

Development of a Monitoring and Evaluation Framework for Master Facility Lists and Health Facility Registries in Nigeria

Background

A master facility list (MFL) is a complete account of all of the health facilities in a country that provide health services, listed by their location and a unique identifier. Nigeria's Federal Ministry of Health (FMOH), with support from the United States Agency for International Development (USAID), released a paper-based MFL in 2013. However, continuous updating of this list has been constrained by such challenges as the lack of a central online information system and the absence of clearly defined processes for updates.

Late in 2016, the FMOH, with support from USAID, restarted the project, by merging the 2013 MFL with 18 other facility lists, which are maintained by different organizations, to produce an updated, harmonized facility list. To address the need for a central online information system to manage MFL processes, the USAID-funded MEASURE Evaluation developed a health facility registry (HFR) system for the FMOH.

The FMOH Directorate of Health Planning Research and Statistics (DHPRS), with technical support from MEASURE Evaluation, developed the national MFL/HFR monitoring and evaluation (M&E) framework, presented in this brief, to monitor nationwide rollout and implementation. The DHPRS will coordinate the anticipated MFL/HFR rollout, with support from technical and financial partners.



Nigeria MFL/HFR M&E framework development workshop participants.

Methods

Nigeria's MFL/HFR national M&E framework for MFL/HFR implementation was developed at a participatory workshop. Participants were divided into small groups to ensure that all could give input and that the views of the range of stakeholders would be heard. Small-group discussions were followed by plenary presentations and discussions. The FMOH MFL core team consolidated the results from the plenary discussions in draft documents that were subsequently validated by the larger group.

The workshop started by introducing the following topics that are considered building blocks for successful MFL/HFR implementation, based on the MFL resource package¹:

¹ World Health Organization. (2018). Master facility list resource package: Guidance for countries wanting to strengthen their MFL Retrieved from http://www.who.int/healthinfo/country_monitoring_evaluation/mfl/en/



Adeleke Balogun (Acting Head of M&E, Department of Health Planning, Research & Statistics & Federal Ministry of Health) presents the M&E framework at the workshop.

- Updating and maintaining the MFL
- Incorporating geographic coordinates in the MFL
- Best practices for sharing the MFL
- Considerations for integrating the MFL with other HIS systems

Participants received case studies on MFL implementation in Haiti,² Tanzania,³ and Kenya. Small groups were asked to review these reference documents and develop a vision for MFL implementation in Nigeria. In the following presentations, the facilitators outlined the process for developing the logic model, identifying the problem, and proposing long-term impact. Once a clear vision for the long-term impact was agreed upon, the group proceeded to determine the outcomes, outputs, and necessary inputs. In the last stage, the working groups proposed specific, measurable indicators for measuring progress of MFL/HFR implementation toward the desired long-term impact. The indicators that the group defined will be used to report progress at quarterly meetings of the MFL technical working group (TWG). The MFL M&E framework developed at the end of the workshop was validated during an MFL TWG meeting held on August 9, 2018.

² Rose-Wood, A., et al. (2014). Development and use of a master health facility list: Haiti's experience during the 2010 earthquake response. *Global Health Science and Practice*, 2(3):357–365. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25276595>

³ Kitzantide, I. & Franco, L. (2015). Summary of key themes and suggestions from MFL implementation guidance document interviews. The DHS Program. Rockville, Maryland, USA: ICF International.

Figure 1. Framework for monitoring and evaluating master facility lists and health facility registries

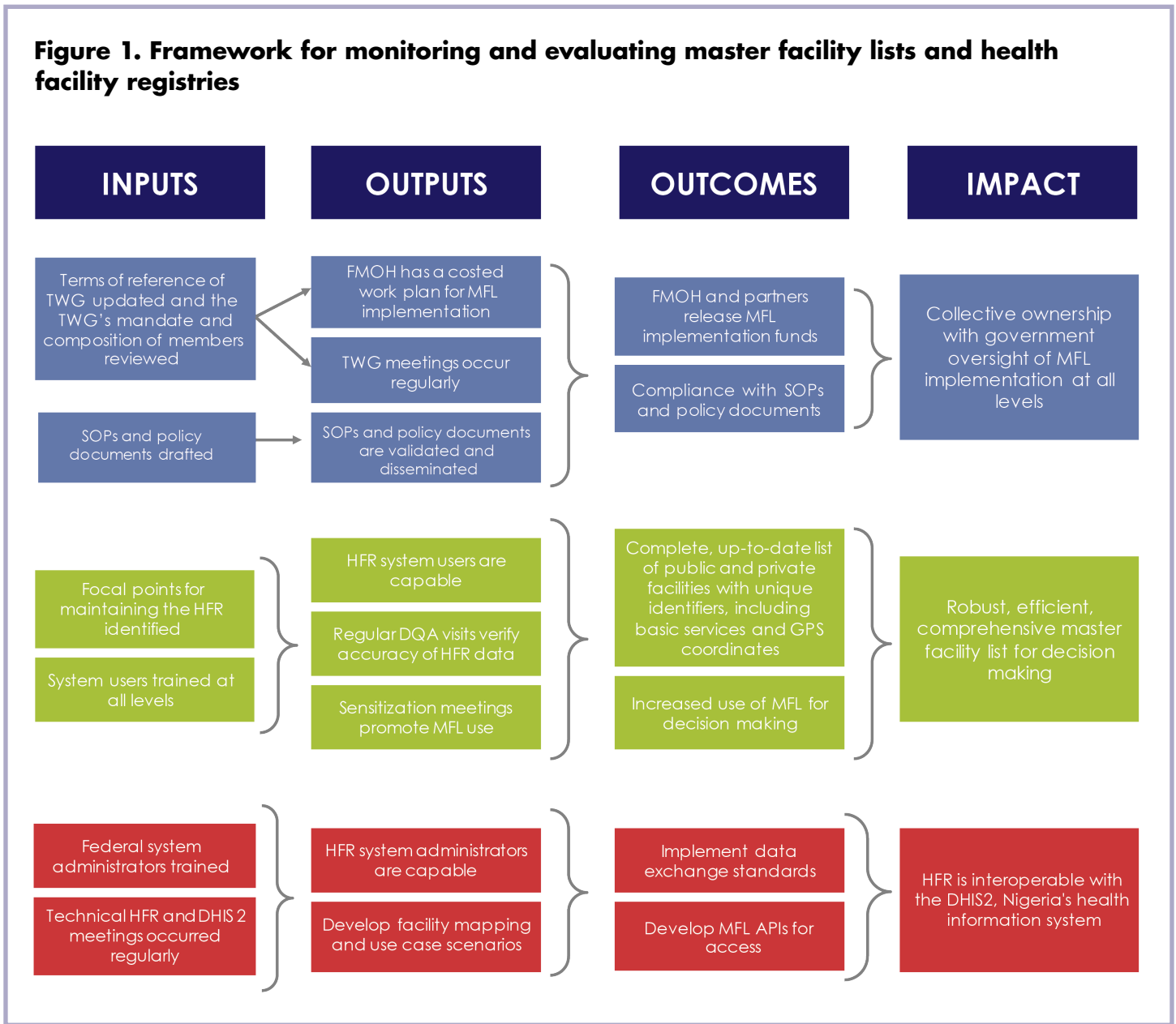


Figure 2. Master facility list and health facility registry indicators

#	Reference	Indicator	Unit of measure	Reporting frequency	Indicator group	Data source	Baseline		Type of indicator
							Year	Value	
Impact 1: Collective ownership with government oversight of MFL implementation at all levels									
1.1	TWG meetings occur regularly	Number of monthly MFL technical working group meetings held and meeting minutes disseminated in a year	Number	Quarterly	Output	Meeting reports			
	MFL implementation funds are released by FMOH & partners	Percentage funding contribution of government and partners to support implementation of MFL	Ratio	Annual	Outcome				
Impact 2: Robust, efficient, comprehensive master facility list for decision making									
2.1	HFR data quality	Percentage of health facilities with complete identification information	Percentage	Quarterly	Output	SQUAD			
2.2	HFR data use	Number of MFL data requests or downloads from HFR	Number	Quarterly	Output	HFR			
2.3	HFR data use	Number of visitors who browsed the HFR site per quarter (log-in rate)	Number	Quarterly	Output	HFR			
2.4	HFR data use	Percentage of local government authorities/ states who have made updates to the HFR in the past quarter	Percentage	Quarterly	Output	HFR			
Impact 3. HFR is interoperable with the DHIS2									
3.1	Technical meetings	Number of HFR and DHIS2 technical meetings conducted and meeting minutes disseminated in a year	Number	Annual	Input	Meeting reports			
3.2	System administrator	Number of states with trained HFR system administrators	Number	Annual	Output	Training reports			
3.3	Data exchange	Number of information systems using data exchange standards for interoperability with HFR	Number	Annual	Outcome	HFR			