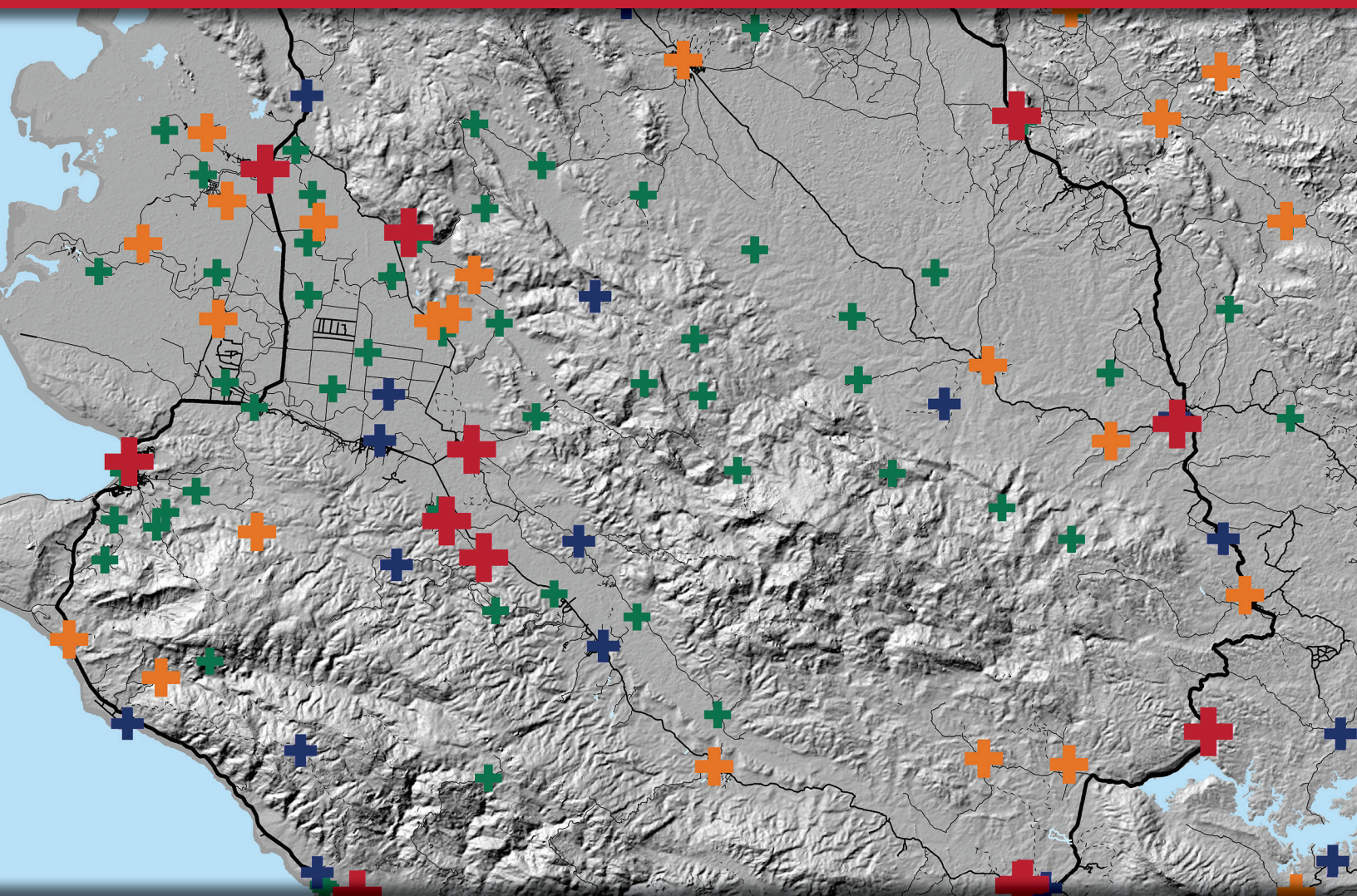# MASTER FACILITY LIST RESOURCE PACKAGE:

Guidance for countries wanting to strengthen their MFL

Module 4: MFL Governance

DRAFT

MFL GOVERNANCE

This module discusses the importance of establishing a governance structure for the Master Facility List (MFL) and describes four key elements of governance that are necessary to successfully establish an MFL. The key elements are leadership, stakeholder engagement, policy environment, and institutionalization and sustainability. The module concludes with a list of common challenges and potential solutions related to MFL governance.

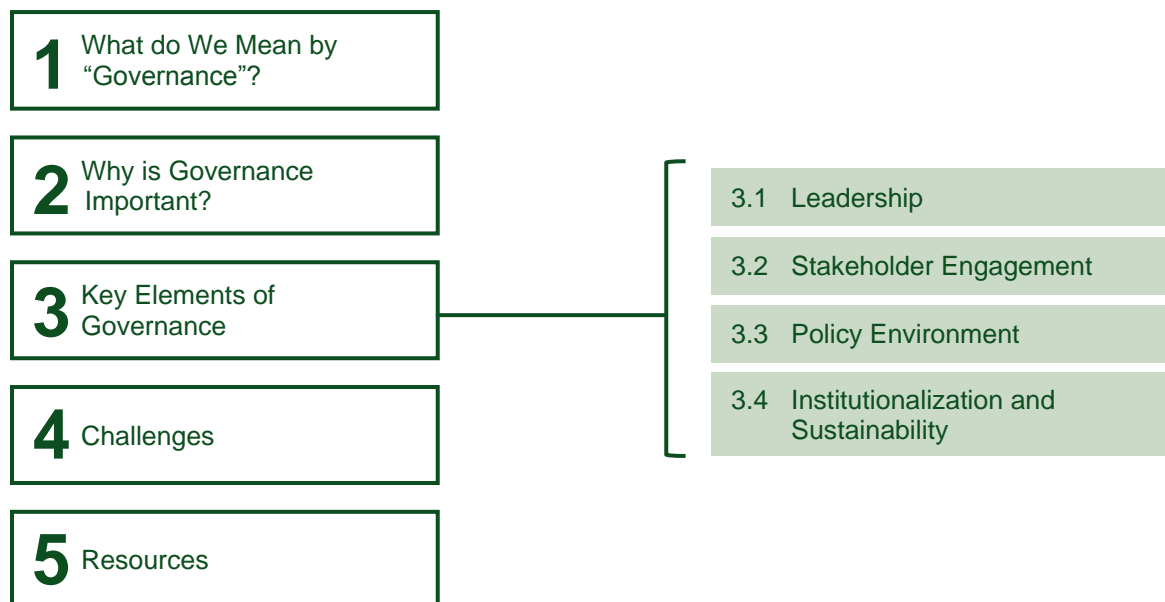| Checklist of things to do before using this module	Module where information is located
☐ Become familiar with the existing governance structures and procedures for health systems governance	**MFL Assessment Module**
☐ Prepare a list of potential MFL stakeholders	**MFL Assessment Module**

Key audiences for this module:

- Key stakeholders wanting to establish or strengthen an MFL
- Leadership in MOH or other involved ministries
- The MFL Steering Committee (once it is established)

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

Figure 1: MFL Governance—Module Outline

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

1 What do We Mean by "Governance"?

2 Why is Governance Important?

3 Key Elements of Governance

- 3.1 Leadership
- 3.2 Stakeholder Engagement
- 3.3 Policy Environment
- 3.4 Institutionalization and Sustainability

4 Challenges

5 Resources

1. WHAT DO WE MEAN BY "GOVERNANCE"?

Governance can be defined as the process through which rules and decisions are made, authority is granted, and institutions and stakeholders are managed. We outline four key elements of governance that are necessary for the success of an MFL: (1) leadership, (2) stakeholder engagement, (3) policy environment, and (4) institutionalization and sustainability. The overall goal of good governance is to generate quality results (i.e., an MFL that meets the needs of **data consumers**), accountability, and sustainability.

2. WHY IS GOVERNANCE IMPORTANT?

Among experts involved in establishing MFLs in various countries, sound governance is cited as the most important factor for MFL success.[1] A strong governance structure around the MFL is critical because it facilitates:

- A common vision and local ownership of the process of establishing an MFL
- Collaboration and the inclusion of stakeholders in the establishment and maintenance of the MFL
- Coordination and the pooling of resources that reduces duplication and increases efficiency
- Establishment of procedures, roles and responsibilities
- Transparency and accountability

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[1] The DHS Program conducted interviews with 24 MFL experts during research for this guidance document.

- A means of establishing and setting standards
- Integration across other systems and structures
- Continued commitment and the sustainability of the MFL
- A reduced burden on health system personnel, particularly during times of crises or high demand for health facility information

3. KEY ELEMENTS OF GOVERNANCE

3.1. Leadership

Strong, well-coordinated leadership is essential to the successful implementation of the MFL. Leadership is needed to: (1) advocate for the MFL, (2) provide oversight and direction for the establishment and maintenance of the MFL, (3) ensure a favorable policy and regulatory environment, (4) secure funding, and (5) facilitate planning to guide future investments.

Steering Committee

It is recommended that a **steering committee** be established to serve as the leadership body for the MFL. This should be done early in the planning phase so that the steering committee can help guide the process of establishing or strengthening the MFL.

Primary responsibilities of the steering committee:

- Promote stakeholder engagement (See Section 3.2 Stakeholder Engagement)
- Make critical decisions about the MFL through consultation and consensus
- Develop an overall vision and strategic plan for the implementation or improvement of the MFL
- Delegate responsibilities
- Push through the MFL agenda when roadblocks are encountered

Other responsibilities of the steering committee:

- Provide oversight to technical working groups engaged in activities concerned with the MFL
- Mobilize resources (human and financial) for the MFL through advocacy
- Ensure that legal and policy frameworks are in place to support the MFL (See Section 3.3 Policy Environment)
- Ensure that key management, operational, and financial structures are in place[2]
- Help determine the requirements for the MFL[3]
- Ensure that government leaders are briefed as needed
- Ensure open communication with stakeholders

[2] See *Maintaining the MFL Module* for more on inputs required to sustain an MFL.
[3] See *Key Considerations Module*.

- Develop a costed plan and prioritize activities
- Resolve conflict when needed. Discord over ownership of the MFL, reluctance to share data, and opposition to changing current systems and practices are common tensions that a leader or leadership body may need to resolve.

The composition of the steering committee needs to be carefully considered; a steering committee should include:

- Ministry officers who have the authority or connections needed to push the MFL agenda forward, make important decisions 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.[4]

The steering committee can be an existing body that is tasked with the additional responsibilities of establishing an MFL (e.g., an existing Health Management Information System (HMIS) or E-health committee), or it can be newly formed for this purpose.

A clear vision of the proposed MFL and the roadmap to be used in establishing the MFL will need to be clearly articulated by the steering committee. The exact role of the steering committee will vary according to the country context but will be driven by the needs of the countries. It is important that the steering committee:

- Have a clear vision of what it will be doing and how the decision-making process will operate
- Establish clear roles and responsibilities for all members
- Develop clear, documented rules/guidelines that facilitate addressing procedural issues such as changes in leadership and how leaders are selected or elected

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[4] See next section, Technical Working Group

Technical Working Group

In addition to a steering committee, it is necessary to create one or more technical working groups (TWG) to implement the procedures for establishing and maintaining the MFL and the **facility registry service**. The TWGs will develop detailed work plans for achieving predefined goals and will coordinate and manage the technical staff to carry out the work.

TWGs can include both local and international members:

- Implementing partners
- Government staff assigned to the MFL by their respective institutions
- Local research institutions and technology firms
- Consultants

In populating the membership of a TWG, it is important to include **data consumers** as well as technical staff, to be sure the needs of data consumers are considered in the overall design and structure of the MFL.

During the establishment phase, the work of the TWG will be more intense and will require a greater level of effort, staffing, and support than in the maintenance phase.[5] After establishment of the MFL and the facility registry service, the TWGs should rely more heavily on local staff to ensure continued support and sustainability of the MFL.

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[5] For additional information on these topics, see the following modules: *Establishing an MFL Dataset Module*, *Establishing a Facility Registry Service Module*, and *Maintaining the MFL Module*.

MFL Champion

Often an MFL champion plays a crucial role in (1) obtaining buy-ins and (2) bringing the appropriate stakeholders to the table. A "champion" is someone who advocates for the MFL, convinces stakeholders of the benefits of having the MFL, and secures commitments and the political will to establish or strengthen the MFL.

A champion is central to creating a common vision of what the MFL can be and what it can do. Depending on the context, "selling points" or "incentives" for having an MFL may differ. Some common benefits (selling points) include: avoidance of duplication, cost savings, increased access to data, and the ability to exchange data across information systems.[6] The champion will advocate for resources and see to it that progress and momentum are maintained for the MFL.

In many countries, the government, usually the Ministry of Health, is the key stakeholder for the MFL. It is important, therefore, that key personnel within the MOH understand the value of a well-structured, accurate MFL. Funders and potential partners also need to be enlisted. Finally, key stakeholders and governments may regard their current systems as "sufficient," and be reluctant to take action on the MFL. Then, the burden of proving the benefits of the MFL, or of justifying why the existing MFL needs to be improved, often falls to the MFL champion.

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[6] See *Introduction to the MFL Module*: Section 2. Value of an MFL

3.2. Stakeholder Engagement

Engagement of stakeholders early in the process of establishing an MFL is essential to guide the planning and decision-making associated with the MFL. Engaging stakeholders also encourages accountability and transparency through the open sharing of information on decisions and progress. A stakeholders' meeting at the onset is advisable to reach consensus on key aspects of the MFL including steering committee membership, and ownership and purpose of the MFL.

Stakeholder engagement should also occur at critical points in the decision-making process such as:

- Deciding the **minimum data content of the MFL** (see *MFL Data Content Module*)
- Determining where the MFL will be housed (see *Key Considerations for the MFL Module*)
- Establishing the **requirements** of the facility registry service (see *Key Considerations for the MFL Module* and *Establishing a Facility Registry Service Module*)
- Defining standard operating procedures for updating and maintaining the MFL (see *Maintaining the MFL Module*).

In addition to participating in the governance structure and decision-making process, stakeholders can play a critical role in providing information to shape MFL policy and can contribute to implementation of specific activities. They should continue to be engaged and consulted throughout the implementation and maintenance phases of the MFL. There are various types of stakeholders and their roles in supporting the MFL differ. Table 1 lists some of the key stakeholders to consider for inclusion in the MFL process, their potential roles and responsibilities, and their motivations or reasons for engagement in the MFL process. Conducting a stakeholder analysis and implementing a stakeholder engagement plan is often helpful. Workshops, meetings, and conferences are common avenues through which stakeholders can be engaged.

In the process of engaging stakeholders, it is important to consider the following:

- Cost of facilitating and maintaining stakeholder engagement
- Coordination mechanisms used by key stakeholders
- Competing donor initiatives
- Differing stakeholder agendas
- Ministries (likely critical stakeholders) have their own missions and agendas

Table 1: Stakeholders Relevant to the Overall MFL Process

Stakeholder	Roles and responsibilities	Motivations for becoming involved
Government ministries/local government agencies	- Leadership and governance - Create mandates and grant authority for decision-making - Provide financial resources - Facilitate networking and information sharing - Assign human resources to implement and manage the MFL - Grant authority for mobilizing sub-national staff for MFL data collection or verification - Provide existing lists - Provide maps - Agree on data sharing procedures - Housing the MFL	- Efficient use and distribution of resources - Limit duplication - Improved access to facility data - Interoperable systems and data exchange
Policy-makers	- Create policies to support the MFL - Align needed leadership - Mitigate resistance - Create mandates	- Efficiencies across government agencies - Time saving - Establishing good governance
Donors	- Contribute financial resources - Coordination - Identify partners - Data consumers - Define MFL requirements	- Need quality facility data - Improved M&E - Ability to better target programs and efforts - Eliminate need to develop and maintain their own facility lists - Interoperable systems and data exchange
Local NGOs	- Assist with MFL data collection and verification - Provide facility lists - Data consumers	- Need quality facility data - Ability to better target efforts - Use MFL for M&E
International NGOs	- Advocate for the MFL - Capacity building - Technical assistance to establish the MFL and facility registry service - Define MFL requirements - Provide resources - Data consumers - Provide facility lists	- Support government initiatives - Need quality facility data - Ability to better target efforts - Use MFL for M&E
CBOs/FBOs	- Assist with MFL data collection and verification - Provide facility lists - May own facilities: provide data for MFL - Advocate for the MFL	- Support government initiatives - Need quality facility data - Use MFL for M&E

(continued)

Stakeholder	Roles and responsibilities	Motivations for becoming involved
Private institutions and professional networks	• Provide data about facilities • Provide resources • Contribute staff with subject matter expertise • Technical assistance • Define MFL requirements	• Access to facility data facilitates business processes • Potential expansion of business based on MFL information • Interoperable information systems • Use for planning purposes • Enhancement of product offerings • Increased visibility
National health programs (malaria, TB, HIV)	• Provide existing facility lists • Provide data about facilities • Define MFL requirements • Data consumers	• Eliminate need to maintain own facility list • Interoperability with national HMIS and other information systems • Better able to target resources and efforts • Use of MFL for M&E
Data consumers (i.e., all those who use MFL data regardless of institution)	• Define MFL minimum data content • Define MFL requirements	• Access to facility data • Interoperable systems can exchange information • User friendly facility registry service facilitates access and sharing of MFL data
Technical users	• Have user rights	• Mobile portal • Analytical capabilities • Data linkages
MFL and technical staff	• Maintaining database • Maintain the facility registry service • Provide technical assistance • Seek ways to improve the MFL (add content, add functions to the FRT)	• Support government initiatives • Salaries • Performance reviews
Medical or clinical staff	• Data consumers • Contribute to data (identify information to be updated)	• Identify services available locally • Use MFL to identify facilities for referrals

3.3. Policy Environment

It is important to understand and shape the policy environment in which the MFL will exist. Polices are important because they provide guidance and regulation, establish compliance measures, and set limits on what can and cannot be done regarding MFL data. Policies also help align other stakeholders and development partners around a government-led MFL strategy.

The MFL will likely be regulated by national policies associated with health information systems, eHealth, and data sharing. The *MFL Assessment Module* discusses the need to evaluate these policies to understand how they may affect decisions about the MFL. During the course of the assessment you may identify opportunities for revising policies or for developing new policies if none exist. For example, if a country does not have a policy on open data and data

sharing, this may be a good opportunity to initiate a dialogue on how to structure such a policy in the context of that country.

Establishing policy specifically for the MFL can be helpful for the legitimization and sustainability of the MFL. The design and documentation of governance policy should be developed alongside decisions and solutions implemented for other aspects of the MFL. Prior to creating a policy, several issues need to be resolved[7]:

- Who leads the decision-making process and which key stakeholders should be involved
- If and how to institutionalize the MFL, and setting the requirements of the institutional home
- The degree to which public sharing of the data will be allowed/promoted

If the MFL is being implemented in stages and not all issues have been resolved upfront, a policy may be modified or expanded over time.

Generally, a MFL policy should define:

- Who is responsible for implementation, oversight, revisions or updates to the policy
- Who is accountable for the MFL and for the **facility registry service** that houses it
- How access to and sharing of the data will be granted
- What the funding mechanism is for the recurring costs of maintaining the MFL and what if any constraints or parameters are associated with the funding
- The required level of coordination between the various stakeholders needed for the establishment, maintenance, and sustainability of the MFL
- Who is responsible for defining required MFL data and elements

CASE STUDY: MANDATE FOR THE MFL

In the Philippines, an administrative order is being drafted which describes the role and responsibilities of each stakeholder and establishes the MFL (or "facility registry" as it is called there) as the unique official list of health facilities in the country. It will also mandate municipalities to provide the information necessary for the MFL.

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[7] The *Key Considerations Module* provides additional information on these decisions.

3.4. Institutionalization and Sustainability

Institutionalization

Institutionalization of an MFL involves embedding the entire structure within an institution and setting up standardized management procedures to maintain the MFL over the long-term. Institutionalization enables planning and the allocation of resources needed to implement activities in support of the MFL. It also makes the home institution accountable for how resources are spent and for continuing to deliver an MFL that meets the needs of the data consumers. The quote to the right highlights some of the negative aspects of not having an institutional home.

The institutional home typically provides the following: oversight and management of the MFL, coordination and leadership, and dedicated staff support for the MFL. It also assigns roles and responsibilities to other institutions that need to be engaged. Some best practices for institutionalization of the MFL include:

"A MFL, if it exists, is often a standalone activity, not institutionalized. There is a lack of funding and support for this type of long-term activity, and resource availability can restrict what might be needed to create, validate, and maintain an authoritative updated list" – from key informant interviews

- Having a mandate
- Having clear roles and responsibilities, management processes, and lines of authority
- Having well-defined standard operating procedures describing the various tasks and timelines for maintaining the MFL and the FRT
- Having a permanent line item in the budget to support the work

When deciding how to institutionalize the MFL and what management processes are most appropriate, it is important to align these with the overall governance structure in the country.

Governance structures are usually **centralized**, **decentralized,** or **federated**. The governance structure in which the MFL is situated will determine how decision-making processes and responsibilities are distributed. Regardless of the governance structure, coordination across the various levels of government and among key stakeholders is critical to successful governance of the MFL.

Types of Governance Structures

Centralized: One central authority is responsible for decision-making

Decentralized: Responsibilities are distributed from a central authority to other entities that also contribute to decision-making

Federated: Responsibilities and decisions are shared among multiple self-governing organizations

Sustainability

A critical governance consideration is how to "keep things going." Institutionalization of the MFL helps foster sustainability by making the institution and team accountable and by establishing management procedures. However, these activities alone are not sufficient over the long-term. Sustainability requires additional inputs, and consideration should be given to the following issues:

- How will the MFL be funded beyond the initial seed money?
- Is there a dedicated workforce to maintain the MFL and the facility registry service, and is the workforce adequately trained?
- Is there oversight to ensure that people are carrying out their roles and responsibilities?
- Is there a mechanism in place to get feedback from **data consumers** on how to improve the MFL?
- Are there systems in place to address the issues associated with high staff turnover (e.g., training more than one person to do a specific job, providing incentives to stay in current position)?

Funding is a critical first step and an important consideration both in the MFL development process and in the sustainability of the MFL. Funding sources vary but international organizations often fund the establishment of MFLs in countries where none exist. In such cases, thinking through what will be needed to maintain the MFL in the future, when these resources are no longer available, is critical. In-country funding for the MFL is ideal because it allows the MFL to be country-led and helps facilitate sustainability.

CASE STUDY: FUNDING THE MFL

In the Philippines, the World Health Organization (WHO) provided financial support during the initial stage of the health facility registry development. Subsequently, for the full establishment and sustainable maintenance of the facility registry, funding is through government budget support of the Knowledge Management and Information Technology Service unit.

4.   CHALLENGES

Establishing a governance structure for the MFL poses several challenges. Table 2 lists the MFL governance related challenges that can occur and potential solutions to these challenges.

Table 2: Challenges to Establishing the MFL and Potential Solutions

MFL Governance Challenges	
Challenge	**Potential solution**
Tensions between various stakeholders (ministries, donors, stakeholders)	• Steering committee and strong leadership as a means to mitigate challenges • Stakeholder meetings/workshops to establish common grounds for cooperation and collaboration • Democratic approach of consensus building and promotion of openness to sharing data/authority
Various authorities but lacking in power	• Use existing systems and power structures • Having policies with clear directives
Limited funding	• Cost a model before hand • Prioritize activities and build up the MFL in phases
High staff turnover	• Have clear written guidelines and standard operating procedures • Include detailed MFL-related duties in job descriptions • Train more than one staff person to fill a specific role (e.g., curating the database or validating data at the district level)
No champion	• Stakeholder analysis to understand how each would benefit from an MFL • Have the TWG use findings from the assessment to build a business case for the MFL
Lack of procedures	• Steering committee to establish guidance document or manual that outlines processes and procedures
Lack of buy-in from some stakeholders	• More advocacy on the benefits of the MFL

5. RESOURCES

- Ghana eHealth Strategy
- WHO National eHealth Strategy Toolkit

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

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