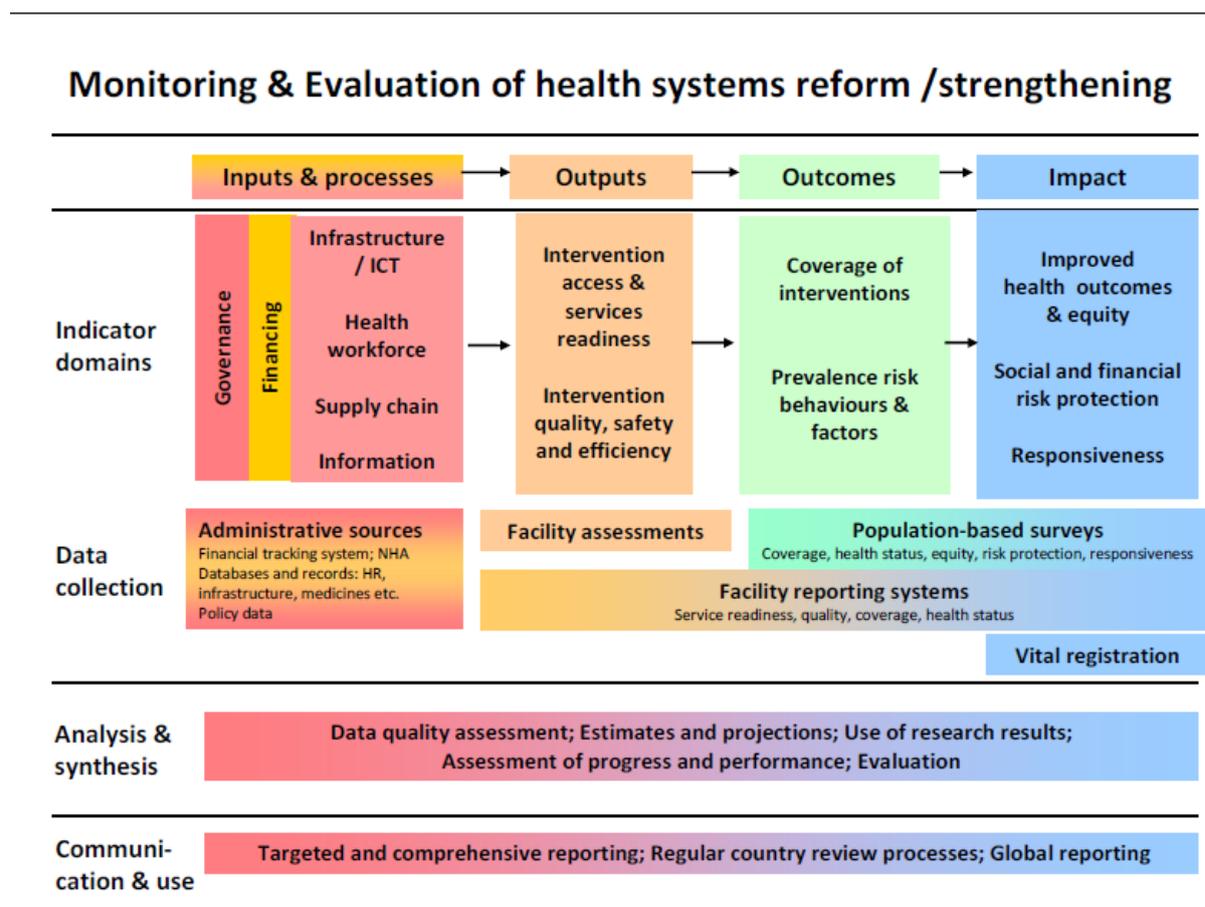
In the policy, the monitoring and evaluation framework should give a brief description on the following:

1. Identification and agreement on a core set of indicators
2. Sources of data
3. Roles and responsibilities of stakeholders
4. Methods for data collection and analysis
5. Reporting mechanisms and periodicity
6. Data quality assessments and improvement
7. Periodic reviews – annual, mid-term review (MTR), End review.

5. PROCESS AND STEP IN STRATEGIC PLAN DEVELOPMENT.

The content of the strategic plan should be informed by the processes of the policy
 development. Hence, the vision, the situation analysis and priorities will be similar.

5.1 EXECUTIVE SUMMARY.

The executive summary of the strategic plan should contain brief and concise data and
information about:

1. Where we are and what do we want/ where we want to be?
2. What are we going to do and how this is different than what we used to do?
3. What will this get us (numbers in terms of life benefits (deaths and or infections
   averted…) at what cost and in how much time?
4. Who will be doing it? (implementation arrangement/governance)

5.2. DECIDING ON THE OVERARCHING GOALS

Under this chapter, we produce the overarching goal (as described in the policy that
governs this strategic plan) and add a paragraph that describes the process of how the
strategic plan has been developed. The storyline under this chapter is as follow:

1. Overarching goals (in alignment with policy orientation)
   Linkages to the policy and to other national development frameworks like EDPRS
   and the political manifesto as well as to relevant commitments globally

2. Process for SP development:

   Process of how the strategic plan has been developed and the layout of the strategic
   plan document.

5.3. SITUATION ANALYSIS

Refer to the situation analysis in the policy document and summarize aspects related to data
/information on strategic issues. If the development of the strategic plan follows
immediately after the policy has been developed, the situation analysis should still be
applicable to the strategic plan. For some reason, if considerable time has passed since the
situation analysis was made, it may be necessary to update the situation analysis with new
information and data.

The chapter on situational analysis should keep emphasis on elements relevant to the goals
layout in the strategic plan. Understanding where the country is in terms of the outcomes,
and what levels of services (i.e. inputs, activities) have been contributing to the outcomes

achieved so far. Depending on the complexity of the program and the information/data available, the information and data under this chapter is grouped and flow as:

1. Context, (socio-economic and political context)
2. Health and services status
3. Recent achievement, Gaps and key health issues.

Using methodologies stated in Situation analysis of the policy, you may come up with a big situation analysis report which can be kept as a separate document. What needs to go in the Strategic plan document is the summary of the current situation, recent achievements and challenges or gaps/areas that need to be addressed.

5.4. VISION, MISSION AND KEY STRATEGIC OBJECTIVES

The vision and mission section in the strategic plan should well align the vision and mission statements defined in the policy that governs the strategic plan. This chapter will include definition of SMART outcomes/objectives to be achieved by the program over its defined lifespan (e.g.5 years), in line to the broader strategies of Rwanda (HSSP, EDPRS, Vision 2020, other political priorities or commitments). Below are major sub-titles under this chapter

1. Vision
2. Mission
3. Key strategic objectives with numerical targets

5.5. COMPREHENSIVE STRATEGIC FRAMEWORK

This chapter has 2 major components:

1. **Universe of possible interventions** (describes the long list of relevant interventions to address the identified strategic problem (e.g. disease) tackled in the strategic plan) according to the strategic objective and direction, hence the need to harmonize them with the policy orientations already pronounced in the policy. Strategic interventions should aim at addressing the underlying causes. Hence a clear cause-effect analysis should inform the choice of the strategic interventions. The latter must be appropriate address the priority problems and risks effectively, coherently and efficiently in a manner suited to the local context; and feasible –able to be implemented in the local context and with the resources expected to be available

2. **Choice of what we will do and not do, and why** (based on impact/cost discussion). Note that, the strategic planning process is defined as choice of ''what we will do

(interventions with high impact, reasonable cost)'' and what we will stop to do (interventions with low impact, high cost)''. Briefly this chapter will have three major sections;

- Definition of the initial log frame of activities.
- What is working? (The past to be continued) and what is not working? (The past to be abandoned/discontinued)
- What will be the end-state impact of what we have chosen to do in numbers in terms of estimated life benefits (deaths and or infections averted…). Depending on the complexity of the program and information available, the impact calculation can be particularly challenging and very hard for the support systems.

5.6. RESOURCING PLAN (COSTS, PEOPLE)

Based on the strategic interventions chosen in the strategic plan, it is vital to assess the needs of the various resources that will be required to undertake the interventions. It should take into consideration what already exists, what additional resources will be required over the period of the plan, implications for maintenance and depreciation of infrastructure and equipment, as well as taking into consideration operational and overhead resource requirements.

Below are the questions for consideration during resourcing plan.

1. How much would that cost to do what is decided in chapter ?
2. What is the range of budget we estimate to have?
3. Based on how good is the impact of the initial log frame of activities when compared to the programs' goals, on how reasonable the cost of those activities is when compared to what we estimate to get in terms of funding, and finally based on what are the most cost effective interventions, review initial log frame of activities to create the realistic, ambitious, and cost effective scenarios.

5.7. IMPLEMENTATION AND RISK MITIGATION PLAN.

5.7.1. Governance, coordination and implementation arrangement

a. Who will do what and when.
b. How to mobilize resources? (What are the potential sources of funding? How to guarantee that the NSP will translate into operational plans?

5.7.2. M&E Plan.

In addition to the description of the monitoring and evaluation framework as seen under the policy section, the mechanisms for monitoring and evaluation should be clearly provided. This should includ

      a. What are the indicators

      b. Periodicity for indicator monitoring

      c. Sources of data and methods of data collection

      d. How will we measure progress, plan for strategic plan refreshment

      e. How will we learn and adjust from what we measure

      f. Periodicity of reviews and evaluations (annual reviews, mid-term reviews, end evaluation).

To ensure that monitoring and evaluation is facilitated, a monitoring and evaluation plan should be developed indicating the activities to be undertaken, when and by whom. This plan should be costed and the cost of the plan included in the overall cost of the strategic plan. Such monitoring and evaluation plan can be annexed to the strategic plan.

### 5.8. RISKS AND ASSUMPTIONS

5.8.1. Risk Analysis

It is very important to understand the risks associated with the implementation of the strategic plan so that one identifies those that can be avoided and those that can be mitigated so that this is taken into consideration. Risk analysis refers to analysis of factors which may influence the implementation of the plan and hence the achievement of objectives. It is, therefore, necessary to

1. Identify both internal and external risks
2. Identify alternative strategies that may be needed to manage the risk.

The figure below demonstrates the type of action to take given the nature of the risk. If the risk has a low consequence and its likelihood to happen is low, the risk can be ignored; If the risk is of minimal consequence but the likelihood of its happening is high, then the risk should be managed and monitored; where the risk is of high consequence but its likelihood of happening is low, the risk needs to be managed and monitored; however where the risk has high consequences and high likelihood to happen, it may call for extensive management and monitoring of the risk or even re-design of the plan.

Figure 7:   Risk Management:
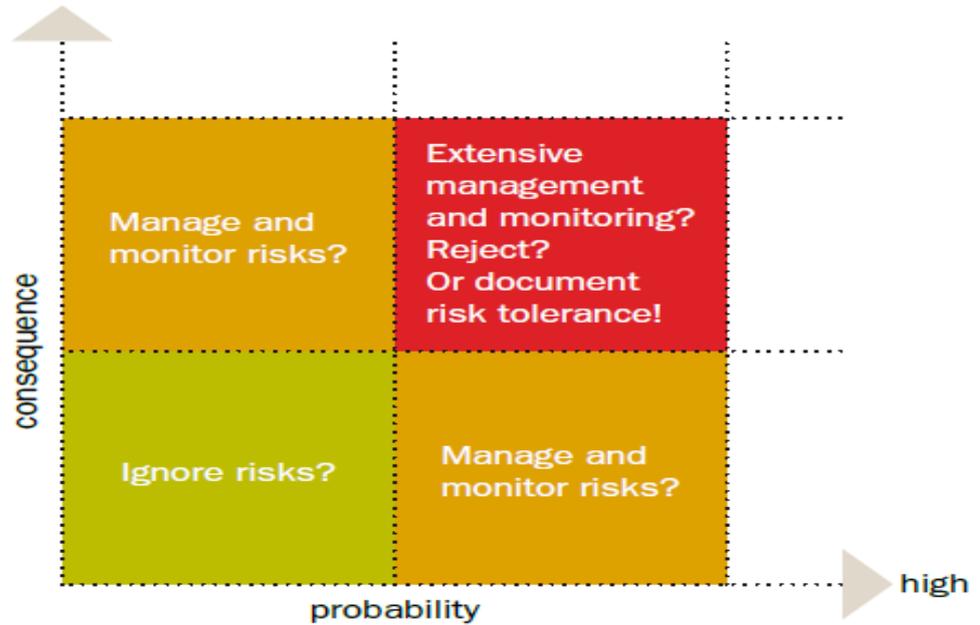
5.8.2. Analysis of Assumptions.

Assumptions describe situations and conditions, which are necessary for project success, but which are largely beyond the control of the project management. In order to make realistic assumptions, it is vital to look at the institutional context in a country (e.g. laws, political commitments, trends in financing and nature of projected financing, etc.). The assumptions can be considered at each level of objective (Output, outcome and impact)

Examples: Delivery in time of equipment; at least five of the trained personnel stay within the company for 5 more years; prevailing stable political situation.

5.9. CONCLUSION.

6. ANNEX

6.1. OUTLINE FOR THE HEALTH POLICY.

1. Introduction (mostly about providing context)
2. Situation analysis
   a. Understand the population and service environment
   b. Health Profile needs and priorities according to building blocks
   c. Challenges and gaps
3. Policy orientation
   a. Vision
   b. Mission
   c. Guiding principles
   d. Goal and Policy Objectives
   e. Policy Directions
      - Relation to policy objectives and system building blocks
4. Governance framework
   a. Organization & Management of sector or sub-sector to deliver results
   b. Management and Stewardship structures
   c. Partnership and Coordination structures
   d. M&E and accountability mechanisms
5. Conclusion
   a. Government commitment, and orientations
6. Bibliography, and Annexes

6.2. OUTLINE FOR THE HEALTH STRATEGIC PLAN

1. Executive Summary

- Where we are and what do we want/ where we want to be?
- What are we going to do and how this is different than what we used to do?
- What will this get us at what cost and in how much time?
- Who will be doing it

2. **Overarching goals**

- Linkages to the policy and to other national development frameworks
- Process for SP development

3. Situation Analysis

- Context (Socio-economic and political context)
- Health and services status
- Recent achievement, Gaps and key health issues

4. **Vision, Mission, Key Strategic objectives**

- Vision
- Mission
- Strategic Objectives

5. **Comprehensive strategic framework**

a. Possible interventions

b. Choice of what we will do and not do, and why (based on impact/cost discussion):

- Definition of the initial log frame of activities .
- What is working?
- What will be the end -state impact of what we have chosen to do

6. **Resourcing plan (Costs, people)**

a. How much would that cost to do what is decided?
b. What is the range of budget we estimate to have?
c. Based on how good is the impact of the initial log frame of activities when compared to the programs' goals?

7. **Implementation and risk mitigation plan**

a. Governance, coordination and implementation arrangement (Who will do what and when, How to mobilize resources)
b. M&E Plan

8. Risks and Assumptions

a. Risk analysis

b. Analysis of Assumptions

9. Conclusion