Malin Health Committee Self-Assessment and Oversight Tool

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Context

Under Mali’s decentralized health system, administration and regions are served by health districts, which are further divided into zones, centers, or health zones. Each health zone has a community health center owned by the health zone residents. To manage their health zone, residents set up health management information systems (HMIS) to support their health system strengthening efforts. Each health zone manages its community health center (known as a CSCOM) and provides health services to its residents, including maternal and child health services. The CSCOMs have a community health committee (ASACO) as its primary governance body. The ASACOs are autonomous committees that are elected from the community to manage their health zone. The ASACOs are the healthcare providers’ main forums for managing and improving their health system. The ASACOs and the CSCOMs have a common management program and are under the leadership of the Zone Health Management Information System (ZHMI). The ASACOs are the local health management committees that are responsible for managing the CSCOMs. The CSCOMs and ASACOs are the key entry points for the introduction, improvement, and use of self-assessment tools. These committees are also the primary beneficiaries and users of the information generated by the tool.

Activity Impact (continued)

Theory of Change Building Functional Systems

<table>
<thead>
<tr>
<th>Project Pathways</th>
<th>Theory of Change Building Functional Systems</th>
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<tr>
<td>Local Leadership</td>
<td>People</td>
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<tr>
<td>Capability development of inter-organizational, inter-sectoral, and health system outputs</td>
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<td>Starting with scale-up and sustainability in mind</td>
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Leaving and adaptive management

Envisioned health and performance data at the CSCOM and district planning, monitoring, and evaluation tools reduce health and improved management; quality improvement and monitoring; and quality assurance processes in district and community health settings.

Evidence

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 health zone residents and ASACOs to ensure its effectiveness. The tool was piloted in four health zones in Mali, and its results showed that the tool was effective in improving health outcomes, particularly for women and children. The tool was then refined and validated by the health zone residents and ASACOs, and it was implemented in all health zones in Mali. The tool was also validated by the Ministry of Health and the National Health Management Information System (DNDS) and the integrated supervision grid (DGSHP) developed by the Ministry of Health. The health zone residents and ASACOs were key partners in the implementation, validation, and use of the self-assessment tool. These partnerships were also the primary beneficiaries and users of the information generated by the tool.

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 health zones, monitoring and evaluation of improvements are ongoing in coordination, communication, and management. The feedback from community leaders has been positive and indicates that they are seeing the value of increased coordination and are already using the tool to improve the health zone’s management of health services. Challenges

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 health zone residents and ASACOs to ensure its effectiveness. The tool was piloted in four health zones in Mali, and its results showed that the tool was effective in improving health outcomes, particularly for women and children. The tool was then refined and validated by the health zone residents and ASACOs, and it was implemented in all health zones in Mali. The tool was also validated by the Ministry of Health and the National Health Management Information System (DNDS) and the integrated supervision grid (DGSHP) developed by the Ministry of Health. The health zone residents and ASACOs were key partners in the implementation, validation, and use of the self-assessment tool. These partnerships were also the primary beneficiaries and users of the information generated by the tool.

Facilitators

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