



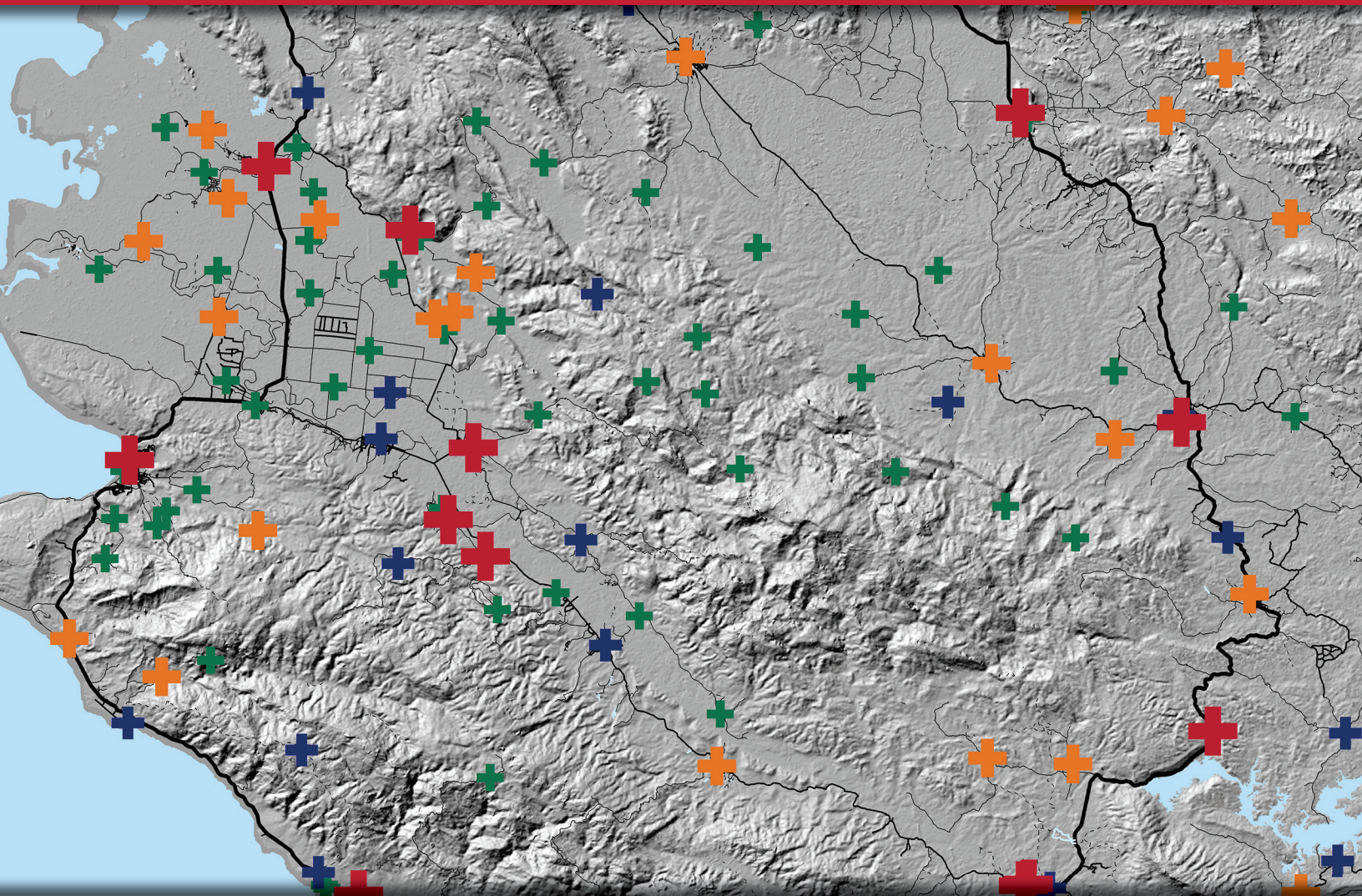
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MASTER FACILITY LIST RESOURCE PACKAGE:

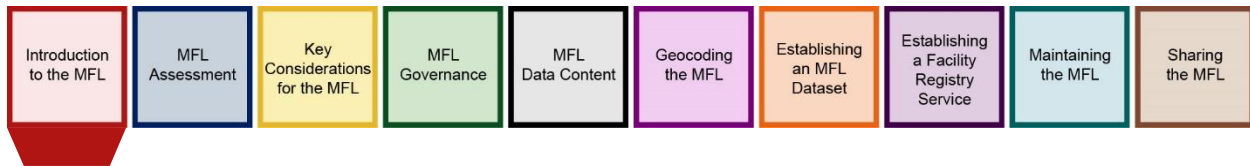
Guidance for countries wanting to strengthen their MFL

Module I: Introduction to the MFL



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DRAFT



INTRODUCTION TO THE MFL

This module describes what a Master Facility List (MFL) is and why it is important to have one. It defines basic terms, and describes the various pieces that need to be in place to have a functional MFL.

Key audiences for this module:

- All interested in establishing or strengthening an MFL

Note: words in **bold** are defined in the glossary.

Figure 1: Introduction to the MFL—Module Outline

(Press Control and click on any of the boxes to be taken directly to that section)

1 What do We Mean by “Master Facility List”?	4 Elements of a Functional MFL
2 Value of an MFL	5 MFL Development Spectrum
3 Characteristics of a Functional MFL	6 Using the Resource Package

1. WHAT DO WE MEAN BY “MASTER FACILITY LIST”?

A **Master Facility List** (MFL) is the complete, authoritative listing of the health facilities in a particular country. It is the primary source from which other facility lists in the country are drawn and must be *validated, continuously updated, and accessible*. The MFL includes the data needed to unambiguously identify each facility such as facility name, **unique facility identifier**, location, and contact information, as well as administrative data to help categorize facilities, such as facility type, ownership and operational status. The MFL may also include information about the service capacity of the facility, for example, type of services offered and number of beds. Ideally, the MFL is stored in a **facility registry service**, or software program, that makes the list accessible to stakeholders such as ministries, donors or implementing organizations that need information about facilities.¹

2. VALUE OF AN MFL

Many stakeholders and information systems require a comprehensive list of health facilities. Facility lists are used for health management information systems (HMIS), disease surveillance and supply chain management. They are also needed by insurance companies, by donors planning coverage for interventions, and by researchers assessing health system performance. Often, these stakeholders create and maintain their own lists of health facilities because an MFL does not exist or is not easily accessible. Having one MFL that can be used across the national HMIS ecosystem will lead to greater efficiencies, facilitate health information exchange via the

¹ Sometimes the terms Master Facility List and Facility Registry are used interchangeably. However, for our purposes the MFL refers to the actual list and associated data, whereas the facility registry service is the software tool that houses the list.

adoption of common data standards for facilities, and support monitoring of infrastructure and services across the health system.

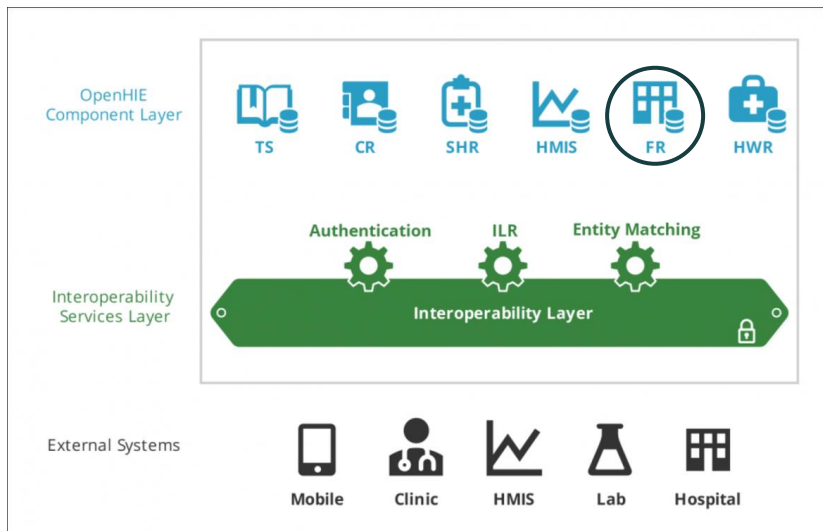
1. An MFL creates efficiencies.

- An MFL allows resources to be spent on maintaining and updating a single list rather than duplicative efforts by various stakeholders to maintain separate lists.
- Pooling or concentrating resources on a single list, and having a dedicated team to maintain an MFL can lead to better quality facility data (i.e. data that are updated and validated more frequently).

2. An MFL is essential for the exchange of information across different data systems.

- The MFL, when widely used, ensures that all departments, ministries, and stakeholders have comparable facility data and use the same unique identifiers for facilities. These unique identifiers allow different sources of information about facilities to link their data.
- The MFL is the backbone for interoperability of various data systems. When the MFL exists in a software program that allows for the exchange of information with other systems, its value and potential uses are greatly augmented. An MFL enables linkage of data from human resources, HMIS and supply chain, for example, allowing decision-makers to get a comprehensive vision of the operations at each facility. Similarly, an MFL can help unify multiple parallel disease-specific reporting systems, into a comprehensive HMIS by collating data around individual facilities.
- An MFL and its corresponding facility registry service are a central component of the **health information exchange** (HIE) architecture (Figure 2). Countries that are moving towards implementation of electronic health records, interoperable HMIS and an HIE architecture require standardized facility data to enable communication, linking or merging of data across systems. The MFL is the primary source of this standardized facility data, and must be recognized as authoritative and used by the various interlinked systems.

Figure 2: Illustration of the Health Information Exchange Architecture



Source: www.OHIE.org

3. An MFL provides the metadata needed by other information systems.

- The MFL contains information about facilities that are needed by the HMIS and other information systems to categorize facilities within these systems. For example, facility location information (such as region, district and ward data) is used in the HMIS to create organizational unit hierarchies. Information about facility ownership can be used in health worker registries to identify which facilities are staffed with government or private sector employees.

4. An MFL facilitates planning and management.

- An MFL that contains geocoded data on the health facilities in a country facilitates the planning, management, and targeting of services, through mapping and visualization of the distribution of health services and resources.
- The MFL provides the means of knowing what health services are available, whether they are distributed equitably, and where new health facilities are needed.
- In emergency situations involving natural disasters or disease outbreaks, an MFL helps responders know where health facilities are located and what services are available.
- An MFL serves as a comprehensive sampling frame for researchers.

5. The MFL can support case management of patients.

- For countries using electronic medical records, the MFL helps design systems that track clients across various health facilities where they receive services.

- An MFL that contains information about services can help providers identify the most appropriate health facilities for referring clients.
- If accessible to the general public, the MFL allows potential clients to identify where to seek the services they need.

3. CHARACTERISTICS OF A FUNCTIONAL MFL

For an MFL to be functional and helpful to users, it must meet the following criteria:

- The MFL is comprehensive, including all health facilities in the country.²
- The MFL has an established **minimum data content** that includes unique identifiers for each facility.³
- The MFL data are current and have been verified within the past two years.
- The MFL is updated regularly and the updating process is supported by an established set of standard operating procedures.⁴
- The MFL is visible and accessible to key stakeholders and data consumers (i.e. users of MFL data).
- The MFL is housed in a **facility registry service** that facilitates sharing, **interoperability**, and communication with other systems.⁵
- The MFL is accompanied by good governance structure that provides oversight and management of the MFL.⁶
- The MFL meets the needs of data consumers.
- Data consumers have confidence in the MFL data and are assured that the data are valid and complete.
- Harmonization and synching of the MFL occurs only in one direction—from the MFL to other lists.

4. ELEMENTS OF A FUNCTIONAL MFL

For an MFL to be functional, consideration must be given to three key elements: (1) the facility listing, (2) the facility registry service that houses the data, and (3) the governance structure associated with the MFL. All three are equally important and only when they are well

² The *Key Considerations Module* discusses how health facilities are defined and which types of health delivery points can be included in the MFL.

³ See *MFL Data Content Module*

⁴ See the *Maintaining the MFL Module*

⁵ See the *Establishing a Facility Registry Service* and *Sharing the MFL* modules

⁶ See the *MFL Governance Module*

established will the MFL be able to serve its intended purpose and meet the needs of **data consumers**.

Facility listing: The MFL is essentially a dataset that lists and describes all the health facilities in a country. For each facility, the MFL includes data covering pre-determined facility attributes, which include: location, ownership, facility type, and services provided. As noted earlier, for the MFL to be useful, it is critically important that the data are both accurate and current.

Facility registry service: The **facility registry service** is a platform for storing, managing, and sharing the MFL. It allows the MFL to be visible and accessible to data consumers, and enables them to search, sort, and download the MFL data. Ideally, the facility registry service should facilitate interoperability with other data systems so that MFL data can be more easily shared and used.

Governance structure: The MFL requires a supportive policy environment, leadership to oversee the establishment and long-term management of the MFL, standard operating procedures for the maintenance of the MFL, and measures for resource allocation to support the MFL.

5. MFL DEVELOPMENT SPECTRUM

The process of developing an MFL is different for each country. Some start with a complete blank slate and need to develop all three of the key elements—listing, facility registry service, and governance structure. Others may have a well maintained listing but are facing challenges in sharing the MFL data because the facility registry service is inadequate. Yet others may have an MFL listing and facility registry service, but lack a sound governance structure to oversee the system long-term. Figure 3 illustrates how the three key elements of the MFL can progress simultaneously or independently to produce an increasingly functional MFL. To achieve a fully functional MFL all three elements, the MFL listing, the facility registry service, and the governance structure, must be well developed. Additional information on improving each element is available in the modules of this resource package.

It is important to assess the situation of your MFL and understand which elements need strengthening. The *MFL Assessment Module* provides information on how to assess the status of an MFL, and what things to look for.

Figure 3: Progression toward a fully functional MFL

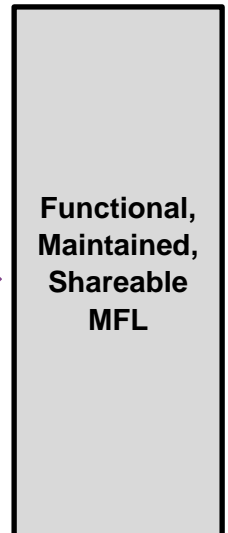
Facility Listing



Facility Registry Service



Governance Structure



6. USING THE RESOURCE PACKAGE

This resource package contains several modules that can be used together or individually, depending on the specific needs of the country and where they are on the development spectrum in achieving a fully functional MFL. Depending on the phase of MFL development your country is in, particular modules (or sections of modules) may be more relevant than others.

The first page of each module includes a summary of the module contents, key audiences for the module, and actions that should be completed before you implement the activities set forth in the module.

The modules included in the resource package are:

1. Introduction to the MFL
2. MFL Assessment
3. Key Considerations for the MFL
4. MFL Governance
5. MFL Data Content
6. Geocoding the MFL
7. Establishing an MFL Dataset
8. Establishing a Facility Registry Service
9. Maintaining the MFL
10. Sharing the MFL

ACKNOWLEDGEMENTS

The MFL Resource Package was developed with extensive input from a team of persons who have been involved in various capacities in the development or management of MFLs in different countries. The content builds off of previous MFL guidance developed by the World Health Organization, MEASURE Evaluation and Open HIE. This MFL Resource Package seeks to expand and update the guidance and make it accessible to a wide audience. Development of this Resource Package included a literature review, a series of in-depth interviews with key informants, a three-day meeting attended by various experts in this area to discuss in detail the content and structure of the guidance document, and a thorough review process.

Cristina de la Torre and Clara Burgert from ICF led the development and drafting of this guidance document. Lwendo Moonzwe, and Kirsten Zalisk (from ICF) and Aubrey Casey (formerly from ICF) helped to draft the MFL Resource Package, organize resources, and document discussions during the three-day meeting. Andrew Inglis (formerly from MEASURE Evaluation/JSI) and Scott Teesdale (from InSTEDD) helped draft sections of the MFL Resource Package.

Lynne Franco led a team at EnCompass to conduct a series of in-depth interviews to inform the content of the Resource Package, and subsequently helped facilitate the three-day meeting to review the guidance proposed for the MFL Resource Package.

The following tables list persons who contributed to the MFL Resource Package by attending a three-day meeting, participating in in-depth interviews, contributing resources, reviewing drafts or providing information for the case studies.

Table 1: Persons who participated in the three-day meeting to review the content and structure of the Resource Package.

Meeting Participants	Affiliation
Tariq Azim	MEASURE Evaluation/JSI
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Aubrey Casey	The DHS Program/ICF
Niamh Darcy	RTI
Anita Datar	Health Policy Project/Futures Group
Cristina de la Torre	The DHS Program/ICF
Mark DeZalia	PEPFAR/CDC
Lynne Franco	The DHS Program/EnCompass
Erick Gaju	MOH Rwanda
Nate Heard	US Department of State

Meeting Participants	Affiliation
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Denise Johnson	MEASURE Evaluation/ICF
James Kariuki	PEPFAR/CDC
Esther Kathini	MOH Kenya
Carl Leitner	iHRIS/Capacity Plus/IntraHealth
Lwendo Moonzwe	The DHS Program/ICF
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Sam Wambugu	MEASURE Evaluation/ICF
Kirsten Zalisk	The DHS Program/ICF

Table 2: Persons who contributed through interviews or review of the MFL Resource Package Modules.

Name	Affiliation at time of participation
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Elaine Baker	Health Policy Project/Futures Group
Bernard Mitto	Health Policy Project/Futures Group
Vanessa Brown	PEPFAR/Department of State
Robert Colombo	WHO
Steeve Ebener	Gaia Geo Systems
Mike Gehron	PEPFAR/Department of State
Karin Gichuhi	Office of HIV/AIDS/USAID
Marty Gross	Bill & Melinda Gates Foundation
Jason Knueppel	BAO Systems
Rachel Lucas	USAID
Andrew Muhire	Rwanda MOH
Martin Osumba	AFYAinfo, Kenya
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Dykki Settle	iHRIS/IntraHealth
Jim Setzer	Abt Associates, Inc
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Ola Titlestad	DHIS2/University of Oslo

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