Coping with Complexity: Monitoring, Evaluation, and Learning Approaches for Health System Strengthening Projects - Webinar, January 26, 2022

Audience Questions and Additional Resources

Below are responses to key audience questions that panelists did not have time to address during the webinar. See the end of this document for additional resources on the contribution analysis and outcome harvesting approaches.

The Health Systems Strengthening Practice Spotlight briefs on complexity-aware monitoring, evaluation, research, and learning approaches are available on the LHSS Project website at [HSS Practice Spotlight - Contribution Analysis](#) and [HSS Practice Spotlight - Outcome Harvesting](#), and on the USAID website at [Practice Spotlight Series](#)

The webinar recording is available at https://youtu.be/rYGnW-FuQZs.

Audience Questions

Q: Interesting that you mention "synthesizing" the information collected in outcome harvesting instead of "analyzing." Please elaborate when you get a chance. Related Q: These evaluation methods often use the word "synthesizing" findings that can often be tricky in health systems strengthening (HSS) -- any reflections on how you did it and whether you used a synthesis framework? Or suggestions around how should one do it?
   - A: By "synthesizing" we mean "analyzing," as nothing new is being created. Rather, the process is pulling together multiple data sources and details to possibly infer a conclusion.

Q: What is the best time to start conceptualizing about the method (program development, work plan first year, etc.)?
   - A: While it is often ideal to plan for your MERL approaches from the beginning of a project or activity, you can incorporate these methods (and others like them) throughout implementation as well — and they could even be conducted retroactively.

Q: Do these methods rely on a mixed methodology for data collection or only on qualitative data collection techniques?
- A: These are primarily qualitative methods, though can certainly be used in conjunction with quantitative methods/mixed methods approaches.

Q: Can the outcome harvesting approach also be used for adaptive management? Can a similar approach be used for harvesting learnings?
- A: Yes, they can certainly be used as part of an adaptive management approach. That is a great use of these methods and application of results in programming.

Q: Am I right to say that outcome harvesting focuses more on outcomes than on activities?
- A: Yes, this is one way to describe the focus of outcome harvesting. Outcome harvesting starts by identifying outcomes, and that is the foundation of the work to understand contributing factors. Furthermore, outcome harvesting does not only acknowledge activities as contributors to the outcomes -- the method also considers contextual factors as potential contributors.

Q: How to choose between the contribution analysis and outcome harvesting approaches? What are the determining factors for appropriateness?
- A: For information about how to choose between outcome harvesting and contribution analysis, you might explore the briefs, which summarize key considerations for when these approaches could be a good fit. Access here: HSS Practice Spotlight - Contribution Analysis and HSS Practice Spotlight - Outcome Harvesting, and on the USAID website at: Practice Spotlight Series.

Q: How has USAID used the contribution analysis results to inform subsequent interventions or projects? And doesn't having the stakeholder engagement required to do this well depend on strong relationships to begin with -- which would suggest that positive outcomes are more likely to be identified (i.e., if you can do a good analysis, you had a good project to begin with)?
- A: USAID is increasingly exploring the use of approaches like contribution analysis to inform subsequent interventions/projects. Yes, stakeholder engagement is key throughout these processes. However, a "good" project does not always necessarily result in "positive" outcomes -- often broader changes in the context and system can impact outcomes, beyond the project's locus of control (e.g., political and priority shifts, epidemics/pandemics, economic changes, etc.). And unanticipated outcomes may be both positive and/or negative, so often still worth exploring.

Q: Can complexity-aware monitoring (CAM) approaches be part of our regular monitoring approaches? Or does it have to be something that should come out of need, for instance, having to measure any unintended outcomes?
- A: CAM approaches not only can, but often should, be part of our regular monitoring and learning approaches! Indeed, CAM approaches should be incorporated as much as possible into MEL plans and regular monitoring approaches. It's one purpose of this

webinar to demystify these methods, as they are critical in HSS practice. So, if you haven't already thought about how these methods could be incorporated into your projects MEL plans, we hope you consider them now!

Q: How is the unprompted verification process different from most significant change (MSC)?
- A: MSC is another complexity-aware method that synthesizes what respondents (stakeholders and contributors) determine to be the most significant change story -- and why. In this approach, stories are collected and there is a process to determine the value of each one and an intentional process of learning from what is valued. Though similar to the outcome harvesting verification process because both share and receive feedback from stakeholders or contributors, it differs in some respects, as it tends to focus on the not-so-usual experiences (or story), i.e., leaning to the extremities of positive/huge change, or little/negative change. Thus, MSC itself is not a standalone method, as it doesn't provide much by way of comprehensive information on the impact or outcome of interventions.

Q: For the outcome harvest, did you only look at the changes that occurred at the system level? Or did you also examine the changes that occurred at the individual and/or organizational level?
- In the Ghana example, the team did not look at individuals in terms of family members/caregivers. But they did look at individuals working at the Health Promotion Department and their capacity and behaviors. They also looked at some of the local organizations that the project worked with.
- For the ACS approach in Namibia, the team focused primarily on the system level outcomes – how did shifting towards a harmonized resource tracking approach contribute to changes in overall health system management? However, in doing that data collection, respondents did provide insight into how the activity contributed to changes at an organizational level related to the different teams that work on resource tracking in Namibia. The primary goal, though, was to see how an activity in a vertically funded area could support broader system level changes, so we deliberately sought to highlight those changes.

Q: What are the elements of complexity you look into to consider an intervention to be complex and therefore amenable for either contribution analysis or outcome harvesting?
- A: There is a useful USAID Discussion Note on Complexity-Aware Monitoring, available at: https://usaidlearninglab.org/sites/default/files/resource/files/dn_-_complexity-aware_monitoring_final2021_1.pdf. Some of the elements of complexity mentioned in this Discussion Note that could call for either contribution analysis or outcome harvesting include uncertain cause-and-effect relationships, the involvement of stakeholders with differing perspectives, and contextual factors that have an effect on implementation of an intervention.[1]

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[1] USAID Bureau for Policy, Planning and Learning. Discussion Note: Complexity-Aware Monitoring. 2021. https://usaidlearninglab.org/library/complexity-aware-monitoring-discussion-note-brief.

Q: How did you define outcomes?
- The outcome harvesting team for the Communicate for Health project identified outcomes by reviewing project documents and creating interview guides based on the proposed outcomes of the project. The evaluators refined and substantiated their outcome descriptions through a consultative, participatory process.

Q: In communicating about these outcomes, how did you manage the sensitivities of other players (government, other development partners) who could well have also contributed to the outcomes?
- For the Ghana example, the team was careful to identify both the project and the government as partners in the success. The project was housed within the government, so they treated them together much of the time.
- For the Namibia example — in the discussions regarding the outcomes from the resource tracking harmonization, and as part of an outcome harvesting approach, we made it clear what the project's contributions were as compared to what other donors or Namibian ministerial stakeholders contributed towards the changes highlighted through outcome harvesting. We did our best to be clear on who contributed what for each outcome, but again, given that we were looking at system-level changes and our acknowledgement that system changes are a combination of the efforts of many different actors/processes within a system, we tended to talk about the changes overall and not "our project solely created X/Y/Z change" but rather, "through working on harmonization of the resource tracking approach, X/Y/Z players were able to produce" a specific change.

Q: Just curious, is there any tool to measure complexity of a health system? Because it might help us to determine what depths we should go to explore it, right?
- A: USAID has a High Performing Health Care System tool, to provide information about the functionality of health systems processes, functions, and intermediate outcomes ... which is appropriate for complex health systems! Check it out here for more information: https://hphctool.org/

Q: With the two unique approaches, will the implementing partners be required to go through the process of Ethical Approval and classification as Human Subject Research/Non Human Subject Research?
- A: It is case by case whether research approvals are required, but application of these methods are not typically considered research.

Q: If the project changed over time and was redirected, did you have to come up with a different theory of change and results framework for the project? How do changes in the theory of change and results framework once modified inform outcome harvesting?

- A: Yes, sometimes a project's theory of change or results framework needs to shift during implementation, and this could be reflected in the outcome harvesting process depending on when the outcome harvest is conducted.

Q: Under the Local Health System Sustainability Project — which provides technical assistance to different USAID partner countries across a range of HSS technical areas — can you tell us what you have learned so far (the successes or challenges) in trying to integrate these types of approaches into MEL program and activity plans, and what you think is needed to continue to support applying and experimenting with these techniques?

- ● A: On LHSS, we have tried to integrate these types of approaches in the activity MEL plan development and implementation, and many of our countries are beginning to take it forward, especially the larger and more complex buy-ins. For example, in the LHSS Colombia activity we are applying outcomes monitoring to monitor and track the effects of our local capacity and sustainability efforts, and we are currently at early parts of the harvesting stage. I would say that it's been a hit with respect to uptake and participation of local counterparts in many regions/departments in Colombia. So far, a successful piece is that it has been a helpful method helping folks grapple with previously difficult-to-measure concepts like sustainability, for example. The challenge is that it takes a bit of time to set up and deploy so to speak (developing the tools, needs a lot of customization, etc.), but we hope to get more proficient as more activities pick up more of these CAM methods.
- ● *On what is needed to continue to support applying and experimenting with these techniques*: I think the development community and donors need to allow the space for the use and application of these methods, possibly writing it into their solicitations, like was done in LHSS, which would help its implementation and generate more evidence for its use. That way there would be more instances of application of these methods and improvement in use cases, thus demystifying them. Also, with the increasing need to co-assess, co-create/design locally appropriate solutions to complex HSS problems where we work, these participatory methods are even more critical. MEL practitioners and enthusiasts need these types of briefs and resources like this webinar so that they are more comfortable using these CAM methods.

Moderator: What is one final piece of advice you would give to our audience members who are interested in applying these approaches to their own HSS programs?

- ● Plan from the beginning of the project if you can, but if you are in the middle of a project/activity don't forget you can always start now!
- ● Trust the process, as capturing and understanding system change requires more than application of "traditional" MERL methods (and advocate for these processes as valid evaluation methods!).
- ● "Complexity-aware MERL" can seem daunting to people who are not MERL experts. However, in reality, these approaches can be quite manageable and tend to require "soft skills" such as conducting interviews and facilitating focus groups; they don't require highly specialized MERL skills.
- ● The application of CAM processes takes time but is a great way to increase stakeholder participation and involvement in documenting learning and the impact of complex HSS programming.
- ● You'll never know if you don't try … so try it and adapt to fit your needs and context!

Additional Resources

Contribution Analysis Examples:

- Maximizing the Quality of Scaling Up Nutrition Plus Project (MQSUN+): https://mqsunplus.path.org/resources/assumption-maps-to-assess-signs-of-impact-of-short-term-technical-assistance/
- Maternal and Child Survival Program (MCSP)/India: https://www.mcsprogram.org/resource/an-analysis-of-contributions-to-expanding-access-to-and-uptake-of-quality-family-planning-services-in-five-states-of-india/
- MCSP/Rwanda: https://www.mcsprogram.org/resource/mcsp-rwandas-impact-on-improving-the-quality-of-maternal-newborn-and-child-health-and-family-planning-services-results-from-a-contribution-analysis/
- MCSP/Burma: https://www.mcsprogram.org/resource/mcsp-burmas-impact-on-strengthening-the-health-workforce-for-a-better-tomorrow-results-from-a-contribution-analysis/

Outcome Harvesting Examples:

- Communicate for Health (C4H): https://pdf.usaid.gov/pdf_docs/PA00WCT2.pdf
- Coordinating Implementation Research to Communicate Learning and Evidence Project (CIRCLE) outcome harvests:
    - Lake and Western Zone: https://pdf.usaid.gov/pdf_docs/PA00X919.pdf
    - Southern Zone: https://pdf.usaid.gov/pdf_docs/PA00X91S.pdf
    - North and Central Zone: https://pdf.usaid.gov/pdf_docs/PA00X91J.pdf
- African Collaborative for Health Financing Solutions (ACS): Using systems mapping and outcome harvesting to evaluate resource tracking systems in Namibia (forthcoming)