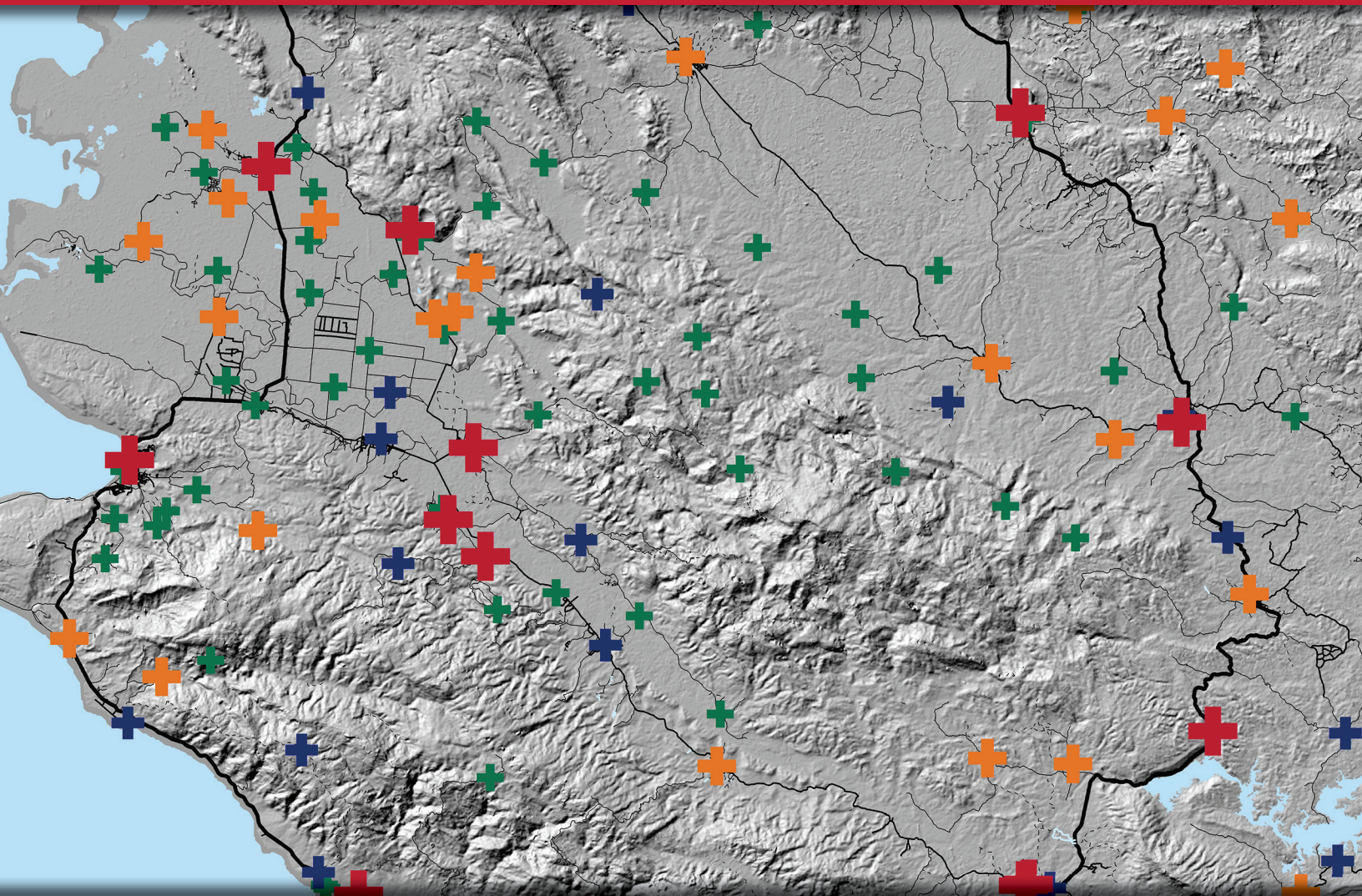# MASTER FACILITY LIST RESOURCE PACKAGE:

*Guidance for countries wanting to strengthen their MFL*

## Module 3: Key Considerations for the MFL

May 2017

**DRAFT**

# KEY CONSIDERATIONS FOR THE MFL

This module discusses critical issues and decisions regarding the MFL that need to be resolved early in the planning process. They include decisions on leadership of the MFL, purpose of the MFL, institutional home for the MFL, types of facilities to include in the MFL, type of software used to store and share MFL information, and overall workflows of the MFL. The module provides guidance on key factors to consider when making these decisions.

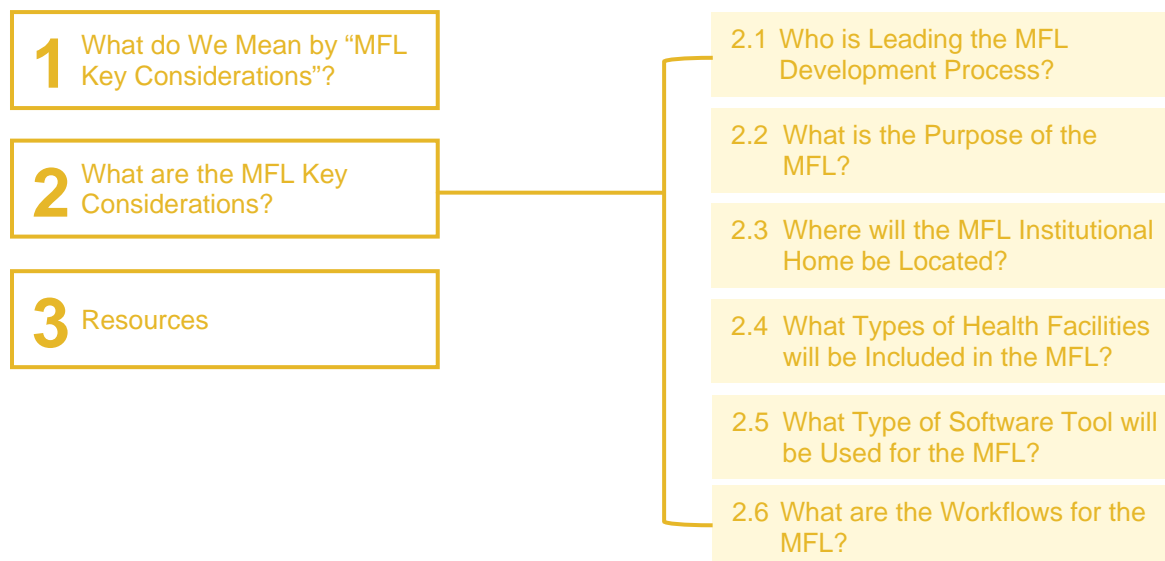| Checklist of things to do before using this module | Module where information is located |
|---|---|
| ☐ Establish a steering committee | **MFL Governance Module** |
| ☐ Engage stakeholders to participate in the decision-making process | **MFL Governance Module** |
| ☐ Completed an assessment of the MFL status (if possible) | **MFL Assessment Module** |

### Key audiences for this module:

- MFL steering committee
- Managers who will directly oversee the MFL development process
- Implementers who will assist in establishing the MFL

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

**Figure 1: MFL Key Considerations—Module Outline**

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

**1** What do We Mean by "MFL Key Considerations"?

**2** What are the MFL Key Considerations?

**3** Resources

2.1 Who is Leading the MFL Development Process?

2.2 What is the Purpose of the MFL?

2.3 Where will the MFL Institutional Home be Located?

2.4 What Types of Health Facilities will be Included in the MFL?

2.5 What Type of Software Tool will be Used for the MFL?

2.6 What are the Workflows for the MFL?

## 1.   WHAT DO WE MEAN BY "MFL KEY CONSIDERATIONS?"

Key considerations regarding an MFL are the critical issues and decisions that need to be resolved early in the development process. They include decisions about who will lead the MFL development process; what is the purpose of the MFL; where will the MFL institutional home be located; what types of facilities will be included in the MFL; what type of software solution will be used to house and share the MFL; and what are the general workflows associated with data management? All these decisions are important because they directly influence the development process. Without resolving these key considerations up front, successful implementation of the MFL will be challenging.

## 2.   WHAT ARE THE MFL KEY CONSIDERATIONS?

### 2.1   Who is Leading the MFL Development Process?

The first key decision to be made is who will be leading the process of establishing and strengthening the MFL. It is recommended that a **steering committee** be formed to oversee the planning and implementation of the MFL. Careful consideration should be given to the selection of persons who will make up the committee. Ideally, the steering committee will include:

- Ministry officers who have the authority or connections needed to push the MFL agenda forward, make important decisions, secure funding and delegate tasks;

- Individuals who can advise on data requirements, data sources, and mechanisms for data collection;

- Individuals who can advise on the technological solutions for the **facility registry service** that will store and share the MFL data;

- At least one representative from the technical working groups (TWG) set up to implement key MFL activities.[1]

The steering committee can be an existing body tasked with new responsibility for the MFL or a newly formed committee.

The steering committee will be responsible for bringing together key stakeholders and getting consensus on the other key decisions outlined in this module. The primary responsibilities of the steering committee in the early stages of establishing the MFL include:

- Promoting the wider engagement of stakeholders

- Fostering decision-making through consultation and consensus

- Ensuring commitment and buy-in for the MFL

- Planning for establishment of the MFL including securing resources and setting up technical working groups to carry out specific activities in support of the MFL

The *MFL Governance Module* provides more details about the steering committee including specific roles and responsibilities regarding the MFL development process.

## 2.2    What is the Purpose of the MFL?

Prior to establishing the MFL, it is important to clarify what role the MFL will play in the overall health system, whether it will be part of a broader eHealth strategy, and how it is expected to contribute to the generation of strategic information.

It is also important to understand how stakeholders will want to use the MFL and what they hope the MFL can do for them. Defining **requirements** (and expectations) for the MFL is an important first step because it establishes the foundation for subsequent decisions regarding the MFL. The process helps determine the specific data the MFL will contain and what functionalities the **facility registry service** (the software platform that stores and shares the

---

[1] See the *MFL Governance Module* for a description of the TWG. Also refer to the *Establishing the MFL Dataset* and *Establishing the Facility Registry Service* and *Maintaining the MFL* modules for more on what the TWGs will be tasked with.

MFL data) should have. The steering committee will help to define the MFL requirements through consultation with stakeholders and MFL **data consumers**.

Current and potential MFL data consumers should also be asked what they want facility data for and how they need to interact with it.[2] Gathering this information can be done through collecting "**user stories**" that describe the type of user, what they want, and why they want it.

The needs of potential MFL users vary substantially, as illustrated in the text box to the right. It is useful therefore to list all the requirements presented, and then prioritize them according to those the MFL can accommodate and those beyond the scope of the MFL. For example, it may not be realistic for the MFL to include all community distribution sites. If resources are limited, it is important to determine which requirements can be addressed immediately (e.g. obtaining a full list of public facilities) and which can be addressed at a later date (e.g. adding information about services offered).

**Figure 2: Examples of possible user requirements**

- The HMIS needs a list of all public facilities with unique IDs so that it can pull data from different health programs (e.g. malaria or HIV/AIDS) to get a full picture of service provision at the facility level.
- A donor needs the MFL to include service data so it can know which facilities in specific districts offer HIV/AIDS services.
- Disaster response teams need to know the exact location and number of beds in tertiary care hospitals to refer patients in an emergency.
- Supply chain managers need a list of all sites (including pharmacies and community distribution points) that dispense drugs.
- A researcher needs to sort facilities by type and location, and then download the list to a spreadsheet.

While it is important to understand the full range of user requirements, it is also important that the expectations for the MFL (what it can and cannot do) should be set early in the process, and that these expectations be realistic and attainable. It is likely that the MFL will not be able to meet all data consumer needs, so transparency in the decision-making process is important.

## 2.3.  Where Will the MFL Institutional Home be Located?

The institutional home is where the MFL is established and maintained. The institutional home typically provides the following: oversight and management of the MFL, coordination and leadership, and dedicated staff support for the MFL. An institutional home should be accountable, transparent, and have the capacity needed to ensure the effective long-term maintenance of the MFL.

When deciding on the institutional home for the MFL, there are several factors to consider:

---

[2] See the *MFL Assessment Module* for more information on interviewing stakeholders.

- Who has oversight and authority over health facilities (including private health facilities)?

- Is the institution best suited to manage and maintain the MFL?

- Are the necessary financial and human resources available?

- Does the institution have the ability to mobilize resources to support the MFL?

- Can the institution ensure the independence of the MFL as a standalone list?

- Does the institution have the ability to coordinate across stakeholders?

- What specific office or team within the institution will lead the MFL process?

- Does the team have the necessary skills (including data management, GIS, and information technology) to maintain the MFL?[3]

The institutional home of an MFL is often a sub-division of the Ministry of Health. Typically, countries have one primary owner or institutional home for the MFL but this is not always the case; in Tanzania, three groups share ownership of the MFL.

It is important to identify any limitations associated with the institutional home and to propose solutions that will mitigate these limitations. It is also important to clearly state the relationship between the institutional home and the steering committee. The *MFL Governance Module* discusses the roles and responsibilities of the institutional home in more detail.

---

**CASE STUDIES: INSTITUTIONAL HOMES**

*Haiti:* In Haiti, the unit of Planning and Evaluation was a natural fit to house the MFL and it is now central to the MFL governance process in the country. Establishing the MFL within this unit has proven successful because the unit now uses data from the MFL in its routine health information system.

*Tanzania:* In Tanzania, three groups have ownership of the MFL: the Directorate of Curative Services, the Information and Communication Technology Unit, and the M&E and HMIS division. All were instrumental in moving the MFL forward and had an important stake in its implementation. Having multiple owners requires additional coordination, but can be successful if carefully managed.

---

## 2.4.     What Types of Health Facilities Will be Included in the MFL?

An important decision is determining the types of health facilities that will be included in the MFL. Typically, health services are offered through a variety of service delivery points. It is

---

[3] See the *Maintaining the MFL Module* for a description of human resources needed.

important to give careful consideration to deciding which of these should be included in the MFL and to be aware of the implications of adding different types. In deciding which facilities to include you will need to answer the following questions:

### *What Constitutes a Heath Facility?*

It is unrealistic to include all the locations where health providers offer services (for example, if they do so out of their own home). Therefore, it is recommended to develop minimum standards to define what a health facility is and to determine eligibility for inclusion in the MFL. If national standards exist for licensing health facilities, those can be used. Also, decide whether laboratories or pharmacies are to be considered health facilities for the purposes of the MFL.

### *What Types of Health Facilities to Include in the MFL?*

Once you have defined what a health facility is, you need to decide which types of health facilities to include in the MFL. The box at the right gives examples of different types of health facilities that may exist in a country. The decision regarding which facilities to include in the MFL will depend on:

**Figure 3: Types of Health Facilities to Consider**

- Laboratories
- Pharmacies
- Community health post
- Mobile clinics
- School clinics
- Jail clinics

- How much demand there is for information about these types of facilities and how critical the information about these facilities is to stakeholders

- The feasibility of collecting and validating the data about these facilities on an ongoing basis

- What data sources exist for acquiring information about these facilities

- The additional budget and human resources needed to maintain the list (the greater the number of facilities the greater the resources needed)

### *Will Both Public and Private Health Facilities Be Included in the MFL?*

When making the decision whether to include private facilities along with public facilities in the MFL, it is important to understand the limits of feasibility of identifying all private facilities, and gathering the necessary information from those facilities on an ongoing basis.[4] The same criteria for deciding what types of facilities to include in the MFL (described above) can be applied here; in addition, there are the following considerations:

---

[4] The *MFL Data Content Module* lists the minimum information about each facility that should be included in the MFL.

- What data sources exist in the country that can be accessed to gather information about private facilities?

- Is there high turnover of private facilities or frequent changes in the types of services provide? If so, this will cause challenges for the maintenance of the MFL.

The types of facilities a country decides to include in the MFL vary from country to country. For example, Kenya wanted the MFL to have an inventory of every facility that was available to see patients, whether public or private. The decision-making process varies in other countries, as illustrated in the case studies below from the Philippines and Haiti.

---

**CASE STUDIES: SELECTING THE TYPES OF FACILITIES TO INCLUDE IN THE MFL**

*Philippines:* In the Philippines, the National Health Facility Registry (NHFR) limits the types of health facilities covered to Barangay (village) Health Stations, Rural Health Units, and public and private hospitals. Public and private hospitals are licensed and therefore easily monitored; this is not the case with other types of private health facilities. The vast number of unlicensed private facilities poses a challenge for health facility profiling, validation, and updating. They were therefore purposefully omitted from the original NHFR. Future plans for the NHFR include working to add other licensed private facilities such as infirmaries, medical out-patient clinics, psychiatric care facilities, drug abuse treatment and rehabilitation centers, and birthing homes.

*Haiti:* The 2010 Haiti earthquake highlighted the need for a comprehensive and accurate list of health facilities in the country and prompted the creation of an MFL. At the time, private health facilities provided 75% of the country's health care services. It was essential therefore to include private facilities in the proposed MFL. The Ministry of Health (MOH) and multinational partners realized there was no system in place to register the private health facilities into the MOH facility registry. Thus, the establishment of the MFL corresponded to the development of an online facility registry service. This online facility registry service included a system that required the private health facilities to register with the Ministry of Health to be able to provide health services in Haiti. This requirement spurred the private health facilities to work with the MFL stakeholders to supply their facility information.

---

## 2.5. What Type of Software Tool Will be Used for the MFL?

The MFL needs to be made accessible to stakeholders and **data consumers**. It is therefore important to determine how MFL data will be stored and shared. This requires determining what type of software solution, or **facility registry service**, will be used for this purpose. The simplest solution is to store the MFL information in a spreadsheet that can be emailed or downloaded. However, this greatly limits its functionality and the potential to use the MFL for more complex purposes such as for data exchange or managing change requests.

The *Establishing a Facility Registry Service Module* provides detailed guidance on selecting a software solution for the MFL and the steps needed to set it up. Here we highlight some key aspects to consider early in the MFL development process:

- Understand the ways in which **data consumers** need or want to interact with the MFL data. Collecting **user stories** helps to document the requirements for the facility registry service to ensure that it meets the needs of multiple stakeholders and data consumers.

- Develop a vision of the activities and functions the facility registry service should carry out.

  o What types of data requests need to be accommodated?

  o Is the purpose of the facility registry service simply to share data files? Or, do you want it to act as a **curation tool** for the MFL as well?

  o Does the facility registry service need to integrate with other information systems?

  o Who will have access to the MFL data? Do you need different permission levels?

- Determine what can be achieved both short-term and long-term with available resources. This may affect whether you need to develop a new facility registry service immediately, or you can wait until a later phase of the project.

- Ascertain the infrastructure requirements for your vision of the facility registry service (e.g. internet connectivity, servers, reliable electrical power, etc.) and whether it exists.

## 2.6. What are the workflows for the MFL?

Another key consideration is determining the overall workflows for the MFL. These workflows relate to data collection, data management, and data sharing processes. These issues are described in greater detail in the *Maintaining the MFL* and *Sharing the MFL* modules. However, because they will affect various subsequent MFL design issues, it is important to get clarity on the following questions:

- Is the MFL data management centralized or decentralized?

- How are new data or change requests submitted to the MFL?

- Who can submit data or change requests to the MFL?

- At what stage are the data validated and who is responsible for carrying out this task?

- Will the MFL data approval processes be centralized or decentralized?

- How does the facility registry service interact with and push or pull data to other information systems?

- What is the frequency and timing with which all these activities are carried out?

The processes outlined above depend in large part on the type of facility registry service used for the MFL and the functions it is designed to carry out. Therefore, decisions about the overall workflows need to be made jointly with those regarding the facility registry service.

## 3. RESOURCES

- Tanzania Data Management and Maintenance Workflows
- Examples of user requirements for MFL (OHIE)

# ACKNOWLEDGEMENTS

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 |

| Meeting Participants | Affiliation |
| --- | --- |
| 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.**

| Name | Affiliation at time of participation |
| --- | --- |
| 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 |