

Learning Question 1: *What are the contributions of systems thinking approaches and tools to changes in health system outcomes? How do systems thinking approaches affect health system outcomes?*

# Rapid Feedback MERL / Mali

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Results for Development, Evaluation and Adaptive Learning Team

## Context

USAID Mali's current Integrated Health Project (IHP) 2018-2023 is designed to achieve sustained improvements in the health status of Malians, to be accomplished through the following three sub-purposes:

1. Access to high quality health and water, sanitation, and hygiene (WASH) services expanded.
2. Demand for and use of health and WASH services increased.
3. Individual and household adoption of healthy behaviors increased.

The IHP includes the promotion of robust oversight that curtails corruption and expands accountability and transparency for health activities and program results across both the private and public sectors. Health governance priorities include: (1) developing sustainable country capacity in transparent and accountable law, policy, planning, leadership, and management; (2) building civil society/private sector capacity for better advocacy to increase government transparency and accountability; (3) engaging a new generation of health system leaders at regional, country, and community levels. This is designed to pave the way towards universal health coverage and sustainable development. Citizen participation in governance, decentralization, and budgetary management are central to these reforms.

To address serious challenges in Mali's health sector and achieve sustained improvements in health, USAID/Mali is supporting two flagship programs as part of the Integrated Health Project (IHP): 1) Household and Community Health – Keneya Nieta (KN), and 2) Health Systems Strengthening, Financing and Governance – Keneya Sinsi Wale (KSW). Through meaningful citizen participation in governance, decentralization, and budgetary management, KN and KSW aim to improve access to high quality health and WASH services, increase demand for and use of those services, and improve the adoption of healthy behaviors at the individual and household level. KSW and KN operate at different levels but work in synergy. KSW works primarily at the regional and CSCOM level to strengthen health systems and competencies in areas such as leadership; workforce development; system management; quality of care; supervision; data for decision-making; and health governance and financing. KN works at the village level to sustainably deliver a community-based essential package of health services (SEC). Working in tandem, these two flagship activities are designed to increase Malians' ability to plan, finance, and manage the health system and their own health at the family, household, community, district, regional and national levels.

These activities require systems thinking and a systems approach as they require coordination, communication, and cooperation among many different actors and stakeholders of the health systems spread across a wide range of levels of the health system.

## Activity Description

In order to address these health challenges in Mali and to coordinate with USAID's priorities, the Rapid Feedback Monitoring, Evaluation, Research and Learning (RF MERL) program is conducting an impact evaluation and "Sandbox" activities. For the impact evaluation, three rounds of data collection will be conducted for a survey using an in-person data collection methodology. The primary aim of this study is to answer the main impact question: *To what extent did investments in accountability, governance, and financing (AGF) activities in Keneya Sinsi Wale and Keneya Nieta improve behaviors for health (including financing and governance behaviors) and use of services at household, community, and health centers?*

KSW and KN work in tandem, each working to improve the supply and demand of healthcare to improve overall health systems. KSW and KN activities are being implemented in three regions: Ségou, Sikasso, and Mopti. Pertinent KSW and KN program activities for this evaluation are organized by four main outcomes:

1. Improved local leadership, governance, and accountability of health systems improved
2. Reduced financial barriers to health services
3. Improved individual household and community financial management, planning, and savings for health
4. Increased community engagement, ownership, and oversight of local health services.

The impact evaluation employs a stepped-wedge design, leveraging the fact that the program implementation plan already incorporated a phased roll-out across geographic areas, and that all villages in the intervention areas of Mopti, Sikasso, and Ségou will eventually receive the intervention over the lifespan of the integrated project. This allows the impact evaluation to measure a difference-in-difference between the areas that received the programming early relative to those areas that received the programming later. The team has randomized health areas and associated villages for treatment and control and will identify treatment effects as the synergistic effect of access to KSW and KN programs. The RF MERL team will be collecting data from the health zone level, with community health associations (ASACO) and community health centers (CSCOMs), and at the village level, with community leaders and community health workers (CHWs).

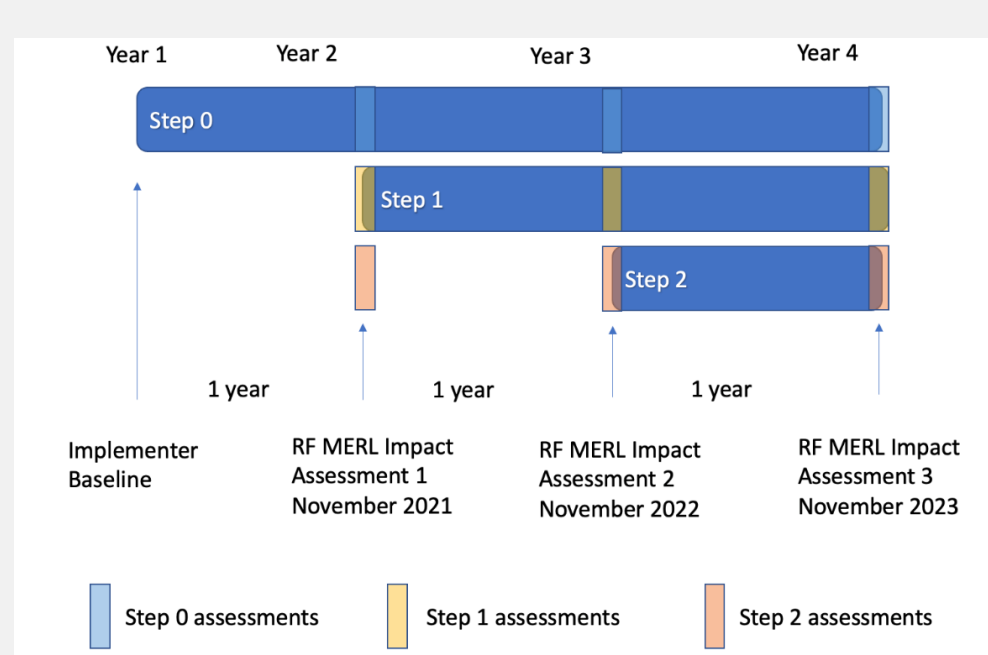
RF MERL proposed conducting assessments of AGF activities at three "steps". Each step includes a sample of villages that have received both the KN activities at the community level and for which their higher-level administration unit (CSCOM) has been treated by KSW in a given time period. A village is not considered part of a step (i.e., "treated") until it has been slated to and begun activities implemented by both KSW and KN. This method will allow both programs to continue their rollouts with minimal interference from RF MERL and to ensure that the impact evaluation identifies the multiplicative impacts of the joint program, not the individual programs. Between each step, RF MERL will conduct an impact assessment and will track short-term results of AGF interventions.

In addition to the impact evaluation, we plan to conduct rapid feedback activities with a select number of communities that we have called "sandboxes" to answer two to three learning questions. We acknowledge that some of AGF activities are quite novel for the context and may require some piloting and adjustment in order to refine the activities. For these piloting or learning activities, we will select a small number of communities in which to conduct rapid feedback experiments to better understand the potential for these AGF interventions, and test alternative approaches and solutions. This approach will be designed and implemented in close collaboration with KN and KSW, allowing them to learn as they implement and course correct based on findings.

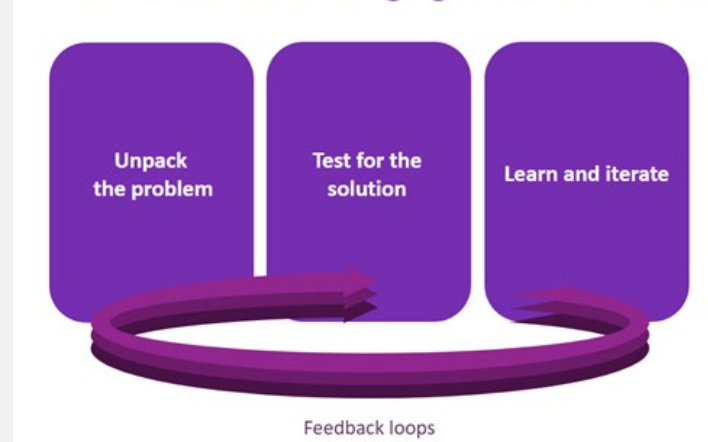
In collaboration with USAID, KSW, and KN, the following activities have been selected for rapid testing through the Sandbox approach:

1. Facilitate participation of the community in meeting regularly to discuss community health
2. Follow the implementation of strategies to mobilize financial resources for CSCOMs
3. Support accountability mechanisms at the CSCOM/ASACO level

Based on a review of the literature around potential interventions in each of these areas, the RF MERL team will select interventions for each of these three activities that will be tested through two rounds of Sandboxes.



How a sandbox engagement unfolds



## Activity Impact

RF MERL is committed to the co-creation of an evaluation that addresses various goals of USAID/Mali and USAID/Washington to understand the efficacy and sustainability of health systems interventions. RF MERL is addressing these goals with an innovative combination of research and evaluation activities that seek to leverage the existing rollout of programs, interfere minimally in program implementation, incorporate new and exciting approaches, and compare and combine various approaches for an integrated evaluation. Although the activity is still in progress, we know that the design of this engagement with an impact evaluation arm and a learning activity arm, has the potential to not only assess the impact of the AGF interventions on KSW and KN, but also to affect the design and implementation of AGF activities in the KSW and KN programs, but also in separate and subsequent programs in Mali. As the AGF interventions under KSW and KN are new in the context of Mali, the USAID Mission in Mali will take the findings from the impact evaluation to assess whether they are successful in improving the health systems, particularly as relates to the impact of accountability, governance, and finance interventions on health systems. The nature of accountability, governance, and finance interventions is such that improvements in efficacy or efficiency of design and operationalization can have long-term effects on the resiliency of health systems, particularly when faced with external roadblocks and their impact on health, such as political instability, disease outbreak, or the effects of climate change.

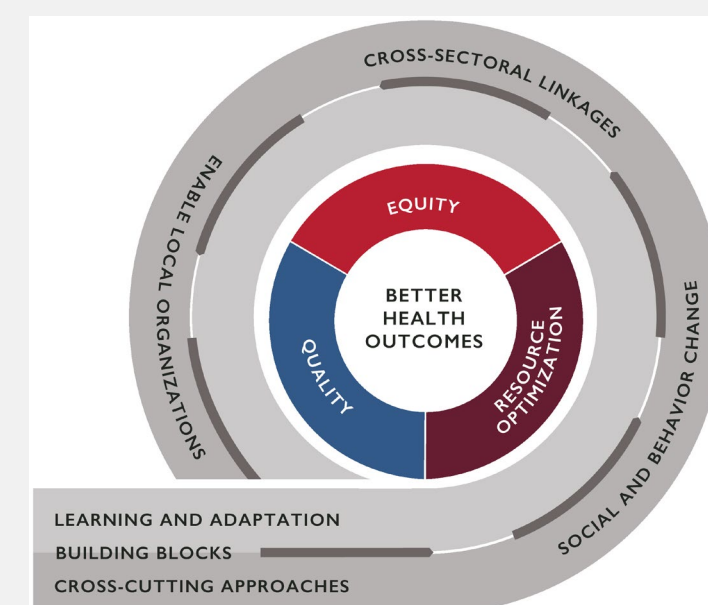
The co-creation approach that this activity is one that also strengthens the health system through local ownership, creating the potential for long term impact in terms of USAID programming and how it approaches accountability, governance and financing interventions. It also has the potential to impact the Implementing Partners and how they design, implement, and operationalize their work, taking the findings from the impact evaluation and from their hands-on work with the Sandboxes to adapt their own approaches. Finally, this activity also strengthens local capacity, taking this novel approach of an impact evaluation paired with a sandbox, and working with local actors including USAID's Mission in Mali, KSW and KN teams, and local consultants through the Innovative Hub for Research in Africa, as well as independent consultants, and trains them in this unique skillset that they can carry with them throughout their careers in other areas.

The Sandbox activity allows KSW and KN to learn quickly about the status of program activity. Through rapid data collection, KSW and KN will better understand what activities are working and what need refinement. The Sandbox allows KSW and KN to test potential modifications of activities within a small sample of communities to inform course correction decision making. Rapid Feedback MERL provides the forum of discussion and debate through "Learning Check" workshops where the feedback loop brings us back to the design and iteration phase. These workshops will accomplish three key things:

- 1) Sandbox data will be shared with the implementation team,
- 2) Tacit knowledge from implementers will be shared with the analysis team, and
- 3) Armed with that fullest set of the best information available, the group will action-plan around the findings.

The interventions tested through the Sandbox activities will allow KN and KSW to improve existing activities in order to improve the likelihood of reaching their programmatic goals and ultimate impact. Based on the three priority intervention selected in collaboration with the Implementing Partners, the team has the ability to impact community engagement and participation, financial resource mobilization, and accountability.

These activities will be the focus of the Sandbox activities, and where RF MERL has the potential to have the greatest impact in terms of adaptive learning. As part of a co-creation process, RF MERL, USAID, and the KSW and KN teams will identify and select interventions in these three areas to pilot test during several rounds of rapid experimentation.

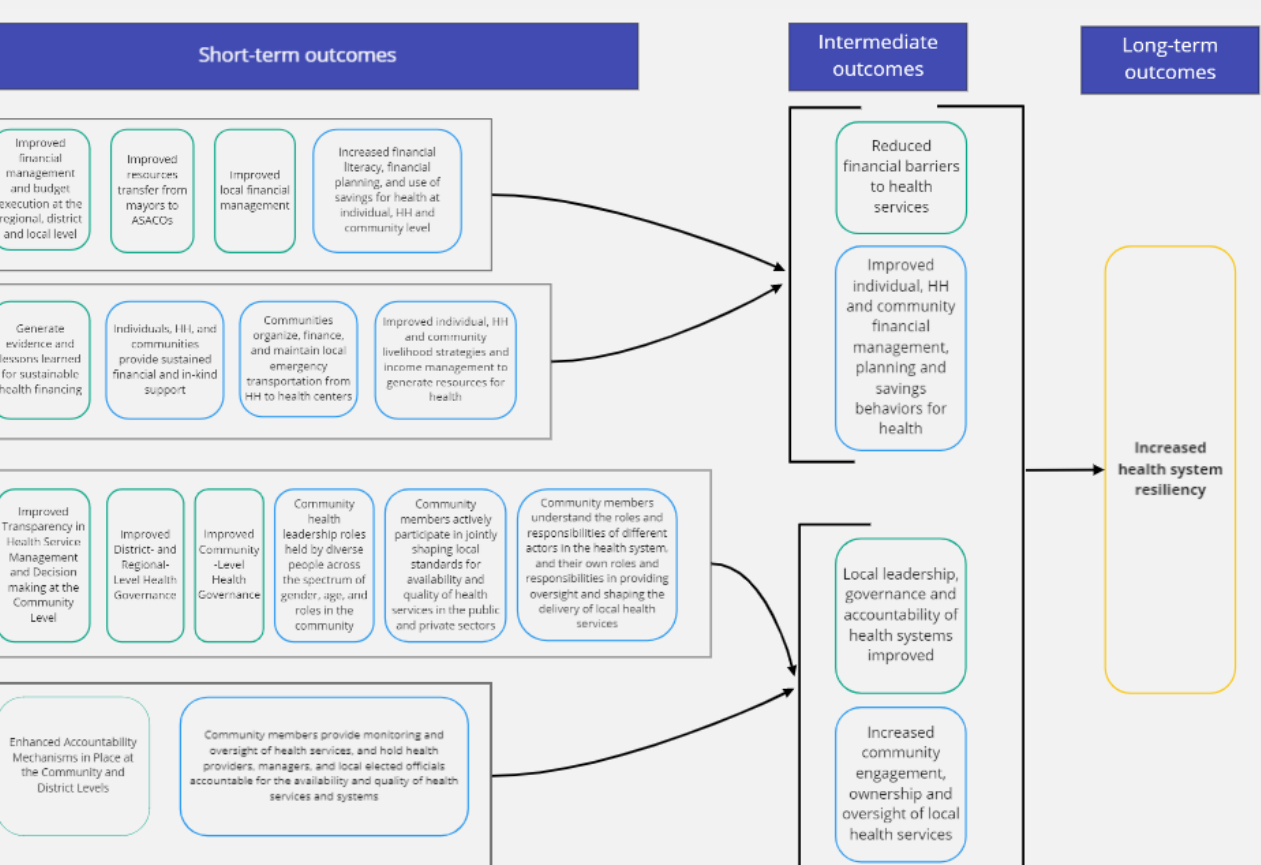
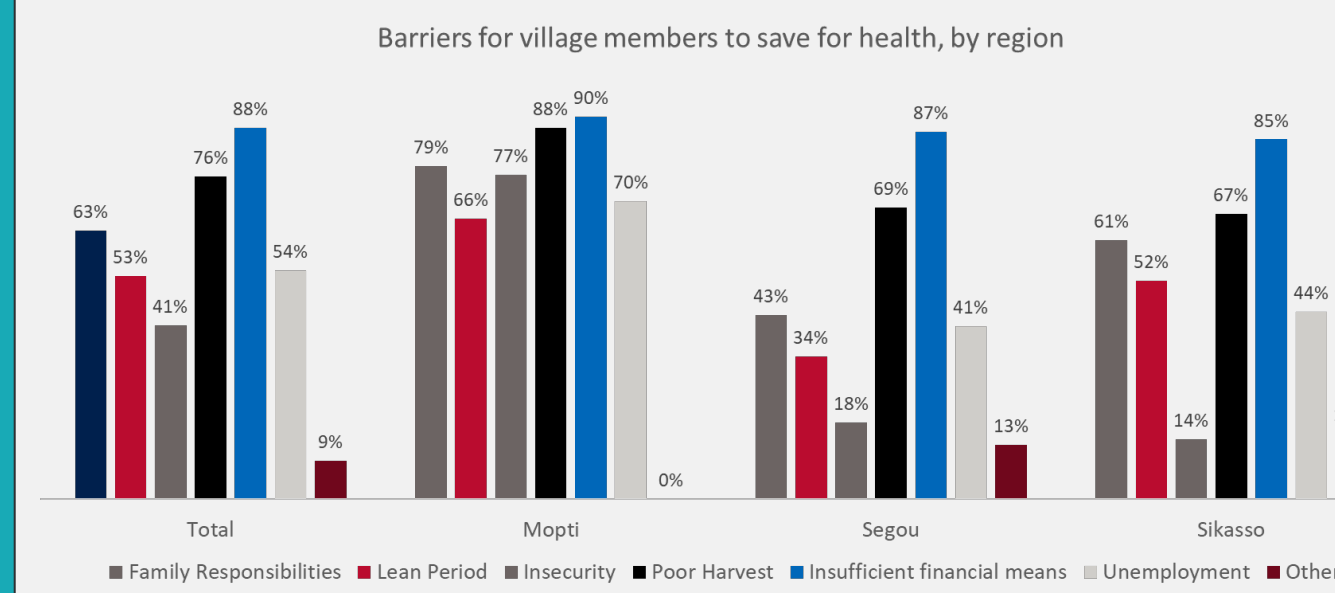


## Evidence

In collaboration with KSW and KN, the RF MERL team is operating around their joint (simplified) Theory of Change, outlined to the right. This Theory of Change does not elaborate all activities but elaborates how the type of activity contributes to each of the AGF areas, leading to their intermediate outcomes.

During a workshop in Bamako in June 2022, the RF MERL team met with USAID, Implementing Partners, and local officials to co-design the Sandboxes and move towards operationalization of our approaches. Some initial ideas for testing during Sandboxes include use of SMS messaging to increase community engagement, the use of radio to communicate the importance of roles and responsibilities, and many others.

As explained in the Challenges section, the first round of data collection faced notable positive response bias. When CHWs, community leaders, technical directors of CSCOMs, and Presidents of ASACOs were asked about accountability, governance, and financing interventions, we received overwhelmingly positive responses.



Analysis of the findings from the first round of data collection is still underway, and the Sandboxes are still in a design phase. However, there are some preliminary findings that will shape the analysis for impact and the Sandbox activities.

Some of these findings include that many of the groups within the ASACOs (management committees, administration advisors, etc) are meeting regularly, which have positive implications on accountability and governance. However, one of the challenges faced in Mali is sustainable finance resource mobilization. At the health zone level, there is a lack of audits being conducted, and no consistency in the group conducting them.

At the health zone level, shown in the graph to the left, there are challenges in terms of financial savings at the village level, with many different factors weighing heavily on the limitations of individuals to be able to save for health.

## Facilitators

One of the largest facilitators that allows the space for this activity to have an impact on the health system is the support of the USAID Mission in Mali. As USAID has the broader perspective on not only the health system and its biggest challenges in Mali, but also the initiative and goals of USAID programming in Mali. The USAID Mission in Mali has served as a collaborative and supportive partner for the development of this impact evaluation and learning activity. Their interest in and commitment to learning has provided RF MERL a platform to not only evaluate the impact of the AGF interventions of programs in Mali, but also to work closely with the Implementing Partners to see how best those activities can be designed, adapted, and operationalized. These adaptive learning activities, or "Sandboxes", are an approach that has been used previously on other RF MERL engagements. The RF MERL team will build off this approach, adapting it to the activities and the context in Mali.

The RF MERL team has taken a collaborative approach at several key points in the design process for this activity. In addition to the collaborative approach as a facilitator, we have capitalized on several partners, including USAID, the KSW and KN teams and a Technical Working Group of research and health systems experts that provided design input and validation. In addition, we have had engagement from local government, including ASACO Presidents, who provide a voice for local communities. The RF MERL team employed a co-creation approach, capturing priorities for USAID and Implementing Partners, paired with information from those working on the ground in Mali, to create a realistic and useful design and approach.



## Challenges

The team identified several challenges after completing the initial baseline data collection in February 2022.

1. Responses to key survey results at the health area level showed high positive results with little room for improvement during follow-up. The team will adjust the questionnaires for the second round of data collection in order to create more specific questions to mitigate this bias.
2. Overlapping health areas over implementation years (e.g., same health area on implementation lists for Y1 and Y3). To mitigate this challenge, the team took the actions below. In agreement with USAID and the implementing partners, RF MERL adjusted to reduce the impact evaluation sample from 216 to 155 health areas.

In addition, RF MERL proposed a rebalancing of health areas between Y2 and Y3, pending confirmation from KSW and KS on whether or not activities have started in its health areas and associated villages. Due to these unexpected challenges and reduced sample size, RF MERL will not be able to estimate the impact of the program on the key results at the level of the health area due to a lack of statistical power at the health zone level.

Some of the challenges we have faced in terms of achieving the desired health outcomes include a low level of understanding of roles and responsibilities at decentralized levels, a lack of sustainable financing and resource mobilization, lack of clear funding flows, low levels of community engagement, lack of transparency and dissatisfaction of the communities.

## Lessons Learned

One key takeaway from the design phase of this activity is the importance of a strong relationship with key partners; in this case the USAID Mission in Mali, and the Implementing Partners of KSW and KN, Palladium and URC. It is critical to take time to describe how RF MERL is a learning partner to KN and KSW. The process of explaining the goals of the Sandbox activity, although long, is worthwhile to ensure understanding and ownership of the activity by partners. As this activity launched during COVID, we were unable to travel to Bamako for an initial kickoff and scoping trip, during which the team would normally meet with key partners to discuss objectives, aims, and approaches. One lesson we learned is that although that relationship can be built virtually, it is much slower and more challenging, given everyone's busy schedules and other demands.

The other element of this relationship is the approach of co-creation. This approach doesn't just sound good, it yields a stronger result. The learning agenda and questions needs to be partner driven and owned with the learning partner serving as a facilitator that contributes technical expertise. In addition to the collaborative, co-creation process, we would recommend other implementers of evaluation and adaptive learning programs ensure voices from the community are included in discussions and heard. Ensuring buy-in from communities is key to ensure compliance and ownership of the Sandbox activity. Involving community members in co-creation workshop provides an important perspective that often leads to practical and feasible ideas. In the context of the design of Sandbox activities for RF MERL, this was achieved through involvement of USAID, Implementing partners, local government representatives, and community voices being represented during the design workshop. As these stakeholders are the ones who have the local contextual expertise, they are able to speak best to what will work in their local context. This allows the activity to be set up for success and sustainability, and to continue on beyond the life of RF MERL and even beyond the life of the KSW and KN programs.

