



**USAID**  
FROM THE AMERICAN PEOPLE

United States Agency for International Development  
Bureau for Global Health  
Office of Health, Disease, and Nutrition USAID/GH/HIDN

**Child Survival and Health Grants Program (CSHGP)**

# **Health Systems Strengthening**

**TECHNICAL REFERENCE MATERIALS**

**2010**





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## TABLE OF CONTENTS

|  |            |
|--|------------|
| <b>HEALTH SYSTEM STRENGTHENING CSHGP TECHNICAL REFERENCE MATERIAL</b>  | <b>1</b>   |
| Defining “Health System”   | 1          |
| A Role for Community-based Programs in HSS   | 2          |
| <b>ANNEX A: SERVICE DELIVERY</b>   | <b>A-1</b> |
| Tools  | A-1        |
| Improvement Collaborative Methodology  | A-1        |
| Improving Clinical Quality   | A-2        |
| Partnership Defined Quality (PDQ): A tool book for community and health provider collaboration for quality improvement | A-2        |
| Toolkits for Strengthening Primary Health Care   | A-3        |
| Using Data to Improve Service Delivery: A Self-Evaluation Approach   | A-3        |
| The Health Manager’s Toolkit: Clinical Services and Quality Management   | A-3        |
| The Health Manager’s Toolkit: Community Health Services  | A-4        |
| Reaching Every District (RED)  | A-5        |
| Dispensary Health Management Curriculum  | A-5        |
| Maternal Child Health Integrated Program (MCHIP) Health Systems Framework  | A-5        |
| <b>ANNEX B: HUMAN RESOURCES</b>  | <b>B-1</b> |
| Tools  | B-1        |
| Human Resources Management (HRM) Assessment Tool   | B-1        |
| HRM Assessment Tool for HIV/AIDS Environments Version 2.0  | B-1        |
| The Capacity Project: Tools and Resources for Human Resources for Health (HRH) Practitioners                           | B-1        |
| Health Workforce Advocacy Initiative: A Toolkit for Health Professional Advocates                                      | B-4        |
| Learning for Performance (LFP): Guide and Toolkit for Health Worker Training   | B-4        |

|  |            |
|--|------------|
| Transfer of Learning: A Guide for Strengthening the Performance of Health Care Workers                     | B-4        |
| Performance Improvement: Stages, Steps, and Tools  | B-4        |
| Community Health Workers (CHW) Program Functionality Assessment Tool (Draft)                               | B-5        |
| Projects   | B-6        |
| The Capacity Project   | B-6        |
| University Research Co—Center For Human Services (URC-CHS)   | B-6        |
| <b>ANNEX C: INFORMATION</b>  | <b>C-1</b> |
| Tools  | C-1        |
| Data Demand and Information Use  | C-1        |
| Performance of Routine Information System Management (PRISM) Framework and Tools                           | C-1        |
| Child Status Index: A Tool for Monitoring and Evaluation of Orphans and Vulnerable Children (OVC) Programs | C-1        |
| Health Facility Assessment Methods   | C-2        |
| International Health Facility Assessment Network (IHFAN)   | C-2        |
| Management Accounting Systems for Hospitals (MASH) Manual  | C-2        |
| Toolkits for Strengthening Primary Health Care   | C-2        |
| Open Medical Record System (MRS)   | C-3        |
| The Health Manager’s Toolkit: Information Management   | C-3        |
| Resources  | C-3        |
| Health Metrics Network (HMN)   | C-3        |
| HMN Assessment Tools   | C-4        |
| Routine Health Information Network (RHINO)   | C-5        |
| Monitoring and Evaluation Network of Training Online Resources (MENTOR)                                    | C-5        |
| HIV/AIDS Monitoring and Evaluation Network (AIMEnet)   | C-6        |
| <b>ANNEX D: MEDICAL PRODUCTS, VACCINES, AND TECHNOLOGIES</b>   | <b>D-1</b> |

|   |            |
|---|------------|
| Tools   | D-1        |
| Improving Drug Management in Decentralized Health Systems:<br>The Monitoring-Training-Planning (MTP) Guide for Program Implementation | D-1        |
| Rational Pharmaceutical Management (RPM) Plus   | D-1        |
| International Context: Health System Strengthening (HSS)  | D-1        |
| Defining “Health System”  | D-2        |
| Procurement and Supply Management (PSM) Toolbox   | D-3        |
| DELIVER PROJECT: Tools and Publications   | D-3        |
| Strategic Pathway to Reproductive Health Commodity Security (SPARHCS):<br>A Tool for Assessment, Planning, and Implementation         | D-4        |
| The Health Manager’s Toolkit: Drug and Supply Management  | D-5        |
| Supply Chain Management System (SCM)  | D-5        |
| <b>ANNEX E: FINANCING</b>   | <b>E-1</b> |
| Tools   | E-1        |
| Improving Quality of Care for Mutual Health Organization (MHO) Members  | E-1        |
| Pay for Performance (P4P) in Health: Guide to Developing the Blueprint  | E-1        |
| Guide to Designing and Managing Community-Based Health Financing<br>(CBHF) Schemes in East and Southern Africa                        | E-1        |
| The Health Manager’s Toolkit: Financial and Grants Management   | E-2        |
| <b>ANNEX F: LEADERSHIP AND GOVERNANCE</b>   | <b>F-1</b> |
| Tools   | F-1        |
| West Africa Democracy Radio (Dakar, Senegal)  | F-1        |
| Servicom: Service Compact with all Nigerians  | F-1        |
| Policy Toolkit for Strengthening Health Sector Reform   | F-1        |
| Leadership, Management, and Sustainability Program  | F-1        |
| Health Systems Action Network   | F-2        |
| Workplace Policy Builder (WPB)  | F-3        |
| Networking for Policy Change: An Advocacy Training Manual   | F-3        |

|   |     |
|---|-----|
| Discussion-Oriented Organizational Self-Assessment (DOSA)   | F-3 |
| CORE Initiative Community-Based Organization/<br>Faith-Based Organization (CBO/FBO) Capacity Analysis | F-3 |
| Institutional Strength Assessment (ISA)   | F-4 |
| Organizational Capacity Assessment Tool (OCAT)  | F-4 |
| Health Manager’s Toolkit: Governance  | F-4 |
| Health Manager’s Toolkit: Health Policy and Reform  | F-4 |
| The Health Manager’s Toolkit: Leadership Development  | F-5 |
| The POLICY Project  | F-5 |

# HEALTH SYSTEM STRENGTHENING CSHGP TECHNICAL REFERENCE MATERIAL

This Technical Reference Materials (TRM) document is intended to serve as a basic introduction to Health System Strengthening (HSS) issues relevant to community-based child survival (CS) and health programs, and to facilitate access to key resources in each of the areas defined as Health System (HS) building blocks. In-depth technical, as well as contextual information is needed to apply many of the approaches presented here. Readers are encouraged to explore the references, lists of tools, and examples contained in Annexes A–F.

## DEFINING “HEALTH SYSTEM”

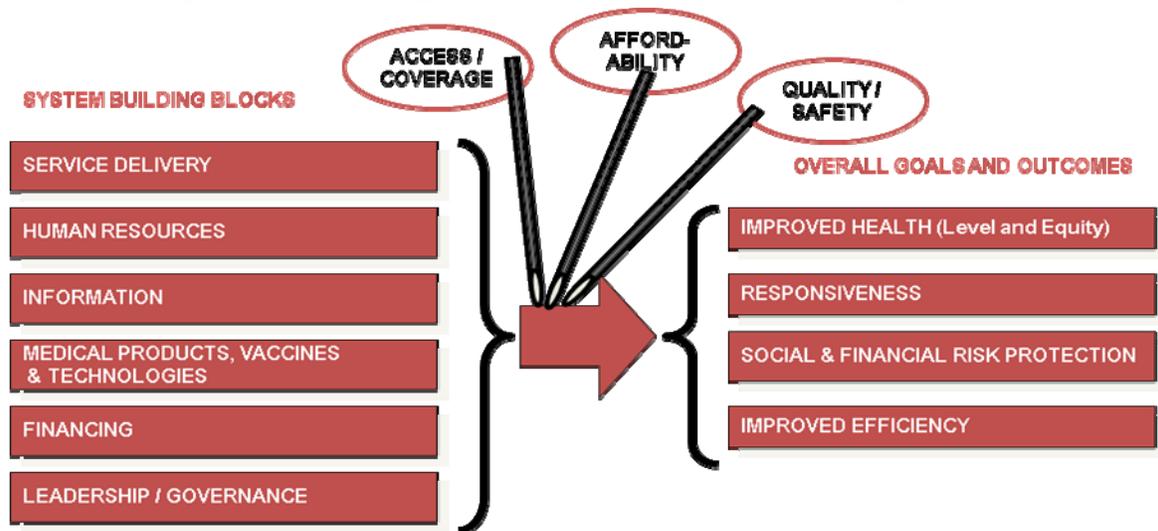
Increasingly, the world’s political and international health leaders have recognized the urgent need to make a major, sustained commitment to strengthening health systems. The U.S. Agency for International Development (USAID), together with international partners including the Global Fund to fight HIV/AIDS, tuberculosis, and malaria (Global Fund), recognizes and supports the World Health Organization (WHO) framework around HSS.

“Health System” is defined by WHO as all the organizations, institutions, resources, and people whose primary purpose is to improve health. It is made up of a complex network of people, systems, and organizations working in the public and private arenas with various roles, relationships, and interactions in order to contribute to the health and well-being of a community. Health systems encompass all levels: central, regional, district, community, and household. To strengthen Health Systems means to address key constraints related to health worker staffing, infrastructure, health commodities (such as equipment and medicines), logistics, tracking progress, and effective financing at all the levels of the system functioning. CS projects routinely engage with all levels and elements of the Health System, and frequently encounter constraints that may limit their effectiveness.

USAID’s approach to HSS is grounded in the six building blocks that have been put forward by WHO (Figure 1), which focuses on the following areas:

1. Service Delivery
2. Human resources
3. Information
4. Medical products, vaccines, and technologies
5. Financing
6. Leadership/Governance

**Figure 1: Six Building Blocks of a Health System According to WHO**



While the building blocks provide a useful way of clarifying essential functions, the challenges facing countries rarely manifest themselves in this way. Rather, they require a more integrated response that recognizes the interdependence of each part of the Health System. Since more resources are always needed, government ministers are also looking for ways of doing more with existing resources, and are seeking innovative ways of harnessing and focusing the energies of communities, non-governmental organizations (NGOs) and the private sector.

Concurrently, there are other emerging models that may be useful to apply as an additional filter on this broad WHO framework. The Global Fund, for example, is advancing the thinking around community systems strengthening through its Community Systems Strengthening Framework, which seeks to provide guidance and indicators for strengthening of community systems—which are not explicitly addressed through any of the WHO Building Blocks. The CORE Group, since 2007 has sought to advance thinking and practice around “Community Health Systems.” It has promoted the concept that communities are the keystone for the Health System, the household is the centerpiece of any Health System, and that any community-based interventions designed to improve the well-beings of mothers, families and children can be considered interventions designed to strengthen the Health System. USAID’s Maternal Child Health Integrated Program (MCHIP) project is developing a framework for HSS in the context of Maternal, Newborn, and Child Health (MNCH). These emerging models suggest that there are important contributions that can be made at the community level, and within specific MNCH technical interventions, to ensure that national-level efforts to strengthen WHO building blocks are supported at all levels of the system. Furthermore, this underscores that the Community Health System is a critical component of the National Health System, and that it must not be left unattended in country-level HSS efforts.

### ***A Role for Community-Based Programs in HSS***

Private voluntary organizations (PVOs) and NGOs are uniquely positioned to strengthen community Health Systems in a number of ways that can reinforce each building block, including the following: strengthening the clinical and managerial skills of health care providers; strengthening primary health care facility management; creating demand for services; identifying

local solutions to local problems through information-education-communication and community mobilization strategies; strengthening referral systems between formal health facilities and community-based organizations to promote early diagnosis and disease prevention; and ensuring that health services are available to vulnerable groups in remote communities with limited access to them.

While the purpose of those activities should be to improve community awareness about maternal/neonatal health and nutrition, and to involve communities in the planning and implementation of programs that effect change at their level, PVO/NGO projects that aim to expand and improve service delivery risk limiting their impact if they do not take into consideration the Health System in which the services operate. In fact, HSS issues should be addressed at the pre-project assessment stage, and should remain in focus throughout project design and implementation.<sup>1</sup> Without addressing system issues, service delivery programs will fall short of their potential. For example, a community case management program may train volunteers in correctly classifying childhood illness, treatment, counseling, and referral. However, if the system for commodity supply is weak, and the volunteers run out of needed medicines, poor service outcomes and dissatisfied clients will likely result. In other words, the investment in mobilizing and training Community Case Management (CCM) volunteers will not, on its own, necessarily result in a successful CCM program. Conversely, understanding how the Health System works—and the available workforce and decisionmaking mechanisms in place—will enable the PVO/NGO project to identify quickly who within the Health System it needs to work with, and how it needs to work to ensure long-term, sustainable strengthening of the Health System.

By understanding the Health System and its weaknesses, PVOs can more realistically plan their interventions and collaborate with other donors to address the weaknesses. In general, PVO/NGOs should consider the following when designing their programs:

- **Be informed** of current Health System reform issues and initiatives relevant to their work, policies that are established or under development, and projects that support health reform activities.
- **Dialogue** with health sector officials, at relevant levels, regarding Health System constraints and HSS approaches that could be pilot tested, new policies implemented, and constructive contributions made by PVOs.
- **Include** local health authorities at various stages of planning and implementation of their activities and understand these authorities' mandate and decisionmaking ability.
- **Coordinate** with other projects and initiatives in HSS efforts.

PVOs have the ability to strengthen existing district and community-level HSs in all of the six building blocks. Creating parallel Health Systems is not an ideal solution to problems in the public sector, and PVOs should be cautioned against doing so. PVOs should not just focus on strengthening their own facilities, but should take their knowledge and abilities to train and empower the public sector to strengthen those facilities and services. By broadening their range

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<sup>1</sup> HSS may be a lesser priority when projects constitute an emergency, focus on humanitarian aid, or are short-term rather than sustained development efforts.

and involving the district-level public sector in a participatory process, PVOs can reach many more people.

One of the first things a PVO can do when it begins working in a district is to conduct an assessment of the Health System. Even an informal evaluation of what the Health System looks like (including facilities, civil society structure, information systems, etc.) can help a PVO map what needs to happen to strengthen the system. From there, the PVO can prioritize in which building blocks to work. If any HS assessment is already being conducted (formally or informally) at the district or local level, PVOs can contribute to those and get more involved in the process of HSS once the results are available.

### **What PVOs Can Do**

Outlined below are additional examples illustrating how PVOs and NGOs can contribute to each building block, with references to the appropriate annex where additional tools and resources are listed.

**Service Delivery:** Good health services are services that deliver effective, safe, high-quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources.

#### **What PVOS Can Do: Service Delivery**

- Assist in the development of standard treatment guidelines.
- Train health workers in rational prescribing practice.
- Integrate drug supply management into clinical training and supervision activities.
- Educate the community on rational drug use.
- Improve community Health Systems and resources for—and linkages between—preventive, curative, and emergency service delivery.

Information on tools and other resources is available in **Annex A**.

**Human Resources:** A well-performing health workforce consists of a sufficient number and mix of staff (including volunteers) that are fairly distributed, efficient, responsive, and competent to achieve the best health outcomes possible given the available resources and circumstances.

### **What PVOS Can Do: Human Resources**

- Establish sustainable networks of community health workers.
- Work with health facility staff and community health workers to develop job descriptions and a clear supervisory structure and roles.
- Facilitate problem-solving sessions to improve health worker morale and quality of services in government, private, and PVO settings.
- Train health facility and district staff on supportive supervision; provide logistical support for supervision visits.
- Providing training practicals in PVO facilities for pre-service and in-service training.
- Provide evidence for policymakers on the results of innovative human resources approaches.

Information on tools and other resources is available in **Annex B**.

**Information:** A well-functioning health information system is one that ensures the production, analysis, dissemination, and use of reliable and timely information on health determinants, health systems performance, and health status.

### **What PVOS Can Do: Information**

- Train health workers in basic HIS concepts and use of data (e.g., catchment population, target group estimates, calculation of rates, monitoring indicators).
- Assist in establishing baseline health indicators in communities through surveys and routine data review.
- Create incentives for accurate and timely data collection, supervise and provide feedback on HIS work, involve district health staff.
- Provide project data regularly to the relevant level of the government Health System.
- Work with counterparts and staff to use data for problem identification, work planning, monitoring, budgeting, and report preparation.
- Together with country partners, use project-generated health information as evidence in policy and advocacy work.

Information on tools and other resources is available in **Annex C**.

**Medical Products, Vaccines, and Technologies:** A well-functioning Health System requires equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.

### **What PVOS Can Do: Medical Products, Vaccines, and Technologies**

- Promote the supply of affordable, high-quality essential drugs and commodities.
- Train health workers and get involved in the Drug and Therapeutics Committees (DTCs), and their interventions to help hospitals implement evidence-based and cost-effective selection and use of medicines as they pertain to child health and beyond.
- Advocate and provide evidence for drug policy and financing mechanisms, which improve access for the poor (e.g., subsidies, fee waivers, exemptions, use of generics).
- Work with health providers and communities on implementing country-specific strategies for the containment of Antimicrobial Resistance (AMR).
- Assist local authorities in identifying counterfeit and substandard medical products, and vaccines.
- Promote rational use and adherence to high-quality products, vaccines, and technologies by providing technical and policy support to health authorities, professional networks and consumer groups.

Information on tools and other resources is available in **Annex D**.

**Health Financing:** A good health financing system mobilizes adequate resources from reliable sources to pay for health needs, pools resources to foster efficiency and spread costs, and allocates resources in ways that promote efficiency, equity, and health impact.

### **What PVOS Can Do: Health Financing**

- Support communities to advocate for increased funding for targeted child health services and programs, where local authorities have discretion over funding allocation.
- Assist communities to generate and pool income for user fees or to promote community health financing schemes.
- Raise awareness among vulnerable populations that qualify for exemptions, and support their efforts to obtain services.
- Work with district and health facility staff to strengthen financial management skills in order to improve services.

Information on tools and other resources is available in **Annex E**.

**Leadership and Governance:** Leadership and governance involves ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition building, the provision of appropriate regulations and incentives, attention to system design, and accountability.

### **What PVOS Can Do: Leadership and Governance**

- Inform local leaders of international discussions regarding child health and issues that could be addressed through local/national health policy.
- Find opportunities to explain to political leaders how local-level CS programs contribute more broadly to development.
- Explain the importance of investing in child health to other sectors, particularly leaders in the Ministries of Finance and Planning, where financial allocation decisions are made.
- Mobilize communities to advocate for health priorities and help them hold political representatives accountable for promised health benefits.
- Increase community participation in the design, implementation, and evaluation of maternal health and nutrition programs.

Information on tools and other resources is available in **Annex F**.

The specific suggestions of tools provided to PVOs in this guidance and specific TRMs are not intended to be prescriptive, but rather are options. PVOs should consider selecting guidance and tools that best fit the nature of their and their partners' work, and respond to their needs. PVOs should consider their own capacity, length of commitment to a project, and any other strengths or limitations they may have when deciding what project to undertake. PVOs are also advised to be aware of the host country's government and policies. While PVOs can be excellent resources to help districts and communities implement host country policies, they must follow the systems that are in place and keep in mind that they are implementers of the host government's policies.



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## **ANNEX A: SERVICE DELIVERY**

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# ANNEX A: SERVICE DELIVERY

## TOOLS

### *Improvement Collaborative Methodology*

<http://www.qaproject.org/methods/collaboratives.htm>

The improvement collaborative is a major new approach for rapidly improving the quality and efficiency of health care. A collaborative focuses on a single technical area (for example, prevention of mother-to-child transmission of HIV) and seeks to rapidly spread existing knowledge or best practices related to that technical topic to multiple settings, through the systematic improvement efforts of a large number of teams. A collaborative is a time-limited improvement strategy, usually lasting from 12 to 24 months.

Teams participating in a collaborative typically are located in health care facilities in different geographic areas and may even work for different organizations. The collaborative engages the teams in working out the operational details in implementing a set of identified best practices in the collaborative's focus area in their respective settings. The collaborative facilitates active sharing of strategies and ideas for improvement among participating teams, so that teams learn from each other and quickly benefit from successful changes implemented by other teams.

Collaboratives are designed to achieve dramatic improvements in the quality and outcomes of care in a short period of time by fostering active learning among improvement teams, and by regularly tracking and communicating the results of the improvement efforts. Teams within a collaborative use a common set of core measurement indicators—usually 5 to 10 key indicators—that relate to the desired outcomes of the collaborative. Each team collects data for its facility on the indicators and reports these data, usually on a monthly basis, to the other teams. Frequent monitoring and sharing of results help to spur the pace of improvements, creating a sense of friendly competition among teams to see which team can achieve the best results. The network of shared learning results in rapid development and testing of innovations and solutions to problems, rapid dissemination of effective changes, and rapid development of effective models of care.

Another distinguishing feature of the improvement collaborative approach is that it seeks to spread improvements beyond the participating teams, to be applied throughout the organization(s) participating in the collaborative. Typically, a collaborative on a new topic area may conclude with the development of a package of interventions that have been field tested and proven to yield results in a particular setting. The initial collaborative—sometimes called a *demonstration collaborative*—may then be followed by a second phase—often known as an *expansion collaborative*—that provides a framework for spreading the improvements from the initial or demonstration sites to the rest of the parent health system. This emphasis on the intentional spread of the improvements achieved distinguishes collaboratives from other quality improvement approaches and makes collaboratives an attractive scale-up strategy.

The [Institute for Healthcare Improvement](http://www.ihim.org) (IHI) developed the improvement collaborative approach in the mid-1990s in the United States. Since then, IHI has supported over 1,000 teams applying this methodology, addressing diverse health care processes and clinical content areas. Health care organizations in many other countries have since implemented improvement collaboratives in hospital and clinical practice settings, demonstrating excellent results.

### **Unique Challenges, Creative Solutions: Improving Care and Spreading Change in Developing Nations**

<http://www.ihim.org/IHI/Topics/Improvement/SpreadingChanges/ImprovementStories/UniqueChallengesCreativeSolutions.htm>

Experts are improving care in developing nations, and rapidly spreading the improvements, by adapting the high-quality improvement techniques used in some of the world's most advanced and resource-rich health systems. Demonstrating this ability is University Research Co., (URC) LLC, an organization based in Bethesda, Maryland, that helps clients make changes that lead to improved programs and outcomes. URC has adapted [IHI's Breakthrough Series methodology](#) to make widespread improvements in the care that pregnant women and newborn babies receive in several countries in Latin America and Africa.

### ***Improving Clinical Quality***

<http://engenderhealth.org/pubs/quality/>

EngenderHealth has developed a number of handbooks, curriculum, processes, and tools on improving clinical quality, among which the following:

- [COPE<sup>®</sup>](#), which stands for “client-oriented, provider-efficient” services, helps health care staff improve the quality, efficiency, and responsiveness of the services provided at their facility.
- [Facilitative supervision](#), a system of management in which supervisors focus on the needs of their staff through mentoring, joint problem solving, and two-way communication.

### ***Partnership Defined Quality (PDQ): A tool book for community and health provider collaboration for quality improvement***

<http://www.savethechildren.org/publications/technical-resources/saving-newborn-lives/country-documents/Partnership-defined-quality-a-tool.pdf>

Partnership Defined Quality is a methodology to improve the quality and accessibility of services with community involvement in defining, implementing, and monitoring the quality improvement process. PDQ links quality assessment and improvement with community mobilization. This manual offers tools that can be used by project managers, health service managers, or facilitating agencies. It can also be used by health workers or community advocates who would like to work to make a difference in the quality of the health services available in their area.

### ***Toolkits for Strengthening Primary Health Care***

<http://www.healthsystems2020.org/content/resource/detail/1771/>

In Albania, the PHR*plus* Project developed and tested a series of tools designed to introduce family medicine concepts and strengthen primary health care (PHC) services. Toolkits were developed and tested in four pilot PHC centers in one region; they are now ready to be used in additional PHC settings in Albania or adapted for use elsewhere. PHC facility managers will find the toolkits useful reference materials when developing strategies and tools to improve the quality of care, and monitor and evaluate PHC-strengthening efforts. This series comprises three toolkits: (1) PHC Service Delivery Toolkit; (2) PHC Quality Improvement (QI) Toolkit; and (3) PHC Health Information Systems (HIS) Toolkit.

### ***Using Data to Improve Service Delivery: A Self-Evaluation Approach***

[http://sara.aed.org/publications/cross\\_cutting/self\\_evaluation/self-evaluation%20guide%20\(English\).pdf](http://sara.aed.org/publications/cross_cutting/self_evaluation/self-evaluation%20guide%20(English).pdf)

This guide will help frontline health workers use the data collected at health facilities to solve common problems in service delivery and improve their response to community needs. It is intended for doctors, nurses, and midwives in community-based health centers. The overall aim of the guide is to promote greater use of existing service data to improve health services. The guide does not require health workers to collect any additional data.

### ***The Health Manager's Toolkit: Clinical Services and Quality Management***

<http://erc.msh.org/mainpage.cfm?file=2.0.htm&module=toolkit&language=English>

Clinical services and quality management tools help in the management of health services delivery at both the clinic and the community levels. Tools focusing on improving the quality of service delivery for clients, reducing client waiting time, and improving logistics and supply management are included here. The tools in this category are management tools and do not include diagnostic or treatment tools used by clinicians.

- [A Tool to Assess Program Capacity: Adding Services to Manage Reproductive Tract Infections](#)
- [Baseline Assessment Tool for Preventing Mother to Child Transmission \(PMTCT\) of HIV](#)
- [Clinic Assessment of Youth-Friendly Services](#)
- [Clinic Supervisor's Manual](#)
- [COPE<sup>®</sup> for Child Health: A Process and Tools for Improving the Quality of Child Health Services](#)
- [COPE<sup>®</sup> for Maternal Health Services: A Process and Tools for Improving the Quality of Maternal Health Services](#)
- [COPE<sup>®</sup>: Client-Oriented and Provider Efficient](#)

- [Community COPE®: Building Partnership with the Community to Improve Health Services](#)
- [Computer-Based Tools to Improve Supervision, Monitoring, and Evaluation of Reproductive Health Programs](#)
- [Continuous Quality Improvement \(CQI\) in Health Networks Self-Implementation Modules](#)
- [Counselor Training Evaluation](#)
- [Emergency Obstetric Care: Leadership Manual for improving the Quality of Services; and Emergency Obstetric Care: Toolbook for Improving the Quality of Services](#)
- [Handbook of Indicators for Family Planning Program Evaluation](#)
- [Integrating Reproductive Health into NGO Programs: Family Planning](#)
- [Inventory Management Assessment Tool \(IMAT\)](#)
- [Manual to Evaluate Quality of Care from a Gender Perspective](#)
- [Monitoring-Training-Planning \(MTP\) on Family Planning](#)
- [Quality Assurance Manual](#)
- [Performance Improvement Review Package \(PIR\)](#)
- [PipeLine Monitoring and Procurement Planning Software \(PipeLine v 3.0\)](#)
- [User's Guide on Planning and Managing a Quality Survey in Reproductive Health Programs](#)
- [Warehouse Information System Assessment](#)

***The Health Manager's Toolkit: Community Health Services***

<http://erc.msh.org/mainpage.cfm?file=3.0.htm&module=toolkit&language=English>

Community health services tools focus on helping managers improve the management of public health and primary care activities. The tools in this category are management tools and do not include the diagnostic or treatment tools used by clinicians.

- [A Tool to Assess Program Capacity: Adding Services to Manage Reproductive Tract Infections](#)
- [Child Needs Assessment Toolkit](#)
- [Community COPE®: Building Partnership with the Community to Improve Health Services](#)
- [District Team Problem Solving \(DTPS\)](#)
- [Integrating Reproductive Health into NGO Programs: Family Planning](#)
- [Integrating Reproductive Health into NGO Programs: Safer Motherhood for Communities](#)

- [Monitoring-Training-Planning \(MTP\) on Family Planning](#)
- [Performance Improvement Review Package \(PIR\)](#)

### ***Reaching Every District (RED)***

[http://www.who.int/immunization\\_delivery/systems\\_policy/red/en/](http://www.who.int/immunization_delivery/systems_policy/red/en/)

Reaching Every District provides a framework for planning, managing, and reaching all women and children with life-saving vaccination services. RED also provides a platform for the delivery of other essential PHC services. It has five components and core monitoring indicators.

### ***Dispensary Health Management Curriculum***

Aga Khan Health Services, Kenya (AKHS, K), and Plan Kenya developed a comprehensive curriculum for instructing Dispensary Health Management Teams on dispensary governance, cost recovery, stock management and information collection and analysis. These tools have been adopted for use by the Ministry of Health.

### ***Maternal Child Health Integrated Program (MCHIP) Health Systems Framework***

MCHIP is in the process of developing a Health Systems Strengthening Framework to help strengthen Maternal and Neonatal Programs This framework puts particular emphasis on the following aspects of the health system:

1. The role of individuals, households, and communities as producers of health as well as users of health services produced by the health care sector
2. The importance of initiatives that change behaviors and induce health improving actions throughout the health system: from the level of the individual to that of the service provider, to the local government level, and all the way up to the national policy level
3. The linkages between health system strengthening initiatives and MNCH results
4. The complementarities existing between different health system strengthening initiatives

While each of these individual aspects may also be found in other existing health systems frameworks, the distinctive feature of the MCHIP framework is that it captures them all. In addition, the framework recognizes the important role of other sectors that directly or indirectly contribute to improved MNCH outcomes (e.g., safe water, education, food security), as well as the potential effects of external shocks (e.g., global recession, earthquake, pandemic).



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## **ANNEX B: HUMAN RESOURCES**

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# ANNEX B: HUMAN RESOURCES

## TOOLS

### *Human Resources Management (HRM) Assessment Tool*

<http://erc.msh.org/newpages/english/toolkit/hrd.pdf>

[http://erc.msh.org/TheManager/English/V8\\_N1\\_En\\_Supp.pdf](http://erc.msh.org/TheManager/English/V8_N1_En_Supp.pdf)

The HRM Assessment Tool helps users develop strategies to improve the human resources system and make it as effective as possible. It can also serve as a basis for focusing discussions, brainstorming, and strategic planning. It is designed to be used in public- and private-sector health organizations.

### *HRM Assessment Tool for HIV/AIDS Environments Version 2.0*

[http://erc.msh.org/newpages/english/toolkit/hr\\_hiv\\_assessment\\_tool.pdf](http://erc.msh.org/newpages/english/toolkit/hr_hiv_assessment_tool.pdf)

This tool aims to provide users with a rapid assessment tool to identify the strengths and weaknesses of the HRM system, including the effectiveness to mitigate the impact of HIV/AIDS on the health workforce and to help users develop an action plan to improve the system.

### *The Capacity Project: Tools and Resources for Human Resources for Health (HRH) Practitioners*

[http://www.capacityproject.org/index.php?option=com\\_content&task=view&id=113&Itemid=129](http://www.capacityproject.org/index.php?option=com_content&task=view&id=113&Itemid=129)

#### **1. Workforce Planning and Leadership**

##### Collection and Analysis of HRH Strategic Plans

December 2006. This resource paper uses a simple framework to provide an analytical review of HRH strategic plans that have been generated over the last few years by countries in sub-Saharan Africa that face an HRH crisis.

##### Human Resources for Health Programs for Countries in Conflict and Post-Conflict Situations

December 2006. This resource paper explores operational challenges, opportunities and goals common to initiating HRH programs in context and post-conflict situations.

##### Assessing the Human Resource Capacity for Implementation of the National Plan of Action for Orphans and Vulnerable Children: Process Description and Tool Library (Draft)

June 2007. This OVC toolkit provides a concrete process, methodology, and tools for assessing the Government's HR capacity to lead and manage effective implementation of the National Plan of Action.

## **2. Workforce Development**

### [Learning for Performance: A Guide and Toolkit for Health Worker Training and Education Programs](#)

April 2007. This manual presents a systematic instructional design process and accompanying tools that help connect learning to specific job responsibilities and competencies.

### [IUD Guidelines for Family Planning Service Programs: A Problem-Solving Reference Manual](#)

### [Intra-Uterine Device \(IUD\) Guidelines for Family Planning Service Programs: Course Handbook for Participants](#)

### [IUD Guidelines for Family Planning Service Programs: Course Notebook for Trainers](#)

2006. Third edition, revised to reflect changes in the World Health Organization's Medical Eligibility Criteria for Contraceptive Use. This learning package (reference manual, participants' handbook, trainer's notebook) includes the materials needed to conduct a competency-based, in-service training course for service providers.

### [Health Worker Education and Training: Selected Resources](#)

2005. To support efforts to improve health worker education and training systems, the Capacity Project has assembled a collection of resources that can be used for reference and adaptation.

## **3. Performance Support**

### [Assessment of the Additional Duty Hours Allowance \(ADHA\) Scheme: Final Report](#)

December 2007. This retrospective study reviews the evolution of Ghana's ADHA scheme and assesses its impact on health worker satisfaction, retention and performance, as well as its larger consequences for the Government of Ghana, Ministry of Health and Ghana Health Service.

### [Uganda Health Workforce Study: Satisfaction and Intent to Stay Among Current Health Workers \(Executive Summary\)](#)

March 2007. A study of facility-based health workers in Uganda, intended to measure health worker satisfaction, motivation, and intent to stay in the health field to serve the Republic of Uganda.

### [Zanzibar Health Care Worker Productivity Study: Preliminary Study Findings](#)

February 2007. This paper describes a portion of an initiative to investigate time utilization in Zanzibar's health care sector and implement interventions to improve efficiency.

### [Supporting Existing Health Cadres in Learning New Skills: Tools and Approaches](#)

May 2006. The Capacity Project has identified and categorized existing tools and approaches that support health cadres in learning new skills, especially in the area of HIV/AIDS. This paper includes examples of potential resources, providing web links in the appendices.

[Retention: Health Workforce Issues and Response Actions in Low-Resource Settings](#)

August 2005. This paper provides an evidence base to reveal factors that lead to high turnover and promote tested responses to retain health workers.

**4. Results and Knowledge Management**

[HRH Action Workshop Assessment](#)

July 2008. This report assesses the workshop's influence on subsequent country-level HRH activities; it found that a combination of the workshop methodology and the right participants led to notable HRH action in several countries.

[Mid-Term Evaluation of the Kenya Emergency Hiring Plan](#)

February 2008. This report assesses the Emergency Hiring Plan's main achievements, challenges and impact on service delivery, and health systems improvement.

**5. Gender Equity and Equality**

[Integrating Gender in HRH Projects](#)

August 2006. Two training modules (Gender Analysis and Integration in Capacity Country Projects, and Building Support for Gender Integration through Advocacy) for supporting gender equity in human resources for health, with handouts.

[Gender-Based Violence Training Modules: A Collection and Review of Existing Materials for Training Health Workers](#)

May 2006. Review of existing gender-based violence (GBV) training modules that can be adapted and/or integrated into pre-service education or in-service training curricula in developing countries. The summary of modules is considered to represent best practices in GBV training, with recommendations on integrating the modules into pre-service education or in-service training.

**6. Global Partnering**

[Partnership Building: Practical Tools to Help You Create, Strengthen, Assess and Manage Your Partnership or Alliance More Productively](#)

March 2007. This toolkit offers guidance on identifying potential alliance partners, facilitating a dynamic and helpful kickoff meeting and creating an appropriate memorandum of understanding, along with more tools to help create or develop partnerships.

[HRH Action Framework](#)

February 2007. The HRH Action Framework is designed to assist governments and health managers develop and implement strategies to achieve an effective and sustainable health workforce. It is available in [English](#), [French](#), and [Spanish](#).

***The Capacity Project: Human Resources Information System (HRIS) Strengthening***

<http://www.capacityproject.org/hris/>

Many developing countries face daunting obstacles to meet the health care needs of their citizens. To ensure that the right health care provider is in the right place with the right skills, these countries require current, accurate data on HRH. A strong HRIS enables health care leaders

to quickly answer the key policy and management questions affecting the delivery of health care services.

The Capacity Project is developing free, Open Source HRIS solutions, distributed under the General Public License (GPL), to supply health sector leaders and managers with the information they need to assess HR problems, plan effective interventions, and evaluate those interventions. We do not provide just software, but rather a program of technical assistance and expertise to ensure that the technology is transferred effectively and serves the ability of decisionmakers to use data to lead and manage. Our participatory approach results in systems that are appropriate for the context in which they are used and are sustainable after we leave.

***Health Workforce Advocacy Initiative: A Toolkit for Health Professional Advocates***

[http://www.healthworkforce.info/advocacy/HWAI\\_advocacy\\_toolkit.pdf](http://www.healthworkforce.info/advocacy/HWAI_advocacy_toolkit.pdf)

This toolkit was created by the Health Workforce Advocacy Initiative, the civil society-led network of the Global Health Workforce Alliance. Its purpose is to assist health professionals, health professional associations, and civil society organizations in developing advocacy strategies to address human resource and health financing issues in their countries.

***Learning for Performance (LFP): Guide and Toolkit for Health Worker Training***

<http://www.intrahealth.org/lfp/>

The LFP provides guidelines and tools to focus curricula on priority-desired performance outcomes, and connect learning to specific job responsibilities and competencies. In three countries (Mali, Rwanda, Senegal) it was used to strengthen both in-service and pre-service curricula in multiple technical areas. The LFP is available in English and French.

***Transfer of Learning: A Guide for Strengthening the Performance of Health Care Workers***

<http://www.reproline.jhu.edu/english/6read/6training/tol/index.htm>

The primary purpose of the *Transfer of Learning* guide is to share strategies and techniques that can be used before, during, and after training interventions, to ensure support for the transfer of knowledge and skills to improved performance on the job. The strategies and techniques for transferring learning are presented in an easy-to-use matrix that serves as a table of contents for the rest of the document.

***Performance Improvement: Stages, Steps, and Tools***

<http://www.intrahealth.org/sst/>

Performance Improvement (PI) is a method for analyzing performance problems and setting up systems to ensure good performance. PI is applied most effectively to groups of workers within the same organization or performing similar jobs. While PI principles are relevant to workers in any field, this publication focuses on primary providers of family planning and reproductive health (FP/RH) care services.

## ***The Health Manager's Toolkit: Human Resources for Health/ Human Resources Management***

<http://erc.msh.org/mainpage.cfm?file=7.0.htm&module=toolkit&language=English>

The Manager's Toolkit includes various tools and instruments to help managers tackle the challenges associated with human resources for health and HR management. The tools include instruments to link individual performance to organizational objectives, such as performance management and supervision tools, training tools designed to enhance employee capacity, and guides to establish salary policies. There are also HR management tools adapted for use in the context of HIV/AIDS, as well as in different sectors of the health system.

- [Clinic Supervisor's Manual](#)
- [Computer-Based Tools to Improve Supervision, Monitoring, and Evaluation of Reproductive Health Programs](#)
- [Counselor Training Evaluation](#)
- [Developing a Salary Policy](#)
- [Handbook of Indicators for Family Planning Program Evaluation](#)
- [Human Resources Management \(HRM\) Assessment Instrument for NGOs and Public Sector Health Organizations](#)
- [HRM Assessment Tool for HIV/AIDS Environments Version 2.](#)
- [Performance Management Tool](#)
- [Supervisor Competency Self-Assessment Inventory](#)
- [Training Impact Evaluation \(TIE\) Process](#)

### ***Community Health Workers (CHW) Program Functionality Assessment Tool (Draft)***

The CHW Program Functionality Assessment (CHW-PFA) tool examines 12 programmatic components that CHW programs should consider important to successfully supporting CHWs. These include recruitment process; the CHW role; initial training; ongoing training; equipment and supplies; supervision; performance evaluation; incentives; community involvement; referral system; professional advancement; and documentation/information management. In applying the tool, each component is rated with a four-point scale ranging from non-functional to highly functional. In addition to being part of functional systems, CHWs must be providing services in maternal and child health (MCH). A list of interventions, adapted for the CHW role from the key MCH interventions listed in the U.S. Agency for International Development (USAID)'s 2008 Report to Congress, is also included in the tool. The instrument can be applied in a stakeholder meeting to assess the current status of a specific program and determine if the program as a whole is functional. Health workers within that program are then considered to be functional. In addition to helping determine whether a CHW program is functional, the tool also provides an action planning and resources guide to assist program managers in strengthening their community health worker programs.

USAID asked its Health Care Improvement Project to develop a tool to assist in quantifying the number of CHWs who are providing MCH services. The tool was drafted in 2009 and was first field-tested in Nepal.

The CHW-PFA tool is now available for field testing by program implementers who agree to provide Health Care International (HCI) with feedback on the tool.

To access the latest version of the CHW-PFA tool and participate in beta testing it, click on <http://www.hciproject.org/node/1224>

## **PROJECTS**

### ***The Capacity Project***

<http://www.capacityproject.org/>

Without strengthened HR for health care, it will be impossible to sustain the gains made in child survival, family planning and other areas while responding to critical demands such as the HIV/AIDS pandemic.

An innovative global initiative funded by the USAID, the Capacity Project is designed to help developing countries build and sustain the health workforce so they can respond systemically to the challenges of implementing and sustaining high-quality health programs.

Applying proven and promising approaches to solve critical problems, the Project improves quality, accessibility, and use of priority health services by—

- Improving workforce planning and leadership
- Developing better education and training programs for the workforce
- Strengthening systems to support workforce performance.

### ***University Research Co–Center for Human Services (URC-CHS)***

[http://www.urc-chs.com/projects/health/HCI\\_Project.html](http://www.urc-chs.com/projects/health/HCI_Project.html)

The USAID Health Care Improvement Project is committed to sustaining and expanding the implementation of QI methodologies and tools throughout the developing world. A three-pronged strategy is being employed to improve the effectiveness of QI through effective use of (1) technical assistance to build capacity for quality improvement; (2) research and evaluation studies of QI applications; and (3) global dissemination and use of improvement knowledge generated by QI teams.

*Human Resources Planning and Management:* One of the major objectives is to expand the evidence base for the application of QI approaches to HR planning and management. HCI will conduct research, technical assistance, and pilot-level demonstrations related to effective human resource and workforce development interventions, such as task shifting, use of job aids and other performance technology, alternative capacity-building strategies, supportive supervision, and strengthening district management.

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## **ANNEX C: INFORMATION**

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# ANNEX C: INFORMATION

## TOOLS

### *Data Demand and Information Use*

<http://www.cpc.unc.edu/measure/tools/monitoring-evaluation-systems/ddiu-strategies-and-tools>

Data Demand and Information Use (DDIU) is a strategy to identify opportunities for and constraints to effective and strategic data collection, analysis, availability, and use. To support evidence-based decisionmaking, MEASURE Evaluation has developed a conceptual framework and a set of tools to aid policymakers and stakeholders in implementing DDIU strategies. The DDIU strategy begins with an assessment that helps stakeholders, policymakers, and monitoring and evaluation (M&E) practitioners determine points of entry for DDIU intervention. Once specific needs are identified, DDIU core tools can be utilized to stimulate data demand and capacity building, and to enhance evidence-based decisionmaking.

### *Performance of Routine Information System Management (PRISM) Framework and Tools*

<http://www.cpc.unc.edu/measure/tools/monitoring-evaluation-systems/prism>

Performance of Routine Information System Management is a conceptual framework encompassing six tools that aid in the assessment, design, and M&E of routine health information systems (RHIS). This tool set analyzes the performance of RHIS by taking into account behavioral determinants, technical determinants, and organizational/environmental determinants. The set includes RHIS Performance Diagnostic Tool; RHIS Overview and Facility/Office Checklist; RHIS Management Assessment Tool; Organizational and Behavioral Questionnaire Tool (OBAT), the HIV/AIDS Inventory, and the HIV/AIDS Records Assessment Tool. The tools cover data quality and information use of any programmatic activity; the last two tools are specific to HIV/AIDS.

### *Child Status Index: A Tool for Monitoring and Evaluation of Orphans and Vulnerable Children (OVC) Programs*

<http://www.cpc.unc.edu/measure/tools/child-health/child-status-index>

The Child Status Index (CSI) is as a simple tool that will help service providers to systematically and continuously monitor how programs supporting children make a difference in their lives; it also serves as a means for improving community-level practices and services delivered on behalf of OVC. The CSI provides direct information on child progress, program successes, and areas for improvement in domains critical to child well-being. This information should be helpful for guiding program management decisions on how to deliver adequate care and support to children. It will also help other stakeholders to evaluate their policies and program plans in an ongoing basis. The CSI tool includes key factors that capture child wellbeing that are measurable and changeable through program interventions.

### ***Health Facility Assessment Methods***

<http://www.cpc.unc.edu/measure/tools/monitoring-evaluation-systems/hfa-methods>

This tool increases utilization of facility-based information for decisionmaking about investments in health systems and services.

<http://www.cpc.unc.edu/measure/news/ihfan-partnership-improves-availability-of-health-facility-assessment-data>

### ***International Health Facility Assessment Network (IHFAN)***

[www.ihfan.org](http://www.ihfan.org)

This multi-partnership organization was created to strengthen health facility-based data collection and use, reduce duplication, and promote strategic liaisons for these activities.

### ***Management Accounting Systems for Hospitals (MASH) Manual***

<http://www.healthsystems2020.org/content/resource/detail/1638/>

This manual introduces the Management Accounting System for Hospitals. MASH is a framework used for tracking and analyzing a health facility's services, resources, and costs. It provides the means for both routine management control and the initiation and management of change; it is also a useful tool for examining costs in connection with productive efficiency. MASH is built around 12 interrelated Excel spreadsheets. All the spreadsheets are structured by cost centers; four involve entering primary data and the other eight use those data to perform calculations and analysis. While MASH was designed primarily for hospitals, it is easily modified to suit any health care organization —its potential users are facility administrators and department heads, purchasers of care, regulators and auditors of performance, and financing and operations analysts.

### ***Toolkits for Strengthening Primary Health Care***

<http://www.healthsystems2020.org/content/resource/detail/1771/>

In Albania, the PHR*plus* Project developed and tested a series of tools designed to introduce family medicine concepts and strengthen primary health care (PHC) services. Toolkits were developed and tested in four pilot PHC centers in one region; they are now ready to be used in additional PHC settings in Albania or adapted for use elsewhere. PHC facility managers will find the toolkits useful reference materials when developing strategies and tools to improve quality of care, and to monitor and evaluate PHC strengthening efforts. This series comprises three toolkits: (1) PHC Service Delivery Toolkit, (2) PHC Quality Improvement (QI) Toolkit, and (3) PHC Health Information Systems (HIS) Toolkit.

### ***Open Medical Record System (MRS)***

<http://openmrs.org/wiki/OpenMRS>

OpenMRS® is a community-developed, open-source, enterprise electronic medical record system framework. We have come together to specifically respond to those actively building and managing health systems in the developing world, where AIDS, tuberculosis, and malaria afflict the lives of millions. Our mission is to foster self-sustaining health information technology implementation in these environments through peer mentorship, proactive collaboration, and a code base that equals or surpasses proprietary equivalents. You are welcome to come participate in our community, whether by implementing our software, or contributing your efforts to our mission.

### ***The Health Manager's Toolkit: Information Management***

<http://erc.msh.org/mainpage.cfm?file=8.0.htm&module=toolkit&language=English>

The Manager's Toolkit contains numerous tools and instruments that help managers collect, interpret, and use essential information easily and effectively. Some of these tools are designed to help individuals and work teams to collect, organize, consolidate, and analyze data related to service delivery and uptake. Other tools center more on specific disciplines such as finance, inventory and asset management, and pharmaceutical stock management.

- [HOSPICAL: A Tool for Allocating Hospital Costs](#)
- [Inventory Management Assessment Tool \(IMAT\)](#)
- [Making Sense of Focus Group Findings](#)
- [National Aids Programmes: A Guide to Monitoring and Evaluation](#)
- [PipeLine Monitoring and Procurement Planning Software \(PipeLine v 3.0\)](#)
- [Rapid Pharmaceutical Management Assessment: An Indicator-Based Approach](#)
- [User's Guide on Planning and Managing a Quality Survey in Reproductive Health Programs](#)
- [Warehouse Information System Assessment](#)

## **RESOURCES**

### ***Health Metrics Network (HMN)***

<http://www.who.int/healthmetrics/en/>

Health Metrics Network (HMN) is a global partnership that facilitates better health information at country, regional, and global levels. Partners include developing countries, multilateral and bilateral agencies, foundations, other global health partnerships and technical experts. Most importantly, HMN seeks to bring together health and statistical constituencies in order to build capacity and expertise and enhance the availability, quality, dissemination and use of data for decisionmaking.

Specifically, HMN will pursue three interrelated objectives:

1. Create a harmonized framework for country HIS development (the HMN Framework) which describes standards for health information systems (available at [http://www.who.int/healthmetrics/documents/hmn\\_framework200803.pdf](http://www.who.int/healthmetrics/documents/hmn_framework200803.pdf)).
2. Strengthen country HIS by providing technical and catalytic financial support to apply the HMN Framework (the list of the 65 countries that have received catalytic grants from HMN is available at <http://www.who.int/healthmetrics/library/countries/en/index.html>).
3. Ensure access and use of information by local, regional, and global constituencies

The resources available are intended to be used in a catalytic way to help countries attract partners across programs, sectors, and agencies to mobilize in-country resources to strengthen country HIS in line with the HMN Framework.

### ***HMN Assessment Tools***

<http://www.who.int/healthmetrics/tools/hisassessment/en/index.html>

National HIS strengthening must start with a broad-based assessment of the system's own environment and organization, responsibilities, roles and relationships—and of the technical challenges of specific data requirements in order to:

- Allow objective baseline and follow-up evaluations—assessment findings should therefore be comparable over time;
- Inform stakeholders—for example, of aspects of the HIS with which they may not be familiar;
- Build consensus about the priority needs for strengthening the HIS; and
- Mobilize joint technical and financial support for the implementation of a national HIS strategic plan—with indications of the priority investments in the short term (1–2 years), intermediate term (3–9 years), and long term (10 years and beyond).

Tools include the following:

- Assessing the National Health Information System, An Assessment Tool—introduces objectives, methodology, and criteria for assessing each component of the HIS (resources, indicators, data sources, data management, information products, and dissemination and use)
- Assessment Tool (in Excel)—assessors enter ratings for each component item (ranging from highly adequate to not adequate at all) and the program calculates and displays the results for the HIS component areas and the overall HIS
- Group Builder Tool—to help those organizing the national HIS assessment to group the individuals and representatives best qualified to assess particular HIS component areas/items.

## ***Routine Health Information Network (RHINO)***

<http://www.rhinonet.org/>

In order to promote high-quality and practical approaches to the collection and use of routine health information in developing countries, the USAID-funded MEASURE Evaluation Project, the World Bank, and John Snow, Inc. have created the Routine Health Information Network. It comprises developing country governments, donor agencies, technical groups, and private voluntary organizations (PVOs). By engaging in a coordinated response, the RHINO will strengthen the role of evidence-based decisionmaking in the health sector in lesser-developed countries, and improve overall planning and management of health activities.

### **Workshops and Presentations**

RHINO strengthens the role of evidence-based decisionmaking by engaging organizations and professionals in the promotion of effective collection and use of routine health information in developing countries.

### **Online Forums**

In order to promote communication among professionals interested in collecting and using routine health information throughout the world, RHINO introduces the RHINO Online Forum for discussion of Routine Health Information Systems.

*Example:* Community-Based Health Information Systems (CBHIS)—moderated by Ryoko Yokoyama (JSI) and Edward. W. Kunyanga (ICF Macro).

August 13–17, 2007, with links to documents and a summary of the forum.

*Example:* Routine and Not Sexy: Motivating Health Workers—moderated by Dr. Julia Hussein of the Dugald Baird Centre for Research on Women’s Health at the University of Aberdeen, with links to the abstract and summary.

### **RHINO List**

RHINO-List has been developed by RHINO to promote communication among professionals interested in collecting and using routine health information throughout the world.

### **RHINO Register**

RHINO is currently developing the RHINO Register, a web-based directory of professionals with interest and experience in the health information systems.

## ***Monitoring and Evaluation Network of Training Online Resources (MENTOR)***

<http://www.cpc.unc.edu/measure/training/mentor>

Through MENTOR, MEASURE Evaluation makes available free training materials and tools on M&E topics for use by researchers, program managers, trainers, policymakers, students, and other public health professionals. These materials were developed by global experts in order to provide state-of-the-art information on M&E topics. MENTOR consists of three types of resources:

1. *Interactive Mini-Course on [M&E Fundamentals](#)*. This self-instructional mini-course provides concise information on the basics of M&E. It is divided into discrete modules that, in addition to the technical content, include self-assessment quizzes at the start and end of each section, interactive exercises, lists of resources and references for additional information, a glossary of key terms, and a final exam. Participants scoring 80% or higher on the final exam are eligible to download and print a course certificate.
2. *[Downloadable Training Materials](#)*. These free materials consist of various slide sets and accompanying training materials used in MEASURE Evaluation's regional workshops. Information on various M&E topics is offered—including M&E of population, health, and nutrition programs; M&E of HIV/AIDS programs; M&E of tuberculosis programs; and routine health information systems. An assortment of these materials in English, Spanish, and French will be posted on the MENTOR site as they become available.
3. *[Population Research Materials](#)*. These web modules provide information and tools for students and professionals on population-related topics. Such topics include Priorities for Local AIDS Control Efforts (PLACE), multiple decrement life tables, and population analysis for planners.

***HIV/AIDS Monitoring and Evaluation Network (AIMEnet)***

<http://www.cpc.unc.edu/measure/networks/aimenet>

HIV/AIDS Monitoring and Evaluation Network or AIMEnet sharing/learning space provides a forum for a dialogue between trained professionals working specifically in M&E of HIV/AIDS programs and in the area of HIV/AIDS in general. AIMEnet is used to share information about best practices, publications, reporting systems, relevant questions and technology, as well as to disseminate announcements on trainings and workshops.

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**ANNEX D: MEDICAL PRODUCTS,  
VACCINES, AND TECHNOLOGIES**

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# ANNEX D: MEDICAL PRODUCTS, VACCINES, AND TECHNOLOGIES

## TOOLS

### *Improving Drug Management in Decentralized Health Systems: The Monitoring-Training-Planning (MTP) Guide for Program Implementation*

<http://erc.msh.org/mainpage.cfm?file=2.7.2.htm&module=Drugs&language=English#pdf>

The Monitoring-Training-Planning (MTP) methodology offers a training alternative that places the tools and responsibility for drug management programs in the hands of local staff. By breaking health program implementation into short, periodic, group work sessions, MTP avoids the limitations of one-time, lengthy, and expensive training programs. MTP is highly useful in decentralized settings, where learning program-specific skills can produce tangible results quickly and efficiently.

### *Rational Pharmaceutical Management (RPM) Plus*

<http://www1.msh.org/projects/rpmplus/Resources/ToolsResources/index.cfm>

RPM Plus global initiatives draw on the close working relationships MSH has established with international leaders in health care. It works to improve access to and use of essential medicines and health commodities in developing countries by coordinating efforts with other global initiatives that target major health problems. The RPM Plus Program, along with its predecessor, the RPM Project, has developed a number of tools that support effective management of medicines and commodities. In addition to general pharmaceutical management tools, RPM Plus also comprises specific tools for child survival, TB, and malaria, such as the following:

- <http://www1.msh.org/projects/rpmplus/WhatWeDo/ChildSurvival/Tools-and-Resources.cfm>
- <http://www1.msh.org/projects/rpmplus/WhatWeDo/Tuberculosis/Tools-and-Publications.cfm>
- <http://www1.msh.org/projects/rpmplus/WhatWeDo/Malaria/Tools-Resources.cfm>

### *International Context: Health System Strengthening (HSS)*

Increasingly world's political and international health leaders have recognized the urgent need to make a major, sustained commitment to strengthening health systems. The World Health Organization (WHO) has been working more directly with other international partners to support health systems strengthening through global health partnerships (GHPs), such as the Global Fund to Fight HIV/AIDS (Global Fund), Tuberculosis and Malaria and the Global Alliance Vaccine Initiative (GAVI), the larger philanthropic foundations, the World Bank, regional development banks and bilaterals, as well as stakeholders in the non-government and corporate sectors. The U.S. Agency for International Development (USAID), together with international partners, including the Global Fund, recognizes and supports the WHO framework for action based on the

six blocks as a basis for providing resources for HSS: 1) service delivery; 2) health workforce/human resources; 3) information, 4) medical products, vaccines, and technologies; 5) financing; 6) and leadership and governance. USAID’s HSH program provides support to ensure that developing country health systems are effective, efficient, and equitable while operating at all levels—community, local, and national.

## DEFINING “HEALTH SYSTEM”

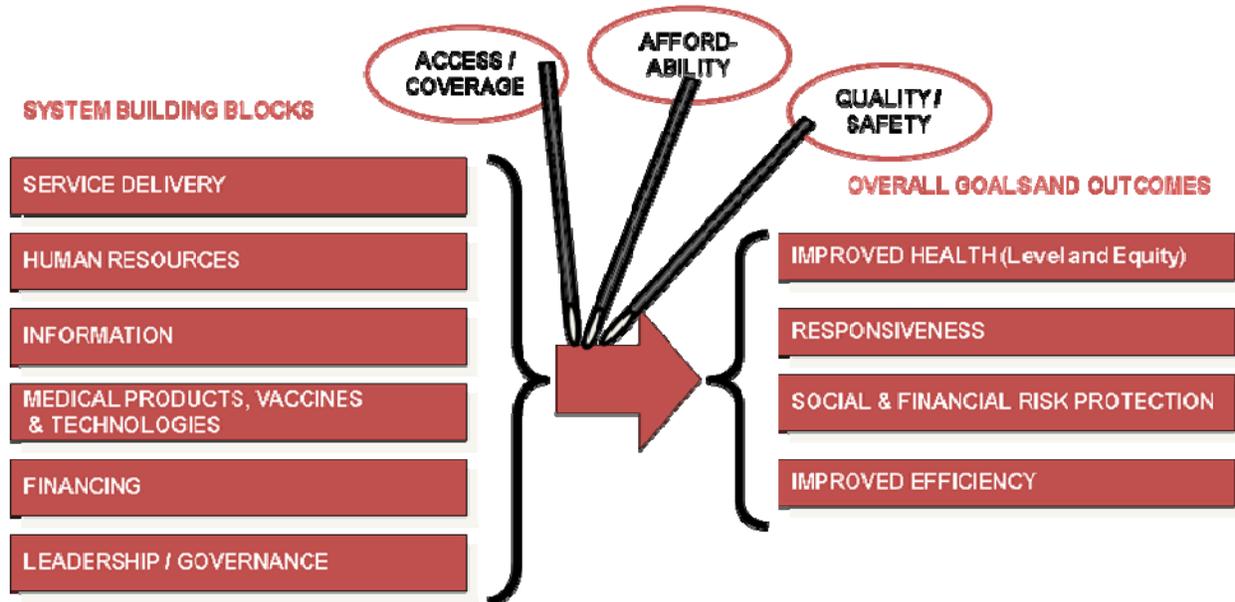
Health System includes all the organizations, institutions, resources, and people whose primary purpose is to improve health. Health systems encompass all levels: central, regional, district, community, and household. To strengthening health systems means to address key constraints related to health worker staffing, infrastructure, health commodities (such as equipment and medicines), logistics, tracking progress, and effective financing at all the levels of the system functioning. Child Survival (CS) projects routinely engage with all levels and elements of the Health System, and frequently encounter constraints that may limit their effectiveness.

The basic premise is that only through building and strengthening health systems will secure better health outcomes. Consistently with USAID’s general HSS strategy, the indicators included for HSS represent the **six building blocks of the WHO health systems framework**. These blocks include the following:

1. Human resources for health—A well-performing health workforce consists of a sufficient **number** and mix of staff (including volunteers) that are **fairly distributed, efficient, responsive, and competent** to achieve the best health outcomes possible given available resources and circumstances.
2. Health systems finance—A good health financing system **mobilizes** adequate resources from reliable sources to pay for health needs, **pools** resources to foster efficiency and spread costs, and **allocates** resources in ways that promote efficiency, equity, and health impact.
3. Service delivery—Good health services deliver **effective, safe, high-quality** personal and non-personal health interventions to those who need them, **when and where** they are needed, with **minimum waste** of resources.
4. Medical products, commodities, etc.—A well-functioning health system requires equitable access to essential **medical products; vaccines; and technologies of assured quality, safety, efficacy and cost-effectiveness**; as well as their scientifically sound and cost-effective use.
5. Governance and leadership—Leadership and governance involves ensuring strategic **policy frameworks** exist and are combined with effective **oversight, coalition building**, provision of appropriate **regulations and incentives**, attention to **system design**, and **accountability**.
6. Information—A well-functioning health information system ensures the **production, analysis, dissemination, and use** of reliable and timely information on health **determinants, health systems performance, and health status**.

Each function is driven by a different group (Figure 1). Given the broad scope of each of the six health system building blocks, this Technical Reference Materials (TRM) document is limited to a general introduction, focusing on aspects of particular relevance to private voluntary organizations child survival projects.

**Figure 1: Six Building Blocks of a Health System**



While the building blocks provide a useful way of clarifying essential functions, the challenges that countries face rarely manifest themselves in this way. Rather, they require a more integrated response that recognizes the interdependence of each part of the health system. While more resources are always needed, government ministers are also looking for ways of doing more with existing resources and are seeking innovative ways of harnessing and focusing the energies of communities, non-governmental organizations (NGOs) and the private sector.

***Procurement and Supply Management (PSM) Toolbox***

<http://www.psmtoolbox.org/>

This toolbox has been developed as a central repository for a wide range of health-related procurement and supply management tools. If a tool is available in the public domain a link to the respective website has been provided to download its most recent version. Tools are available for use at the facility, regional/district, and national/central levels.

***DELIVER PROJECT: Tools and Publications***

<http://deliver.jsi.com/dhome/resources/tools>

In addition to the software tools listed below, a number of print tools are available on this website about [Family Planning; HIV/AIDS; Monitoring, Evaluation and Project Performance; Organizational Strengthening;](#) and [Supply Chain Essentials.](#) Also, <http://deliver.jsi.com/dhome/resources/publications> contains a number of tools and publications that are searchable by topic or country/region.

### **Pipeline 4.0 Monitoring and Procurement Planning (PipeLine) System**

**Release Date:** August 2007

The Pipeline Monitoring and Procurement Planning (PipeLine) system is a software tool that helps program managers gather critical forecasting information, ensure that products arrive on time, maintain consistent stock levels at the program or national level, and prevent stock-outs. If you wish to download the PipeLine software, you must request a password that will open the file. Click [here](#) to request the password, and then go to the [PipeLine detail page](#) to download the file. To request a copy of the PipeLine CD, email [askdeliver@jsi.com](mailto:askdeliver@jsi.com).

### **ProQ: Quantification Software for HIV Tests**

**Release Date:** October 2003

ProQ is a software tool that quantifies HIV test requirements based on realistic forecast demand, assessment of existing supply chain capacity, and availability of resources for procurement. To request a copy of the ProQ CD, email [askdeliver@jsi.com](mailto:askdeliver@jsi.com).

### **Supply Chain Manager 3.0**

**Release Date:** 2006

Supply Chain Manager supports integrated supply chains by enabling health organizations to track the large variety of products used by their diverse programs. It also enables logistics managers to export data for use by other applications in logistics or public health. To request a copy of the CD, email [askdeliver@jsi.com](mailto:askdeliver@jsi.com).

### **DELIVER/Malaria**

<http://deliver.jsi.com/dhome/topics/health/malaria>

This tool is designed to support the President's Malaria Initiative (PMI) and help ensure that the shared objective of the PMI and USAID's Global Malaria Strategy—to significantly reduce the impact of malaria, especially in Africa—is met. DELIVER/Malaria has three principal objectives: 1) to improve and expand USAID's provision of malaria commodities to programs; 2) to strengthen in-country supply systems and capacity for management of malaria commodities; and 3) to improve global supply and availability of malaria commodities.

### ***Strategic Pathway to Reproductive Health Commodity Security (SPARHCS): A Tool for Assessment, Planning, and Implementation***

<http://www.maqweb.org/sparhcs/>

This tool aims to help countries develop and implement strategies to secure essential supplies for family planning and reproductive health programs. SPARHCS is meant to bring together a wide range of stakeholders to initiate at the country-level concerted efforts toward the goal of reproductive health commodity security. It is not a roadmap, or a fixed process. SPARHCS can be customized to a country's specific needs and resources. It can be used for contraceptives alone, for contraceptives and condoms for HIV/STI prevention, or for a still broader set of reproductive health supplies. SPARHCS has been applied at the regional, national, and sub-national levels; in countries more or less experienced in working on reproductive health commodity security; in countries not yet ready to phase out donor support or in countries planning for self-reliance; and in countries at different stages of the health sector reform.

### *The Health Manager's Toolkit: Drug and Supply Management*

<http://erc.msh.org/mainpage.cfm?file=4.0.htm&module=toolkit&language=English>

Drug and supply management tools help managers distribute drugs and supplies to clinic facilities and ultimately to consumers, by following a cycle of steps: forecasting needs; the bidding process; ordering; receiving; storing/warehousing; and distribution.

#### **Drug and Supply Management**

- [Community Drug Management for Childhood Illnesses \(C-DMCI\) Assessment Tool](#)
- [CES: Cost-Estimate Strategy for Reproductive Health Commodity Management](#)
- [Inventory Management Assessment Tool \(IMAT\)](#)
- [PipeLine Monitoring and Procurement Planning Software \(PipeLine v 3.0\)](#)
- [Pocket Guide to Managing Contraceptive Supplies](#)
- [Rapid Pharmaceutical Management Assessment: An Indicator-Based Approach](#)
- [Warehouse Information System Assessment](#)

#### ***Supply Chain Management System (SCM)***

<http://scms.pfscm.org/scms>

SCM's purpose is to strengthen or establish secure, reliable, cost-effective, and sustainable supply chains to meet the care and treatment needs of people living with or affected by HIV/AIDS.



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## **ANNEX E: FINANCING**

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# ANNEX E: FINANCING

## TOOLS

### ***Improving Quality of Care for Mutual Health Organization (MHO) Members***

<http://www.healthsystems2020.org/content/resource/detail/1664/>

Providing high-quality health care to their members is a priority for many MHOs, yet these organizations often lack the practical tools to address quality concerns. This manual helps fill that gap. To our knowledge, it is the first quality improvement tool developed exclusively for MHOs. It is based on a participatory approach and posits an MHO quality improvement process based on the input of MHO members. MHO managers will learn to identify members' health care quality concerns, develop quality standards for facilities that address these concerns, and assess facilities' performance against the standards. The manual was field tested with six MHOs in Senegal in 2004; the current version reflects lessons learned from that experience. This tool is also available in French (<http://www.healthsystems2020.org/content/resource/detail/1765/>).

### ***Pay for Performance (P4P) in Health: Guide to Developing the Blueprint***

<http://www.healthsystems2020.org/content/resource/detail/2088/>

Pay for Performance is an innovative approach that explicitly links financial investment in health to health results. While the P4P concept seems relatively straightforward, the mechanics of its implementation need to be planned very carefully to elicit the desired behavior change in a given country. To facilitate this planning, the U.S. Agency for International Development (USAID), through its Health Systems 20/20 Project, has developed the *P4P Blueprint Guide*. Intended for country health program managers, including those representing government, non-government, and donor agencies, this *Guide* offers its users a systematic framework to document and structure their thought process, rationale, and ultimate decisions made when designing a P4P initiative. In following each recommended step of the *Guide* (facilitated by technical support from experienced P4P implementers), users are alerted to factors and issues that can influence the success of a P4P scheme.

Upon completion of the *Guide*, users will have produced a “blueprint” design or “game plan” for introducing P4P to their program area/country. The suggested approach outlined in this *Guide* is based upon a successful tool used in Africa's first regional P4P workshop sponsored by USAID. Some of the participating countries that developed blueprints have implemented their own P4P designs—turning their ideas into reality. The *Guide* also draws upon the lessons learned from the implementation of P4P in developing countries.

### ***Guide to Designing and Managing Community-Based Health Financing (CBHF) Schemes in East and Southern Africa***

<http://www.healthsystems2020.org/content/resource/detail/678/>

This manual outlines steps that CBHF schemes have implemented successfully to bridge the wide gap between the health care needs of the rural poor and the limited local health resources.

The main purpose of the manual is to provide information that helps community partners initiate successful programs—such as the basic components of a CBHF scheme, roles and responsibilities of key stakeholders in the community, tools to assess the feasibility and long-term sustainability of schemes, financial and management guides to cost services—determine payment levels, and design cost-efficient programs. It also offers other management tools to ensure successful scheme operations.

***The Health Manager's Toolkit: Financial and Grants Management***

<http://erc.msh.org/mainpage.cfm?file=5.0.htm&module=toolkit&language=English>

The Manager's Toolkit offers an array of financial management tools, including tools to assess the existence and quality of financial management, budgeting, and auditing systems; costing spreadsheets; and pricing strategies. These tools help managers at the organizational and clinic levels understand their financial situation and the cost of their services and products, and improve cost-effectiveness and financial sustainability. The tools also help managers to plan, monitor, record, and control the financial resources used to support program and service delivery.

- [Cost Revenue Analysis Tool \(CORE\)](#)
- [Cost Revenue Analysis Tool Plus \(CORE Plus\)](#)
- [Financial Management Assessment Tool](#)
- [HOSPICAL: A Tool for Allocating Hospital Costs](#)
- [Mother-Baby Package Costing Spreadsheet](#)

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**ANNEX F: LEADERSHIP  
AND GOVERNANCE**

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# ANNEX F: LEADERSHIP AND GOVERNANCE

## TOOLS

### *West Africa Democracy Radio (Dakar, Senegal)*

<http://www.evrel.ewf.uni-erlangen.de/pesc/peaceradio-Westafrika.html>  
<http://www.evrel.ewf.uni-erlangen.de/pesc/PESC-peaceradio.html>

An international radio station to promote and defend the ideals of democracy and open society in and among West African countries broadcasts distinctive programs on transparency and accountability in government, regional economic integration as well as social and culture development. The station will also create programs that will give voice to those at the grassroots level and can cover health topics. In countries where much of the population is illiterate and poor, the power of radio is particularly obvious. Radio broadcasting is the main medium for mass information and education. This concept could be adapted to fit local needs.

### *Servicom: Service Compact with all Nigerians*

<http://www.servenigeria.com/>

Servicom is a social contract between the federal government of Nigeria and its people. Servicom gives Nigerians the right to demand good service. Details of these rights are contained in Servicom charters, which are now available in all government agencies where services are provided to the public. The charters tell the public what to expect and what to do if the service fails or falls short of their expectation. This includes a procedure for filing complaints against service providers. The concept would have to be adapted to cater to the community- or district-level and would have to be mindful of community access to the internet.

### *Policy Toolkit for Strengthening Health Sector Reform*

<http://www.healthsystems2020.org/content/resource/detail/1004/>

This toolkit was designed specifically to help health sector reform teams better understand the nature of the political process, and develop skills to actively manage that process. The remainder of this introductory section presents a conceptual framework for understanding the various stages of the policy process as well as for using the guidelines and tools included in this toolkit. Everyone with an interest in the process and outcomes of health sector reform will benefit from using this policy toolkit, because it helps them prioritize and manage their interests and influence the health reform process.

### *Leadership, Management, and Sustainability (LMS) Program*

<http://www1.msh.org/projects/lms/ProgramsAndTools/index.cfm>

LMS improves the leading and managing capacities of organizations and health systems with a focus on achieving measurable results.

- [Leadership Development Program \(LDP\) and Guide](#)—The LDP develops the skills and competencies of managers to lead their groups in facing challenges and achieve results. Working in the client organization and with local facilitators, the program requires participants to work in teams on specific performance challenges, often focusing on improving service delivery. Participants set and meet challenges together and incorporate this process into the ongoing work of their teams.
- [Virtual Leadership Development Program \(VLDP\)](#)—The VLDP is a blended-learning approach to leadership development, which follows the leadership development program described under the LDP. Teams are enrolled in the course, which combines individual work on the VLDP website (supported by CD-ROMs and workbooks) and onsite team meetings in the organizations. Resolving actual workplace challenges identified by the participating teams forms the basis of instruction.
- [LeaderNet](#)—This community provides opportunities for ongoing learning and support for managers who lead and facilitators of management and leadership programs. Members have the opportunities to connect, develop, and gain support through the [LeaderNet website](#), email, fax, CD-ROM, phone, and face-to-face meetings. Members are able to exchange ideas and experiences, learn from one another, receive specialized coaching, and participate in lively discussions in the network’s forums.
- [Guide for Training Community Leaders to Improve Leadership and Management Practices](#)—In 2004, Management Sciences for Health (MSH) adapted its proven and tested leadership development approach to strengthen leadership capacity in rural communities. *Caminar juntos para crecer juntos* (Walking Together to Grow Together) as the program became known in Spanish, focuses on values-based leadership and improved community management.
- [Technical Cooperation Network \(TCNetwork\)](#)—TCNetwork is a global, branded network of quality consultants and consulting organizations from Africa, Asia, Eurasia, and Latin America. Through its virtual marketplace, TCNetwork offers donors and clients a place to source experienced, pre-screened, capacity development professionals working to solve the developing world’s most pressing health challenges. The [TCNetwork website](#) is a platform for dialogue about and rapid dissemination of new ideas, professional exchange, and accessing critical tools and approaches in the members-only site. Members have come together to offer workshops, provide technical assistance, and collaborate on joint bids.

***Health Systems Action Network (HSAN)***

<http://www.hsnet.org/>

HSAN is a global network of professionals committed to strengthening health systems through better management of resources guided by evidence. It links developing country health system experts from 31 countries to raise a collective voice, to share lessons and evidence, and to support development of health system strengthening approaches.

### ***Workplace Policy Builder (WPB)***

<http://www.healthpolicyinitiative.com/index.cfm?id=software&get=Policy%20Builder>

Workplace Policy Builder is designed to help companies develop their own HIV/AIDS policies through a participatory process. It guides users through the step-by-step process of developing a policy and includes a number of resources: a database of corporate workplace policies from around the world, a literature database of the impact of HIV/AIDS, national HIV/AIDS policies, international standards, the AIM-B model, and a component for assessing the cost of any proposed program.

### ***Networking for Policy Change: An Advocacy Training Manual***

<http://www.policyproject.com/pubs/AdvocacyManual.cfm>

This training manual was prepared to help representatives of nongovernmental organizations (NGOs) and other formal groups of civil society form and maintain advocacy networks and develop effective family planning/reproductive health (FP/RH) advocacy skills. The manual's tools and approaches can be used to affect FP/RH policy decisions at the international, national, regional, and local levels.

### ***Discussion-Oriented Organizational Self-Assessment (DOSA)***

<http://www.edc.org/GLG/CapDev/dosapage.htm>

DOSA comprises three concepts rolled into one: a tool, a process, and a service. As an organizational capacity assessment tool, private voluntary organizations (PVOs) and their partners use DOSA to measure and profile organizational capacities and consensus levels in six critical areas and to assess, over time, the impact of these activities on organizational capacity (benchmarking). As an organizational development process, PVOs and their partners use DOSA to build capacity by bringing staff together in cross-functional, cross-hierarchical groups for open exchange; identify divergent viewpoints to foster growth; create consensus around future organizational capacity development activities; and select, implement, and track organizational change and development strategies.

### ***CORE Initiative Community-Based Organization/Faith-Based Organization (CBO/FBO) Capacity Analysis***

[http://www.coreinitiative.org/Resources/Publications/Capacity\\_Analysis/index.php](http://www.coreinitiative.org/Resources/Publications/Capacity_Analysis/index.php)

This tool is designed to facilitate group discussions between members of community organizations (self-assessment or externally facilitated), [...] to identify capacity-building needs, plan any technical support needed by the organization, and monitor and evaluate the impact of capacity-building support.

### ***Institutional Strength Assessment (ISA)***

[http://www.childsurvival.com/tools/isa\\_org\\_profile.pdf](http://www.childsurvival.com/tools/isa_org_profile.pdf)

This tool aims to guide an organization to explore its capacity in a pre-defined set of areas, through both group discussion and individual scoring. ISA is a compilation of common areas of institutional capacity based on a review of 16 instruments developed during 1995-1999 (including DOSA, Organizational Capacity Assessment Tool [OCAT], and Organizational Capacity Index [OCI]). ISA reduces 55 separate capacity areas defined by these 16 tools into 8 general capacity areas. A particular feature of ISA is its identification of “use and management of technical knowledge and skills” as a category separate from management skills of human resources.

### ***Organizational Capacity Assessment Tool (OCAT)***

[http://www.caseygrants.org/pages/resources/resources\\_downloadassessment.asp](http://www.caseygrants.org/pages/resources/resources_downloadassessment.asp)

Self-assessment instrument that helps nonprofits identify capacity strengths and challenges and establish capacity building goals. It is primarily a diagnostic and learning tool. Results from the assessment can also help grant-makers deepen their understanding of the current capacity of their grantees as well as track their growth in capacity over time.

### ***Health Manager’s Toolkit: Governance***

<http://erc.msh.org/mainpage.cfm?file=97.0.htm&module=toolkit&language=English>

The Health Manager’s Toolkit offers some useful tools and instruments for strengthening the governance of NGOs’ boards and of Global Fund Coordinating Mechanisms. These include tools to assess the roles, responsibilities, and effectiveness of boards, as well as the roles and functions of Global Fund Country Coordinating Mechanisms and implementing agencies in the receipt of President’s Emergency Plan for AIDS Relief (PEPFAR) fund.

#### **Governance**

- [A Guide to Fostering Change to Scale Up Effective Health Services](#)
- [Guyana HIV/AIDS Reduction & Prevention \(GHARP\) Guide to NGO Governance](#)
- [Management and Organizational Sustainability Tool \(MOST\)](#)
- [PolicyMaker: Computer-Assisted Political Analysis](#)
- [Policy and Programmatic Use of Demographic Health Survey Data](#)
- [Responsibility and Authority Mapping Process \(RAMP\)](#)

### ***Health Manager’s Toolkit: Health Policy and Reform***

<http://erc.msh.org/mainpage.cfm?file=6.0.htm&module=toolkit&language=English>

Health policy and reform tools help managers improve policymaking for health-sector reform and the management of services.

## **Health Policy and Reform**

- [Hospital Recurrent Cost Projection Model](#)
- [Management and Organizational Sustainability Tool \(MOST\)](#)
- [Policy and Programmatic Use of Demographic Health Survey Data: A Tool for Family Planning Managers and Analysts](#)
- [PolicyMaker: Computer-Assisted Political Analysis](#)
- [Responsibility and Authority Mapping Process \(RAMP\)](#)
- [Social Insurance Assessment Tool \(SIAT\)](#)

### ***The Health Manager's Toolkit: Leadership Development***

<http://erc.msh.org/mainpage.cfm?file=96.0.htm&module=toolkit&language=English>

The Manager's Toolkit provides many cutting-edge leadership development tools. These tools largely focus on strengthening leadership capabilities at all levels, and include self-assessments and skill-building exercises designed to increase managers' self-awareness and self-confidence. The toolkit offers instruments for improving one's own leadership practices, and for increasing team effectiveness. There are also work climate assessment tools to gauge how well a work group is functioning, and coaching tool to enhance individual and team performance.

## **Leadership Development**

- [Managers Who Lead Toolkit—Resources to Support Managers Who Lead](#)
- [The Linkage Toolkit for Developing Leaders: Developing Yourself, Individuals, Teams, and Organizations for High-Impact Leadership](#)
- [Supervisor Competency Self-Assessment Inventory](#)
- [Workgroup Climate Assessment Tool and Facilitator's Guide](#)

### ***The POLICY Project***

<http://www.policyproject.com/>

The POLICY Project works with host-country governments and civil society groups to achieve a more supportive policy environment for FP/RH, HIV/AIDS, and maternal health. Multisectoral engagement, community and organizational empowerment, and promotion of human rights and gender equality characterize POLICY's approaches to better RH policies and programs. The website contains a number of resources and tools that PVOs can use. The POLICY Project ended on June 30, 2006. For current publications, please visit the U.S. Agency for International Development's Health Policy Initiative site at [www.healthpolicyinitiative.com](http://www.healthpolicyinitiative.com).