



# Health Systems Strengthening



Mali's Minister of Health and Social Development, Mme Diéminatou Sangaré, at a high-level workshop organized with technical and financial support from CHISU (Photo: CHISU Mali)

CHISU continues to expand USAID's investment in integrated HIS and to contribute to USAID's [Vision for Health Systems Strengthening](#) and [Vision for Action in Digital Health](#). Our theory of how our interventions and results contribute to health systems strengthening still holds. We theorize that if high-quality data are used to make policy and health system optimization decisions, health disparities will be reduced because there will be a greater understanding of geographic and demographic distribution of gaps in health services, commodities, and workforce. If these data are disaggregated and produce meaningful, population-sensitive data, care will be as effective, safe, and people-centered as possible, and the health system's responsiveness and resources will be optimized.

CHISU developed a country-focused process for documenting how interventions result in demonstrable improvements, which contribute to HIS evolution. CHISU is using causal link monitoring<sup>2</sup> to map the expected causal pathway from interventions to HIS evolution. This approach will enable CHISU to test implementation assumptions, anticipate results, and document unintended outcomes or emerging factors. It also provides the foundation for showing how CHISU contributes to health systems outcomes. We drafted seven country causal

frameworks and by the end of the year, incorporated two of them into pause and reflect sessions with CHISU teams. In **Burkina Faso**, use of the causal framework reinforced the connection between work plan implementation, SOCI, and HIS evolution. In **Indonesia**, the pause and reflect exercise improved team insights on the current work plan, provided a framework to test the assumptions in the theory of change, and guided development of a sustainability plan and the following year's work plan. Challenges were extracted onto an adaptive management plan for targeted action.

## Gender

CHISU continued to integrate gender into activities, strategic planning, and HIS learnings. At the global level, CHISU co-leads the Digital Health and Interoperability Gender/Diversity, Equity and Inclusion small working group, positioning CHISU to invite and orient new members, guide activity development, and share CHISU's approach to integrating gender in all activities.

FY22 has seen an increase in the proportion of activities that include gender considerations, translation of the Gender in HIS Considerations guide into French to enable Francophone teams to participate in planning,

<sup>2</sup> More information on causal link monitoring can be found in the [Guide to Complexity-Aware Monitoring Approaches for MOMENTUM Projects](#)

## BOX 5. BREASTFEEDING BREAKS

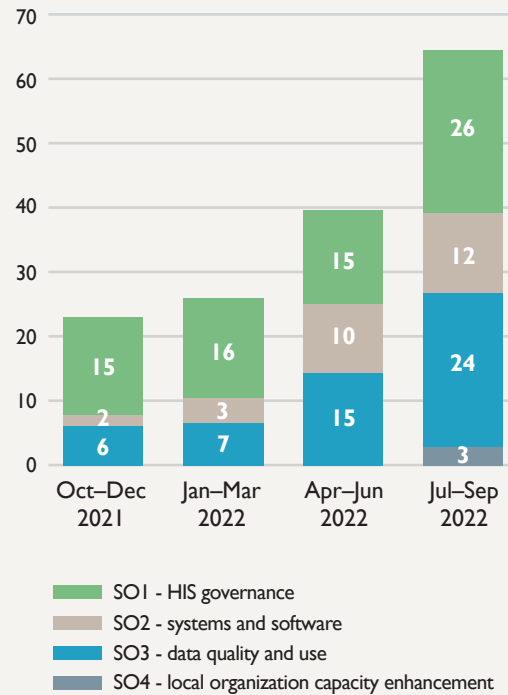
CHISU started implementing [breastfeeding breaks during training in Burkina Faso](#). The initiative, part of a CHISU pledge to integrate gender in health information systems strengthening, aims to ensure that lactating women can be in contact with their babies while advancing their professional knowledge.

### Breastfeeding breaks:

- Allow for equitable participation in training.
- Help promote exclusive breastfeeding.
- Improve the health of mothers and their babies.

During a recent workshop on EBS for community agents from the Ministries of Health, Environment and Animal Resources, a break was organized for the participants who were lactating. The pause lasted for about 30 minutes and breastfeeding women were allowed to leave 30 minutes before other participants so that the babies were not disturbed by the event's noise. During the mothers' absence, trainers used the break time to revisit modules and discuss material already covered.

FIGURE 4 - GENDER CONSIDERATIONS TRACKED BY QUARTER



tracking, and reporting process for gender activities, and the addition of a SOCI Gender Composite score in the digital tool. CHISU spurred thought leadership and dissemination of gender learnings to a global audience through [A Global Call to Action for Gender-Inclusive Data Collection and Use](#). CHISU also launched a social

media campaign to break the gender bias in digital health for International Women's Day that included two tweets with 1,011 impressions, two posts on LinkedIn with 2,726 impressions, and two posts on Facebook.

All new team members receive gender orientation, setting the stage for gender awareness and gender integration. CHISU teams provide quarterly updates on progress, successes, and challenges for selected gender considerations based on country work plans, as well as gender considerations for all trainings, events, and products. Figure 4 shows the increase in gender considerations being tracked by quarter. For more information on specific country highlights for gender, see XB-004.

## Learning

**Learning synthesis.** To generate learning insights, CHISU synthesized emerging trends from activity report narratives and other routinely reported data in the project MIS. Patterns and outliers were identified in the reported key intervention frequency, duration, and sequencing as related to the HIS SOCI framework subcomponents. Success factors, challenges, and examples were identified to support learning. At this stage of implementation, data are not yet available on the effectiveness of certain strategies or approaches in advancing the HIS SOCI framework. Therefore, this process helped identify some emerging trends.

- **SO1.** Sequencing SO1 interventions generally begins with SOCI subcomponent HIS leadership and coordination through support for coordinating

bodies and/or TWGs (the longest enduring across all interventions in all SOs). Based on activity report narratives, stakeholder engagement and buy-in seem to be key determining factors for success and rationale for ongoing implementation. In multiple countries, HIS strategic planning often follows leadership and coordination support.

- **SO2.** Sequencing SO2 interventions generally begins with enhancement and optimization of systems and software. These activities are the longest enduring of interventions in SO2. Despite CHISU support, internet connectivity is an enduring challenge that is compounded by security concerns in some contexts.

- **SO3.** There is no predetermined order emerging with CHISU's work in SO3, as the support in this area is often integrated within wider country efforts which in many cases began before CHISU started. Compared with other SOs, interventions under SO3 appear shorter in duration. Across all SOs, DQA and quality control interventions are by far the most frequently reported. Interventions related to the information/data availability SOCI subcomponent are the longest enduring.
- **Cross-cutting.** Emerging patterns in the sequencing of interventions across SOs show that most activities begin with interventions under SO1, while interventions under SO2 and SO3 are often implemented simultaneously. Multiple activities describe persistent challenges related to internet connectivity (addressed in SO2), but these issues are largely unmentioned in discussion of HIS leadership and governance (addressed in SO1). Multiple activities described challenges in promoting behavior change or new tool uptake. Other reported challenges focus on limited human resources and technical implementation, such as inadequate server capacity. Lastly, meaningful stakeholder engagement on HIS takes time and is key to ownership and sustainability.

**Learning questions.** Learning questions are prioritized in an operational plan each year. The following five were selected for this year.

- **What is CHISU learning about HIS evolution from the application of SOCI?** CHISU is not yet learning about HIS evolution from SOCI since there were no repeated assessments during this



CHISU spent its first year in Niger laying the foundation for improving health data quality and use through the application of the SOCI tool (Photo: CHISU Niger)

year. But with four HIS SOCI assessments complete, CHISU is learning that small group work as part of the desk review is preferred in most settings. The length of the SOCI processes vary and this does not seem to be a determining success factor. Most SOCI assessments have involved a wide variety of stakeholders but are dominated by men, with the notable exception of Serbia which had a 1:1 ratio. CHISU is closely examining the specific government departments or units who attend and will continue to advocate for those responsible for ICT to participate.

- **What are the causal pathways between interoperability, data quality, data use, and health system outcomes, and what practices and conditions influence the pathways?** CHISU developed causal frameworks for seven countries this year and is using them to frame the pause and reflect sessions we are holding with the teams. We expect to continue gathering input for this question in FY23.
- **What approaches in macro-level governance can influence programming, funding, implementation, and accountability of national digital health investments?** Information to inform this question will come from work with USAID's COVID-19 collaborative learning agenda (CLA) activities in FY23.

- **What are current promising practices with measuring data demand and use?** Which of the metrics are appropriate for our work and intended results? CHISU has applied the revised definition for data demand in the digital age from YI to our ongoing work. We are exploring the feasibility of using the SOCI assessment tool to provide qualitative data that measure and demonstrate change over time for data demand.
- **What strategies are effective in improving gender inclusivity in HIS processes?** CHISU has made strides in both depth and breadth of gender integration through increased advocacy for equitable participation, adjusting training to meet the needs of women, and writing gender integration expectations into job descriptions. Preliminary learnings reveal that multiple converging strategies have improved gender results. These strategies fall into these often-overlapping themes: 1) a systematic approach; 2) gender training; 3) leadership; and 4) repetition. Gender was discussed and highlighted as a priority from the beginning of the project, with repeated emphasis from leadership. Gender was systematically integrated into CHISU through the MIS, project indicators, and gender training in all staff orientation, allowing CHISU staff to increase understanding and develop their own gender lens. CHISU has seen progress over the past year with countries

moving from more basic tasks of documenting gender parity to taking action and advocacy when inequities are noticed, and even initiating deeper examinations of gender's role in their work. This progress corresponds with the Interagency Gender Working Group's Gender Equality Continuum Tool. Some incoming staff members may have fallen into the category of "gender blind" as they did not perceive gender to be important in HIS strengthening but now are becoming more gender aware to see how gender may have a role in HIS, digitization, and use of data. Repetition and support from leadership, gender discussions, and critical thinking have continued to move CHISU work into accommodating and transformative phases of gender equality.