2023 CLA CASE COMPETITION

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Case Title:

CLA in action to meet a community's emergent needs in fragile setting

Name:

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Organization:

USAID/MIHR

Summary:

MOMENTUM Integrated Health Resilience (MIHR), funded by USAID, aims to improve voluntary family planning and reproductive health services in Mali's Gao and Timbuktu regions. The project faced challenges due to the shortage of qualified healthcare providers in these areas. To address this, MIHR adopted a Collaborating, Learning, and Adapting (CLA) approach to collaborate with stakeholders and adapt its plans.

The decision to use CLA was driven by USAID's emphasis on such approaches and the need to be flexible in the volatile project context. MIHR collaborated with the Community Health Association – the managing board of the community health center (Association de Santé Communautaire, ASACO), in the Sankoré health area to support the recruitment of a qualified healthcare provider. This decision-making involved discussions with USAID and local stakeholders to assess needs and share responsibilities.
By addressing the recruitment gap, MIHR gained trust and acceptance from the community, enhancing its visibility and activity implementation. Collaboration with local partners and health authorities improved, fostering an adaptive management culture. The recruitment of a qualified healthcare provider led to improved healthcare services and increased income for the ASACO, promoting sustainability and community empowerment.

The success of the CLA approach was facilitated by the project's open-mindedness and adaptability, collaboration with local partners, community acceptance, and resource availability. Lessons learned include considering local needs and being flexible to respond to emergent needs of the communities to foster resilience in the health system through collaborative approaches.

1. **WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) or opportunities prompted you to collaborate, learn, and/or adapt?**

MOMENTUM Integrated Health Resilience is a five-year USAID-funded project aimed at improving the quality of voluntary family planning and reproductive health, maternal, newborn, child, and adolescent health (FP/RH/MNACH), as well as strengthening health resilience in fragile settings. In Mali, the project employs a collaborative approach through annual co-creation sessions involving all stakeholders for the development and implementation of activities. The cross-sector collaboration between humanitarian and development actors on one hand, and between the private and public sectors on the other, is a key objective of the project.

The Gao and Timbuktu regions have been facing a multi-dimensional political and security crisis since 2012, which poses challenges to the health system, communities, and individuals. Mali is facing a shortage of human resources for health, with only 5 qualified providers for every 10,000 inhabitants, while WHO recommends 24 per 10,000. The challenge of human resources for health is more pronounced in these two regions, with a massive displacement of care and health service providers to safer areas. In the Sankoré health area in Timbuktu, for example, the population was deprived of quality basic health services due to a lack of qualified staff in 2022. There was a need to recruit a qualified healthcare provider for the health area. However, no recruitment was noted in the project's work plan. MIHR had to adapt its plan to this recruitment need to provide a qualified healthcare provider to the Community Health Association – the managing board of the community health center (Association de Santé Communautaire, ASACO).

2. **What two CLA Sub-Components are most clearly reflected in your case?**

External Collaboration

Adaptive Management

3. **HOW: What steps did you take to apply CLA approaches to address the challenge or opportunity described above?**

The ASACO of Sankoré submitted a request to MIHR to support them to pay the salary of a qualified healthcare provider who would serve as health facility manager, “Directeur Technique du Centre (DTC),” to ensure the implementation of health activities in the CSCom. MIHR examined the request and held discussions with the USAID Mission in Mali. These discussions led to an assessment of health personnel needs in the health districts of Gao and Timbuktu. The results showed that many of the CSCOMs were functioning with the support of humanitarian actors such as UNFPA, ACF, Médecins du Monde Belgique (MdM), and International Medical Corps (IMC). These humanitarian actors enabled the continuity of services through their own healthcare providers and/or by financing their salaries. The existing gap was in Timbuktu at the CSCom of Sankoré, and USAID gave its approval to fill the gap. MIHR organized a series of meetings with the stakeholders: Regional Health Directorate (DRS), District Medical Office (CSRef), Regional Federation of ASACOs (Fédération Régionale des Associations de Santé Communautaire, FERASCOM), district federation of ASACOs (Fédération Locale des Associations de Santé Communautaire, FELASCOM), and the ASACO, to define a basis of collaboration within a framework of resilience and sustainability of actions. A memorandum of understanding was then signed between MIHR and ASACO to support them for a period of 3 years, with a gradual withdrawal plan until their full takeover.

4. RESULTS: Choose one of the following questions to answer.

We know you may have answers in mind for both questions; However please choose one to highlight as part of this case story

A. DEVELOPM ENT RESULTS

The recruitment of the DTC and the collaboration between MIHR and ASACO contributed to improved quality and availability (24 hours a day) of healthcare and services in the CSCom of Sankoré. The continuous capacity building that the DTC receives from the project is expected to have a positive impact on the utilization of the CSCom. Moreover, with the center functioning being based on cost recovery, ASACO will be able to increase its revenue and ensure the total support of its employees and operating expenses. It will also be able to use these resources for the development of the health center.
In the long term, the approach adopted by MIHR will ensure the empowerment and resilience of ASACO and its community.

5. **ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?**

The MIHR experience in the CSCom of Sankoré was made possible thanks to project guidance and USAID’s open mindedness and adaptability. The desire for collaboration between the ASCACO and the project, and the acceptance of the project by the community, are also favorable factors. Additionally, the availability of resources (time and money) from the project made it possible to respond favorably to ASCACO's request. Finally, the availability of expert human resources to the project made it possible to ensure the capacity building of the recruited DTC.

In low-income countries or in multidimensional security crisis settings, the health system faces many challenges in terms of infrastructure and human resources. Those that are available are often not sufficiently qualified to provide quality care to populations. Development projects must necessarily take this into account to effectively meet local needs, contributing to the resilience of the health system.