

Strengthening country health sector reviews and MDG progress monitoring

Workshop on data quality assessment and analysis
Kenya, April 12-16 2010

REPORT

WHO / Africa Population & Health Research Centre / ICF Macro
with support from GAVI / Global Fund / Rockefeller Foundation / USAID

Background

There is substantial global investment in monitoring progress against health goals. WHO, UNICEF, other international organizations and research institutions produce estimates for Millennium Development Goals (MDGs) and other key health indicators based on available data using various methods to correct for data deficiencies, impute missing values and predict values for future years. The results are made available in regular publications and global databases. For some health indicators, such as HIV prevalence and child mortality, tools and methods are sufficiently well explained to enable countries to reproduce or recalculate the estimate made at the global level. In general, however, access to methods, tools and results is piecemeal and country use and ownership is limited.

Many countries have made considerable progress in using data for decision-making processes such as annual health sector reviews. In the context of the MDGs and health systems strengthening there is increased demand for results showing impact of investments, which often translates into additional data collection. Many countries have expressed the need to enhance their own capacity to monitor MDG results, track progress and assess performance.

The monitoring and evaluation (M&E) framework (Figure 1) builds upon principles derived from the Paris declaration on aid harmonization and effectiveness and the IHP+. The core of the M&E framework is to have and strengthening one country platform for M&E of HSS. The aim of the framework is to result in better alignment of country and global monitoring systems. Country operationalization of the M&E framework is done through the country health systems surveillance (CHeSS) platform. CHeSS aligns partners at country and global levels around a common approach to country support and reporting requirements. Such a platform is needed to bring together the monitoring and evaluation work in disease-specific programmes, such as TB, HIV/AIDS and immunization, with cross-cutting efforts such as tracking human resources, logistics and procurement, and health service delivery. The main goal of CHeSS is to improve the availability, quality and use of the data needed to inform country health sector reviews and planning processes, and to monitor health progress and health system performance. Such improvements should be supported in a way that strengthens global monitoring, including reporting of global goals or results of health investments, while minimizing the reporting burden for countries.¹

¹ Monitoring country health systems and their performance. An outline plan of action. Outcome of a WHO technical meeting held at the Rockefeller Centre, Bellagio, Italy, 28-30 October 2008.

Monitoring & evaluation of health systems strengthening

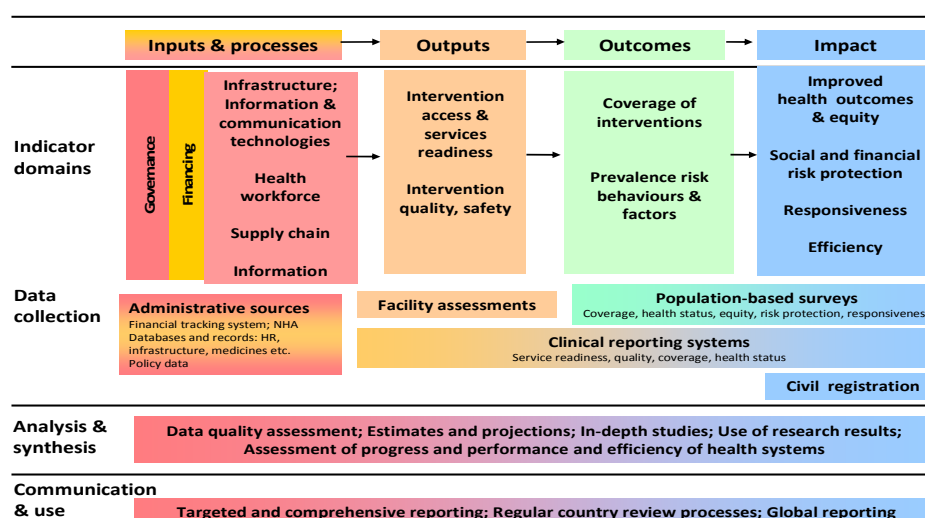


Figure 1: Monitoring and Evaluation Framework

Objectives of the workshop

In line with the monitoring and evaluation framework (figure 1), the aim of this workshop is to enhance country capacity for the monitoring of progress and assessment of performance in the context of national health plans and related global health goals including:

- Strengthening the analytical component of health sector reviews, including data quality assessment;
- Enhancing country capacity to monitor health MDGs and track results;
- Build capacities to better use existing data, especially from routine administrative systems and HMIS.

Participants

A total of seven countries participated in the workshop: Ethiopia, Kenya, Malawi, Rwanda, Uganda, United Republic of Tanzania and Zambia. The country delegations consisted of a mix of people from ministries of health, statistics offices, research organizations and WHO country offices. Other participants included facilitators and representatives from international organizations and research institutions including WHO, UNICEF, World Bank, the Global Fund, GAVI, ICF Macro, Swiss Tropical Institute, Johns Hopkins Bloomberg School of Public Health, Health Systems Trust and London School of Hygiene and Tropical Medicine. A complete list of participants is included in Annex A.

Structure and Content

The workshop was structured with sessions in plenary and small group discussions. Several sessions were structured through a market place approach in which participants were required to select sessions of interest to attend. Country delegations were requested to divide themselves in such a manner that each session had at least one person from each country, to provide country delegations with exposure to all tools.

The materials presented in the course of the 5-day workshop were highly diverse. The tools and concepts were broadly divided into the following categories: Data Quality Assessment and Adjustment (DQAA), tracking progress against MDGs, Health Systems Performance Assessment (HSPA), health equity, addressing gaps in data quality and availability, epidemiological tools for planning, and financial tools for planning. Within these broad categories, a total of 17 tools and concepts were presented. The list of tools in each category is presented below in Table 1. Some tools have been fully tested and are available for immediate use; others are in the developmental stage. The agenda for the workshop is included in Annex B.

Table 1: Materials presented during the workshop

<ul style="list-style-type: none"> • Data quality assessment and adjustment <ul style="list-style-type: none"> ○ DQAA tool • Tracking MDGs <ul style="list-style-type: none"> ○ Maternal mortality (MMR) ○ Epidemic Projection Package (EPP) ○ TB Workbook ○ Child Mortality Estimates (CME) ○ Global Information Management System (GIMS) for water and sanitation ○ Immunization coverage • Health System Performance Assessment • Health equity <ul style="list-style-type: none"> ○ HD Calc - An equity tool • Addressing gaps in data quality and availability <ul style="list-style-type: none"> ○ Routine Data Quality Assessment (RDQA) ○ Service Area Mapping (SAM) - health facility survey ○ Lot Quality Assurance Sampling (LQAS) - Rapid Surveys ○ Demographic Surveillance System (DSS) • Epidemiological tools for planning <ul style="list-style-type: none"> ○ Lives Saved Tool (LiST) ○ National Burden of Disease • Financial tools for planning <ul style="list-style-type: none"> ○ PlanRep ○ National Health Accounts (NHA)
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A USB key with key information on all the above tools, other relevant documents, presentations and exercises included in the workshop was given to each participant. Information was organized by daily sessions and by themes. Figure 2 presents a selection of the information included in the USB key. The USB key provided the participants with materials both directly used in sessions as well as additional information and software to access at the participant convenience. A number of the presentations and supplemental materials were updated or added during the workshop sessions. The final complement of tools and resources were made available on the desktop computers in the workshop plenary room. Plans to develop a website are underway and materials will be posted on the website. Once developed, the website address will be shared with all participants.

Each session included separate sub-folders on key documents, exercises and applications, presentations and supporting documents

Country specific documents such as annual health sector reviews, country data, population projections, statistical abstracts and surveys were included for each of the 7 countries.

The image shows a screenshot of a USB key's contents window. On the left, a 'Table of contents' tree lists folders such as 'By Session', 'Day 1 - Session 1 - Introduction', 'Core Indicators', 'Exercises_Applications', 'Key documents', and country-specific folders for Ethiopia, Kenya, Malawi, Rwanda, Tanzania, Uganda, and Zambia. Other folders include 'Objective and Agenda of Works', 'Presentations', 'Supporting documents', 'Day 1 - Session 2 - DOA', 'Day 2 - Session 1 - Tracking MDGs', 'Day 3 - Session 1 - HSPA', 'Day 3 - Session 2 - Equity', 'Day 4 - Session 1 - Data Quality at', 'Demographic Surveillance Syst', 'District Surveys', 'Facility Surveys', and 'Mortality and Cause of Death'. On the right, a blue presentation slide is displayed with the following text:

Information , Evidence and Statistics

The foundation for public health decision-Making

Strengthening country health sector reviews and MDG progress monitoring

Nairobi, Kenya
April 12-16 2010

Figure 2: Contents of the USB Key

Evaluation Results

Participants were requested to evaluate each session in the workshop. A pre-workshop assessment was conducted to assess topic relevance and expectations. A post-workshop evaluation was conducted to assess the extent to which the workshop met participant expectations. The results of the evaluations are presented in Annex C.

Participants endorsed the overall concept of the workshop and agreed that there is need to build capacities to make better use of existing data, especially from routine administrative systems and HMIS. Participants also expressed an interest in achieving a better understanding of the adjustments to reported data applied by international agencies for tracking the MDGs.

Pre-evaluation results showed that participants' expectations from the workshop included: 1) improved data quality through a better understanding of adjustments to reported data; 2) improving data quality by triangulating multiple sources of information; 3) learn more about tools that track MDG indicators; and 4) an overall better use and interpretation of data.

In the pre-evaluation, participants were asked to rank the tools from least relevant ("1") to most relevant ("3"). Most of the sessions were deemed by participants to be relevant. Some variation in scores were seen when the topics were tabulated by organizational affiliation and country of origin. Overall scores and scores disaggregated by country and organizational affiliation are presented in Tables 1 and 2 in Annex C, respectively.

Each workshop session was evaluated for the overall usefulness of the session, the duration of the session, the level of difficulty of the session, and the usefulness of the presentation/materials and exercises. The scores for each tool and concept are presented in Tables 3 and 4 in Annex C. The duration and level of the sessions were re-coded as "1" being much too long /much too short, "3" being somewhat long/short and "5" being of optimal length. The overall usefulness of the sessions, the materials/presentations and exercises retained their original coding with "1" being not useful at all and "5" being very useful. The overall scores were higher for the usefulness, duration and level of the sessions compared to the usefulness of the presentations/materials and exercises.

Not all sessions had the same level of attendance – some market place sessions had more participants than others. The day 2 market place sessions generally scored higher on the different categories than the other sessions—indicating the importance and focus of MDG indicators for the participants. The smaller group sizes and more interactive sessions could also be a factor in the resulting higher scores. Though the participants enjoyed the market place sessions, they indicated some dissatisfaction about having to make difficult choices about which sessions to attend.

The total number of post-workshop evaluations were fewer in number than the pre-workshop and individual session evaluations. This decrease was due to two factors: 1) only country participants completed the post-workshop evaluation and 2) a number of participants had to leave before the end of the final session.

The overall usefulness of the workshop was rated high with a mean score of 4.4 (3,5). The level of the workshop was also rated high with a mean score of 4.6. The appropriateness of the duration of the workshop was rated slightly lower at 3.3 (1,5) with 50% of the participants indicating the duration of the workshop was too short. The workshop mostly met people's overall expectation with a mean score of 3.8 (3,5). While the participants had a favorable view on the appropriateness of the duration of individual sessions, they were less satisfied with the overall duration of the workshop.

Questions were also asked on the usefulness of the tools and which tools the participants would use in their next health sector reviews and share with colleagues. These results are shown in Tables 7 and 8 in Annex C. The votes for tools selected for the next health sector review were close with the most votes going to National Health Accounts. The four most useful tools/concepts were the DQAA, MMR, EPP and DSS. The three top tools that participants mentioned they would promote to their colleagues were DQAA, EPP and LiST.

Recommendations

Participants indicated that some effort should be directed towards creating a suite of linked or "interoperable" tools that could be applied across all programs and would be of particular interest from a health systems perspective. This linkage was missing from the workshop where each tool was presented independently by the agency or programme primarily involved in its development. Rendering these tools in a more standard way would help highlight these similarities and make the tools more accessible across programmes. Another option would be to provide better linkages for tools addressing the similar concepts (such as DQAA, MMR, immunization, TB).

Participants also felt that it would have been helpful to structure the materials more clearly around the contents of national health sector reviews. They suggested that the workshop should have included best practices in health sector reviews and suggested that a template for such reviews be developed as the structure around which to present the data quality analysis tools.

A clear recommendation was that the hands-on sessions with the tools should, as far as possible, use real country data. In preparation of future workshops, a request to countries for data, with a clear data structure template, should be sent to all participants well ahead of time. Other country or fictitious data should be used only when there is no alternative.

Participants indicated the need to strengthen in-country capacity for data assessment and analysis. While most of the tools were considered useful, the participants recognized the need to select tools according to country needs, especially those working with data from the health management information systems (HMIS). Recommendations were also made to include fully functional tools instead of tools in developmental stages. While there was considerable interest in the DQAA tool, participants requested further work to be done to make the tool fully functional. The participants also recognized the need to prioritize better use of already available data.

While the participants were happy with the overview of all the analytical tools, they felt that countries would need to use them in-depth and decide which tools were appropriate for their settings. Further investment by providing support to in-country workshops is required to build local capacities.

Participants requested WHO and partners to 1) harmonize technical and financial support to countries; 2) increase harmonization among themselves and have better sharing of data across the health sector; 3) support efforts to build human capacities for data analysis and data quality assessment and adjustment; 4) provide support for resource mobilization; 5) provide a central repository for guidelines and tools that is made accessible to countries; and 6) increase transparency in agency estimation methods of key country indicators (i.e. child mortality).

Additional considerations for next steps

Additional recommendations and suggestions were made by facilitators and organizers to consider for next steps.

Structure of the workshop: Suggestions were made to improve cohesiveness of the workshop and provide better linkages between the different tools. Included below is a figure of the HSS M&E Framework (Figure 3) with the workshop tools mapped to the different parts of the framework. This figure shows how to introduce the materials in a more systematic manner across the value chain. The combination of this framework with the template for health sector reviews would provide a solid structure for the workshop.

There were concerns on the number of tools included in the workshop. Some suggestions included selecting a limited set of tools based on country needs.

Communication and use of results was not included in the workshop due to time constraints. For future workshops, there should be increased focus on communicating results.

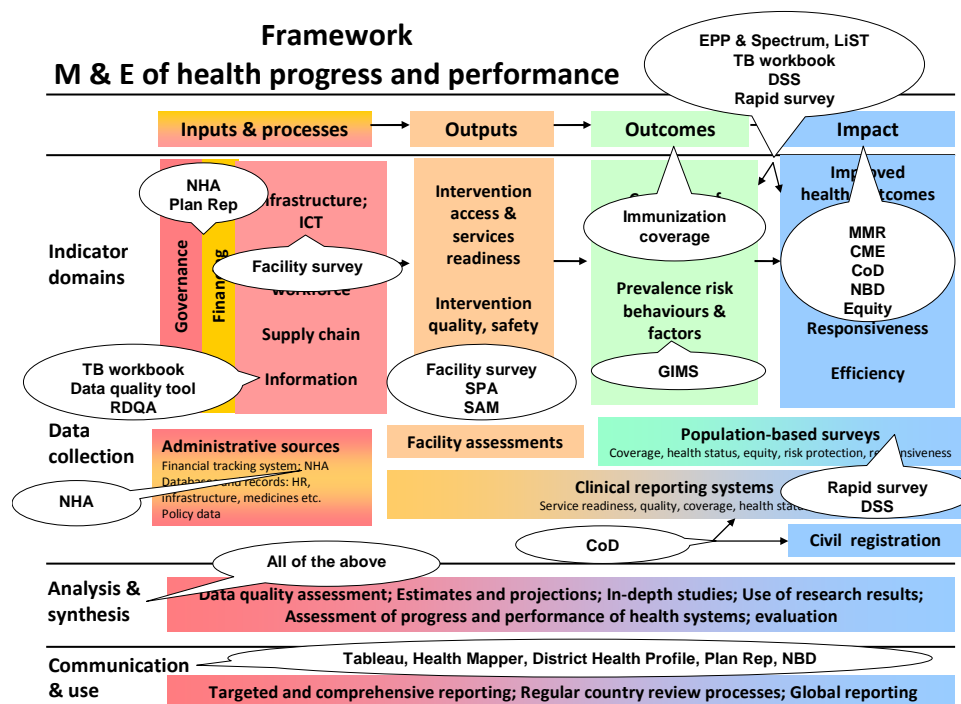


Figure 3: Relationship of tools to the M&E Framework

Making it relevant: The ultimate test of success of the workshop will rest on the extent to which countries are using the tools six months from the workshop. One logical next step is to have country workshops. The organizers would need to work closely with countries to tailor the workshop (and the included tools) based on country situation and needs.

For workshops in a new set of countries, careful planning with the relevant ministries and other partners should be done well in advance to tailor the workshop contents to the participant countries. This planning should include getting country specific data and other information. This information should form the basis of exercises and applications conducted in the workshop.

With the additional information becoming available on many of the different tools, facilitators and partners requested the posting of the all the workshop information in Regional and Global Health Observatories. Participants requested the creation of a community where they could be kept informed of new developments.

Annex A: Workshop list of participants

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Annex B: Workshop final agenda

DAY 1, Monday, 12 April

Time of session	Session topic	Description of session	Type of activity	Facilitator/presenter
ANNUAL HEALTH SECTOR REVIEWS: COUNTRY PRACTICES				
8:30-09:30	1: Overview of workshop	Introductions		Alex Ezeh (APHRC) Leo Ryan (ICF Macro) Carla Abou-Zahr (WHO)
		Background and objectives of the workshop Introduction group work	Presentation	Carla Abou-Zahr (WHO)
09:30-09:45		Baseline for evaluation of workshop	Questionnaire	All
09:45-11:15 <i>Coffee break 10:30</i>	2: Current practices in health analyses	Working groups	Group work	Workshop participants
11:15-12:30	3: Plenary	Reporting back to the larger group on results of the working group session (<i>10 minutes per country</i>)	Presentation and discussion	Workshop participants Carla Abou-Zahr (WHO)
12:30-14:00	LUNCH			
FACILITY DATA QUALITY: TOOLS AND METHODS FOR ASSESSMENTS AND ADJUSTMENTS				
14:00-14:30	1: Data quality assessment and adjustment	General introduction, protocol and tool for data quality assessment	Presentation & discussion	Carla Abou-Zahr, Kavitha Viswanathan (WHO)
14:30 - 16:00 <i>Tea break 16:00</i>	2: Exercises on program coverage tools/concepts	Practice exercises with country data for selected indicators; reconciling data from multiple sources	Groups	Group Facilitators
16:30-17:30	3: Feedback session	Reporting back from working group sessions	Plenary	Workshop participants
Evaluation of the day				

18:00 Reception at Windsor G&C club hotel

Day 2, Tuesday, 13 April

Time of session	Session topic	Description of session	Type of activity	Facilitator/presenter
8:30-08:35	Review of today's agenda			Carla Abou-Zahr (WHO)
PROGRESS ASSESSMENT: TRACKING MDGs AND ESTIMATION TOOLS				
08:35-12:30 (20-minute presentation + 10-minute discussion of each tool)	MARKET PLACE:	Background presentation and demonstration of estimation methods and tools <i>(Each country team will participate in all following topics)</i>		Facilitators
	1: HIV	Background presentation, demonstration of <i>EPP</i>	Presentation	Txema Calleja (WHO)
<i>Coffee break</i> 10:30 - 11:00	2: TB	Background presentation, demonstration of TB methods and tools	Presentation	Ana Bierrenbach (WHO) and Mehran Hosseini (GF)
	3: Immunization coverage	Background presentation, demonstration of global methods	Presentation	Marta Gacic Dobo (WHO), Peter Hansen (GAVI)
	4: Maternal mortality	Background, presentation, analysis of country data	Presentation	Carla Abou-Zahr (WHO), Lale Say (WHO) Krystyna Makowiecka
	5: Child mortality	Background presentation, <i>CME</i> tool	Presentation	Bo Pedersen UNICEF
	6: Water & sanitation	Background presentation, <i>GIMS</i> tool	Presentation	Rifat Hossain (WHO)
12:30 - 14:00	LUNCH			
14:00 - 17:30	Hands-on instruction	Two 1.5 hours hands-on sessions and discussion for session of choice	Market place	As above
Evaluation of the day				

Day 3, Wednesday, 14 April

Time of session	Session topic	Description of session	Type of activity	Facilitator/ presenter
8:00-08:05	Review of today's agenda			Fiona Gore (WHO)
HEALTH SYSTEM PERFORMANCE ASSESSMENT AND EQUITY IN HEALTH				
8:05 – 8:45	1: Current practices	Working groups: current methods used to assess health systems performance assessment including equity in each country	Group work	Workshop participants
8:45 - 9:30		Reporting back to the larger group on results of the working group	Plenary	All
9:30 - 10:15	2: Health systems performance assessment	Methods used to assess health systems performance, with a focus on benchmarking, score cards, efficiency, and composite measures	Presentation	Phusit Prakongsai, IHPP, Thailand
10:15 - 10:30		<i>COFFEE BREAK</i>		
10:30 - 11:30	3: Applications	HSPA	Interactive presentation / exercises	All
11:30 - 12:30	4: Measuring inequity in health	Assessing health inequalities using disaggregated health data and measures of inequality	Presentation	Ahmad Hosseinpoor (WHO)
12:30 - 14:00	LUNCH			
14:00-15:30	5: Applications	Equity (HDcalc software)	Interactive presentation / exercises	All
		Reporting back to the larger group on results of the working group	Plenary	All
15:30-16:00	Evaluation of the day			
16:00 - evening free				

Day 4, Thursday, 15 April

Time of session	Session topic	Description of session	Type of activity	Presenter / Facilitator
8:30-08:35	Review of today's agenda			Carla Abou-Zahr (WHO)
ADDRESSING GAPS IN DATA QUALITY AND AVAILABILITY				
8:35-9:30	1. Current practices	Share data collection practices to support annual reviews - what are the current gaps? Identifying the current gaps using the monitoring and evaluation framework	Group work	Workshop participants: Carla Abou Zahr (WHO)
	2. Method and tool introductions	How can our gaps be addressed by some available tools: 3 short presentations of each tool / method (5 minutes each)	Presentations	See below
9:30-12:30 (2 * 1.5 hours)	MARKET PLACE and HANDS-ON: Detailed presentation of some sample tools with small group discussions and hands-on instruction <i>(Each participant will participate in 2 out of 5 following topics)</i>			
	1. Routine data	RDQA - Background, hands-on exercise, tools and costing	Market place	David Boone (MEASURE Evaluation)
		Facility surveys: Contents, sampling, costing, tools, indicators - (SAM, SPA)	Market place	William Soumbey (WHO)
	2. Surveillance data	DSS data: Collection, analysis and use for annual reviews	Market place	Remare Ettarh (APHRC), Don de Savigny (Swiss Tropical Institute)
	3. Outcome data from surveys	District Surveys: Sampling issues, costing, tools	Market place	Leo Ryan, Ani Hyslop (ICF Macro)
12:30 - 14:00	LUNCH			
ANALYTICAL TOOLS FOR BETTER PLANNING				
14:00-17:30	1: General introduction	Tools for general epidemiological analyses: National Burden of Disease; Spectrum; LiST <i>(10-minute presentation of each tool)</i>	Presentation	Ingrid Friberg (JHSPH), Fiona Gore (WHO)
	PARALLEL HANDS-ON SESSIONS			
	2: Disease Burden: National Burden of Disease Toolkit	Cause of death, DALYs, risk factors, life expectancy and comparative risk assessment, and HALE . Mortality by cause: Presentation and analytical tools for vital registration and hospital data	Market Place	Fiona Gore, Mohammed Ali and Carla Abou-Zahr (WHO)

3: Assessing the impact of certain key interventions on child health

Spectrum- LiST: using the impact of interventions in child health for planning and prioritizing of programs

Market Place

Ingrid Friberg (JHSPH),

Evaluation of the day

Day 5, Friday, 16 April

Time of session	Session topic	Description of session	Type of activity	Presenter / Facilitator
8:30-08:35	Review of today's agenda			Carla Abou-Zahr (WHO)
FROM EPIDEMIOLOGY TO PLANNING: FINANCIAL DATA				
8:35- 09:05	Introduction, current practices, method and tool	Country use of financial data in planning	Interactive presentation	Daniel Low-Beer (GF)
09:05-09:30		Country experience		Don de Savigny (Swiss Tropical Institute)
09:30 – 9:45		Value for money		Daniel Low-Beer (GF), Mehran Hosseini (GF)
09:45-10:00		National Health Accounts		Nathalie Van de Maele (WHO)
10:00-12:30 (2 * 2.5 hours) <i>Coffee break</i> 10:30	TWO PARALLEL SESSIONS: Detailed presentation of some sample tools and methods with small group discussions and hands-on instruction			
	National Health Accounts	General principles, analysis of latest country NHA report including analysis of data quality; using health expenditure data with other health data: Presentation & exercise	Market place	Nathalie Van de Maele (WHO)
	Plan Rep Tool	Using burden data to assess and plan at the district level: Presentation & exercise	Market place	Don de Savigny (Swiss Tropical Institute)
12:30-14:00	LUNCH			
NEXT STEPS AND WRAP-UP				
Afternoon 14:00-16:00	Planning for the next steps, pulling the story together , wrap up and workshop evaluation	Introduction: Tools vs. M&E framework	Presentation	Workshop participants: Carla Abou Zahr (WHO)
		Developing country plan for using the tools, filling in the post-workshop evaluation form	Group work	All
		10-minute presentation per each country including plan and feedback	Presentation	

ANNEX C

Table 1: Pre-evaluation results by organizational affiliation

Affiliation	DQAA		MDGs		HSPA		Equity		Data gaps		Analytical Tools		Financial Tools	
	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score
MoH	12	2.7	12	2.6	12	2.7	12	2.4	11	2.8	12	2.7	12	2.2
Census Bureau	3	2.7	3	2.7	3	2.0	3	2.0	3	3.0	3	3.0	2	1.5
Int'l Org	15	2.7	15	2.9	15	2.7	15	2.7	14	2.7	15	2.7	15	2.5
Research Org	10	2.8	11	2.8	11	2.7	11	2.8	11	2.9	11	2.7	11	2.2
NGO	2	3.0	2	2.0	2	3.0	2	2.0	2	3.0	2	2.0	2	2.0
Other	2	3.0	2	3.0	2	3.0	2	2.5	2	2.5	2	3.0	2	3.0
Affiliation info missing	2	2.5	2	3.0	2	3.0	1	2.0	2	2.5	1	2.0	1	2.0
Overall	46	2.7	47	2.7	47	2.7	46	2.6	45	2.8	46	2.7	45	2.3

Table 2: Pre-evaluation results by country

Affiliation	DQAA		MDGs		HSPA		Equity		Datagaps		Analytical Tools		Financial Tools	
	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score
Kenya	3	2.7	3	3.0	3	3.0	3	3.0	3	3.0	3	2.7	3	1.7
Zambia	4	3.0	4	2.8	4	3.0	4	2.3	4	3.0	4	3.0	4	2.3
Tanzania	4	2.5	5	2.6	5	2.6	5	2.6	5	2.6	5	2.4	5	2.0
Ethiopia	5	3.0	5	2.8	5	2.8	5	2.4	4	2.8	5	2.8	5	2.2
Uganda	4	3.0	4	3.0	4	3.0	4	2.8	4	3.0	4	3.0	4	2.5
Rwanda	4	2.3	4	2.3	4	2.8	4	2.5	3	2.3	4	2.5	4	2.5
Malawi	5	2.6	5	3.0	5	2.2	5	2.6	5	2.8	5	2.8	4	2.3
Country info missing	17	2.7	17	2.7	17	2.6	16	2.6	17	2.8	16	2.6	16	2.4
Total	46	2.7	47	2.7	47	2.7	46	2.6	45	2.8	46	2.7	45	2.3

Table 3: Evaluation results of individual tools/concepts

Session	Useful		Duration		Level		Materials and Presentation		Exercises	
	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score
GIMS	3	2.7	3	5.0	3	4.3	3	3.0	3	3.0
LQAS	14	3.8	15	4.5	15	4.6	14	3.8	4	4.0
RDQA	16	3.9	16	4.6	16	4.6	16	3.6	10	3.4
PlanRep	16	4.0	17	4.9	17	4.8	17	3.7	15	3.7
Equity	38	4.1	39	4.4	39	4.4	39	3.9	38	4.0
DQAA	47	4.2	47	4.2	45	4.7	46	4.0	44	3.8
NHA	13	4.2	13	4.5	13	4.7	13	3.9	12	3.8
HSPA	35	4.3	36	4.5	36	4.6	37	3.9	34	4.0
EPI	3	4.3	3	5.0	3	5.0	3	3.7	3	3.7
BoD	17	4.4	17	4.5	17	4.7	17	3.9	16	4.1
HIV	5	4.4	5	5.0	5	4.6	5	4.2	4	4.3
CME	9	4.4	9	4.6	9	4.6	9	4.4	7	4.4
DSS	20	4.5	20	4.5	20	4.8	19	3.9	12	3.5
2 Undefined	46	4.5	46	4.7	48	4.8	47	3.8	22	3.8
4 undefined	9	4.6	9	4.6	9	5.0	9	4.1	8	3.9
SAMs	9	4.8	9	4.6	9	5.0	9	4.3	6	3.8
MMR	12	4.8	12	4.8	12	5.0	12	4.3	9	4.2
LiST	14	4.9	15	4.5	15	5.0	14	4.6	13	4.6
TB	5	5.0	6	4.7	6	5.0	6	4.7	5	4.8
Overall	331	4.3	337	4.5	337	4.7	335	3.9	265	3.9

Table 4: Evaluation results of overall daily sessions

Session	Useful		Duration		Level		Materials and Presentation		Exercises	
	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score
Day 1--DQAA	47	4.2	47	4.2	45	4.7	46	4.0	44	3.8
Day 2 Mkt Place	83	4.5	84	4.7	86	4.8	85	4.0	53	4.0
Day 3-HSPA	35	4.3	36	4.5	36	4.6	37	3.9	34	4.0
Day 3- Equity	38	4.1	39	4.4	39	4.4	39	3.9	38	4.0
4-Data Gaps Mkt Place	68	4.2	69	4.5	69	4.8	67	3.9	40	3.7
Day 4-Analy. tools	14	4.9	15	4.5	15	5.0	14	4.6	13	4.6
Day 5-Finan. tools	29	4.1	30	4.7	30	4.7	30	3.8	27	3.7

Table 5: Post-evaluation results by organizational affiliation

Affiliation	OVERALL USEFULNESS		DURATION		LEVEL		MET EXPECTATION	
	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score
MoH	7	4.0	7	2.7	6	4.3	7	3.7
Other	11	4.5	11	3.5	11	4.5	12	3.8
Affiliation info blank	6	4.8	6	3.7	6	5.0	0	
Total	24	4.4	24	3.3	23	4.6	19	3.8

Table 6: Post-evaluation results by country

Affiliation	OVERALL USEFULNESS		DURATION		LEVEL		MET EXPECTATION	
	N	Mean Score	N	Mean Score	N	Mean Score	N	Mean Score
Kenya	1	5.0	1	3.0	1	5.0	1	4.0
Zambia	1	5.0	1	1.0	1	5.0	1	4.0
Tanzania	6	4.2	6	4.0	6	4.7	6	4.0
Ethiopia	4	4.3	4	1.5	4	4.0	4	3.3
Uganda	1	5.0	1	5.0	1	5.0	1	5.0
Rwanda	2	4.0	2	5.0	1	5.0	2	4.0
Malawi	2	3.5	2	4.0	2	3.0	3	3.3
Country info blank	7	4.9	7	3.3	7	5.0	1	4.0
Total	24	4.4	24	3.3	23	4.6	19	3.8

Table 7: Distribution of people selecting specific tools for use in future health sector reviews and promoting within organization

Day	List of tools/concepts	I will use this for preparing future health sector reviews or similar reports	I will promote this in my institute/ organization	In-depth training is needed to be able to use this	<i>I did not participate in this session</i>
1	Data quality tool	4	12	7	2
2	EPP & Spectrum, HIV	2	11	6	5
	TB workbook		9	4	8
	Immunization coverage	4	8	4	5
	Maternal mortality assessment	5	7	5	5
	Child mortality estimation tool	2	10	5	6
	Global information management system for water and sanitation		4	5	9
3	Health system performance assessment (HSPA)	5	5	7	3
	Health equity assessment	5	9	6	3
4	RDQA (routine data quality assessment)	3	10	5	4
	Facility surveys (SAM, SPA)	4	8	3	5
	District surveys, (i.e. rapid surveys)	6	10	1	4
	Demographic surveillance systems (DSS)	5	8	5	2
	Spectrum -AIM and LiST	4	11	5	7
	Cause of death assessment (mortality by cause)	5	8	6	4
	National burden of disease assessment	6	8	6	4
5	Value for money	3	6	3	7
	Plan Rep	1	9	4	5
	NHA (national health accounts)	7	8	6	3

Table 8: Distribution of people selecting specific tools based on usefulness

Day	List of tools/concepts	Most useful	Least useful
1	Data quality tool	13	3
2	EPP & Spectrum, HIV	10	2
	TB workbook	5	3
	Immunization coverage	5	1
	Maternal mortality assessment	11	
	Child mortality estimation tool	9	
	Global information management system for water and sanitation	2	6
3	Health system performance assessment (HSPA)	8	
	Health equity assessment	8	3
4	RDQA (routine data quality assessment)	7	
	Facility surveys (SAM, SPA)	4	
	District surveys, (i.e. rapid surveys)	4	2
	Demographic surveillance systems (DSS)	10	2
	Spectrum -AIM and LiST	8	3
	Cause of death assessment (mortality by cause)	5	6
	National burden of disease assessment	7	1
5	Value for money	3	5
	Plan Rep	7	6
	NHA (national health accounts)	9	2