



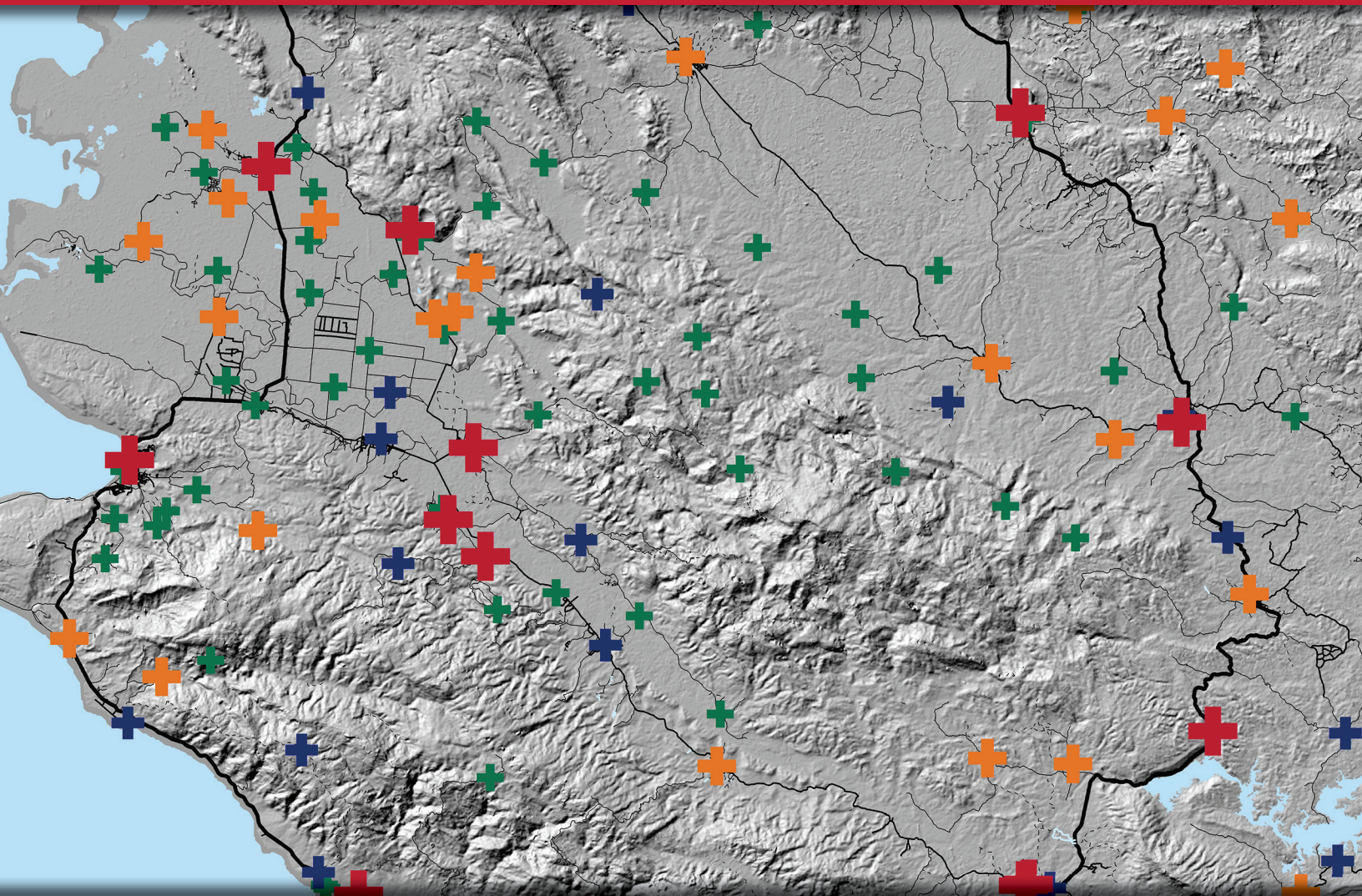
**USAID**  
FROM THE AMERICAN PEOPLE



# MASTER FACILITY LIST RESOURCE PACKAGE:

*Guidance for countries wanting to strengthen their MFL*

## Module 2: MFL Assessment



May 2017

**DRAFT**





# MFL ASSESSMENT

This module describes what an MFL assessment is and why conducting an assessment is important. The module focuses on assessment of seven key areas that inform recommendations and next steps in establishing or strengthening an MFL. The module also outlines potential challenges and implementation considerations that can arise when conducting an assessment of an MFL.

| Checklist of things to do before using this module  | Module where information is located   |
|---|---------------------------------------|
| <input type="checkbox"/> Confirm demand for better facility data among known stakeholders | <b>Governance Module</b>              |
| <input type="checkbox"/> Familiarize yourself with the different elements of an MFL       | <b>Introduction to the MFL Module</b> |
| <input type="checkbox"/> Familiarize yourself with key terminology in the glossary        | <b>Glossary</b>                       |

| Key audiences for this module:   |
|--|
| <ul style="list-style-type: none"> <li>• MFL key stakeholders</li> <li>• MFL Steering Committee (if one exists)</li> <li>• Persons designing the assessment</li> <li>• Assessment team leader</li> </ul> |

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

## Figure 1: MFL Assessment—Module Outline

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



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### 1. WHAT DO WE MEAN BY “MFL ASSESSMENT”?

An MFL assessment can be:

- An evaluation of an existing Master Facility List (MFL) and its supporting environment (for example, policies, procedures, leadership, technology, infrastructure, and workforce) to determine if it is meeting users’ needs and how it can be improved, or
- In the absence of an existing MFL, an appraisal of existing health facility lists and the policy, institutional, and technological environment, to determine the best approach to establishing and maintaining an MFL.

An MFL assessment consists of:

- **Interviews:** Assessors interview a variety of stakeholders, including national-level officials, information technologists (e.g., HMIS officers, developers, persons involved in health information exchange), **data consumers** (e.g., HMIS managers, supply chain managers, donors, NGO staff, development partners, and anyone else who uses or could use the MFL), and **data curators** (i.e., those who maintain the data in existing facility lists, including the MFL, if one exists). In Section 3, we describe the types of information to be gathered through these interviews.

- Review of documents: Assessors review available documents relevant to the establishment or improvement of an MFL. These documents may include, national policy and strategy documents, health facility regulation guidelines, standard operating procedures related to facility lists, facility mapping information, and data specification documents.
- Review of data: Assessors examine the data included in the MFL and other facility lists (1) to identify the data elements in the lists, (2) to get a sense of the completeness and quality of the data, and (3) to identify gaps or discrepancies across lists.

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## 2. WHY UNDERTAKE AN MFL ASSESSMENT?

The purpose of an MFL assessment is to collect information that can inform recommendations and facilitate development of an action plan to establish or strengthen an MFL. The specific objectives vary depending on whether you already have an MFL or are looking to establish one.

If no MFL exists: An MFL assessment should be undertaken early in the MFL planning stage to determine how best to create an MFL in that country, and to inform the decisions involved in establishing an MFL.

When no MFL exists, specific objectives of the MFL assessment include:

- Develop an understanding of the policy, institutional, and technological environment in which the MFL will be established, that will shape its design
- Identify the stakeholders who should be involved or consulted in establishing an MFL
- Develop an understanding of the purpose an MFL will serve in that country (how the data will be used and by whom)
- Identify data sources for building the MFL dataset
- Determine what resources are available or will be made available for establishing the MFL

If an MFL exists: An MFL assessment can be undertaken to determine how well it is functioning.

If an MFL already exists, specific objectives of an MFL assessment include the following:

- Determine whether the MFL meets the needs of data consumers (are the data suitable, accessible, and easy to use)
- Determine if the policies and procedures associated with the MFL are adequate or need to be revised
- Assess whether the human and financial resources set aside for the MFL are sufficient

The *Key Considerations Module* describes several key aspects of an MFL that need to be decided early in the process. Anyone conducting an assessment should become familiar with these issues to be sure they are collecting the information needed to make decisions.

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### 3. AREAS OF FOCUS FOR AN ASSESSMENT

The MFL assessment should cover the seven key areas described below. The methods and focus areas for the assessment will be the same regardless of whether an MFL already exists.

1. Stakeholders
2. Existing facility lists (including the MFL if one exists)
3. MFL software and supporting infrastructure
4. Policy environment
5. Governance
6. Human resources
7. Financial resources

Each of the seven focus areas is described in detail below.

#### 3.1. Stakeholders

The first objective of the assessment is to identify stakeholders who can provide information relevant to the six other focus areas of the MFL assessment. Table 1 outlines the types of stakeholders who can provide the needed information. More details on the types of information to be obtained are included in the following sections of this module. It is important to note that individual stakeholders can have more than one role; for example, a specific national-level health official may also be a list manager, **data consumer**, and **data curator**.

**Table 1: Stakeholders who can contribute information to various focus areas**

| Focus area                                 | Types of stakeholders who can provide needed information  |
|--|---|
| Existing facility lists                    | <ul style="list-style-type: none"> <li>• Managers of existing facility lists</li> <li>• Data curators</li> <li>• Data consumers</li> </ul>  |
| MFL software and supporting infrastructure | <ul style="list-style-type: none"> <li>• Managers of the MFL and other existing facility lists</li> <li>• Local information technology companies</li> <li>• National-level HMIS staff</li> <li>• Persons involved in national eHealth activities</li> <li>• Data consumers who have used the existing software</li> </ul> |
| Policy environment                         | <ul style="list-style-type: none"> <li>• Persons with oversight of national eHealth efforts</li> <li>• HMIS managers</li> <li>• MOH officials</li> <li>• Persons involved with facility licensing and regulation</li> </ul>   |
| Governance                                 | <ul style="list-style-type: none"> <li>• Policy-makers</li> <li>• National-level health officials with authority to make decisions about the MFL</li> <li>• Sub-national level health officials</li> </ul>  |
| Human resources                            | <ul style="list-style-type: none"> <li>• Managers of existing facility lists</li> <li>• Local information technology companies</li> <li>• Implementing partners</li> </ul>  |
| Financial resources                        | <ul style="list-style-type: none"> <li>• National-level health officials</li> <li>• Donors and potential funders</li> <li>• Managers of existing lists</li> <li>• Developers</li> </ul>   |

It is important to talk to people who use, or potentially may use, facility list data (i.e., data consumers). From data consumers, you want to gather information about their data needs, such as how they need to access the data.

Questions to ask data consumers if an MFL exists:

- Does the stakeholder use the MFL? Why or why not?
- What is the MFL used for?
- Does the stakeholder use another facility list in addition to or instead of the MFL? Why or why not?
- How could the MFL be more useful?
- What are the stakeholder’s data needs?
- Does the MFL meet the users’ needs

**Figure 2: Potential data consumers**

- National and district-level HMIS staff
- NGO and implementing partners
- Donors
- Consultants who work with the government
- Researchers
- Supply chain managers
- Health financing officials

Questions to ask data consumers if an MFL does not exist:

- What facility list is the stakeholder currently using and why?
- How could the list be more useful?
- Does the stakeholder need or want an MFL? Why or why not?
- What are the stakeholder’s data needs?
- What difficulties are users having with the list?

This information can be used to determine the purpose, content, and functionality of an MFL, or it can be used to determine how an existing MFL can be improved. For more about stakeholders, see the *MFL Governance Module*, Section 2: Stakeholder Engagement.

### **3.2. Existing Facility Lists**

The MFL assessment must determine the existence, content, and quality of facility lists being used in the country. If an MFL already exists, it will be the primary focus of the assessment. However, you will also want to review other facility lists being used in the country because they can help in understanding: (1) why the MFL is not used by the stakeholders, (2) the level of duplication and discrepancies between the lists, and (3) what additional data are being collected that could be included in the MFL.



### ***Identify Existing Facility Lists and Data***

It is not unusual for a country to have several facility lists. The following are typical sources of facility lists:

- *The MOH* usually maintains information on health facilities in a county.
- *Health Management Information Systems (HMIS)* will have a facility list; however, these lists may not include private facilities.
- *Other government agencies* such as business registration offices, health worker registries, the central statistics office, disease-specific health divisions, and any regulatory body that is responsible for issuing licenses to health facilities will likely have lists of health facilities. Regional or state government offices may also maintain their own facility lists.
- *Non-government entities* that may keep lists include implementing partners, professional medical associations, and organizations involved in the distribution of medical commodities. These sources are often useful for identifying information on private, faith-based organizations (FBO), and NGO facilities.
- *Health facility assessment surveys* conducted in a country may have collected relevant facility information.

### ***Assess the MFL and Other Facility Lists***

Table 2 describes key criteria for assessing the facility lists. When no MFL exists, it is important to examine the data contained in the available facility lists in detail. This will help determine if any of the existing facility lists can be used as the foundation for the MFL.

**Table 2: Criteria for assessing the facility lists**

| Criteria for assessing facility lists     | Factors to consider  |
|---|--|
| How is the list used and shared?          | <ul style="list-style-type: none"> <li>• Who owns the list?</li> <li>• Who uses the list?</li> <li>• What is the list used for?</li> <li>• Is the list shareable and accessible?</li> <li>• What are the challenges associated with using and maintaining the list?</li> <li>• Does the list pull data from the MFL? If yes, what data?</li> </ul>   |
| What data about facilities are included?  | <ul style="list-style-type: none"> <li>• Does the list contain all the data elements needed for the MFL?<sup>1</sup></li> <li>• If not, what data are missing?</li> <li>• Does the list include unique identifiers, and are these consistent across lists?</li> <li>• Are the data elements defined according to <b>data specifications</b> for the MFL?<sup>2</sup></li> </ul>                        |
| Is the list comprehensive?                | <ul style="list-style-type: none"> <li>• What types of facilities are included in the list?</li> <li>• What definition of a “health facility” is used for the list?</li> <li>• What is the geographic coverage of the list?</li> </ul>   |
| Are the data up-to-date?                  | <ul style="list-style-type: none"> <li>• When was the list updated last?</li> <li>• Was it updated in its entirety (for all facilities and all data elements)?</li> <li>• What data sources were used to update the list?</li> <li>• What methods were used for updating the list?</li> <li>• Were the data validated following the update?</li> <li>• How were they validated and by whom?</li> </ul> |
| Do the data appear to be of good quality? | <ul style="list-style-type: none"> <li>• Do the list managers and users trust the data?</li> <li>• How many facilities have missing data?</li> <li>• Are there obvious errors in the data?</li> </ul>  |

<sup>1</sup> See *MFL Data Content Module*

<sup>2</sup> Data specifications should be pre-defined, prior to establishing the MFL. See the *MFL Data Content Module* for more information.

| Criteria for assessing facility lists | Factors to consider  |
|---------------------------------------|--|
|                                       | <ul style="list-style-type: none"> <li>• Using a basic online map, do the locations appear correct?</li> <li>• If resources are available, you may do some data quality checks by selecting a few facilities and verifying directly with them that the data in the list are accurate.</li> </ul> |

It is likely that you can obtain most of the criteria for assessing the facility lists from the persons charged with managing the lists, but data consumers will also provide valuable information about accessibility and data quality. Additionally, review any available list-specific documentation on content, governance, maintenance, and use of the facility list.

### 3.3. Facility Registry Service: Software and Supporting Infrastructure

The assessment determines how data for the MFL are stored and shared, and what software and supporting infrastructure are needed for the MFL.<sup>3</sup>

If an MFL exists, determine what type of software or **facility registry service** is used to house the MFL, what it does, and whether it meets the needs of data consumers.

- What software or facility registry service is used to store the MFL?
- Where is the MFL being hosted (i.e., cloud-based or local)?
- Who developed the facility registry service?
- Who can use the facility registry service, and for what purposes?
- Does the facility registry service allow for:
  - MFL data to be shared (downloaded, exported)?
  - Data consumers to search and sort the data?
  - Persons to suggest changes to the data?
  - Interoperability with other information systems?
- What workflows exist to use and update the facility registry service?
- What challenges have users (**data curators** or **data consumers**) encountered when using the service?

If an MFL or facility registry service does not exist, gather information to understand which software and supporting infrastructure can be used to house, support, and share the MFL once

<sup>3</sup> See the *Establishing a Facility Registry Service Module*

established. You will want to ask what software is used for existing facility lists and how well it works.

In all cases, you will want to gather information about the technological infrastructure to determine:

- Whether barriers to technology exist (i.e., electricity, servers, band width, and computers) at different levels of the system, and the implications for the facility registry service
- Whether other information systems need to interact with the facility registry service
- What data standards are being used by these systems
- Whether any infrastructure updates are planned

Review any available data specifications and e-Health strategy documents (see Policy section below).

This information can be obtained from national officials or HMIS staff and local information technology firms or consultants. It can be used to inform how the facility registry service is developed or improved to meet the needs of data consumers, given any infrastructure constraints.<sup>4</sup>

### **3.4. Policy Environment**

Another goal of the assessment is to understand the policy environment and regulatory framework surrounding the MFL. Policy generally sets the parameters for how facility data are collected and shared or disseminated. It is important to identify any policy gaps that need to be addressed. The following are questions to be considered:

- Is there a mandate for MFL implementation?
- Is the MFL part of the country's broader health information system strategic plan?
- What existing policies are applicable to the establishment and maintenance of an MFL?  
Examples of such policies include the following:

- Policies on the regulation and accreditation of health facilities
- Policies about data sharing and where data need to be hosted
- eHealth policies
- Policies about data use
- National open data policy

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<sup>4</sup> See the *Establishing a Facility Registry Service Module* for more information.

It is likely that you can obtain this policy information from the MFL **steering committee**, if one exists. If not, the information can be obtained from various government officials. Review any documents available on classification and regulation of health facilities, e-Health or m-Health strategies, and MOH strategies and policies. This information can be used to determine if additional policies need to be developed, if stakeholders need to advocate for policy changes, or how an MFL strategy and implementation plan can be aligned with existing policies.<sup>5</sup>

### **3.5. Governance**

The assessment also aims to understand how the MFL is governed, if an MFL already exists, or to obtain input to set up a governance structure, if there is no MFL. An assessment can help inform the following questions:

- Is there a national authority responsible for the MFL?
- Is there an institutional home for the MFL?
- Who makes decisions regarding content and implementation for the MFL?
- What stakeholders are consulted about these decisions?
- Is there a technical working group that meets regularly to discuss how the MFL is functioning and what improvements are needed?
- Does the governing body regularly consider how the MFL fits in with other health information systems in the country?
- Is there a costed strategic plan for the MFL?
- Do data consumers feel they have a voice in shaping how the MFL is implemented?
- What challenges exist, or do respondents foresee, related to governance of the MFL?
- Are there terms of references or standard operating procedures to describe the processes to be followed in establishing and maintaining the MFL?

This information, typically gathered from the MFL manager or steering committee, other list managers, or national-level officials, can be used to improve or develop a governance structure for the MFL.<sup>6</sup>

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<sup>5</sup> See the *MFL Governance Module*, Section 3.3: Policy Environment, for more information on policies relevant to the MFL.

<sup>6</sup> See the *MFL Governance Module* for more information on establishing a governance structure for the MFL.

### 3.6. Human Resources

Another goal of the assessment is to understand human resource needs for establishing and maintaining an MFL.

If an MFL exists, you want to gather information about the number of staff involved in MFL support by level, responsibilities, level of effort, organization, and phase (that is, establishment and maintenance). Additionally:

- Is there staff dedicated solely to the MFL?
- Are staffing levels sufficient to support the MFL?
- What additional support or training do staff need?
- Have roles and responsibilities been clearly defined?
- Are any positions unfilled? If so, why?
- Does the MFL primarily rely on local staff or on international consultants?
- Is staff turnover high?
- Is there sufficient recurring funding for staffing?

If an MFL does not exist, you want to gather information to inform how human resources could be organized based on existing structures and capacity.

- Who will provide staff to manage the establishment and maintenance of the MFL?
- Is there capacity within the MOH or with other local partners to fill the necessary positions?
- What types of training will be required?

You will also want to gather information about human resources associated with establishing and maintaining any facility lists that are in use, other than the MFL, to determine the level of duplication of effort. This information can be collected from MFL managers, national officials, and managers of other facility lists. Review any existing job descriptions, standard operating procedures, and job aids available.

#### Figure 3: Human Resources Needs

- Data curators to maintain, update and validate the MFL regularly or continuously
- Data collectors to gather new data for the MFL
- Data sources to provide updates, when facility data changes
- MFL manager(s) to oversee the implementation of the MFL
- Software developers to create and maintain the facility registry service and to adjust it to meet evolving data consumer needs
- Steering Committee to facilitate high level oversight and funding
- Trainers and supervisors

This information can be used to determine if human resources are adequate for MFL establishment and maintenance, and if not, to develop plans to ensure that human resources needs are met.<sup>7</sup>

### 3.7. Financial Resources

The final goal of the assessment is to understand both the financial resources that are needed and those that are available to establish and maintain an MFL.

- Who is funding the establishment of the MFL?
- Has a costed action plan been developed?
- Is there a budget line in the national budget for MFL maintenance, including the support of any information technology components?
- What are other potential funding sources?
- What are the costs of maintaining other facility lists, and how are these currently covered?
- Are there opportunities for cost sharing with other initiatives that use the MFL?
- Do the stakeholders understand what establishing and maintaining an MFL costs?

This information, typically obtained from facility list owners, HMIS staff members, MOH budget planners, and donors, can be used to advocate for adequate funding from the government, to target potential funders, and to better understand the level of project activity that is possible—taking into consideration funding constraints—versus what is desired if funding were limitless.

#### Figure 4: Common Tasks that Require Financial Commitments

- Data collection to fill gaps in MFL
- Staffing to oversee processes to establish the MFL
- Harmonize and clean data from facility lists
- Develop a facility registry service
- On-going technical support for the facility registry service
- Staff to manage, and curate the MFL over the long-term
- Training sub-national staff to collect data, validate MFL data, and use the facility registry service
- Develop SOP, policies and job aids in support of MFL
- Meetings of MFL Steering Committee or technical working groups
- Communication

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<sup>7</sup> See the sub-section titled: *Maintenance Workforce* under Section 3.3 of the *Maintaining the MFL Module* for more information on human resources needed during the maintenance phase of the MFL.

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## 4. IMPLEMENTING THE ASSESSMENT

### 4.1. Who Should be Involved

An MFL assessment can be implemented by any organization; it does not need to be implemented by the MFL managers or **steering committee**. However, the steering committee (if it exists) and other key stakeholders (e.g., health facility list owners) should be involved in the assessment design. They are the primary audience for the assessment findings, and recommendations and next steps require consensus from this audience. It is important to include someone who understands information technology so they can assess issues related to the facility registry service.

### 4.2. Resources and Timelines

The assessment fieldwork, including interviews and document and data review, can be implemented by a small team of two or three people over a two to four week period, depending on the number of facility lists and stakeholders involved. Additional time will be needed for design and analysis. During the assessment design phase, it is advisable to hold one or more meetings with key stakeholders to determine the purpose and scope of the assessment and to begin identifying persons who need to be interviewed. After the fieldwork is conducted, it may take another week or two to analyze the results, write a report, and disseminate the results to key stakeholders.

Ultimately, the scope of the assessment will depend on the funding available to carry it out. It is important to keep this constraint in mind as you plan for and design the assessment. Below is a timeline and checklist to guide assessment preparation, fieldwork, analysis, and dissemination of results; it can be adapted to fit your needs.

- Assessment preparation (2 weeks)
  - Convene a stakeholders' meeting to determine if an assessment is needed, and if so, to identify: (1) the purpose of the assessment, (2) the potential implementers, and (3) the financial resources needed and available.
  - Determine who will implement the assessment and what training they may require to do the fieldwork.
  - Define the purpose, scope, and timeline of the assessment.
  - Identify respondents and existing facility lists. Decide which lists to include in the assessment.
  - Develop the tool that will be used to guide the assessment.



- Train the persons who will be carrying out the fieldwork. It is important for the fieldwork team to have a thorough understanding of the MFL. The interviewers will need to have read all the modules in the Resource Package and be familiar with the data collection tools that have been prepared.
- Reconvene stakeholders to review the assessment tool, finalize logistics, and ensure buy-in.
- Assessment fieldwork (2-4 weeks)
  - Interview key stakeholders and informants for the seven focus areas described above
  - Review key documents (e.g., policies, standard operating procedures)
  - Review facility lists as described in Section 3.2 above.
- Assessment analysis and dissemination (2 weeks)
  - Review information collected during the fieldwork.
  - Present preliminary findings to key stakeholders and solicit feedback from them.
  - Draft an assessment report that includes findings and recommendations.
  - Disseminate the findings and recommendations via a stakeholder meeting.

When the findings are available, stakeholders—particularly those leading the establishment or strengthening of the MFL—must determine how best to use the findings. The results can serve as a roadmap for addressing gaps that exist between the data that are available and the data that are needed. A detailed action plan should be developed, prioritized, and costed. In some cases, discussing the assessment results with people external to the project, who are experienced in establishing and strengthening an MFL, can provide guidance in moving the MFL forward.

### **4.3. Data Collection Tool**

To standardize data collection across various types of respondents and to ensure that the interviewers collect all the information needed to inform recommendations and next steps, a tool should be used to implement the assessment. Ideally, the assessment will cover all seven focus areas described in this module, but the content of the final adapted tool will depend on the purpose of the assessment and the types of information key stakeholders need to inform next steps.

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## 5. CHALLENGES

| MFL Assessment Challenges |   |
|---------------------------|---|
| Challenge                 | Potential solution  |
| Too many facility lists   | <ul style="list-style-type: none"><li>• Gather information about the purpose of the lists from the list managers and users.</li><li>• Narrow the number of facility lists to those you want to examine in greater detail regarding content and data quality.</li></ul>  |
| Insufficient funds        | <ul style="list-style-type: none"><li>• The assessment is a critical step and an effort should be made to cover all focus areas to get a complete picture of the MFL situation. However, when this is not possible, prioritize questions that need to be answered and select the most relevant focus areas.</li></ul> |

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# 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              |
| Noah Bartlett        | USAID, Bureau for Global Health     |
| Clara Burgert        | The DHS Program/ICF                 |
| 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              |

| <b>Meeting Participants</b> | <b>Affiliation</b>              |
|-----------------------------|---------------------------------|
| Andrew Inglis               | Deliver Project/JSI             |
| 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             |
| Annah Ngaruro               | MEASURE Evaluation/ICF          |
| Kola Oyediran               | MEASURE Evaluation/JSI          |
| Jason Pickering             | Consultant/DHIS2                |
| John Spencer                | MEASURE Evaluation/UNC          |
| Charity Tan                 | MOH Philippines                 |
| Scott Teesdale              | Open HIE/InSTEDD                |
| Kavitha Viswanathan         | WHO                             |
| 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.**

| <b>Name</b>      | <b>Affiliation at time of participation</b> |
|------------------|---|
| Ian Wanyeki      | Health Policy Project/Futures Group         |
| 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                             |
| Alyson Rose-Wood | Office of Global Affairs/HHS                |
| Dykki Settle     | iHRIS/IntraHealth                           |
| Jim Setzer       | Abt Associates, Inc                         |
| Ashely Sheffel   | Consultant/WHO                              |
| Brian Taliesin   | Digital Health Solutions/PATH               |
| Ola Titlestad    | DHIS2/University of Oslo                    |

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