



VERSION 1

Strengthening Health Systems Through FHI 360 Disease-Focused Programs

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ABBREVIATIONS

DFP	Disease-focused program
DHMT	District health management team
DHIS	District health information system
HIS	Health information system
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
HMIS	Health management information system
HRH	Human resources for health
HRIS	Human resources information system
HSA	Health system assessment
HSS	Health systems strengthening
LMIS	Logistics management information system
M&E	Monitoring and evaluation
PMP	Performance monitoring plan
PMTCT	Prevention of mother-to-child transmission
QI	Quality improvement
RDT	The FHI 360 Health System Rapid Diagnostic Tool
SAM	Service availability mapping
SARA	Service availability and readiness assessment
SOTA	State of the art
TB	Tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

Strengthening health systems is an international priority. Health systems strengthening (HSS) involves building capacity in critical components of the health system to achieve more equitable and sustained improvements across health services and health outcomes.

Research affirms the contribution of strong health systems to improving health outcomes, including disease-focused outcomes.¹ Increasingly, donors, researchers, and practitioners recognize that disease-focused programs (DFPs) and HSS go hand-in-hand, and the interactions between a DFP and a health system continue to be studied.

This guidance is meant to help FHI 360 staff create better HSS components for DFPs and design DFP strategies that contribute to HSS. Staff responsible for design or planning of DFPs may use the guidance while writing a proposal, developing annual work plans, or in the midst of implementing programs, as the needs or opportunities arise to strengthen health systems.

ABOUT THIS GUIDE

SECTION 1: DEVELOPING HSS OBJECTIVES FOR A DFP

This section helps program teams produce a collection of appropriate, specific, and achievable HSS objectives for a DFP. These objectives should be based on a clear vision for why and how the DFP can contribute to HSS. To support these aims, the section provides an overview of tools and processes to:

- i. Clarify the reasons why the DFP is contributing to HSS
- ii. Formulate HSS-specific objectives for the DFP

SECTION 2: DESIGNING HSS ACTIVITIES FOR A DFP

This section guides program teams on how to design HSS activities to achieve their clearly defined HSS objectives. It provides an overview of tools and processes to:

- iii. Brainstorm activities that will improve the system and achieve HSS objectives
- iv. Select the activities that are most feasible and likely to succeed
- v. Plan the activities

SECTION 3: MONITORING AND EVALUATING HSS FOR A DFP

This section provides program teams with guidance on how to design a strategy to monitor and evaluate the process, outputs, and/or outcomes of a DFP's HSS interventions. It covers tools and processes for the program team to:

- vi. Design a framework to monitor and evaluate HSS activities
- vii. Develop indicators to monitor and evaluate targeted health system improvements
- viii. Plan M&E implementation: baselines, ongoing monitoring, learning, and adaptation

ANNEXES provides definitions of terms and other useful resources

¹ World Health Organization Maximizing Positive Synergies Collaborative Group. "An assessment of interactions between global health initiatives and country health systems". *Lancet* 2009; 373: 2137-2169.

A DFP, no matter how elegantly designed or effective at achieving its objectives, may not contribute to HSS, and indeed, it could even have ill effects on the health system. Thus, there is a need to explicitly integrate systems thinking into proposal design, annual work planning, and evaluation. For DFP implementers, managers, and technical staff, however, explicitly integrating HSS into their program design and evaluation can prove abstract and elusive.

Designing an HSS component for a DFP does not require the same breadth or depth of HSS knowledge as a program devoted entirely to HSS. With a few tools and expert guidance, senior technical staff will be able to design “smart” HSS components for DFPs, which are appropriate, specific, and achievable.

SECTION

1 Developing HSS objectives for a DFP

The purpose of this section is to help program teams develop a collection of appropriate, specific, and achievable HSS objectives for a DFP.

This section helps program teams clarify their thinking about how their DFP can contribute to health systems strengthening. It presents tools and processes to:

- i. Clarify the reasons why the DFP is contributing to HSS (i.e. what is the intended relationship between the DFP and the health system?)
- ii. Formulate HSS-specific objectives for the DFP

i. CLARIFY THE REASONS WHY THE DFP IS CONTRIBUTING TO HSS

(i.e. what is the intended relationship between the DFP and the health system?)

Before formulating HSS objectives for the DFP, the program team should ensure they, and the key program stakeholders, have a shared rationale for why the DFP is seeking to strengthen the health system. This clarity of purpose will ease later

discussions and help achieve consensus on the DFP's HSS objectives and approaches. In Table 1, we have listed the most common reasons DFPs engage in HSS, but this is not an exhaustive list and reasons often overlap.

TABLE 1: REASONS A DFP WOULD CONTRIBUTE TO STRENGTHENING THE HEALTH SYSTEM

Possible reasons the DFP should strengthen health systems	Following this rationale, "systems improvements" are...	Put simply:	For example, a program to expand PMTCT services may want to...
1. Because there are weaknesses in the health system that inhibit the DFP's ability to achieve its results	changes to the system that will increase achievement of program disease objectives	To improve program performance	... build logistics management capacity of the central medical store, expand use of the district health information system (DHIS), and address staff shortages at primary care facilities, which are conditions for increasing the coverage of PMTCT services.

Possible reasons the DFP should strengthen health systems	Following this rationale, “systems improvements” are...	Put simply:	For example, a program to expand PMTCT services may want to...
2. To ensure the sustainability of DFP results	changes to the system that will help maintain program results after program funding ends	To ensure sustainability of results	... build Ministry of Health capacity and procedures to review and update service standards, which can be applied to PMTCT and other service areas now and in the future.
3. Because the DFP might have negative spill-over effects on other health outcomes in the context of a weak health system	stopping or mitigating the unintended effects that are harmful to other services	To eliminate negative and unintended consequences of programs	... design their trainings and incentives so that they do not have any negative/distorting effects on the delivery of other services.
4. Because the DFP could have positive spill-over effects on other health outcomes	reinforcing the unintended effects that are beneficial to other services	To maximize positive spill-overs	... expand a training in supply chain management for PMTCT clinic workers to include staff in other departments or facilities.
5. Because target beneficiaries of the DFP have other health needs that need to be addressed	changes to the system that will affect program beneficiaries' broader health needs	To address clients' comprehensive needs	... ensure that providers have the skills and supplies to reduce maternal and infant mortality at PMTCT sites.
6. Because the general population has other health needs that need to be addressed ²	changes to the system that will affect the population's broader health needs	HSS to help achieve national or local systems strengthening priorities	... improve district planning processes to use evidence and engage communities to ensure resources are allocated to address community health needs.

² This rationale for broad systems strengthening might be rare for a DFP, since it might significantly broaden the scope of the program. Often, a DFP will not have the flexibility to take on systems strengthening interventions that are not directly linked to their disease-focused objectives (1 and 2), current portfolio of activities (3 and 4), or target beneficiary needs (5).

ii. FORMULATE HSS-SPECIFIC OBJECTIVES FOR THE DFP

Once the program team has clarity about the rationale that will drive their HSS efforts, they can formulate their objectives for strengthening the health system.

An HSS objective is a desired change in the capacity of actors and institutions in the health system to perform critical functions and achieve health system intermediate outcomes (coverage, access, quality, efficiency, equity, or sustainability). These desired changes will often have effects across multiple health services and health outcomes. Ideally, these should be objectives for

creating capability within the health system to address challenges without continued inputs from the DFP. In other words, the objectives should not be quick fixes or temporary solutions. They should address underlying root causes of poor performance rather than the symptoms of poor performance.

The process for the program/proposal team to formulate their HSS objectives will be driven by their rationale for HSS (Table 2), which the team selected in Step 1.

TABLE 2: HOW TO FORMULATE HSS OBJECTIVES

HSS rationale	Process for developing HSS objectives
To improve program performance	<p>Conduct root cause analysis of key program constraints using the health system building blocks.³</p> <p>Convene the proposal/project team. Identify up to five major constraints to achieving the program objectives. For each of these constraints create a simple fishbone diagram using the health system building blocks as categories. For proposals, after completing all the fishbone diagrams, discuss which of these root causes, if addressed, would have the greatest effects on DFP objectives. For program planning, after completing these diagrams, gather evidence and consult with stakeholders to validate or invalidate these hypothesized root causes (i.e. first that these challenges exist and second that they are causally linked to the constraint) and then reconvene the program team to review the evidence and decide which of these, if addressed, would have the greatest effects on DFP objectives. Formulate HSS objectives for these “critical root causes”.</p>
To ensure sustainability of results	<p>Identify processes performed by the program which will need to be continued by the health system to sustain program results.</p> <p>For proposals convene the proposal team. For program planning convene the program team and key stakeholders. List the intended end-results of the program. For each of these results, list the functions that the health system will need to perform to sustain these results, e.g. continue to supply medicines on time, continue to train new hires in necessary skills, supervise/mentor staff, collect and analyze data, etc.⁴ For each of these functions, identify what actors or institutions need to be strengthened or established to carry out these functions after the program is over. The DFP’s HSS objectives will be to enable or improve performance of those functions by those institutions or individuals.</p>

³ The health system building blocks can be found on pp. 7-10 of the FHI 360 HSS strategy document, available here: http://fhinow/cbd/hssd/HSAD/Shared%20Documents/HSS_Strategy_to_Action_FINAL.pdf

⁴ Annex 9 of FHI 360’s Health System Rapid Diagnostic Tool provides an illustrative list of health system functions organized by building block: <http://degrees.fhi360.org/wp-content/uploads/2012/06/Rapid-Diagnostic-Tool-FINAL.pdf>

HSS rationale	Process for developing HSS objectives
To eliminate negative and unintended consequences of programs and/or to maximize positive spill-overs	<p>Identify potential negative and positive effects of planned DFP activities beyond the intended DFP outcomes.</p> <p>For proposals, convene the proposal team. For program planning, convene the program team and actors working in other areas of health that might be affected by program activities. Review the planned activities for the program and discuss potential negative and positive spill-overs that could result from these activities. For potential negative spill-overs, identify which are priorities for mitigating. For potential positive spill-overs identify which to pursue. These priorities will be the focus for the DFP's HSS objectives.</p>
To address clients' comprehensive needs	<p>Identify how the system could be strengthened to provide for all the health needs of the DFP's target population.</p> <p>For proposals, convene the proposal team. For program planning, convene the program team and key stakeholders concerned with the DFP's target population's overall health needs. Identify and prioritize: 1) health needs of the target population (which could include identifying unmet needs of current beneficiaries based on program experience), and 2) ways the health system could be changed to better provide for these needs. For program planning, gather evidence to validate these hypotheses and better understand these needs and the associated health system changes. Then reconvene the team and stakeholders to discuss which of these health system changes the program should pursue. Formulate HSS objectives for the DFP focused on these.</p>
HSS to help achieve national or local systems strengthening priorities	<p>Use key documents or informants to identify national or district HSS priorities.</p> <p>Program/proposal teams should review key health sector documents which outline HSS activities and current efforts (sector strategies, joint health plans, health system assessments, etc.). Program teams may want to meet with key stakeholders to discuss national or district HSS priorities and current efforts. For proposals, convene a meeting with the proposal team. For program planning, convene a meeting with the program team and key stakeholders. Discuss and decide which HSS priorities the DFP should/could contribute to. Formulate HSS objectives related to these selected HSS priorities.</p>

Like program objectives, HSS objectives must be as SMART as possible, which means meeting the criteria below:

SPECIFIC Does the objective clearly state what, how, when and where the situation will be changed and who will be affected?

MEASURABLE Does the objective tell how many or how much?

ATTAINABLE Can we achieve the objective given the current state of knowledge/science?

REALISTIC Do we have the resources to achieve this objective in this context?

TIME-BOUND Does the objective state the time period within which it will be accomplished (by year, quarter, or other point in the program cycle)?

Table 3 lists some common results from HSS initiatives organized by health system building block and with a few illustrative examples of related SMART objectives.

TABLE 3: GENERIC TYPES OF HSS OBJECTIVES

Building block areas	Types of results and functions of the health system targeted for improvement	Illustrative examples of SMART HSS objectives related to these results areas
Leadership and governance	<ul style="list-style-type: none"> • Clear vision and direction for the health sector/system • Increased government commitment (i.e. spending) on health • Improved coordination • Improved planning • Codified standards • Increased voice of population in health sector decisions • Reduced corruption • Equitable allocation of resources • Harmonized and aligned funding and plans • Improve private sector engagement in health sector • Quality assurance mechanisms 	By the end of program year 3, all District Health Management Teams (DHMTs) are leading joint annual review and planning processes for the health sector.
Human resources for health (HRH)	<ul style="list-style-type: none"> • Aligned/coordinated HRH development plans and activities • Increased workforce motivation • Decreased workforce shortages • Reduced absenteeism • More rationale/equitable health workforce deployment/distribution • Higher skilled health workforce (looking beyond individual health workers) 	By the end of project year five, the number of people earning graduate clinical and public health degrees will twice the number at the start of the project.
Health information systems (HIS)	<ul style="list-style-type: none"> • Aligned/integrated information systems • Improved timeliness, accuracy, and reliability of key data • Improved use of evidence (i.e. understanding the facts) as the basis for decisions (at all levels) 	By year two, 90% of monthly DHIS reports from primary health facilities will be submitted on time, complete, and accurate.
Finance	<ul style="list-style-type: none"> • Increased health expenditure • Increased ability of the poor to afford health care • Improve financial risk protection • More predictable health financing • Reduced out-of-pocket expenditures among poor and vulnerable populations • Improved rates of funding disbursement and budget execution • Improved revenue and expenditure tracking and oversight 	By year three, all DHMTs will be preparing budgets and financial reports fully compliant with Ministry Of Finance protocols.

Building block areas	Types of results and functions of the health system targeted for improvement	Illustrative examples of SMART HSS objectives related to these results areas
Logistics systems	<ul style="list-style-type: none"> • Better equipped service delivery sites • Improved availability of essential medicines and supplies (reduced stock-outs) 	By year five, less than 10% of PHC facilities will have experienced stock-outs of tracer medicines in the past three months.
Community	<ul style="list-style-type: none"> • Increased the voice/influence of communities in health policy processes • Increased the voice/influence of communities in delivering health services • Increased the voice/influence of communities in oversight of the health sector • Expanding coverage of community-based health services • Improved the quality of community-based health services 	After 12 months, 50% of villages in the target district will have trained and equipped village health teams that meet at least weekly.
Service delivery	<ul style="list-style-type: none"> • Improved service coverage • Improved service accessibility (physical, financial, socio-cultural) • Improved service readiness • Improved service quality (following standards, effectiveness, client satisfaction, safety) 	By the end of program year five, 90% of primary care facilities in five districts will meet or exceed national standards for the essential package of health services.

SECTION

2

Designing HSS activities for a DFP

The DFP's *HSS objectives* state what the DFP intends to change about the health system. The HSS activities are how the DFP intends to make those changes happen. For example, for a DFP where stock-outs of a particular medicine are a challenge, the DFP may have adopted HSS objectives related to simplifying the ordering process, strengthening the logistics management information system, or strengthening the national procurement office for that medicine. To achieve those objectives, the DFP needs to plan the activities it will implement under its technical assistance model.

This section guides users on how to design HSS activities to achieve clearly defined HSS objectives. It provides an overview of tools and processes for users to:

- iii. Brainstorm activities that will improve the system and achieve HSS objectives
- iv. Select the activities that are most feasible and likely to succeed
- v. Plan the activities.

iii. BRAINSTORM ACTIVITIES THAT WILL IMPROVE THE SYSTEM AND ACHIEVE HSS OBJECTIVES

In order to plan concrete actions to strengthen the health system, the program/proposal team needs to answer two questions:

1. What changes to the system are more likely to achieve the HSS objectives?
2. What activities will the DFP implement to cause these changes?

For example, if a DFP has an HSS objective to strengthen the Logistics Management Information System (LMIS), they would first want to specify the changes that need to be made to the LMIS,

such as improving the skills of logistics managers, changing routine LMIS forms, and/or changing the procedures for how forms are transmitted. Multiple system improvements may be needed to achieve an HSS objective.

For proposals, the brainstorming will probably be done by the proposal team during a proposal design meeting. Someone from the proposal team may then be assigned to discuss and add to these ideas with other actors and technical experts before finalizing a list of proposed activities. For program planning, the team has the opportunity

(and often the need) to involve a broader range of stakeholders in a more consultative process that will require a bit more preparation.

WHO TO INVOLVE:

The most important factor of success to the brainstorming process is who is involved. Proposal teams may have to rely on the expertise on the team. Program planning teams should bring in those who will provide the required technical input and those who are needed to provide buy-in and support.

WAYS TO PREPARE:

- Review and summarize background documents, such as topic relevant assessments or studies.
- Attempt to map out the processes related to the objective (flow chart), identify and fill gaps in your knowledge about how the current system works.
- Identify and investigate past experience: Has someone tried to bring about this change before? If so, what did they try, did it work, and, if not, why didn't it work? Who else is currently trying to make improvements in this area?

Identifying the specific system changes needed to achieve the HSS objective:

There are many different methods through which the program/proposal team could identify changes to the health system needed to achieve the HSS objective. Here are just a few techniques the team could use:

- a.** Create a flow chart of the relevant system/processes, and use it to discuss changes that target those steps that are dysfunctional, unclear or are bottlenecks

Those with knowledge of:

- The actors and processes targeted by the objective
- Similar HSS efforts implemented in other contexts
- Program implementation within the given context

Those with authority over:

- The DFP
- Counterparts instrumental in the intended changes
- Other development partners working towards similar changes

- b.** Create a fishbone or problem tree diagram to identify underlying causes of poor performance, and select which, if addressed, would contribute the most to achieving the HSS objective
- c.** Review a list of system change concepts to inspire ideas
- d.** Review benchmarks/examples of good performance, and pinpoint the elements linked to strong performance that could be replicated.

The various techniques for generating ideas are described in Table 4.

TABLE 4: TECHNIQUES FOR GENERATING IDEAS FOR POTENTIAL HEALTH SYSTEM IMPROVEMENTS

Technique	Why use it?	What does it do?
Flow chart brainstorm ⁵	To allow a team to identify the actual flow or sequence of events in a process. Flowcharts can be applied to anything from the placement of order for supplies to the annual review and planning process. Describing the relevant processes in detail may help the team identify specific opportunities or needs for improvements to those processes. Cross-function flow charts are useful for complex processes involving multiple actors.	<ul style="list-style-type: none"> • Helps the team brainstorm system improvements; i.e. consider possible changes to: who does it, the skills of who does it, the tools used to do it, where it is done, what is done, what is not done, the frequency it is done, the quantity it is done in, the order in which it is done, and much more. Which of these changes would result in a more optimal and streamlined system? • Shows unexpected complexity, problem areas, redundancy, unnecessary loops, and where simplification and standardization may be possible. • Compares and contrasts the actual versus the ideal flow of process to identify improvement opportunities. • Allows a team to come to agreement on the steps of the process and to examine which activities may impact the process performance. • Identifies locations where additional data can be collected and investigated.
Cause and effect/ fishbone diagram (Annex 4)	To allow a team to identify, explore, and graphically display, in increasing detail, all of the possible causes related to a problem or condition to discover its root cause(s).	<ul style="list-style-type: none"> • Focuses the team on causes, not symptoms. • Enables a team to focus on the content of the problem, not on the history of the problem or differing personal interests of team members. • Creates a snapshot of the collective knowledge and consensus of a team around a problem. This builds support for the resulting solutions. • Allows identifying the level of control over the root-causes
Change concepts brainstorm (Annex 5)	To help a team come up with ideas for changes to the system based on generic types of changes	<ul style="list-style-type: none"> • Provides a ready-made variety of types of changes that could be adapted and tested to improve the system. • May help the team see old problems in a new light • Promotes creativity
Case studies of strong systems (Annex 6)	To help the team distil lessons from relevant examples and experience of strong system performance	<ul style="list-style-type: none"> • Brings to light detailed evidence and experience of what has worked in other contexts or to resolve other problems.

⁵ Instructions for constructing flowcharts can be found in “A Modern Paradigm for Improving Healthcare Quality” (pp. 60-63): <http://www.hciproject.org/node/899>

Using one of these techniques, or some other technique, the proposal or program team should generate a collection of specific system improvements which the program will try to bring about.

BRAINSTORM, SELECT, AND REFINE ACTIVITIES FOR THE DFP TO IMPLEMENT TO BRING ABOUT THESE CHANGES:

Next, the program/proposal team will need to decide what activities they will implement to cause the intended system improvements. That is, what they will have to do to bring about the desired changes? Types of activities the team should consider include:

- Conducting research or assessments to produce new knowledge
- Communicating evidence on state-of-the-art (SOTA) practices to decision makers
- Building capacities through training, mentoring and supervising
- Advising local counterparts (embedded, distance, short term, long-term, etc.)
- Providing tools: e.g. communication tools, vehicles, job aids, templates, or other tools
- Facilitating/supporting policy reform and planning processes
- Facilitating re-organization:
 - Establishing new structures/processes
 - Integrating structures/processes
 - Streamlining structures/processes
- Facilitating communication across stakeholders
- Convening stakeholders for meetings and conferences

- Developing standards for performance, including standard operating procedures
- Starting quality improvement efforts
- Performing quality assurance activities
- Advocating
- Monitoring and communicating results
- Providing key resources

Using this list of generic activities or the team's own intuition, generate ideas of activities that, within your context, you believe might bring about the desired changes and contribute to your system improvement objective. It is also important to clearly define the roles and responsibilities of each stakeholder for implementing the changes/activities.

SYSTEMATIC VARIATION AND/OR REFINEMENT

After generating initial ideas about potential activities, the team should spend some time refining/improving upon these initial ideas to ensure they make sense in context and meet program requirements. Start by discussing foreseeable challenges to implementation, barriers to achieving the desired changes, potential negative spill-overs that need to be avoided, or potential positive spill-overs that should be encouraged. Generate ideas on how to refine the intervention in light of these discussions. In brainstorming, the group may come up with activities that need to be implemented by others. The group should discuss what the DFP can do to ensure this happens, and list these activities (to spur others to action) as part of the package of interventions.

iv. SELECT ACTIVITIES TO PURSUE

Narrow down the number of possible activities by first eliminating unsuitable proposals and then selecting preferred options.

Box 1 lists examples for elimination and preference criteria (see Annex 7 for how these criteria could be organized into a prioritization matrix). The team should discuss these and decide on its own list.

Based on these discussions, the group should select a few activities to pursue for each system improvement objective.

BOX 1: PRIORITIZATION CRITERIA FOR HSS ACTIVITIES

Elimination criteria:

- » Is it likely to work?
- » Is it technically feasible?
- » Is it politically feasible?
- » Is it acceptable to the program funder?
- » Does the project team have the time and resources?

Preference criteria:

- » How necessary is the activity to achieving the intended objective?
- » What are the assumptions and risks to successful implementation?
- » Will partners/stakeholders like/support this?
- » How much will it cost?
- » Are there other potential spill-over effects that could be caused by this activity, and how could negative spill-overs be mitigated?
- » How long will it take?

v. PLANNING

In general, the process for planning HSS activities is the same as for any other kind of program. However, some HSS activities may require tools and processes unfamiliar to DFP staff. To help plan these activities, there are many existing guidelines and tools that describe how to go about implementing different HSS interventions. In Annex 8 we provide an annotated list of these tools, organized by health system building blocks, and with a few key words. These tools, even if not used “off-the-shelf” may provide helpful examples upon which proposal and program teams can model the activities they plan.

For proposal development, the proposal team may assign responsibility to one person to develop a basic description of the activity, who is responsible for it (including implications for staffing), when it will happen, major cost elements, and key indicators if relevant. Though it may not be possible to include much detail in the technical narrative, the information will be helpful in drafting the budget and establishing a realistic understanding of staff requirements. Table 5 provides a basic template for activity planning. A narrative (in the proposal) will explain key activities and relate the activities to the program goal and objectives.

TABLE 5: ACTIVITY WORK PLAN WITH TIMELINE ELEMENTS AND AN EXAMPLE

Objective	Activity Title	Activity Details	Responsible	Timeline ⁶	Inputs ⁷
The HSS objectives that the activities will contribute to	Limit this to one sentence	Include answers to questions in the bulleted list above.	FHI 360, key partners, or implementing agency? Staff or consultants?	Month, phase, etc. Number of days to complete.	Staff time, procurement, operational expenses, sub-grants
Example: Improve health sector plans at district level	Mentor DHMT through joint annual review and planning process.	Work with the DHMT in five districts to prepare for and implement an evidence-based and participatory annual review of sector performance and planning and budgeting for the coming year.	FHI 360 capacity development officer and embedded advisors.	Monthly meetings in Q3 and weekly in Q4 to prepare for the annual review and planning process, co-facilitation of process in Y1, 1 day meetings in each district to review the process and propose changes for the following year.	40 days of staff LOE. Food, per diem, travel

For **program planning** the team will need to detail more of the specifics for the activity as part of a clear and thorough work plan. Responsibility for planning the activities may be assigned to specific team members, but these team members will often need to consult with other program staff or stakeholders who will be involved in the activity. The program team should use whatever work planning processes and templates it is using for the DFP, but in general the program team should answer the following questions for each activity:

- What is to be done?
- What are the steps the program will take?
- With whom will the program work — which partners will be involved and in what way?

- Who will do it? (staffing and management required)
- Where will it be done?
- When will it be done?
- How much will it cost?
- What will be the end result of the activity, and by when?
- Which tools or other resources will the program use?
- If the program includes replicating a best practice or an evidence-based program, how will the activities be adapted to the new setting?
 - Who is the target of the activity?
 - How does the activity further one of the program objectives?
 - Who needs to be informed?

⁶ This column should be further divided for each month, quarter or year — and either shaded cells or X in each activity row to designate the planned timing. Generally, Year 1 should be more detailed — i.e. columns for months or quarters) than the subsequent years (which may only consist of a single column per year)

⁷ This column is helpful for internal planning and costing — but not necessary in final submission to funder.

SECTION

3

Monitoring and evaluating HSS for a DFP

This section provides users with guidance on how to design a strategy to monitor and evaluate the HSS interventions of a DFP. It covers tools and processes for a user to design a simple monitoring and evaluation (M&E) strategy for the DFP's HSS activities, including:

- vi.** Design a framework to monitor and evaluate HSS activities
- vii.** Develop indicators to monitor and evaluate targeted health system improvements
- viii.** Plan M&E implementation: baselines, ongoing monitoring, learning, and adaptation

vi. DESIGN A FRAMEWORK TO MONITOR AND EVALUATE HSS ACTIVITIES

HSS will only be one component of a DFP, so the program team should keep HSS M&E activities as simple as possible. While there are many potential aspects of the HSS plan to monitor and evaluate (see Box 2), we suggest that program teams focus primarily on tracking achievement of system improvement objectives. Secondary M&E priorities could include monitoring implementation progress, evaluating how the DFP's HSS activities contributed to the observed system improvements, and/or monitoring potential spill-over effects.

Evaluating the impact effects (i.e. effects on health status of the population) of HSS activities requires

a significant investment of time and resources, and, even if possible, is usually of low priority for a DFP.

So, for many DFPs, the following questions would be sufficient for an HSS M&E strategy:

1. Did the DFP implement the planned activities?

This question would be answered with program outputs, or indicators that activities were performed.

2. Did the system improve in the intended ways?

This question would be answered with health system processes or outcome indicators.

3. Did the program activities contribute to the system improvements?

This question would be answered with triangulated qualitative data⁸, and aims at internal validity rather than external validity.⁹

For example, a MCH program may adopt objectives and plan activities to reform the public sector hiring process to make it easier to fill unfilled positions in rural areas. The program may decide to: monitor and evaluate whether the hiring process changed in the intended way, whether the program made a difference (i.e. contributed to) changing the hiring processes, and whether hiring rates in rural areas increased and whether the number of unfilled positions decreased. They may decide it is not necessary to conduct an evaluation to determine how much of the reduction in unfilled positions can be attributed to their activities rather than other factors, such as changes to incentive packages, expansion of mobile phone networks, improvement of facilities, etc.

Given typical program resource constraints and learning needs, we suggest that tracking target changes in health system processes and outcomes be the main focus of an HSS component for a DFP M&E plan. Regardless of the framework selected, FHI 360 program should align their M&E with USAID's Collaboration, Learning, and Adaptation approach.

BOX 2: LEVELS OF M&E FOR HSS INTERVENTIONS

1. Monitoring progress implementing HSS activities: Input, process, and output indicators on the implementation of the DFP's HSS activities.
2. Monitoring and evaluating achievement of DFP system improvement objectives:
 - a. Indicators of changes in targeted health system processes, and analyzing the links between DFP activities and these changes,
 - b. Indicators of changes in the outcomes of the targeted health system processes, and analyzing the links between DFP activities and these outcomes.
3. Monitoring potential spill-over effects of HSS interventions.
4. Evaluating the impacts of DFP HSS activities: Effects on development outcomes that can be attributed to the DFP's HSS activities.

THE USAID CLA MODEL

USAID's "Collaborating, Learning, Adapting" model (CLA) emphasizes the need for a "living strategy" when implementing a program; a continuous cycle of collaborating on program design, learning by drawing on the evidence and experience gained through the program, and then adapting, making iterative course corrections during implementation (not after).¹⁰

This model lends itself well to HSS M&E. Systems are dynamic and changing, and will never remain static for a five-year funding cycle. In the M&E timeline presented below, we advise quarterly or annual review and revision of activities based on continuous learning from monitoring the HSS-specific indicators and documented processes.

⁸ "Triangulated qualitative data," means the validation of documented improvements and the HSS activities role in these improvements. It is very difficult to attribute with certainty any changes in the health system to specific HSS activities. A "cross-examination" of various qualitative data (interviews, etc.) can approximate this attribution, however (or debunk the possibility that HSS activities contributed to a certain change).

⁹ Much emphasis is placed in research on external validity of findings, also known as generalizability. In this instance, however, we are more concerned with the internal validity of the findings. For a given DFP in any given country, health systems constraints will be unique. The specific HSS activities pursued by a DFP in one place are, by their nature, not generalizable to other contexts, regardless of how successful they are. This question instead aims to verify that DFP achievements can be attributed to HSS activities or not (in other words, internal validity).

¹⁰ For more information on CLA go to: <http://kdid.org/category/learning-functions/cla>

vii. DEVELOP INDICATORS TO MONITOR AND EVALUATE TARGETED HEALTH SYSTEM IMPROVEMENTS

The program team will need to develop a small number of indicators that suit their HSS M&E strategy; i.e. indicators that will demonstrate changes in the targeted health system functions.

Most program teams will be well versed in selecting indicators and creating performance monitoring plans (PMPs, sometimes called PMEPs). HSS indicators included in the DFP's PMP should follow all the usual rules for good indicators.¹¹ The main challenge facing the program team is that it may not be as familiar with health system indicators as with indicators in their disease-specific area. For a list of often-used HSS indicators the program team could refer to the indicator reference tables included as annexes in the FHI 360 Health System Rapid Diagnostic Tool (RDT).¹²

While the indicator tables in the RDT provide a comprehensive list of common HSS indicators, a DFP may be heavily reliant on existing data collected by the health system—such as routine information systems and periodic data collection activities—for tracking changes in health system performance. As part of the process of selecting HSS indicators, the program team should take stock of existing indicators and data sources related to the health systems functions they intend to strengthen.¹³ Not only is this approach practical, it also promotes program alignment with local information systems, local/national systems strengthening objectives, and other donors HSS initiatives¹⁴, and will reduce the development of separate, parallel, and burdensome program-specific M&E systems. The drawback, however, is that some program investment may be necessary to strengthen the timeliness, reliability, and/or validity of existing information systems.

¹¹ Refer to the FHI 360 proposal Development Manual, FHI 360 Program Design Manual, and USAID guidance on developing PMPs (pdf.usaid.gov/pdf_docs/PNABY215.pdf)

¹² You can access the RDT here: <http://degrees.fhi360.org/wp-content/uploads/2012/06/Rapid-Diagnostic-Tool-FINAL.pdf>. These indicator lists are organized according to the health system building blocks and were assembled from existing health system assessment guides developed by international funders and technical leaders. See annexes 13 to 19 of the RDT.

¹³ For instance, national and/or sub-national annual health sector performance reports, routine health management information systems (HMIS), logistics management information systems (LMIS), human resource information systems (HRIS), financial information systems, Service Availability Mappings (SAM), Service Availability and Readiness Assessments (SARA), Health System Assessments (HSA), and more. See Annex 5 of the FHI 360 RDT for a list of common health system information sources: <http://degrees.fhi360.org/wp-content/uploads/2012/06/Rapid-Diagnostic-Tool-FINAL.pdf>.

¹⁴ Many international donors are working to develop national systems for monitoring the performance of health systems, which has resulted in the development of agreed health system performance indicators in a growing number of countries (http://www.who.int/healthinfo/HSS_MandE_framework_Oct_2010.pdf)

viii. PLAN M&E IMPLEMENTATION: BASELINES, ONGOING MONITORING, LEARNING, AND ADAPTATION

As with all program M&E, the implementation of M&E activities should start at the very beginning of the program to establish baselines. Continuous program performance management and learning should occur throughout the life of the program, rather than simply assessing at baseline and waiting until the conclusion of the program to evaluate (see the box on USAID's CLA approach on page 16). In HSS M&E particularly, the "M" of M&E and documentation are useful for teasing out the actual effects of HSS activities on DFPs and the health system.

A typical timeline of a monitoring and evaluation implementation may include:

- Baseline assessment (including investment and support to strengthen underlying systems)
- Regular (quarterly, annual, or as needed) review of progress together with country counterparts
- Endline assessment: process evaluation

Throughout the baseline, regular and/or annual review of progress, and up until the endline assessment, program monitoring of HSS-related indicators should be ongoing and used to inform planning and revision of HSS activities.

Final Word

We hope this document helps project designers and implementers to better design systems strengthening into their proposal and program work plans.

While some proposal and program teams may be capable of following this guidance on their own, others may need to collaborate with the FHI 360 HSS team to adapt and apply this guidance to their particular needs. For further or more specific help with creating HSS components for DFPs, peruse the links in the following annexes or contact a member of the HSS team through HSSD@fhi360.org.

ANNEX 1: Definitions of key terms and key concepts

DISEASE-FOCUSED PROGRAM

Programs with objectives related to priority diseases, where program designers' and managers' relationship with the program is within the scope of implementing specifically defined disease control interventions.

HEALTH SYSTEM

Consists of all organizations, people, and actions whose primary intent is to promote, restore, or maintain health.¹⁵

HEALTH SYSTEM STRENGTHENING

Building capacity in critical components of the health system to achieve more equitable and sustained improvements across health services and health outcomes.¹⁶

HEALTH SYSTEM STRENGTHENING OBJECTIVES

Statements about the desired outcome on the health system of a program. These, like all objectives, should meet the SMART (Specific, Measurable, Attainable, Realistic, Time-bound) criteria and format.

SYSTEMS THINKING

Understanding and appreciating the relationships within a given system, revealing underlying characteristics and acknowledging the complexity of the setting within which work is being performed.¹⁷

¹⁵ WHO (2000). World Health Report. Health Systems: Improving Performance.

¹⁶ World Health Organization (2006) Opportunities for global health initiatives in the health system action agenda. Available: <http://www.who.int/management/Making2OHSWork204.pdf>.

¹⁷ Adapted from de Savigny D and Adam Taghreed, eds. (2009). Systems Thinking for Health Systems Strengthening. Alliance for Health Policy and Systems Research and WHO.

ANNEX 2: Links to eLearning resources on HSS and related topics

These links represent only a selection of available resources. Contact the FHI 360 HSS team to know more.

FHI 360 HEALTH SYSTEM STRENGTHENING ELEARNING CURRICULUM

<http://learns.fhi360.org>

Since October 2011, a comprehensive HSS training curriculum has been available to all staff. The course is divided into two sections: Introduction to Health Systems and a more advanced section on the seven health systems components, for a total of 12 training sessions. Each session takes approximately 45-60 minutes to complete, not including readings. The curriculum guides readers through a learning process that includes a summary of main concepts, examples of their applications, readings from peer-review journals and international publications, quizzes and knowledge evaluation questions. To learn more, please contact Sarah Searle: ssearle@fhi360.org.

USAID GLOBAL HEALTH ELEARNING

<http://www.globalhealthlearning.org/programDetail.cfm?program=10>

The Global Health eLearning Center developed by the USAID Bureau of Global Health is a response to repeated requests from field staff for access to technical public health information. The Global Health eLearning Center provides Internet-based health systems courses that focus on several components and functions of the health system: Commercial Private Health Sector Basics, Fostering Change in Health Services, Healthy Businesses, Human Resources for Health (HRH) Basics, Logistics for Health Commodities, M&E Frameworks for HIV/AIDS Programs, and M&E Fundamentals.

HUMAN RESOURCES FOR HEALTH (HRH) GLOBAL RESOURCE CENTER ELEARNING

<http://hrhresourcecenter.org/elearning/>

Part of the CapacityPlus program's Human Resources for Health (HRH) Global Resource Center, human resource component related eLearning courses are available for the following topics: monitoring and evaluation of HRH, iHRIS system training, and foundations of gender equality in the workforce.

USAID | DELIVER PROGRAM ELEARNING

<http://elearning.jsi.com/>

In conjunction with John Snow Inc. (JSI), the USAID | DELIVER program provides logistics- or supply chain-related training. Topics covered in Lessons in Logistics Management for Health Commodities include Introduction to Logistics, Logistics Management Information Systems, Stock Status, Maximum-Minimum Inventory Controls Systems, Selecting Maximum-Minimum Inventory Controls Systems, Storage of Health Commodities, Assessing Logistics Systems, and Quantification of Health Commodities.

ANNEX 3: Selected bibliography on HSS and its place in DFP

WHO. 2008. "Maximizing positive synergies between health systems and global health initiatives." Geneva: World Health Organization.
Available at: <http://www.who.int/entity/healthsystems/New-approach-leaflet-ENV2-p4p.pdf>

Coker, Richard, Julie Balen, Sandra Mounier-Jack, et al. 2012 "A conceptual and analytics approach to comparative analysis of country case studies: HIV and TB control programmes and health systems integration." *Health Policy and Planning*. 25:i21–i3.doi:10.1093/heapol/czq054
Available at: http://heapol.oxfordjournals.org/content/25/suppl_1/i21.full.pdf+html

Atun, Rifat, Thyra de Jongh, Federica V. Secci, et. al. 2009. "Clearing the Global Health Fog: A Systematic Review on the Evidence of Integration of Health Systems and Targeted Interventions." World Bank Working Paper No. 166.
Available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/5946/479800PUBOHeal101OFFICIALOUSEOONLY1.pdf?sequence=1>

IHP+. 2009. "Joint Assessment of National Health Strategies and Plans."
Available at: http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Key_Issues/NHP___JANS/JANS.Tool&Guidelines.2011_EN.pdf

Van Damme, Wim, Marjan Pirard, Yibeltal Assefa, and Josefien Van Olmen. 2010 "How can Disease Control Programs Contribute to Health Systems Strengthening in Sub-Saharan Africa?" *Studies in Health Services Organization & Policy Working Paper No. 1*. Department of Public Health, Institute of tropical Medicine, Antwerp.
Available at: <http://www.itg.be/itg/Uploads/Volksgezondheid/wpshsop/SHSOP%20WP%201%20Van%20Damme%20DCP%20HSS.pdf>

WHO. 2007. "Everybody's business: strengthening health systems to improve health outcomes." Geneva: World Health Organization.
Available at: www.who.int/healthsystems/strategy/everybodys_business.pdf

de Savigny, D., and T. Adam (eds). 2009. "Systems thinking for health systems strengthening." Geneva: Alliance for Health Policy and Systems Research, WHO.
Available at: http://whqlibdoc.who.int/publications/2009/9789241563895_eng.pdf

ANNEX 4: Instructions for creating and using cause and effect/ fishbone diagrams

These instructions come from: "A Modern Paradigm for Improving Healthcare Quality" (pp. 63-66): <http://www.hciproject.org/node/899>.

A cause-and-effect analysis generates and sorts hypotheses about possible causes of problems within a process by asking participants to list all of the possible causes and effects for the identified problem. This analysis tool organizes a large amount of information by showing links between events and their potential or actual causes and provides a means of generating ideas about why the problem is occurring and possible effects of that cause. Cause-and-effect analyses allow problem solvers to broaden their thinking and look at the overall picture of a problem. Cause-and-effect diagrams can reflect either causes that block the way to the desired state or helpful factors needed to reach the desired state.

Although several methods exist for cause-and-effect analysis, the steps of construction are essentially the same:

STEP 1

Agree on the problem or the desired state and write it in the effect box. Try to be specific. Problems that are too large or too vague can bog the team down.

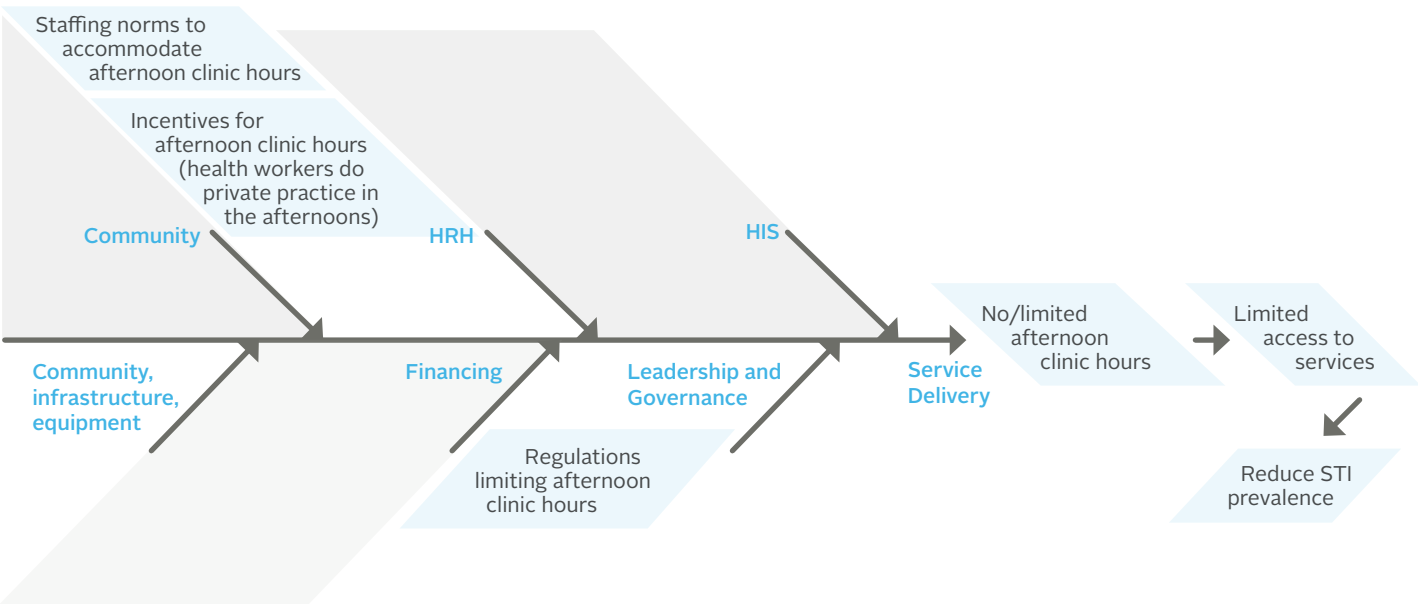
STEP 2

If using a tree or fishbone diagram, **define six to eight major categories of causes** (you can use the health system building blocks for these; see example below). Or the team can brainstorm first about likely causes and then sort them into major branches. The team should add or drop categories as needed when generating causes. Each category should be written into the box.

STEP 3

Identify specific causes and fill them in on the correct branches or sub-branches. Use simple brainstorming to generate a list of ideas before classifying them on the diagram, or use the development of the branches of the diagram first to help stimulate ideas. Either way will achieve the same end: use the method that feels most comfortable for the group. If an idea fits on more than one branch, place it on both.

Example fishbone diagram identifying causes of limited afternoon clinic hours for STI services:



ANNEX 5: Instructions for creating and using change concepts

A change concept is a general idea about a type of change, often derived from changes that have produced results in other situations that can be used to inspire an idea for a change to be developed, tested, and then implemented in another specific situation/context.

The use of change concepts to stimulate improvement ideas is common in Quality Improvement processes, most often focused on improvement to service delivery systems. The Improvement Guide¹⁸ lists 70 change concepts organized under 9 categories, to be used as a checklist to help improvement teams generate ideas of changes to be tested (step 3 of the improvement model).

Below are four examples of change concepts from the Improvement Guide.¹⁹ Using the list of 70 change concepts in the Improvement Guide, teams can generate ideas of changes that they would like to test to achieve an improvement in the health system.

CHANGE CONCEPT #59 — USE REMINDERS

Mistakes are frequently caused by forgetting to do something. Reminders are aids for remembering. They can come in many forms. A reminder can be a written notice, e-mail, phone call, checklist of things to accomplish, alarm such as on a clock, standard form, or the documented steps to follow for a process. Reminders are simple to develop but probably the least effective way to mistake-proof. Although they do make information available in the external world, reminders can still be overlooked or ignored; a standard process can be documented but people may nevertheless choose not to refer to the flow diagram or other documentation.

For example: A number of people were missing or arriving late for their dental appointments. This caused disruption in the schedule of the dentist, which had an effect on other patients. The dentist asked the receptionist to call and remind patients the day before their appointment. This resulted in a reduction in the number of late arrivals and cancellations.

¹⁸ The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. Langley, Gerald J (et al). Josey-Bass business and management series. ISBN 0-7879-0257-8.

¹⁹ These are reproduced here without permission

Examples of some health system specific change concepts:

- » Make key decision makers aware of a problem
- » Involve beneficiaries/communities
- » Reduce the steps in a process
- » Set-up peer exchanges to share experiences/discuss challenges
- » Reform incentives
- » Reform accountability
- » Improve availability of evidence
- » Account for seasonality
- » Standardize protocols/checklists
- » Increase collaboration among actors
- » Identify bottlenecks/waste
- » Immerse decision-makers in realities of service delivery or process implementation
- » Bring in additional specialist or context expertise
- » Rotate staff among departments

CHANGE CONCEPT #27 — GIVE PEOPLE ACCESS TO INFORMATION

Changes to the environments in which we work, study, and live can often leverage improvements in performance. ... One way to change the work environment is to give people access to information. Many organizations carefully control the information available to various groups of employees. Making available to employees information (such as sales) relevant to their job allows them to suggest changes, make good decisions, and take action that leads to improvements.

For example: A service organization was disappointed in initial efforts to get employees involved in its quality improvement efforts. Many of the employee groups were working on projects that were not strategically important to the company. When this issue was raised, the managers found out that the employees did not understand the strategic issues in the company. The

company began distributing a summary of their strategic and business plans each year to all employees. Quarterly updates in the plan were discussed in the employee newsletter. Employees were asked to get involved with improvement efforts in their area related to these plans. Within six months, the results from quality improvement efforts throughout the company began to positively influence key performance measures.

CHANGE CONCEPT #2 — ELIMINATE MULTIPLE ENTRY

In some situations, information is recorded in a log or entered into a database more than one time, creating no added value. This is also called data redundancy. Changing the process to require only one entry can lead to improvement in productivity and quality (by reducing discrepancies). Recent technology developments (such as optical scanners) make it possible to enter data directly from sight or by voice. Once data are recorded, there should be no reason to reenter the same information at a later time.

For example: Currently the production and accounting departments enter the same data in two computer systems. A common database (with entry only at original source) was established; both departments use this database for their analysis and reports. Staff were then reassigned to value-added activities.

For example: A law firm created central files so that everyone could access data and written documents. This eliminated the need for the development and maintenance of individual files in each lawyer's office.

CHANGE CONCEPT #19 — DO TASKS IN PARALLEL

Many systems are designed so that tasks are done in series or a linear sequence; the second task is not begun until the first task is completed. This is especially true when different groups in the organization are involved in the steps of a process. Sometimes improvements in time and costs can be gained from designing the system to do some or all tasks in parallel. For example, the work on step 5 can begin as soon as step 1 is complete rather than waiting until steps 2, 3, and 4 are done.

For example: Customers complained about having to wait while their invoice and other paperwork was prepared. The service organization redesigned its system to begin processing the paperwork while the service was being conducted. As soon as the service technician completed the work, a release was entered in the computer system and preparation of the invoice and other paperwork was begun. The paperwork was usually ready when the customer arrived at checkout.

ANNEX 6: Instructions for creating and using case studies

Case studies are narratives that provide a deeper understanding of complex phenomena. They are often constructed of both qualitative and quantitative evidence, which can describe how things happened or explain why they happened.

Two sorts of case studies support the design of HSS components for DFP: 1) case studies to generate lessons from successful or failed HSS interventions; and 2) case studies to generate lessons about existing strong performance in a system. While case studies can be multi-year projects involving significant primary data collection, the limited time available for projects design requires case studies to be quick and light investigations into past HSS efforts or existing system performance, which will likely rely on a few key-informant interviews and document reviews to triangulate important lessons. Below we outline a few key questions that could provide a structure for HSS case studies.

CASE STUDY OF A SUCCESSFUL HSS INTERVENTION

1. What was the problem?
2. Who solved it?
3. Describe what they did to solve this problem; i.e. what specific steps or actions were taken by who and over what timeline?
4. Why did this work?
5. What resources were required (staff time, expertise, \$, tools/equipment, etc.)?
6. What lessons can we apply from this experience to the current situation/challenges?

CASE STUDY OF AN EXEMPLARY SYSTEM

1. What is the particular system function that is performing well (use a flow chart diagram to describe it)?
2. What are the key factors that contribute to strong performance?
3. What are the main environmental or system constraints that affect the system elements you are intending to strengthen?
4. Did/do these same constraints exist in this other part of the system? If so, how were/are they overcome?
5. What lessons—about a) factors supporting strong performance and b) ways constraints were overcome—can we apply to other parts of the health system?

The team should assign responsibility for constructing the case study to one or two team members. The responsible person should then investigate answers to these questions and present their findings back to the group. The group can then discuss applicable lessons from the case study and use them to brainstorm system improvements the program will contribute to.

ANNEX 7: Example of a prioritization matrix for HSS activities

Proposed activity title (one sentence)	Yes/No						Rate 1 (very unfavorable) to 5 (very favorable)					
	Is it likely to work?	Is it technically feasible?	Is politically feasible?	Is it acceptable to the program funder?	Do you have the time and resources?	Necessary to achieve objectives	Risks	Partner preferences /support	Cost	Time	Spillovers	
Proposed activity 1	Yes	Yes	Yes	No								
Proposed activity 2	Yes	Yes	No									
Proposed activity 3	Yes	Yes	Yes	Yes	Yes	4	3	2	5	4	4	
Proposed activity 4	Yes	No										
Proposed activity 5	Yes	Yes	No									
Proposed activity 6	Yes	Yes	Yes	Yes	Yes	3	3	5	1	1	5	
Proposed activity 7	Yes	Yes	Yes	Yes	Yes	4	4	5	4	4	5	
Proposed activity 8	Yes	Yes	No									
Proposed activity 9	Yes	Yes	No									
Proposed activity 10	Yes	Yes	Yes	Yes	Yes	2	2	2	3	3	3	
Proposed activity 11	Yes	No										
Proposed activity 12	Yes	Yes	Yes	Yes	No							

ANNEX 8: Annotated list of HSS tools and guidelines

Click on the title in the first column to access the document on the internet.

	Description	Keywords
CROSS CUTTING		
FHI 360 Health System Rapid Diagnostic Tool	Framework, operational guide and metrics to diagnose and measure the performance of health system functions. Self-described as a “how-to guide for designing and implementing a customized health system performance diagnostic”.	FHI 360, performance assessment, health system assessment, customized, indicators
FHI 360 Organizational Capacity Assessment Tool	Documents the process for conducting an organizational capacity assessment in HIV/AIDS prevention. Includes a conceptual framework for improving organizational capacity, capacity assessments for health programs, steps for building capacity or assessing current capacity within an organization.	FHI 360, organizational capacity, capacity assessment, capacity building
Health System Assessment Approach	Manual with steps on how to conduct a rapid assessment of a country's health system. Information gathered from countries in Asia, Africa and the Caribbean.	health system assessment, indicators
A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector in Developing Countries	A guide to designing monitoring and evaluation for capacity for capacity building programs. Includes a six step capacity mapping tool, practical lessons from field experience, data sources, checklist for building an M&E plan, M&E strategies etc.	monitoring and evaluation methods, capacity building
PEPFAR Data Quality Audit Tool	Methodology to assess the ability to collect quality data. Tools for a thorough audit of information collecting and reporting system	data collection, reporting, information system, quality
WHO Strengthening Management Capacity Framework	Conceptual framework on how to build leadership and management capacity using four key elements.	leadership, management, capacity building
LEADERSHIP AND GOVERNANCE		
Futures Policy Implementation Assessment Tool	Tool which outlines seven dimensions of policy implementation and overall assessment of policy implementation. Consists of an eight step approach for applying the tool (e.g. forming a team, determining parameters and expectations, etc.). Includes interview guides for policy makers, implementers and stakeholders.	governance, policy, assessment, policy implementation

	Description	Keywords
Joint Assessments of National Health Strategies Tools (IHP+)	Multi-document tool to assess the strengths and weaknesses of a country's national health strategy which can be used as the basis for technical and financial support. Includes documents for assessing national strategies based on five basic dimensions, and lessons from countries like Uganda, Ethiopia, Ghana etc.	governance, national strategy, assessment, harmonization, alignment
AACHE Manager Competencies Assessment Tool	Tool to assess the knowledge, expertise and competencies of managers in critical areas of healthcare management. Includes worksheets that managers can use to assess their personal competency level in areas such as professionalism, leadership skills and behavior, and organizational culture, among others.	leadership, management, capacity building, competency, assessment
Sector Policy Review Tool: a Guide for Users and Facilitators	Planning document to involve stakeholders in direct review of health sector reviews and planning. Contains nine modules: Comprehensive policy and management; Gender mainstreaming; Mainstreaming of HIV/AIDS; Human resources development; Decentralization; Health financing (in progress); Nutrition; Sexual and reproductive health; Tuberculosis control/DOTs.	planning, governance, participation, stakeholder participation, policy review
Tools for Data Demand and Use in the Health Sector	Tools to improve the demand for and the use of information in the health sector. Includes tools to identify barriers to data use, questionnaires for data users and producers, a planning matrix for addressing those barriers, and more.	governance, leadership, data demand, data use, capacity building, assessment, information systems, planning
World Bank toolkit for strengthening government stewardship of the private sector	Online resource with a growing collection of information about policies and practices that can help enhance the contribution of the private sector to important health goals in developing countries. Includes links to key policy resources that are classified under four modules: fundamentals, assessment, engagement and capacity development.	stewardship, governance, private sector, policy resources, regulation, assessment
Partnership Building Toolkit	Practical tools to help create and manage partnerships productively. Includes tools to assess readiness for partnership, identify promising partners, strengthening tools such as facilitating effective meetings, assessing the health of the partnership/alliance, diagnosing alliance challenges and building consensus amongst others.	partnerships, coordination, governance, assessment, capacity building, planning

	Description	Keywords
HEALTH FINANCE		
Public expenditure tracking surveys (PETS)	Systematic supply side surveys that trace the flow of resources from the origin to the destination and highlight location and scale of anomalies. Typical survey features include sampling, data analysis, identification of scope and actors, questionnaire design etc.	supply side, PETS, anomalies, flow of resources, resource tracking, finance
Public Expenditure Tracking and Facility survey: A note on Methodology	Methodology of PETS surveys. This document includes sampling, data analysis, identification of scope and actors, questionnaire design etc.	supply side, PETS, anomalies, flow of resources, resource tracking, methodology, finance
World Bank toolkit for performance-based contracting of private providers	Tool which provides information on how and whether to contract a non-state provider (like NGOs or private sector firms) to provide certain services. Includes the seven steps of contracting, what approaches to contracting work best in certain situations, checklist for contracting, concerns about contracting, and more.	performance-based, contracting, incentives, private providers, private sector, public-private partnerships, financing
HIV/AIDS Program Sustainability Analysis Tool—HAPSAT 2.0	Health System 20/20's HAPSAT 2.0 is a software program that lets a country create, cost, and compare evidence-based HIV program options. This information is then used to select the best country-specific option to meet its population's need for HIV services.	HIV, AIDS, HIV/AIDS, software, evidence-based, financing, sustainability, cost-effectiveness analysis
HAPSAT 2.0 Software: Hands-on Exercise	Practice tool for users to learn how to populate the tool and manipulate the output data. Includes worksheets, tasks, tips and useful information.	HIV, AIDS, HIV/AIDS, software, HAPSAT, Health System 20/20, evidence-based HIV program, HIV program, finance, hands-on exercise, data manipulation
HS 20/20 National Health Accounts Production Tool	Software designed to measure the flow of financial resources in the health sector. Includes a guide through NHA methodology, a platform for management of complex datasets, built in auditing function, report generator, interactive diagram to help teams visualize and critically analyze the flow of funding.	software, financing, National Health Accounts, governance, methodology
World Bank Health Insurance Handbook	Handbook developed for health insurance workshops in Africa; it is designed to provide policy makers and insurance designers with information on health insurance concepts, implementation and design challenges. Includes sections on choice of financing mechanisms, feasibility of health insurance, population coverage, benefits packages, and more.	health insurance, financing, workshop, insurance design, insurance implementation, equity, coverage

	Description	Keywords
Social Health Insurance Assessment Tool	Excel spreadsheet for assessing the cost of providing health services to populations. Variables include ministry of health budget, population size, socio-economic status, children, and more.	health insurance, financing, costing, assessment
HS 20/20 Paying for Performance in Health: Guide to Developing the Blueprint	An eight step guide on how to develop a blueprint for pay for performance programs. Steps include how to determine recipients of P4P, how to measure indicators, develop payment mechanisms, and more. Guide also includes country experiences with P4P, examples of P4P approaches that address performance barriers, an example of a blueprint, and more.	pay for performance, P4P, performance-based incentives, program design
Cash Transfers: Literature Review	Literature review of current global practice, research and evidence on the approaches and effects of cash transfers in developing countries. Cash transfers are defined as “direct, regular and predictable non-contributory cash payments that help poor and vulnerable households to raise and smooth incomes.” Document contains evidence on cost-effectiveness, information about design and implementation, steps on gathering evidence about cash transfers, and more.	cash transfers, cost-effectiveness, literature review, financing, incentives, social protection
HEALTH INFORMATION SYSTEMS		
HMN HIS Assessment Tool	Tool box for establishing, assessing and strengthening a country's health information system (HIS). Includes links for assessment tools, HIS strategic planning, support for HIS funding, national HIS architecture , and more	health information system, HIS, assessment, capacity building, planning, harmonization
Guidance for the Health Information Systems (HIS) Strategic Planning Process	Step by step guide, tools and templates for HIS strategic planning and design	health information system, HIS, planning
Performance of Routine Information System Management (PRISM) Toolkit	Toolkit for designing, strengthening and evaluating routine health information systems. Contains articles on the PRISM framework, reliability and validity, trainer's guide to a routine HIS course, PRISM factsheet etc. Toolkit is also available in French, Portuguese and Spanish.	health information system, HIS, routine health information, RHIS, health management information system, HMIS, assessment, capacity building, planning

	Description	Keywords
Framework and Standards for Country Health Information Systems	Three part document that outlines the standards for a country's health information systems. Includes the rationale and approaches for strengthening a country's HIS, components and standard of a HIS and guiding principles for HIS development and implementation.	health information systems, HIS, standards, capacity building, assessment
HUMAN RESOURCES FOR HEALTH		
WHO tool for Assessing Financing, Education, Management and Policy Context for Strategic Planning of HRH	Framework for assessing the system determinants of effective human resources in health. Provides indicators about the current state of human resources, cross cutting issues such as the effects of migration, attractiveness of profession, worker motivation and the policy levers of financing, education and management.	human resources for health, HRH, assessment, policy, education, financing, management
WHO HRH Assessment Survey Instruments and Guide to Administration	Guide on how to assess human resources for health. Includes measurement strategies, sampling considerations, guidelines for survey administration, sample questionnaires for health training institutions, health care facilities, and more.	human resources for health, HRH, assessment, survey
WHO Guide to Rapid Assessment of HRH	Tools to analyze and address the various human resource issues within countries. Contains conceptual framework for human resources, basic documents for in-depth assessment of human resources.	human resources for health, HRH, assessment, policy, planning, education
Template for an NGO code of conduct for HSS	Guidelines to address the roles of international NGOs in training, securing and deploying human resources in different countries.	code of conduct, NGO, human resources for health, HRH, alignment
PAHO Handbook for Measurement and Monitoring Indicators of the Regional Goals for HRH	Technical instruction manual on measuring and monitoring the fulfillment of human resource regional goals. The guide includes human resource challenges, their underlying regional goals, methodological guidelines, required data, useful data sources, and more.	human resources for health, HRH, M&E, assessment, standards, Latin America, regional goals
Measuring health worker motivation working paper (Abt)	Applied research paper which proposes strategies for measuring the motivation of health care workers in developing countries. Includes a conceptual framework, motivational processes, motivational resources, motivational determinants, motivational consequences, and more.	human resources for Health, HRH, motivation, assessment, management

	Description	Keywords
Human Resource Management Rapid Assessment Tool	Tool which provides methods for assessing the efficiency of the human resource management system within a public or private sector organization. Can be used as the basis for strategic planning and assessing areas of weakness within the human resource management system. Includes the assessment tool, how to interpret results, how to develop an action plan, and more.	human resources for health, HRH, assessment, management, efficiency, planning, private sector, public sector
CHW Assessment and Improvement Matrix Toolkit	Toolkit which examines critical programmatic components for supporting community health workers including training, individual performance evaluation, incentives, community ownership, and more. Includes a four-point scale assessment of CHWs and evidence-based interventions for maternal and child health and HIV/TB services.	human resources for health, HRH, community health workers, CHW, assessment, management, incentives, maternal and child health, HIV/TB
HRIS Data Mapping Tool	Excel template that is designed to be used as a starting point for assessing and strengthening the human resource information system within an organization. This template is to be used for the “collation, analysis and synthesis of data and evidence on human resources for health (HRH), as well as for monitoring the strengths and limitations of the underlying information systems”. Includes tabs to assess the data on the different health professions education, classifying the occupations, and more.	human resources for health, HRH, human resource information system, HRIS, assessment, capacity building, management
HRIS Strengthening Toolkit	A collection of tools and procedures for strengthening a human resources information systems (HRIS). “This document can be used by HRH stakeholders, HR information system managers, and software developers to facilitate applying the HRIS strengthening processes and iHRIS software offered by CapacityPlus. The Toolkit collects briefs, forms, case studies, resources and other materials to assist with all five steps of the HRIS strengthening process.”	human resources for health, HRH, human resources information systems, HRIS, capacity building, management, assessment, planning
iHRIS Software Suite	Free and open health workforce information software that is used to determine if “the right health worker is in the right place with the right skills.” This software supplies health care leaders and managers with the pertinent information to assess health workforce problems and plan effective interventions. The suite contains iHRIS Manage, iHRIS Qualify and iHRIS Plan which perform different functions.	human resources for health, HRH, human resources information systems, HRIS, assessment, management, planning, software

	Description	Keywords
Handbook on Monitoring and Evaluation of HRH	Includes sections on challenges to M & E of HRH, opportunities for M & E of HRH, measurement of entries into the workforce, measuring expenditures in health workforce, and more.	human resources for health, HRH, M&E
Guidelines for Forming and Sustaining HRH Stakeholder Leadership Groups	Includes sections on how to start a stakeholder leadership group, how to conduct the initial meeting with this group, developing key operating procedures, and more.	human resources for health, HRH, leadership, stakeholder engagement
Guidelines for Assessing Distance Learning Programmes	Guidelines to assess distance learning programs. Includes sections on program design, program suitability, standards for distance learning etc.	human resources for health, HRH, education, training, distance learning, assessment, standards
WHO guide for Strengthening National or Subnational HRH Departments	Part of a published series on human resource development. Provides guidance on interventions for establishing and improved performance of HRH management structures.	human resources for health, HRH, leadership, management, planning
Task Shifting: Global Recommendations and Guidelines	Global recommendations and guidelines on how to redistribute tasks among health workforce teams (i.e. task shifting).	human resources for health, HRH, task shifting
Joint Health Professionals 12 Principles for Task Shifting	Joint statement published in 2008 by various health professional groups that outlined twelve principles to be considered in order for task shifting to be effective.	human resources for health, HRH, task shifting
HRH Action Framework: A Guide to Develop and Implement Strategies to Achieve an Effective and Sustainable Health Workforce	Guidelines on implementing a comprehensive strategy for creating an effective and sustainable health workforce. Organized around the human resources for health action framework (HAF), the guidelines cover how to develop a human resource for health plan, conduct HRH assessments, and more. It also provides sample applications of the HAF to countries such as Kenya and Uganda.	HRH, human resource for health, planning, leadership, governance, financing, policy
Guiding Principles for National Health Workforce Strategies	Guidelines/principles for promoting the success of health workforce plans. Addresses questions like “What should these plans — which should be country-developed and country-led — contain? How should they be developed to give them the best chance of significantly improving health outcomes and moving countries as rapidly as possible towards universal access to essential health interventions?” Intended for use by policy makers, ministry of health employees, and more, but is applicable to other groups as well.	HRH, human resource for health, planning, leadership, governance, policy, harmonization

	Description	Keywords
WHO Guidelines for HRH Policy and Plan Development at Country Level	Guidelines for the development of human resources and the assessment of the human resource situation, policy and plan development. The document also includes HRH processes and guidelines on how to formulate, develop, review HRH situations, policies and plans.	HRH, human resource for health, assessment, policy, planning, leadership, governance
Policies and Plans for HRH: Guidelines for Countries in the WHO African Region	Guidelines for the review and development of human resource situation analysis, policies and plans. The document also suggests content for three human resource for health documents such as situation analysis, policy, and strategic plan.	HRH, human resource for health, assessment, policy, planning, leadership, governance
WHO Models and tools for health workforce planning and projections	List of the available methods and tools for health workforce planning and making projections within an organization. The document is divided into four sections including an overview of workforce projection models and projection model case studies.	HRH, human resource for health, planning, workforce projections, needs estimates
Service Targets Staff Projection Tool (STSPT)	Planning tool that helps managers estimate necessary staffing levels, set targets for production and recruitment of staff. The STSPT enables planners to determine the implications of different policy scenarios on the production, recruitment and deployment of health personnel.	HRH, human resource for health, planning, management, workforce projections, needs estimates
Human Resource Management (HRM) Assessment Tool	A self-evaluation tool designed for use by NGOs and public sector organization to assess the status of Human Resource Management. It helps facilitate the development of improvement strategies.	HRH, human resource for health, assessment, management, self-assessment, improvement strategies, capacity building
Human Resource Management Resource Kit	A collection of various human resource management tools and links assembled especially for the Global Health 2005 conference. Includes developing a salary policy, guidelines on staff orientation, supervision manual, performance management strategies, needs assessments, and more.	HRH, human resource for health, management, assessment, supervision, planning, incentives, education
Training and Learning Standards checklist and tool	A guide to assist with planning, developing and evaluating various training programs. Includes necessary elements for effective training and learning programs etc. It can be used as a foundation upon which training curricula/ programs should be developed.	HRH, human resource for health, education, training standards, capacity building
WHO Workload Indicators of Staffing Need (WISN) User's manual	WISN is a human resource management tool that provides a systematic way of making staffing decisions and managing human resources well. This link provides you with a user manual to WISN.	HRH, human resource for health, management, assessment, needs estimate, planning

	Description	Keywords
Workforce Planning Tool User's Guide (Egypt)	Step-by-step guide to the Workload Indicators of Staffing Need (WISN) method. Includes the calculations used in analyzing the workforce and determining staffing needs. This guide is largely based on the Egyptian experience with the WHO methodology and how it was tailored to meet Egypt's specific context and needs.	HRH, human resource for health, management, assessment, needs estimate, planning, Egypt
Performance Improvement Planning Stages, Steps, and Tools	Tools on how to conduct a performance improvement program. Includes a performance improvement framework, definitions of desired performance, how to obtain and maintain stakeholder agreement, find root causes of performance gaps, and more	HRH, human resource for health, management, performance improvement plans, capacity building, supervision
Guidelines: Incentives for Health Professionals	Includes guidelines on both financial and non-financial incentives for health professionals, how to develop an incentive package.	HRH, human resource for health, management, incentives
HS 20/20 Paying for Performance in Health: Guide to Developing the Blueprint	An eight step guide on how to develop a blueprint for pay for performance programs. Steps include how to determine recipients of P4P, measure indicators, develop payment mechanisms, and more. The guide also includes country experiences with P4P, examples of P4P approaches that address performance barriers, an example of a blueprint, and more.	HRH, human resource for health, management, incentives, Pay for performance
WHO recommendations for 29 Actions to Scale-Up and Improve the Health Workforce	Document which suggests twenty-nine actions that policymakers could take to address the issues with health workforce scale-up and financing. Also includes seven relevant financing and economic issues amongst other suggestions.	HRH, human resource for health, leadership, policy, financing, planning
WHO recommendations for increasing access to health workers in remote and rural areas through improved retention	Global policy recommendations and a comprehensive set of strategies to help countries encourage health workers to live and work in remote and rural areas. Includes recommendations to improve retention of health workers in remote areas, how to measure the results of these strategies/policies, and more.	HRH, human resource for health, retention, rural areas, motivation, incentives, planning
Pre-Service Education Toolkit	Toolkit which provides key steps, lessons learned and resources to assist in the development of quality pre-service education interventions. It is geared towards midwives but can also be used by other professionals.	HRH, human resource for health, education, midwives

	Description	Keywords
Guide to the “Transfer of Learning” in-service training approach	A guide for strengthening the performance of health care workers. Provides specific steps for supervisors, trainers, learners and co-workers to follow before, during and after a learning intervention to promote the transfer of learning. Available in English, French and Spanish.	HRH, human resource for health, education, in-service training
LOGISTICS SYSTEMS		
Pharmaceutical situation assessment	Document which offers strategies to assess and monitor the pharmaceutical situation in a country. Includes three level strategies such as key informant questionnaires (level I), systematic health facility and household surveys (level II) and monitoring of specific components of the pharmaceutical sector (level III).	logistics, medicines, supply chain, assessment
Logistics System Assessment Tool	User guide for the logistic system assessment tool. Includes an overview of the entire assessment process, guidance on how to use the tool, logistic cycle, and more.	logistics, supply chain, assessment
Guide to Key Performance Indicators for Measuring Supply Chain Performance	Public health manager’s guide to indicators for measuring supply chain performance	logistics, supply chain, assessment, indicators
Procurement and Supply-chain Management Toolbox (hundreds of tools related to strengthening logistics systems)	Comprehensive database with tools for procurement and supply chain management. Includes search terms to narrow view to relevant tools, and allows comparison of up to three tools.	logistics, medicines, supply chain, assessment, management, planning, tools
COMMUNITY		
CHW Assessment and Improvement Matrix	Toolkit for improving community health worker (CHW) programs and services	HRH, human resource for health, community, CHW, community health worker, improvement, management
Global Fund Community Systems Strengthening Framework	A document which outlines the major components of a community system, community system strengthening strategies, and resources and tools for community systems strengthening.	community

	Description	Keywords
SERVICE DELIVERY		
WHO Service Availability Mapping tool (SAM)	Health service delivery assessment tool which presents basic information on health services, health infrastructure, human resources and services offered within a country. NB: SAM has been replaced by the Service Availability and Readiness Assessment tool (SARA), which builds upon the SAM tool as well as other tools.	service delivery, assessment, availability, service readiness, survey
WHO Service Availability and Readiness Assessment (SARA)	Health service delivery assessment tool which builds on the Availability Mapping (SAM) tool. SARA is designed to assess and monitor the availability of health care services and readiness of the health sector to provide it. The objective of SARA is to generate reliable information on service delivery.	service delivery, assessment, availability, service readiness, survey
Measure DHS Service Provision Assessment (SPA)	Updated survey (2012) that provides a comprehensive overview of a country's health service delivery, health system strengthening in developing countries, availability of facility-based health services in a country and readiness to provide these services.	service delivery, assessment, availability, service readiness, survey
Quantitative Service Delivery Surveys (QSDS)	Survey that provides additional information beyond the PETS (Public Expenditure Tracking Surveys). This survey assesses the efficacy of spending, incentives oversight, and the relationship between service contractors and service providers.	service delivery, survey, financing, accountability
Guidelines For Assessing The Economic And Financial Costs Of HIV/AIDS Prevention And Care Programs	Guidelines for ensuring the cost-effective use of limited resources for HIV/AIDS care and prevention. This document highlights the basic concepts of cost analysis and enables the reader to actually perform an assessment. Sections include how to define the question that needs to be addressed, collect cost information, categorize costs, write a technical report, and more.	service delivery, cost analysis, HIV/AIDS, FHI 360
Guidelines For Performing Cost-Effectiveness Analysis of HIV/AIDS Prevention And Care Programs	Guidelines for conducting various types of effectiveness analysis. It builds on the Guidelines For Assessing The Economic And Financial Costs Of HIV/AIDS Prevention And Care Programs. Includes information on the different types of analyses, effectiveness modeling, constructing a decision tree, conducting a sensitivity analysis etc.	service delivery, cost analysis, cost-effectiveness analysis,, decision, tree, sensitivity analysis
Cost analysis for health service managers	Guide to simplify the concepts of cost analysis for managers and healthcare workers.	service delivery, cost analysis, management,

	Description	Keywords
Skills for Health Tools website	Comprehensive kit containing several competency assessment tools in various areas such as team assessment, doctors rostering, nursing workforce planning, labor market and policy, and more.	service delivery, human resources for health, HRH, skills, assessment, capacity building
Supervisor competency assessment	Short document for a health and family planning manager containing a self-assessment checklist for supervisor.	service delivery, human resources for health, HRH, skills, assessment, capacity building, checklist, self-assessment, supervision
Rapid Assessment of Referral Care Systems A Guide for Program Managers	A tool for rapid assessment of referral programs for children amongst providers at the different levels of health care (primary, secondary, tertiary). The tool highlights the status of these referral programs as well as the constraints. Includes information on potential data sources, study instruments, a sample study budget, training curriculum for surveyors, and more.	service delivery, referral networks, assessment, children
Tools for Establishing Referral Networks for Comprehensive HIV Care in Low-Resource Settings	FHI 360 document with standardized tools and forms that can be used to set up and maintain a referral network of providers of HIV/AIDS care. Includes a referral register, directory of services form, client referral tracking form etc. and instructions on how to use these tools.	service delivery, referral networks, directory of services, FHI 360, HIV/AIDS, health information system
Supportive Supervision to Improve Integrated Primary Health Care	Evidence and experience based paper that deals with various aspects of PHC supervision. Paper contains information about the common problems with PHC supervision, the critical policy elements that are necessary for creating a sustainable PHC support system, how to develop a customized supervision manual, checklists for four levels of program review etc.	service delivery, primary health care, supervision
Managing for quality	Concise guide on quality improvement process with an end focus on the user. Includes the quality triangle, discusses steps such as management, teams and problem solving tools.	service delivery, quality improvement, management
Standards Based Management and Recognition: A Field Guide	Field guide that is designed to help managers and local providers improve the delivery of health services using the standards of care as the basis for these improvements. Answers questions such as “What standards are useful to local providers and managers? How can these standards be implemented in a practical way? How can the improvement process be supported? Guide includes sections on managing the process of change, setting and implementing standards for performance, scaling up, sustaining SBM-R etc.	service delivery, standards, quality improvement

