

Question 2: What are effective and sustainable mechanisms or processes to integrate local, community, sub-national, national, and regional voices, priorities, and contributions into health system strengthening efforts?



# Mali Health Committee Self-Assessment and Oversight Tool

Joseph Limange, Paula Wood, and Issiaka Dembele, Palladium, USAID Kenya Sinsi Wale

## Context

Under Mali's decentralized health system, administrative regions and communities are divided into health districts, which are further divided into *aires de santé*, or health zones, that group together multiple villages and towns (on average, from seven to nine villages). Each health zone has a community health center owned by its health zone residents. To manage their health zone, residents set up health management committees and elect members to serve on these committees. The committees, known as ASACOs, are the health zone's formal structure for the governance of health activities and services. Each health zone also manages its community health center (known as a CSCOM) and provides guidance and oversight to clinical and health outreach services in the zone, including links to and management of services provided by private maternities, clinics, and pharmacies. Most ASACOs in Mali were functional but faced persistent challenges. For example, some ASACOs could not effectively plan and implement strategies to address the health challenges in their communities and at their CSCOM, resulting in weak community health programs/services and poor health outcomes. The CSCOMs often lacked essential medicines and could not raise enough funds to recruit qualified staff. The ASACOs also largely excluded women, who are the major users of the health facilities. These challenges faced by the CSCOMs demotivated ASACO members, resulting in few ASACOs meeting as regularly as they were supposed to meet. The Kenya Sinsi Wale project, funded by the United States Agency for International Development (USAID), as USAID Mali's flagship health systems strengthening project, adapted, digitized, and deployed a health committee management tool to help improve overall health center clinical and health outreach activities.

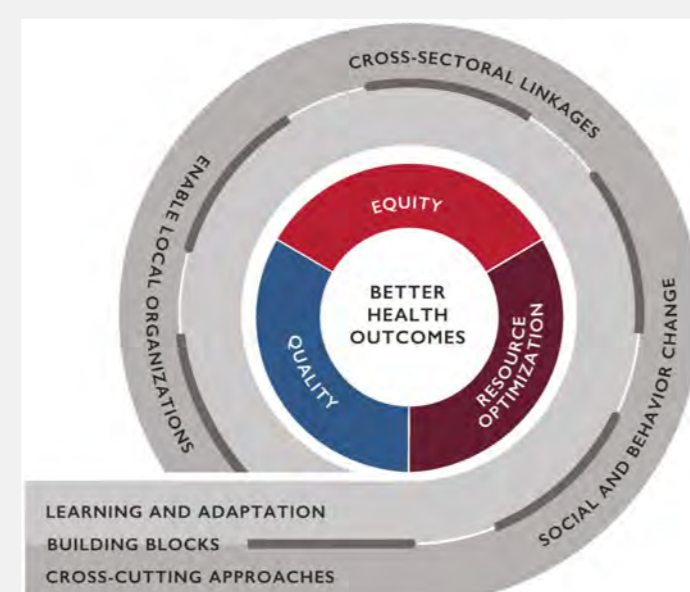
## Activity Description

To help promote the good governance of the health zone's activities and needs, the USAID-funded Kenya Sinsi Wale project is supporting each zone's oversight committee, or ASACO, in improving the governance, oversight, and monitoring of health services, medicines, programs, and budgets.

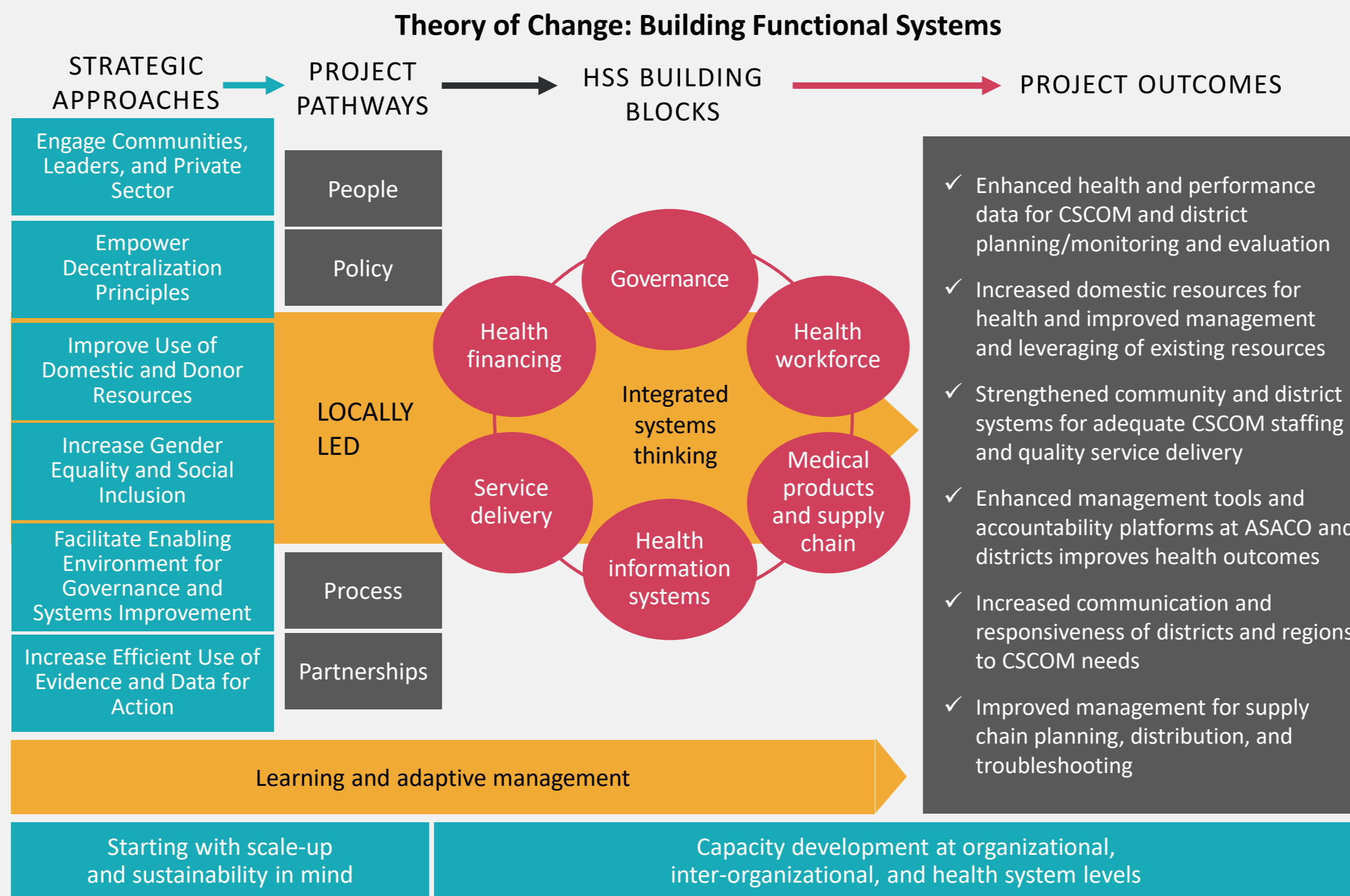
Since September 2020, the five-year Kenya Sinsi Wale project has been working with stakeholders across the Ministry of Health at central, regional, and district levels to finalize a governance and management oversight self-assessment tool for CSCOMs and ASACOs. The self-assessment tool (for both CSCOMs and ASACOs) includes review and reporting on gender representation in decision-making bodies; coordination planning and implementation of CSCOM and ASACO activities; review of quality of services, including availability and management of technical staff; health facility client satisfaction; management of equipment; compliance; monitoring of subsidies/resources transferred by the state to the ASACO; and many other issues.

## Activity Impact

The good governance of local health systems is one of the areas of focus for the Kenya Sinsi Wale project, which aims to improve the quality, access, data collection and use, supply chain, and financing of health facilities, health education, health promotion, and health referral services. The CSCOM/ASACO self-assessment tool is an important first step toward helping local leaders and healthcare providers analyze their strengths and weaknesses and create action plans for enacting sustainable improvements. To date, the Kenya Sinsi Wale project has worked with community development officers, ASACO leaders, and CSCOM staff to conduct at least one self-assessment in 272 *aires de santé* across the Segou, Sikasso, and Mopti regions. The self-assessment tool plays an important role in setting priority interventions for clinic staff and committee leaders who want to improve the health services and health outcomes across the villages they support. Project health management information systems staff are now linking this tool's results to the DHIS2 to better connect health zone management with its health indicators.



## Activity Impact (continued)



## Evidence

The self-assessment tool for health zone management has driven an increase in coordination, communication, and management in the CSCOMs where the Kenya Sinsi Wale project is working. Over the past three years, CSCOMs with project support have seen an increase in regular meetings both at the health facility and leadership levels. Additionally, the number of women in leadership positions has increased. Most importantly, this increased coordination has reduced stock-outs of key maternal, newborn, and child health drugs, improving health outcomes for mothers and babies. The table below provides powerful quantitative evidence of the improvements made in coordination and service delivery due to the self-assessment tool.

Indicator	2021		2023		% Change
	#	%	#	%	
Total ASACOs evaluated			73		
ASACOs organizing annual general assembly meetings	55	75.3%	64	87.7%	12.3%
ASACOs regularly holding board of directors quarterly meetings	12	16.4%	33	45.2%	28.8%
ASACOs whose management boards regularly hold monthly management meetings	28	38.4%	58	79.5%	41.1%
ASACOs with management boards on which at least 30% of members are women	22	30.1%	27	37.0%	6.8%
Female members of ASACOs on a management board (The total number of ASACO members has increased by 10%, rising from 997 to 1,093, with the addition of 37 male members and 59 female members. The resulting percentage increase is a result of the higher number of women added in comparison to men.)	254	25.5%	313	28.6%	3.2%
ASACOs conducting physical monthly inventory to prevent stock-out of drugs and commodities	61	83.6%	69	94.5%	11.0%
CSCOMs with a complete complement of staff	26	35.6%	38	52.1%	16.4%
Stock-outs of chlorhexidine (used to dress newborns' umbilical cords to prevent infection and reduce neonatal mortality)	25	34.2%	0	0.0%	-34.2%
Stock-outs of magnesium sulfate (used to prevent seizures due to worsening preeclampsia, slow or stop preterm labor, and reduce brain injuries in preterm babies)	15	20.5%	0	0.0%	-20.5%

## Evidence (continued)

From August 2021 to April 2023, the project supported 584 of the 680 ASACOs in Mali in conducting self-assessments. In 2021, 2022, and 2023, that support helped 177, 470, and 322 ASACOs, respectively. As of the publication of this document, the project has supported 272 ASACOs in conducting self-assessment once, 239 in conducting it twice, and 73 in conducting it three times. The analysis of evidence is based on the progress recorded by the 73 ASACOs that conducted self-assessment in each of the three years of support.

## Facilitators

The tool was originally developed by the USAID Service de Santé à Grand Impact project. However, the tool initially lacked key indicators and required validation by the Government of Mali, and it needed digitization for greater efficiency. The Kenya Sinsi Wale project therefore worked with the Ministry of Health at the national and regional levels to improve it by including inputs from other tools such as the ASACO performance grid (DNDS) and the integrated supervision grid (DGSHP) developed by the Ministry of Health. The health zones' oversight committees were a key entry point for the introduction, improvement, and use of the self-assessment tool. These committees are also the primary beneficiaries and users of the information generated by the tool.

## Challenges

The Kenya Sinsi Wale project operates in regions confronting significant and reoccurring security risks. To work in these settings, the project relies on local partnerships and coordination with an experienced security team.

The project also coordinated the refinement of the self-assessment tool for CSCOMs and ASACOs at national, regional, and local levels. Incorporating feedback to ensure the tool was both user-friendly and provided relevant information to end users required diplomacy and a deep understanding of the local systems and actors. In addition, low literacy levels can interfere with the use and sustainability of the tool and the project has experienced difficulties achieving some indicators in the tool because of cultural norms and standards. For example, ASACO members are selected by the communities they serve. In Mali, women's involvement in leadership positions is not a commonly accepted practice but requires shifts in cultural norms to appoint women to the ASACO management board. As a result, progress has been slow on that indicator.

## Lessons Learned

Regular self-assessments and communication can have a direct impact on the ability of a health system to improve service delivery. As usage of the tool continues across the 600+ health zones served by the Kenya Sinsi Wale project, improvements are emerging in coordination, staffing, and drug availability. The feedback from community leaders has been positive and indicates that they are seeing the value of increased coordination and are motivated to continue using the tool to better govern their facilities and CSCOMs.

Monsieur Laya Guindo, the director of the Djiguibombo CSCOM in the District of Bandiagara, said, "I was very impressed with the self-assessment tools. I didn't know much about the governance of the CSCOM and our ASACO, and I have been working in the center for 11 years. We have never had meetings, not monthly, quarterly, or annually. With the arrival of the Kenya Sinsi Wale project, we managed to meet each other, and little by little, we are discovering good governance. I can only thank USAID and its partners for all these support and partnership activities."

Roland Kone, chief of party for Palladium, as well as the lead implementing partner for the Kenya Sinsi Wale project, reported that the results of the CSCOM and ASACO self-assessment tool have guided decisions about how technical assistance will be provided to community health centers and community health committees. "The results of the self-assessment often identify the weaknesses and challenges for each CSCOM," he said, "but also reveal the potential for improving health services, community leadership, and health outcomes, particularly for women and children."

