

Health Systems Strengthening

A Literature Review

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ABBREVIATIONS

HSS	health systems strengthening
PEPFAR	United States President's Emergency Plan for AIDS Relief
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

INTRODUCTION

Health systems strengthening (HSS) has become part of a strategy of the United States government (USG) to help developing countries improve population health outcomes. A key premise of this core principle is that weak health systems have limited the effectiveness of governments and their international partners to scale up the availability and use of priority health services. By helping countries to strengthen the components of their health systems—health financing, human resources for health, health information, service delivery, the medicine supply chain, and leadership and governance—the USG hopes that cost-effective technologies for combating disease and other health problems will be more effectively delivered and sustained.

Measuring progress in HSS requires careful planning and sound metrics to assess changes in how health systems function and perform. Health systems frameworks are being used to inform HSS efforts. These frameworks cover a variety of perspectives and scopes, and focus on such diverse topics as performance, supply and demand, health reforms, building blocks, “control knobs” (explained later in this review), and funds and payments. Many health policy analysts argue that health systems are complex adaptive systems with both intended and unintended effects (de Savigny & Adam, Eds., 2009). Each of these frameworks has its own approach to monitoring and evaluation, with different metrics and indicators of health systems functioning. In addition, manuals and other publications provide guidance on assessing health systems functioning, including those developed by the World Health Organization (WHO) and by the Health Systems 20/20 project of the United States Agency for International Development (USAID).

The purpose of this review is to assess the availability of guidance on monitoring and evaluating HSS, and to list and summarize these resources for others in this field. This review is part of a suite of documents that MEASURE Evaluation is releasing that also includes [Health Systems Strengthening: A Compendium of Indicators](#) (Diana, Yeager, & Hotchkiss, 2017) and [Health Systems Strengthening: Monitoring, Evaluation, and Learning Guide](#) (Aqil, Silvestre, & Hotchkiss, 2017). The HSS indicators were collected as part of this literature review, which has the following four sections:

- Defining the Scope and Conceptual Frameworks of HSS Monitoring and Evaluation
- Indicators of Health System Performance and HSS
- Research Designs for Evaluating HSS
- Step-by-Step Guidance for Monitoring and Evaluation of HSS

As part of our literature review, we searched for articles, reports, and manuals that present frameworks for conceptualizing health systems at the country level, as well as those focusing on monitoring and evaluating HSS programs and interventions. We searched for broad health systems frameworks and frameworks for assessing specific types of HSS strategies and interventions. We also sought manuals that identify relevant indicators and any guidance on research designs for the monitoring and evaluation of HSS programs and interventions. A comprehensive list of references at the end of this review shows at a glance the resources we found and identifies the specific contributions of each one (see Table 1).

This is not an exhaustive review of the resources providing guidance on monitoring and evaluation or on HSS, but we believe it captures the most relevant ones that contribute to work in these realms. We hope this review will offer field staff and project partners guidance to fit their needs.

DEFINING THE SCOPE OF HSS MONITORING AND EVALUATION

The foundation for any effort to monitor and evaluate HSS programs and interventions should be a good understanding of the HSS programs or projects involved, and how they are supposed to work to achieve desired aims and objectives. Typically, a conceptual framework consists of clearly defined relationships among program inputs, processes, outputs, and outcomes, and between program activities and the external context. The conceptual framework is typically used as the basis for identifying appropriate indicators that can be employed to track the HSS process and to specify how the program inputs produce improvements in service delivery and, ultimately, health systems performance.

Broad Health Systems Frameworks

Our search identified several health systems frameworks. For a useful overview of such frameworks, see the review by Shakarishvili and colleagues (Shakarishvili et al., 2010). Here, we briefly describe three frameworks that are commonly cited.

WHO developed two of these. Musgrove and colleagues, in the World Health Report 2000 (Musgrove et al., 2000), defined health systems as including all actors, institutions, and resources whose primary intention is to promote, maintain, or restore health. They identified intrinsic goals of health systems (health status, financial risk protection, and responsiveness) and four functions of health systems that influence how inputs affect health systems performance (resource generation, financing, service provision, and stewardship).

The other WHO framework (WHO, 2007) extended Musgrove's by organizing health systems into six building blocks: service delivery, health workforce, information, medical products and technologies, financing, and governance and leadership. The building blocks were proposed as an organizing framework to advocate HSS as well as to provide guidance to WHO, other international organizations, and governments on how to invest in HSS to facilitate the scale-up of interventions essential for achieving the United Nations health-related Millennium Development Goals.

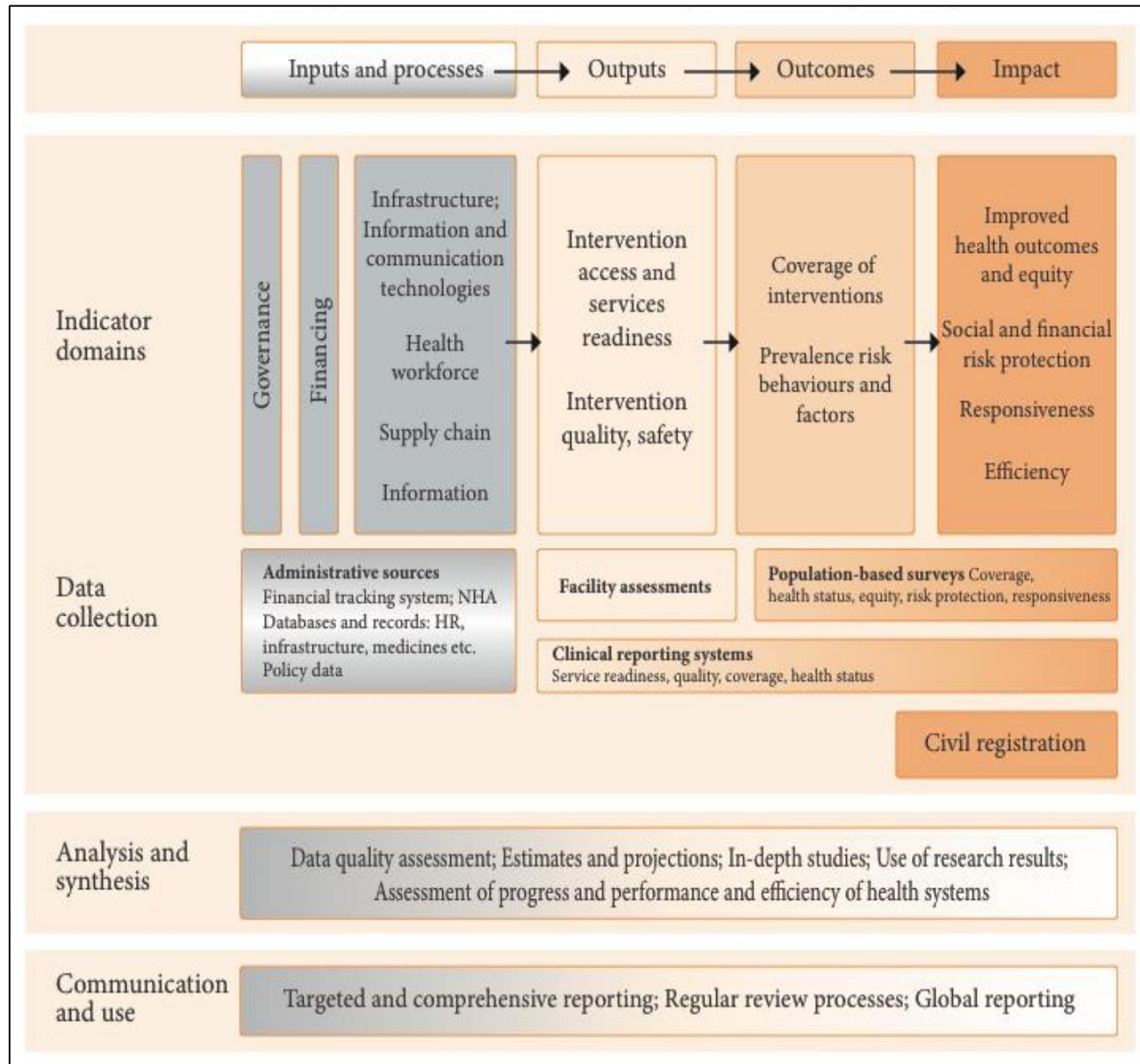
The third widely cited framework is known as the “control knobs framework” (Roberts, Hsiao, Berman, & Reich, 2004), and the World Bank uses it in its training courses in health sector reform and sustainable financing. In line with the two WHO frameworks described above, health, financial risk protection, and citizen satisfaction (rather than Musgrove’s “responsiveness”) are identified as the intrinsic goals of country health systems (the “ends”). The goals of health systems can be influenced by five “control knobs” (the “means”), which are similar to functions and instruments. The control knobs consist of financing, payment, organization, regulation, and health behavior. The advantage of this framework is that, through the control knobs, broad types of strategies for health systems reform can be more clearly identified and considered.

These three frameworks were developed to conceptualize and analyze health systems and the HSS process. They were not developed explicitly for monitoring and evaluation. To help country governments and their international partners track the HSS process, the International Health Partnership¹ developed a common

¹ The International Health Partnership, which consists of governments, development agencies, and civil society organizations, aims to put international principles for effective aid and development cooperation into practice in the health sector.

monitoring and evaluation framework that consists of HSS inputs and processes, outputs, outcomes, and impact (Network/UNICEF, 2010). Figure 1 presents that framework. The IHP framework builds on the 2007 WHO framework, noting that its categories of inputs and processes consist of the WHO building blocks. The framework is used to identify indicators of the WHO building blocks and associated sources of data, including household and facility surveys, routine health information systems, vital statistics, and censuses.

Figure 1. Framework for monitoring and evaluation of health systems strengthening



Source: World Health Organization, 2010a.

Frameworks for HSS Interventions

Although the frameworks described above can inform the monitoring and evaluation of HSS programs and projects, they are not designed for that purpose. Examples of specific HSS interventions are the introduction of government-sponsored health insurance and community-based health insurance; performance-based financing, capitation, and other provider payment mechanisms; decentralization and service integration; information technology; and regulations and standards.

Given the vastness of HSS, we did not carry out an exhaustive search for frameworks for monitoring and evaluation of specific interventions, but we did look for illustrative examples. Among those identified are the following:

- Health insurance (Kutzin, 2001)
- Integration (Reynolds & Sutherland, 2013)
- Decentralization (Hutchinson & LaFond, 2004)
- Contracting (Liu, Hotchkiss, Bose, Bitran, & Giedion, 2004)
- Hospital autonomy (Castano, Bitran, & Giedion, 2004)
- Routine health information systems (Aqil, Lippeveld, & Hozumi, 2009)

INDICATORS OF HEALTH SYSTEM PERFORMANCE AND HSS

Monitoring is the continual collection of data about a program's implementation and is typically used to inform program management about the performance of the program over time. This may include tracking inputs, activities, outputs, outcomes, and comparisons over time. An early step in the monitoring and evaluation of HSS is the identification of indicators necessary to track the progress of HSS. To help identify appropriate indicators, WHO, USAID, and the United States President's Emergency Plan for AIDS Relief (PEPFAR), among others, have developed reports and guides.

Each of these reports provides a rationale for the selected list of indicators; many of them were developed for specific types of health reforms or HSS interventions, such as decentralization (Hutchinson & LaFond, 2004), capacity building (LaFond & Brown, 2003; PEPFAR, 2011), and contracting for primary care (Liu et al., 2004). Some reports also focus on the monitoring and evaluation of HSS programs targeting discrete health issues such as HIV, tuberculosis, and malaria, which often require a unique set of indicators (PEPFAR, 2011; WHO/UNAIDS/Global Fund to Fight AIDS, 2004).

More general guides for the monitoring and evaluation of HSS have also been created to identify core indicators useful in HSS. One early example focused on health sector reform and system performance (Knowles, Leighton, & Stinson, 1997). This report identified five key types of indicators that measure service delivery: access, equity, quality, efficiency, and sustainability. (Note that access, equity, and quality were later identified in the 2007 WHO framework as intermediate goals in HSS, whereas improved efficiency was categorized as an intrinsic goal of HSS.) Knowles and colleagues also referenced what have become a relatively standard set of criteria within the field of monitoring and evaluation for selecting the best indicators for the program:

- **Validity:** Does it measure what it is supposed to measure?
- **Precision:** Is the indicator clearly and unambiguously defined?
- **Reliability:** Will two measurements of the indicator for the same health system produce the same result?
- **Timeliness:** Is the indicator available on an annual basis and without undue delay?
- **Comparability:** Can the indicator be used to compare health systems meaningfully across countries?
- **Additivity:** Can the indicator be meaningfully applied to subregions and population subgroups?
- **Interpretability:** Does a higher (or lower) value of the indicator consistently imply that the health system performs better?
- **Cost:** Is the cost manageable?

Variations on these criteria have been discussed throughout the indicator guides, bringing attention to the need to select indicators with these questions in mind.

In 2009, USAID published a review of the literature on measuring the impact of HSS that provided comprehensive lists of indicators for each of the WHO building blocks, explained how they were used and by whom, and made recommendations for core indicators specifically for health outputs and health outcomes (Alva, Kleinau, Pomeroy, & Rowan, 2009).

Following the publication of the 2007 WHO framework, three guides have been created to identify indicators for measuring and evaluating HSS within the specific contexts of the six building blocks (Boerma et al., 2010; Network/UNICEF, 2010). Two reports titled “Monitoring and Evaluation of Health Systems Strengthening” and “Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and Their Measurement Strategies” were released in 2010 (Boerma et al., 2010; Network/UNICEF, 2010). “Monitoring and Evaluation of Health Systems Strengthening” is a 26-page framework for operationalizing the monitoring and evaluation of HSS at the country level. It provides a list of core indicators that are divided into inputs (health financing, health workforce, information, and governance), outputs (service readiness and access, and service quality and safety), outcomes (coverage of interventions, risk factors, and behaviors), and impact (financial risk protection and general health outcomes) (Boerma, et al., 2010). The framework’s 40 core indicators are based on the categories and subcategories listed above. The second 2010 guide, “Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and Their Measurement Strategies,” provided a different core list of 34 indicators, categorized by each of the six WHO building blocks (WHO, 2010a). Both lists of core indicators included potential data sources for each indicator (i.e., district and national databases, facility and hospital-level databases, reports, administrative records, and surveys).

In 2012, the USAID report “The Health System Assessment Approach: A How-To Manual” was released, which also listed indicators, based on each of the six building blocks from the 2007 WHO framework, and provided extensive guidance regarding data resources, indexes, and composite scores necessary for certain indicators (USAID, 2012). This manual was developed as a tool for teams planning to conduct a rapid assessment of health systems and, though valuable in specific contexts, it was not meant to provide specific guidance on the monitoring and evaluation of HSS interventions at the country or subcountry level.

RESEARCH DESIGNS FOR EVALUATING HSS

Evaluation research is a general term that refers to the periodic assessment of a program or project.² A process evaluation is designed to assess how a program is implemented and how it conforms to an original plan; it is also designed to describe the program's operation. Impact evaluations are the most rigorous type of evaluations, and are designed to detect cause-and-effect relationships between the program intervention and outcomes. In other words, impact evaluations are designed to determine whether program outcomes are attributable to the program or intervention.

Many generic evaluation research manuals exist. Organizations such as the World Bank and the United Nations Development Programme (UNDP) have produced multiple monitoring and evaluation manuals within the past decade (Gertler, Martinez, Premand, Rawlings, & Vermeersch, 2011; Kasturiarachchi, Eriksson, Rodrigues, Kubota, & Alam, 2011; Kusek & Rist, 2004). While each of these publications has a unique layout and format, in each case the result is a manual produced with the intention of educating the reader in a comprehensive manner on the importance of evaluations and what is required to perform an adequate evaluation.

In 2011, the World Bank published the manual “Impact Evaluation in Practice” (Gertler et al., 2011). This document provides a well-rounded introduction to the concept of impact evaluation and detailed information on the different forms of quantitative impact evaluation. A key characteristic of impact evaluation design is whether the design is retrospective or prospective. Prospectively designed impact evaluations are more rigorous and use a comparison group, collecting valid and relevant data on treatment and comparison groups both at baseline and during the program. Data collected in this way are generally more reliable for determining cause-and-effect relationships than are retrospective or secondary data. Following are some examples of the designs available for rigorous impact evaluations:

- **Randomized selection methods:** These methods provide fair and transparent rules for program assignment. Two of the most common forms are a lottery that allows those chosen to have access to a limited number of spots, or a phased program that eventually provides access to all interested participants.
- **Regression discontinuity design:** This design is adequate for programs that use a continuous index to rank potential participants and have a cutoff point along the index that determines if potential participants receive the program.
- **Differences-in-differences:** This method estimates the change in outcome for the treatment group, by calculating the change in outcome for the comparison group. This method accounts for any difference between the treatment and comparison groups that are constant over time.
- **Matching:** This type of method uses large data sets and heavy statistical techniques to construct the best possible artificial comparison group for a given treatment group.

The literature relating to research designs within health systems and HSS provides as much detail as the World Bank and UNDP publications, but typically on more specific topics. These topics include policy

² We did not search for publications on formative evaluation research, which is undertaken to inform the design of an intervention.

reform (*Health Policy and Systems Research: A Methodology Reader*, 2012; Vondal, 2000); capacity building (LaFond & Brown, 2003); contracting out primary health services (Liu et al., 2004); decentralization (Hutchinson & LaFond, 2004); health information systems (HMN, 2008); human resources for health (WHO, 2010); in-country systems (WHO, 2009); HIV, tuberculosis, and malaria (Global Fund, 2004; Global Fund, 2011; PEPFAR, 2011; WHO/UNAIDS/Global Fund to Fight AIDS, 2004); and generic healthcare-focused manuals (Boerma et al., 2010; PIH, 2011).

Overall, the purpose of each manual is to provide background and guidance on the importance of well-designed monitoring and evaluation and a starting point on how to design a monitoring and evaluation program around a specific topic, usually a disease area. There is little guidance in this literature that is specific to HSS, even though some resources include HSS as a part of the guidance. Nevertheless, effective evaluation research designs are generally applicable to assessing HSS interventions.

STEP-BY-STEP GUIDANCE FOR MONITORING AND EVALUATION OF HSS

We also searched for manuals that provide step-by-step guidance for conducting monitoring and evaluation within a country or across countries. We looked for publications that present basic information on various forms of HSS and identify ways to monitor and evaluate the effectiveness of programs in achieving such key objectives as improved efficiency, equity, quality, accessibility, responsiveness, and health status.

The search yielded a number of publications that provide general guidance on the monitoring and evaluation of development interventions, without making healthcare the focused area of research (Grun, 2006; Kasturiarachchi et al., 2011; Kusek & Rist, 2004).

Another group of publications focuses on healthcare and family planning programs, and on creating tools, frameworks, and guides to help individuals and organizations trying to monitor and evaluate a program's merits (Tran Ba Huy, Hardee, Brown & Stouffer, 2007; Bertrand, Magnani & Rutenberg, 1996). For example, one tool focuses on strengthening monitoring and evaluation systems, and was published through the cohesive effort of a number of organizations in global healthcare research (Tran Ba Huy, Hardee, Brown, & Stouffer, 2007). This publication has three sections, all formatted as checklists designed to help project managers identify the gaps and strengths of their monitoring and evaluation plans. The first section focuses on the strength of the monitoring and evaluation plan. The second is designed to evaluate the capacity of the management unit responsible for the program or project(s). And the third section focuses on evaluating the strength of the data reporting system for each program area. While this tool may be helpful in evaluating the strength of a monitoring and evaluation program, it does not address the monitoring and evaluation of HSS.

Indeed, we found very few publications on how to monitor and evaluate HSS. Some publications focus on specific types of programs and interventions, such as capacity-building (LaFond & Brown, 2003), decentralization (Hutchinson & LaFond, 2004), contracting out (Liu, et al., 2004), hospital autonomy (Castaño, Bitran, & Giedion, 2004), health information systems (HMN, 2008), and human resources (World Health Organization, 2009a).

Two publications that provide step-by-step guidance on assessing a broader range of HSS programs were products of USAID's Health Systems 20/20 project. The first was originally published in 2007, followed by a second version in 2012 (USAID, 2012). The manual provides a five-step rapid assessment approach for a four-person team to assess a country's (or region's) overall health system. It is a comprehensive guide intended for a short-term, single-picture assessment approach. This guide also provides an extensive selection of indicators, as discussed earlier here.

The second USAID publication, also released in 2012, was developed to support the Global Fund (Katz, Chee, Hulme, & Koseki, 2012). It provides a standard method for assessing the performance of HSS programs supported by the Global Fund. It presents a step-by-step approach to assessing and evaluating HSS programs. Each evaluation seeks to provide information on the capacity of the implementing entity to efficiently and effectively implement the programs, the program's effect on health and health systems outcomes, the overarching system-wide effect of the HSS program, and the relevance of the HSS program. The authors proposed a method based on triangulation of information obtained from HSS program documentation and interviews with key informants. The publication did not provide guidance on rigorous impact evaluations, arguing that such evaluations are not feasible in the context of most of the Global Fund's HSS programs.

CONCLUSION

Although HSS has received considerable attention over the past decade, it is not always clear how to conduct HSS monitoring and evaluating.

The search yielded useful approaches that can be divided into two general types: tools and guidance to conduct monitoring and evaluation on a broad range of HSS activities, and tools and guidance focused on specific types of HSS interventions. In general, the guidance on monitoring and evaluation is extensive. For those who plan to conduct HSS monitoring and evaluation, including field staff, sorting through this material to identify useful resources is not an easy or time-efficient task. This review narrows the choices and makes that task easier.

This review also identifies significant gaps. Manuals of indicators exist, but many focus on indicators' use in rapid approaches to assess the performance and functioning of health systems, based on available data and expert opinion. Similarly, although many excellent guides provide an overview of basic evaluation principles and methods, no guidance specifically to evaluate the impact of HSS seems to be available. Nor did we find a manual with step-by-step guidance on planning HSS monitoring and evaluation *before* programs and interventions are introduced.

These gaps point to the need for a new manual focused specifically on the prospective monitoring and evaluation of HSS. Such a contribution could synthesize resources into a concise guide for field staff and teams planning the prospective monitoring and evaluation of HSS.

Table 1. Summary of the literature reviewed on the monitoring and evaluation of health system strengthening

Year	Title	Citation
Conceptual Framework		
2000	WHO World Health Report 2000: Health Systems: Improving Performance	WHO, 2000
2001	A Descriptive Framework for Country-Level Analysis of Health Care Financing Arrangements	Kutzin, 2001
2004	Getting Health Reform Right: A Guide to Improving Performance and Equity	Roberts, et al., 2004
	Contracting for Primary Health Services: Evidence on Its Effects and a Framework for Evaluation	Liu, et al., 2004
	Monitoring and Evaluating Hospital Autonomization and Its Effects on Priority Health Services	Castaño, Bitran, & Giedion, 2004
	Monitoring & Evaluation of Decentralization Reforms in Developing Country Health Sectors	Hutchinson & LaFond, 2004
2006	Improving Health System Performance through Monitoring & Evaluation	Hotchkiss, 2006
2007	Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action	WHO, 2007
2009	Systems Thinking for Health System Strengthening	de Savigny & Adam, 2009b
	PRISM Framework: A Paradigm Shift for Designing, Strengthening, and Evaluating Routine Health Information Systems	Aqil, Lippeveld, & Hozumi, 2009
	Framework for Assessing Governance of the Health System in Developing Countries: Gateway to Good Governance	Siddiqi, et al., 2009
2010	Converging Health Systems Frameworks: Towards a Concepts-to-Actions Roadmap for Health Systems Strengthening in Low and Middle Income Countries	Shakarishvili, et al., 2010
2011	Capacity Building and Strengthening Framework	PEPFAR, 2012
	Partners in Health Program Management Guide: Unit 12: Using Monitoring and Evaluation for Action	Partners in Health, 2011
2012	How Can Routine Health Information Systems Improve Health Systems Functioning in Low- and Middle- Income Countries? Assessing the Evidence Base	Hotchkiss, Diana, & Foriet, 2012
	Health Policy and Systems Research: A Methodology Reader	WHO, 2012
	GHI Principle Paper: Health System Strengthening	U.S. Goverment, 2012
	Health System 20/20 Final Project Report	USAID, 2012a
2013	Evaluation of PEPFAR: Summary	National Research Council, 2013

Year	Title	Citation
	Phase IV: Going to Scale with Successful Change Efforts	The Implementing Best Practices Initiative, 2013
	A Systematic Approach to the Planning, Implementation, Monitoring, and Evaluation of Integrated Health Services	Reynolds & Sutherland, 2013
Indicators		
1997	Measuring Results of Health Sector Reform for System Performance: A Handbook of Indicators	Knowles, et al., 1997
2003	A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector of Developing Countries	LaFond & Brown, 2003
2004	Monitoring and Evaluation Toolkit: HIV/AIDS, Tuberculosis, and Malaria	Global Fund, 2004
	Contracting for Primary Health Services: Evidence on Its Effects and a Framework for Evaluation (Liu et al., 2004)	Liu, et al., 2004
	Monitoring & Evaluation of Decentralization Reforms in Developing Country Health Sectors	Hutchinson & LaFond, 2004
2006	Menu of Indicators on Management and Leadership Capacity Development(MSH, 2006)(MSH, 2006)(MSH, 2006)	Management Sciences for Health, 2006
	Monitoring and Evaluating Projects: A Step-by-Step Primer on Monitoring, Benchmarking, and Impact Evaluation	Grun, 2006
2009	Handbook on Monitoring and Evaluation of Human Resources for Health: With Special Applications for Low- and Middle-income Countries	WHO, 2009
	Measuring the Impact of Health System Strengthening: A Review of the Literature	Alva, et al., 2009
2010	Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and Their Measurement Strategies	WHO, 2010a
	Monitoring and Evaluation of Health Systems Strengthening: An Operational Framework	Boerma, et al., 2010
	Harmonized Monitoring and Evaluation Indicators for Procurement and Supply Management Systems: Early-Warning Indicators to Prevent Stock-Outs and Overstocking of Antiretroviral, Antituberculosis, and Antimalarial Medicines	WHO, 2011
2012	Capacity Building and Strengthening Framework	PEPFAR, 2012
	The Health System Assessment Approach: A How-To Manual	USAID, 2012b
Research Design		
1996	Evaluating Family Planning Programs with Adaptations for Reproductive Health	Bertrand, Magnani, & Rutenberg, 1996
2000	Recent Practices in Monitoring & Evaluation TIPS: Monitoring the Policy Reform Process	Vondal, 2000
2003	A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector of Developing Countries	LaFond & Brown, 2003
2004	Ten Steps to a Results-Based Monitoring and Evaluation System	Kusek & Rist, 2004

Year	Title	Citation
	Monitoring and Evaluation Toolkit: HIV/AIDS, Tuberculosis, and Malaria(WHO/UNAIDS/Global Fund to Fight AIDS, 2004)(WHO/UNAIDS/Global Fund to Fight AIDS, 2004)(WHO/UNAIDS/Global Fund to Fight AIDS, 2004)	Global Fund, 2004
	Contracting for Primary Health Services: Evidence on Its Effects and a Framework for Evaluation	Liu, et al., 2004
	Monitoring & Evaluation of Decentralization Reforms in Developing Country Health Sectors	Hutchinson & LaFond, 2004
2008	Assessing the National Health Information System: An Assessment Tool Version 4.00	WHO, 2008
2009	Handbook on Monitoring and Evaluation of Human Resources for Health: With Special Applications for Low- and Middle-Income Countries	WHO, 2009
2010	WHO Training Evaluation Guide	WHO, 2010b
	Monitoring and Evaluation of Health Systems Strengthening: An Operational Framework	Boerma, et al., 2010
2011	M&E Toolkit: HIV, TB, Malaria, and Health & Community Systems Strengthening	Global Fund, 2011
	Capacity Building and Strengthening Framework	PEPFAR, 2011
	Handbook on Planning, Monitoring, and Evaluating for Development Results	Kasturiarachchi, et al., 2011
	Impact Evaluation in Practice	Gertler, et al., 2011
2012	Health Policy and Systems Research: A Methodology Reader	WHO, 2012
Guidance Specific to the Monitoring and Evaluation of Health System Strengthening		
1996	Evaluating Family Planning Programs with Adaptations for Reproductive Health	Bertrand, et al., 1996
2003	A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector of Developing Countries	LaFond & Brown, 2003
2004	Monitoring & Evaluation of Decentralization Reforms in Developing Country Health Sectors	Hutchinson & LaFond, 2004
2006	Monitoring and Evaluating Projects: A Step-by-Step Primer on Monitoring, Benchmarking, and Impact Evaluation	Grun, 2006
2007	Monitoring and Evaluation Systems Strengthening Tool	Tran Ba Huy, et al., 2007
2008	Assessing the National Health Information System: An Assessment Tool Version 4.00	WHO, 2008
2009	Handbook on Monitoring and Evaluation of Human Resources for Health: With Special Applications for Low- and Middle-Income Countries	WHO, 2009
2010	Key Steps in Designing and Implementing a Monitoring and Evaluation Process	World Bank, 2010
2012	Framework and Guideline for the Assessment and Evaluation of Health Systems Strengthening Programs	Katz, et al., 2012
	The Health System Assessment Approach: A How-To Manual	USAID, 2012b

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