



Ministry of Health

# Health Information System Strategic Plan 2019-2023

.....  
**Jordan**

.....  
September 2019

The Ministry of Health gratefully thanks World Health Organization Office in Jordan, for supporting the review and development of "Health Information System Strategic Plan 2019 - 2023" in the Hashemite Kingdom of Jordan.



Ministry of Health

# Health Information System Strategic Plan 2019-2023

Department of Studies and Information  
Institutional Development and Quality Directorate  
In the Hashemite Kingdom of Jordan





His Majesty King Abdullah II



## » Table of Contents

<b>List of Abbreviations</b> .....	6
<b>Executive Summary</b> .....	9
<b>Introduction</b>	
Overview of Jordan’s health care system .....	8
Overview of Jordan’s Health Information System .....	8
Health Information System data sources .....	10
Prominent health data users .....	11
<b>Assessment of Jordan’s Health Information System</b>	
Score for health data technical package: Global HIS Assessment .....	12
Score for health data technical package: Jordan results .....	12
Jordan Health Information System: SWOT Analysis .....	14
<b>Health Information Strategic Plan</b>	
Vision .....	15
Mission .....	15
Guiding Principles .....	15
Objectives .....	15
<b>Logical Framework, Implementation Plan, and Key Performance Indicators</b>	

## » List of Figures and Tables

<b>Figure 1:</b> Structure of the department of information studies .....	8
<b>Figure 2:</b> Structure of the department of information studies .....	9
<b>Figure 3:</b> Five domains of an effective national Health Information System .....	12
<b>Figure 4:</b> Preliminary score results for Jordan .....	13
<b>Table 1:</b> SWOT analysis of Jordan Health Information System .....	14

## » List of Abbreviations

<b>Africa CDC</b>	African Centers for Disease Control and Prevention
<b>AMR</b>	Antimicrobial resistance
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CD</b>	Communicable disease
<b>CHW</b>	Community health workers
<b>EBS</b>	Event-based surveillance
<b>EI</b>	Epidemic intelligence
<b>EMRO</b>	Eastern Mediterranean Regional Office
<b>EOC</b>	Emergency Operations Center
<b>EWAR</b>	Early Warning and Response
<b>HF SFP</b>	Health Facility Surveillance Focal Person
<b>HCP</b>	Health Care Professional
<b>IBS</b>	Indicator-based surveillance
<b>IHR</b>	International Health Regulations
<b>IERS</b>	Interactive Electronic Reporting System
<b>JMoH</b>	Jordan Ministry of Health
<b>MERS-CoV</b>	Middle East Respiratory Syndrome Coronavirus
<b>PHO</b>	Public Health Officers
<b>PHEOC</b>	Public Health Emergency Operation Center
<b>RRT</b>	Rapid Response Team
<b>TWG</b>	Technical Working Group
<b>US CDC</b>	United States Centers for Disease Control and Prevention
<b>WHO</b>	World Health Organization



## » Executive Summary

The distinctive feature of a health information system (HIS) including civil registration and vital statistics is to generate high quality data for driving continuous improvement in health outcomes, through effective planning and decision making. In Jordan, efforts are being made to ensure that the HIS efficiently generates core health indicators for a periodic monitoring and evaluating progress in healthcare services, in spite of challenges related to fragmentation of the HIS.

This HIS strategy is aimed at unifying efforts from all healthcare providers and eliminating fragmentation so as to have a harmonized data system. This can be achieved, by setting standards in data collection and enhancing e-reporting through existing systems such as IERS and Hakeem, in addition to improving report generation to inform decision making.

There is a need to strengthen governance, improve data harmonization, implement knowledge management initiatives, strengthen monitoring, evaluation and quality assurance of health data for easier access, better planning and evidence-based decision making. Further, there is a need for unified efforts within the Ministry of Health and with partners to establish a joint reporting platform (dashboard) to present and report health-related information in line with strategies to leverage the accelerated speed in global information exchange. It is essential for the Ministry of Health to take the leading role in mobilizing stakeholders and mobilize resources to establish sustained mechanisms that aims to ensure information functions are 'fit for all purpose'.

## » Introduction

The Jordan Ministry of Health was established in 1956 as an important milestone towards developing the Jordanian healthcare system. Since then, the ministry has evolved to be one of the best healthcare systems in the region; passing the first Public Health Law in 1966 and carrying responsibility for all health affairs in the Kingdom.

**Jordan is a middle income country with limited natural resources and a high population growth rate.**

In 2019, Jordan's estimated population was **10,554 MILLION**



Life expectancy at birth of **73.5 years**



Total fertility rate of **2.7** children per woman of child bearing age

**The population is growing**

**at an estimated rate of 2.3% annually** with fertility and mortality rates, in addition to significant immigration factors contributing to the structure of the population.

Jordan's distinguished geographic location makes it exposed to the consequences of numerous humanitarian crises in the region. Almost all neighboring countries of Jordan have experienced internal and external conflicts making the country one of the major hosts of refugees and other displaced people in the region. To a large extent, these developments have put pressure on health service delivery and infrastructure in light of the limited resources<sup>1</sup>.

<sup>1</sup> The National Strategy for Health Sector in Jordan, 2016-2020. The Hashemite Kingdom of Jordan, High Health Council.

## Overview of Jordan's Healthcare System

Health care services are delivered by three main health providers:

- 1 Public sector (presented by the Ministry of Health, Royal Medical services and university hospitals).
- 2 Private sector (clinics and hospitals);
- 3 International and charity organizations (including UNRWA).

**The Ministry of Health is the major health care provider**



Serving more than **85% of the population** through:



**676** Health care centers



**506** Maternity and child health care centers



**429** Dentistry clinics



**12** Chest diseases centers



**32** Hospitals

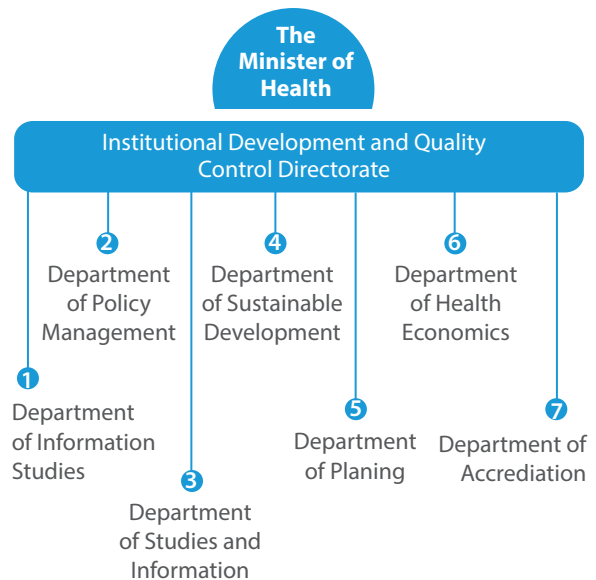
There were about 11 million patients treated at health centers while 27,286 were served at Maternal and Child Health centers, and 401,606 were admitted to MoH hospitals in 2018.

## Overview of Jordan's Health Information System

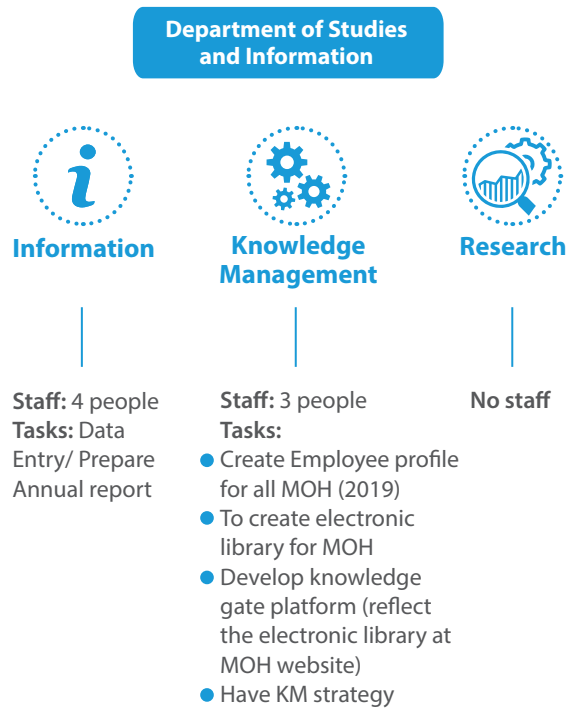
The Health Information Centre was established in the Ministry of Health in 1992 and by hierarchy was linked directly to His Excellency, the Minister of Health. In 2002 the Directorate of Health Information, Studies and Research was established; and in 2019 it was linked as department to the Institutional Development and Quality Control Directorate.

The current structure and function of the Department of Information Studies (DIS) under Institutional Development and Quality Directorate is presented in Figures 1 and 2:

**Figure 1:** Structure of the Department of Information Studies.



**Figure 2:** Structure of the Department of Information Studies.



Department of Information Studies is sub divided into three units: Information, knowledge management and Research. The information unit is responsible for preparing MOH annual reports and is supported by four staff for data entry and data structure for all programs of MOH.

The Knowledge management unit is supported by three staff, responsible for implementing activities under the knowledge management strategy (2018-2022) of the MoH. The strategy is available only in Arabic and is published on

the MoH website. **Main strategic objectives of the plan are:**

- 1 Establish governance in knowledge management
- 2 Building an electronic knowledge management system infrastructure that promotes the creation, dissemination and sharing of knowledge.

**Establish governance in knowledge management:**

**Specific objectives:**

- » Create a specialized knowledge management unit responsible for monitoring the implementation of the objectives. Until now the unit has not been formally established and its role is undertaken by a committee which includes members from various directorates.
- » Transform the MoH to a self-learning institution by offering workshops and lectures to promote the concept of knowledge management. This is still in progress and no lectures or workshops have been offered yet.
- » Optimize the use of knowledge assets through collection, dissemination, and utilization of knowledge available. There are two main knowledge asset types targeted in this process: tacit and explicit.

**Tacit knowledge** *knowledge' is a form of knowledge that is gained through continuous learning and experience, and not learned from books or being taught. Despite its value to the institution, it is more difficult to utilize, as it is not articulated in words and hence difficult to communicate with others.*

**Explicit knowledge** *is the one that is easy to articulate, record, communicate, stored and shared. When the data is processed, organized, structured, and interpreted, the result is explicit knowledge, such as procedures and regulations.*

Two forms were developed to collect the tacit and explicit knowledge and were included in the strategy. The main aim for collecting tacit knowledge is to easily locate employees with certain skills and abilities when needed, with data remains further improvement. For the tacit knowledge, employees in central directorates filled a computerized form that included indicators such as personal, education, languages spoken, and work experience information and so on. The unit collected the data for 54% of the employees in the central directorates. Due to recent retirement of many employees, and the upcoming restructuring in the ministry, exact percentage of tacit knowledge assets collected may significantly vary since this percentage was calculated in early July. For the explicit knowledge, 60 % of the targeted knowledge assets was collected and over 40% published on the MoH website.

**Build an electronic knowledge management system infrastructure that promotes the creation, dissemination and sharing of knowledge.**

**Specific objectives:**

- » Build the infrastructure for the information and knowledge management system through establishing a knowledge portal on the ministry's website which was accomplished, and building a dashboard. According to the plan, the dashboard should be available in 2020.
- » Sustain the security, accuracy, and updating of information. The indicators for security and accuracy are at 70 %. The indicators for updated information is at 80 %. These indicators were obtained from the Information Technology directorate.

The third sub unit in this directorate department is the research unit. The research unit is currently not established and there are no staff in this unit.

## **Health Information System Data Sources**

Jordan's health information system obtain data from different type of sources such as various institutions and population-based data sources. Major data source includes:

- » MoH health centers and hospitals (all healthcare services).
- » Royal Medical Services (RMS), university Hospitals, and private Hospitals.
- » Human resources in the Ministry of Health, RMS, University Hospitals, Private Hospitals and medical associations (medical, dentist, pharmaceutical and nursing) and UNRWA.

- » Department of Statistics information on health population indicators.
- » Ministry of Health Directorates (communicable, non-communicable, occupational, school, environment, chest and migrant and organ plant directorates) through the annual periodic reports from central directorates in the Ministry of Health.
- » Civil registration and vital statistics (births and deaths).
- » Integrated Electronic Reporting System (IERS).
- » Jordan Cancer Registry Report (bi-annual reporting).
- » Annual forensic report.
- » Different activities of central directorates at the Ministry of Health (e.g. Licensing directorate).
- » Financial data from the MoH (including supplies and medications).
- » Annual Health Insurance financial reports.
- » National Health accounts available from the Higher Health Council.

## Prominent Health Data Users

Data from the national HIS are used for planning and decision making by MoH facilities, RMS, University Hospitals, Higher Health Council, Jordanian Medical Council, Medical personnel of different cadres, UN agencies, national and international NGOs (non-government organizations), the private health sector, researchers, policy makers, professionals, civil society and Charity Associations.

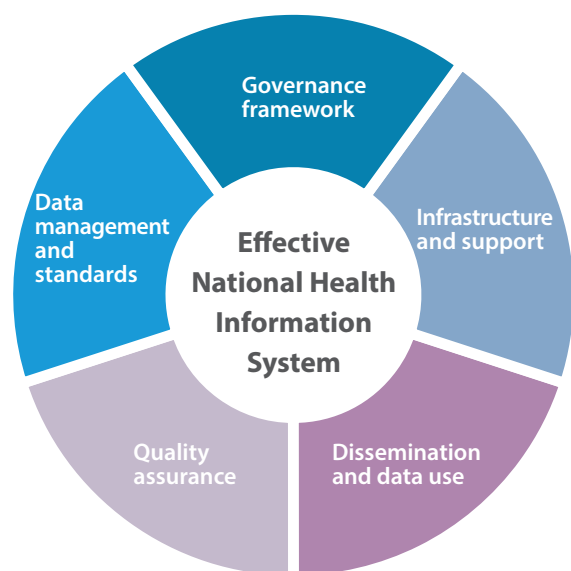
## » Assessment of Jordan's Health Information System

Assessment of Jordan's HIS was conducted in October 2016 by WHO at the request of the Ministry of Health and as part of the ministry's efforts to strengthening the health information system. The assessment approach involved document reviews, field visits and discussions with managers of health facilities and other establishments; and a national workshop to review the results and map the way forward. The assessment team were guided by a framework that focuses on five domains of an effective national health information system (Figure 3).

Broadly, the Jordan HIS can be categorized into two:

- 1 Institution-based system focusing on managing service delivery that collect data on persons who use these services and the resources that are required to provide the services. This system needs strengthening to embrace international standards and to ensure that there is improvement in the national health system's performance.
- 2 Population-based system such as census, vital events and surveys on health that provide information on the health status and behaviors of entire population and follow international quality standards.

**Figure 3:** Five domains of an effective national health information system.



For: [Routine sources of data](#) (patient and management records), [population surveys](#) and [other \(non-health sector\) sources of data](#).

Five thematic areas for a functional HIS were reviewed during the assessment: governance structures; infrastructure and support; data management and standards; quality assurance; and dissemination and data use. A number of strengths and weaknesses were identified during the assessment across the five thematic areas. The detailed findings are presented in the assessment report<sup>2</sup>. The key challenges are: weak integration and coordination among various systems and stakeholders; weak governance structure to coordinate HIS activities; inadequate human resources; limited capacity building activities for staff and significant

paper-based data collection that leads to delayed reporting, incompleteness, and data inaccuracy. The existence of vertical programs each with different reporting requirements and system was also identified as a major weakness that affects integration of data and compromises quality.

## SCORE for Health Data Technical Package: Global HIS Assessment

The SCORE for health data technical package was developed by WHO and partners to assist Member States in strengthening country data systems and capacity to monitor progress towards the health-related Sustainable Development Goals (SDGs), including universal health coverage (UHC), and other national and sub-national health priorities and targets. The SCORE technical package represents the most effective strategies and interventions for strengthening country health data systems. The package encourages stakeholders to invest in a select number of interventions that synergistically have the greatest impact on the quality, availability, analysis, use and accessibility of data in countries. WHO SCORE assessments compliments existing comprehensive HIS assessments aimed at strengthening country HIS.

As part of the SCORE global assessment, the Ministry of Health in collaboration with other stakeholders completed the SCORE assessment using a data collection tool which was prepopulated by WHO and a team of international consultants based on publicly

<sup>2</sup> *Comprehensive assessment of the health information system, Jordan 2016.*

available data and reports. The aim was to identify key gaps across the following

**S - C - O - R - E** interventions:

- » **Survey** populations and health risks: to know what makes people sick and their risks
- » **Count** births, deaths and causes of death: to know who is born and what people die from
- » **Optimize** health service data: to ensure equitable, quality services for all

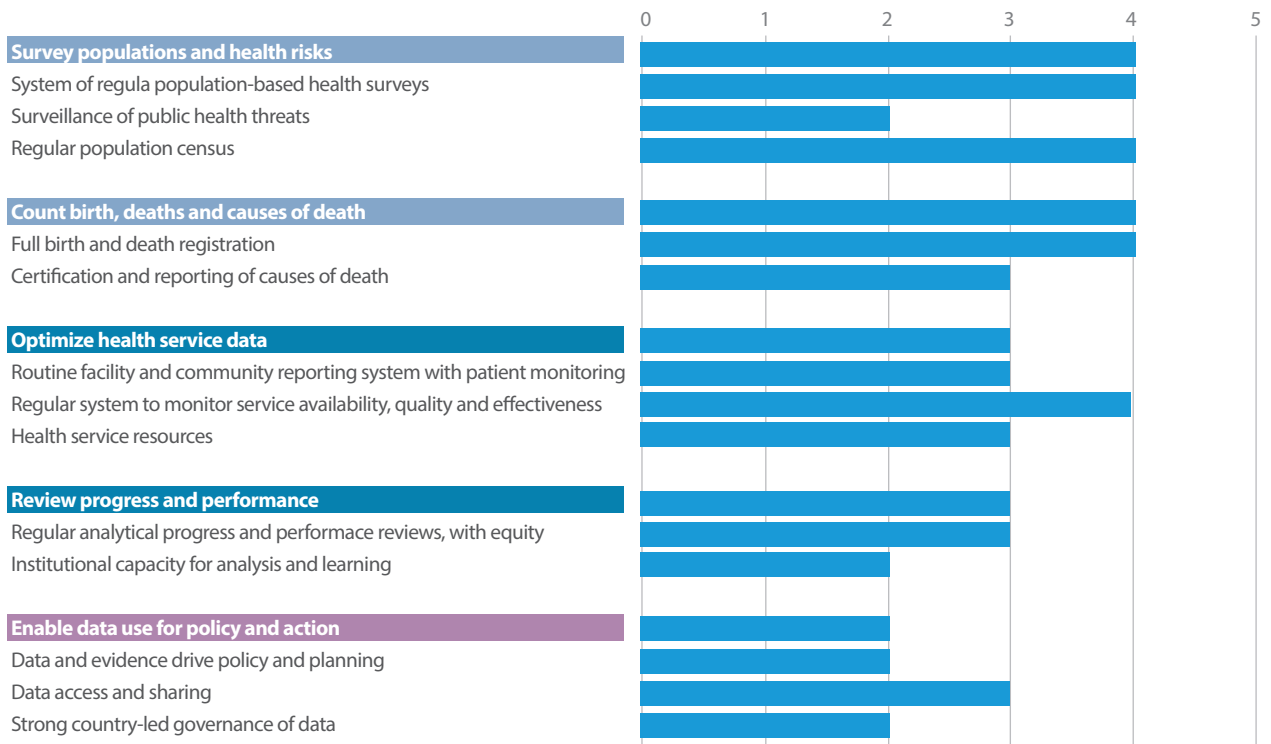
» **Review** progress and performance: to make informed decisions

» **Enable** data use for policy and action: to accelerate improvement

### SCORE for Health Data Technical Package: Jordan Results

The SCORE data collection exercise was conducted from January to March 2019, and the preliminary results at the time of developing this strategy are presented in Figure 4<sup>3</sup>. The updated SCORE is also attached as Annex to this strategy.

**Figure 4:** Preliminary SCORE results for Jordan



**Legends:**

Nascent capacity 1
  Limited capacity 2
  Moderately developed capacity 3
  Well-developed capacity 4
  Sustainable capacity 5

<sup>3</sup> Detailed SCORE results will be presented in the global assessment report.

## Jordan Health Information System: SWOT Analysis

The Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the Jordan national HIS is presented in Table 1.

**Table 1:** SWOT analysis of Jordan health information system.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>» Higher administrative support for HIS.</li> <li>» Existence of a functional Directorate of Information and Studies in MoH.</li> <li>» Some public health programs reinforced by IERS.</li> <li>» Fully automated national CRVS system.</li> <li>» Notifiable diseases surveillance system.</li> <li>» National Cancer Registry.</li> <li>» Data storage and retrieval center at the Ministry of Health.</li> <li>» Surveillance for reproductive health and family planning.</li> <li>» Capacity building is available nationwide</li> <li>» Availability of knowledge management systems (Hakeem and IERS).</li> <li>» Institutionalization of National Health Accounts in the Higher Health Council.</li> </ul>	<ul style="list-style-type: none"> <li>» Absence of HIS national steering committee.</li> <li>» Insufficient material resources.</li> <li>» Inadequate human resources who are trained and qualified to use computerized systems.</li> <li>» Lack in identifying required information and performance indicators on national level.</li> <li>» Lack of use of unified terms and abbreviations in the healthcare sector in HIS.</li> <li>» Paper-based data collection.</li> <li>» Delays in sending the required data from healthcare institutions to the central authority.</li> <li>» Existence of vertical programs with different surveillance requirements and systems which affects data quality.</li> <li>» Lack of regular routine quality assurance mechanisms.</li> <li>» Inadequate application maintenance.</li> <li>» The need to update rules and regulations for electronic information management.</li> <li>» Insufficient utilization of the data.</li> <li>» ICD-10 disease classification programs is not applied.</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>» Jordan National Vision 2025.</li> <li>» Electronic transformation plan.</li> <li>» Quality improvement and accreditation programs.</li> <li>» Existence of International standards to support HIS.</li> </ul>	<ul style="list-style-type: none"> <li>» Pressure to reduce spending on healthcare.</li> <li>» Resistance to change.</li> <li>» Lack of cooperation between the health actors.</li> <li>» Rapid technological advances.</li> </ul>



Opportunities	Threats
<ul style="list-style-type: none"> <li>» Support for the health sector from international institutions and bodies.</li> <li>» Award for transition to E-Government.</li> <li>» The King Abdullah II Award for Excellence as a means of motivation.</li> <li>» Exploitation of investment in information infrastructure.</li> </ul>	<ul style="list-style-type: none"> <li>» Lack of comprehensive health insurance system program.</li> <li>» Economical and political threats.</li> <li>» External attraction of sector competencies.</li> <li>» Conflicting results of local studies compared to international studies.</li> <li>» Weak statistical awareness of decision makers.</li> </ul>

## » Health Information Strategic Plan

### Vision

To be the leading provider of reliable, timely and high-quality healthcare sector information in the Kingdom.

### Mission

To organize the health sector's information and make it accessible and useful for health worker professionals, stakeholders and decision makers.

### Guiding Principles

Accessibility, Comprehensiveness, Decentralization, Fairness, Flexibility, High Performance, Partnership, Privacy, Reliability, Responsiveness, Quality, Sustainability, Transparency, and Use of ICT.

### Objectives

**Objective 1:** Strengthen HIS institutional environment at Ministry of Health (Governance).

**Objective 2:** Improve data harmonization and support data linkage.

**Objective 3:** Coordinate and support ETIT Directorate for information related to E-Health initiatives.

**Objective 4:** Implement the knowledge management plan and activities.

**Objective 5:** Strengthen institutional capacity for analysis, and promote information use.

**Objective 6:** Develop effective country mechanisms for review and action.

## » Logical Framework, Implementation Plan, and Key Performance Indicators

The logical framework addresses the six key strategic objectives presented in Section 3. For each strategic objective, the list of interventions to address the existing gaps is presented including the responsible actors, timeline, and the key monitoring and evaluation performance indicators.

**FIVE YEAR NATIONAL PLAN OF ACTION FOR DEPARTMENT OF INFORMATION STUDIES (DIS), INSTITUTIONAL DEVELOPMENT AND QUALITY DIRECTORATE, MINISTRY OF HEALTH, JORDAN, 2019-2023**

Activity	Sub Activities
<b>Objective 1: Strengthen HIS institutional environment at the Ministry of Health (Governance)</b>	
Establish a functional national HIS steering committee	<ul style="list-style-type: none"> <li>Finalization of TORs for national HIS steering committee</li> <li>Dissemination of TORs</li> <li>Biannual Meetings of national HIS steering committee</li> </ul>
Improve staffing capacity	<ul style="list-style-type: none"> <li>Identify staffing gaps/needs at central level</li> <li>Conduct needs assessment of all relevant HIS staff at the district and provincial level</li> <li>Develop training plans based on the assessment at facility, district and provincial level</li> <li>Identify gaps and needs</li> <li>Develop human resource plan</li> <li>Conduct ToT at all levels</li> </ul>
Develop Data standards, architecture and policies are well defined and agreed by partners and MoH	<ul style="list-style-type: none"> <li>Develop health information policy for the Ministry of Health</li> <li>Develop and approve SOPs, including data management, storing and dissemination of data including confidentiality.</li> <li>Develop and update the metadata dictionary to permit interoperability.</li> <li>Establish sound governance mechanisms , including defining and implementing data standards</li> <li>Data collection systems and forms are standardized across all implementing locations, partners and donors</li> </ul>
Activation of the research unit	<ul style="list-style-type: none"> <li>Nominate a research committee</li> <li>Develop ToR for committee including quarterly meeting plan</li> <li>Identify Ministry of Health national priorities for research</li> <li>Advocacy for the research unit</li> <li>Hire staff</li> <li>Produce quarterly bulletins</li> </ul>
Development of multisectoral mechanisms to coordinate and develop harmonized national surveys plan	<ul style="list-style-type: none"> <li>Constitute technical working group for integrated household surveys</li> <li>Develop national surveys plan</li> <li>Implement national surveys plan</li> </ul>
<b>Objective 2: Improve data harmonization and support data linkage</b>	
Develop a data harmonization plan with Ministry of Health central departments	<ul style="list-style-type: none"> <li>Review data definitions</li> <li>Assess HIS to identify areas for linkages</li> <li>Identify Ministry of Health indicators within the central level</li> <li>Agree on the reporting of indicators (paper based and electronic)</li> </ul>
Develop a data harmonization plan with Hakeem	<ul style="list-style-type: none"> <li>Review data definitions</li> <li>Assess HIS to identify areas for linkages</li> <li>Support the shift to ICD 10 and ICD 11 for mortality and morbidity</li> <li>Identify Ministry of Health indicators within the Hakeem platform</li> <li>Agree on the reporting of indicators (paper based and electronic)</li> </ul>
Develop a data harmonization plan with RMS	<ul style="list-style-type: none"> <li>Agree on the reporting of indicators (paper based and electronic)</li> </ul>
Develop a data harmonization plan with UNRWA	<ul style="list-style-type: none"> <li>Review data definitions</li> <li>Assess HIS to identify areas for linkages</li> <li>Identify MOH indicators within the UNRWA platform</li> <li>Agree on the reporting of indicators (paper based and electronic)</li> </ul>

Responsible actors	External Technical Support Required	Current value/status	Performance indicator	Timeline				
				2019	2020	2021	2022	2023
DIS/ members of committee	No	In progress	TORs finalized and endorsed	√				
DIS/ members of committee	No	Not Done	TOR distributed	√				
DIS/ members of committee	No	Not Done	Number of meetings	√	√	√	√	√
DIS	No	Not Done	Reports of field visits in governorates	√				
DIS	No	Not Done	Assessment report by DIS	√	√			
DIS/WHO	Yes	Not Done	Number of staff trained,Number of workshops	√	√			
DIS	Yes	In progress	Performing SWOT analysis	√				
DIS/WHO			HR plan		√			
DIS/WHO	Yes	Not Done	Number of workshops, Number of trained staff		√			
DIS/WHO	Yes	Not Done	Policy document		√			
DIS/WHO	Yes	Not Done	SOPs distributed to all concerned parties		√	√		
DIS/WHO	Ye	Not Done	Metadictionary distributed		√	√		
DIS/WHO	Yes	Not Done	Data standards determined and distributed	√	√			
DIS/WHO	Yes	Not Done	Forms are generated	√	√			
DIS	No	Not Done	Committee formulated			√		
DIS/WHO	Yes	Not Done	TOR distributed			√		
DIS/WHO	Yes	Not Done	Number of meeting with stakeholders			√		
DIS	No	Not Done	Number of researches reviwed by committee			√	√	
DIS	No	Not Done	Number of professional staff recruited			√		
DIS/WHO	Yes	Not Done	Number of bulletins generated				√	√
DIS/WHO	Yes	Not Done	Number of meetings of work group				√	√
DIS/WHO	Yes	Not Done	National survey plan distributed				√	
DIS/WHO	Yes	Not Done	Number of surveys done				√	√
DIS/WHO/Central Steering Committee	Yes	Not Done	Number of definitions generated	√	√	√	√	√
DIS/WHO/Central Steering Committee	Yes	Not Done	Number of linkages needed	√	√	√	√	√
DIS/ CENTRAL Steering Committee/WHO	Yes	Not Done	Indicator identifiers generated	√	√	√	√	√
DIS/WHO/Central Steering Committee	Yes	Not Done	Number of Health indicators added	√	√	√	√	√
DIS/WHO/Central Steering Committee	Yes	Not Done	Number of definitions generated	√	√	√	√	√
DIS/WHO/Central Steering Committee	Yes	Not Done	Number of linkages needed	√	√	√	√	√
DIS/NCD/ETIT/WHO	Yes	Not Done	Number of workshops, Number of trained staff		√	√	√	√
DIS/WHO/Central Steering Committee	Yes	Not Done	Indicator identifiers generated	√	√	√	√	√
DIS/WHO/Central Steering Committee	Yes	Not Done	Number of Health indicators added	√	√	√	√	√
DIS/WHO/Central Steering Committee	Yes	Not Done	Number of Health indicators added	√	√	√	√	√
DIS/WHO/Central Steering Committee	Yes	Not Done	Number of definitions generated	√	√	√	√	√
DIS/WHO/Central Steering Committee	Yes	Not Done	Number of linkages needed	√	√	√	√	√
DIS/WHO/Central Steering Committee	Yes	Not Done	Indicator identifiers generated	√	√	√	√	√
DIS/WHO/Central Steering Committee	Yes	Not Done	Number of Health indicators added	√	√	√	√	√

### Objective 3: Coordinate with ETIT Directorate for E-Health initiatives

Electronic employee database	Develop an electronic employee profile for all Ministry of Health employees in 2019
Support to the IERS project	Support in monitoring data quality
Initiation development of electronic Library for MOH	Conduct need assessment to develop electronic library Develop the project plan Compile and categorize list of items tht needs to be included in electronic library Together with IT identify the platform to develop the library Develop project phase document Initiate the project Reflect the library under MOH website
Electronic information storage system (Data warehouse/Data Repository)	Support in the flow of data to repository Ensure data quality Improve Health map in MOH Jordan website

### Objective 4: Implement the knowledge management (KM) plan and activities

Capacity building in KM for Moh employees	Training workshops in KM for employess in leading positions Training courses in KM for all other employees Publishing basic information on KM on Ministry of Health website Collecting tacit knowledge assets of Ministry of Health employees in the central directorates
Knowledge assets management	Tacit knowledge update Collecting explicit knowledge assets in the Moh Reflect of tacit and explicit KM at MoH website

Establishing a specialized KM unit to oversee the implementation of the KM plan

### Objective 5: Strengthen institutional capacity for, analysis, and Promote information use

Review indicators and targets	Improve MOH annual report Review existing targets and indicators Include SDG indicators in annual reporting Develop mechanisms for utilization of core indicators
Annual or biannual review of indicators in the Annual report	Develop checklist for HIS review Quarterly review at district level Biannual review at governorate level Develop quarterly bulletin on information, research, indicators Improve annual report

### Objective 6: Develop Effective country mechanisms for review and action

Monitor progress towards the health-related Sustainable Development Goals (SDGs), including universal health coverage (UHC), and other national and sub-national health priorities and targets	Update SCORE monitoring tool Develop and implement feedback mechanisms (e.g. monthly meetings) Identify gaps to support data aggregation Conduct regular Lot Quality Assurance (LQA) Sampling
Conduct routine monitoring and evaluation of programme performance	Develop monitoring checklist Develop monthly plans for monitoring Meetings of monitoring committee
Conduct regular data analysis, independent reviews of data, and performance reviews at the national and sub-national levels	Develop guidelines and SOPs to improve timely reporting of data Conduct data quality audits Conduct data quality review for Service Availability Readiness Assessment Quarterly data validation and use meeting at provincial level Conduct national consultative workshop to develop/update national core health indicators in line with international health-related SDGs
Define/update national core health indicators	Conduct provincial and district level workshops to disseminate the core health indicators Update annual report with national core health indicators

DIS/WHO/ETIT	Yes	In Progress	Number of employee profiles filled	√	√	√	√	√
DIS/WHO/ETIT	Yes	In Progress	Number of field visits done	√	√			
DIS/WHO	Yes	Not Done	Assessment report generated			√		
DIS/ETIT/WHO	Yes	Not Done	OPERATIONAL PLAN GENERATED		√			
DIS/ETIT/WHO	Yes	Not Done	Categorization list generated		√			
DIS/ETIT/WHO	Yes	Not Done	Platform determined		√			
DIS/ETIT/WHO	Yes	Not Done	Phase document prepared		√			
DIS/ETIT/WHO	Yes	Not Done	Launch of electronic library			√		
DIS/ETIT/WHO	Yes	Not Done	Electronic library on MoH Website			√	√	√
DIS, WHO, ETIT	Yes	Not Done	Health data linked to repository			√	√	√
DIS, WHO, ETIT	Yes	Not Done	Number of data revised			√	√	√
DIS, WHO, ETIT	Yes	Not Done	Number of data revised			√	√	√
DIS/WHO	Yes	Not Done	Number of ws done		√			
DIS/WHO	Yes	Not Done	Number of ws done		√			
DIS/ETIT/WHO	Yes	In progress	Published information	√	√			
DIS/ETIT/WHO	Yes	In progress	Percentage of obtained information from all employees	√	√	√	√	√
DIS/ETIT/WHO	Yes	Not Done	Number of assets updated	√	√	√	√	√
DIS/ETIT/WHO	Yes	In progress	Number of explicit knowledge assets collected	√	√	√	√	√
DIS/ETIT/WHO	Yes	In progress	Number of explicit knowledge assets collected	√	√	√	√	√
DIS/ETIT/WHO	Yes	Not Done	Updated annual report format		√	√		
DIS	No	In Progress	Targets and indicators determined	√	√	√	√	√
DIS	No	Not Done	SDGs included in annual report		√	√	√	√
DIS/ central steering committee	Yes	Not Done	Identify mechanisms and endorsement		√			
DIS	No	Not Done	Checklist in action		√			
DIS	No	Not Done	Number of field visits		√	√	√	√
DIS	Yes	Not Done	Number of meetings		√	√	√	√
DIS	Yes	Not Done	Bulletin					
DIS	Yes	Not Done	Improved report					
DIS/WHO/CENTRAL COMMITTEE	Yes	Not Done	Tool developed		√	√	√	√
DIS/WHO	No	Not Done	Number of meetings		√			
DIS/Central Steering Committee/WHO	Yes	Not Done	Gap analysis generated		√			
DIS/WHO	Yes	Not Done	Quality assurance conduction			√	√	√
DIS/WHO	Yes	Not Done	Check list monitoring developed		√			
DIS/WHO	Yes	Not Done	Plan update		√			
DIS	No	Not Done	Number of meetings		√	√	√	√
DIS/WHO	Yes	Not Done	Guidelines and SOPs developed		√			
DIS/WHO	Yes	Not Done	Conducted data quality audits		√			
DIS/WHO	Yes	Not Done	Assessment conducted			√		
DIS/WHO	Yes	Not Done	Number of reports			√	√	√
DIS/WHO	Yes	Not Done	Number of ws conducted		√	√	√	√
DIS/WHO	Yes	Not Done	Number of ws conducted		√	√	√	√
DIS/WHO	Yes	Not Done	Annual report generated		√	√	√	√

