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HEALTH SYSTEMS STRENGTHENING
PRACTICE SPOTLIGHT

OUTCOME HARVESTING

Explaining observed outcomes by exploring health system strengthening and contextual contributions

The pathways between health system interventions and improved health outcomes are often hard to pinpoint with traditional MERL approaches.[1] In health system strengthening projects, cause-and-effect relationships are multifaceted, many different stakeholders are involved, contextual factors often affect implementation, unforeseen opportunities and challenges continually arise, and change is frequent and unpredictable. The Practice Spotlights MERL series presents complexity-aware MERL approaches that are well-suited to generating evidence on the effects of health system strengthening interventions. These briefs are intended to provide useful information for USAID Missions, implementing partners, and health system stakeholders when designing MERL plans for health system strengthening interventions.

INTRODUCTION

Outcome harvesting provides a way for health system strengthening (HSS) practitioners to get a broad, system-oriented perspective on the factors that contributed to anticipated and unanticipated outcomes. Practitioners first identify an observed outcome (defined as a change in individuals, groups, communities, organizations, or institutions) and then investigate all the factors and activities that played a role in that outcome. This provides an understanding of the role of the intervention in contributing to the outcome, in addition to the contextual factors (e.g., political changes).[2] Outcome harvesting can shed light on several questions about an observed outcome that an HSS intervention – or other factors – may have contributed to, including:

1. What was the anticipated and/or unanticipated outcome?
2. How was the outcome achieved?
3. Did the intervention(s) and/or other factors contribute to the outcome?
4. How can the findings of the outcome harvest inform future programming decisions?

An outcome harvest is a monitoring and evaluation approach that works backwards from observed changes in a context where the link between an outcome and the intervention is unclear.[3,4] While the harvesters may be external evaluators or members of the project's MEL team, an outcome harvest is a highly participatory process that involves collaboration with stakeholders throughout the health system (e.g., government stakeholders, health care providers, community members, and development partners) on

DEFINITIONS

Complexity-aware monitoring: Complexity-aware monitoring (CAM) approaches are well-suited to nonlinear interventions. As a recent Learning Lab Discussion Note described, these approaches account for unintended outcomes, acknowledge alternate causes for observed outcomes, ensure that information is available when it is needed, and consider the interrelationships, perspectives, and boundaries of a system. [5]

Findings of an outcome harvest: Findings answer the harvest questions and include information on the nature of the outcomes and the intervention's contribution to the outcomes. [6]

Harvest user: The people who will use the findings of an outcome harvest to inform their decision-making.

Outcome: The change that is investigated by the outcome harvest exercise. This may be a change in the behavior, relationships, actions, activities, policies, or practices of a stakeholder. [7]

Outcome description: A written narrative that explains key components of an outcome, including who affected the change, what changed, when and where the change occurred, and how it was influenced by an intervention or stakeholder. The description may include information about the outcome's importance, contextual factors, and history. [8]

data collection and validation. It does not track progress towards expected outcomes; therefore, the methodology is particularly well-suited for interventions that have multiple or no theories of change,[9] complex and nonlinear theories of change (as is often the case with HSS interventions), and for which the expected outcomes are not clear. Rather, outcomes are identified during the harvest, and the harvest team ("harvesters") collects evidence on how the intervention may have contributed. Outcome harvesting can be particularly useful when HSS practitioners do not know the intervention's exact outcomes or its full scope. Additionally, outcome harvesting can be used as a standalone method, or as part of a larger evaluation; in either case, it can complement conventional monitoring methods by capturing emerging and unanticipated outcomes and processes.
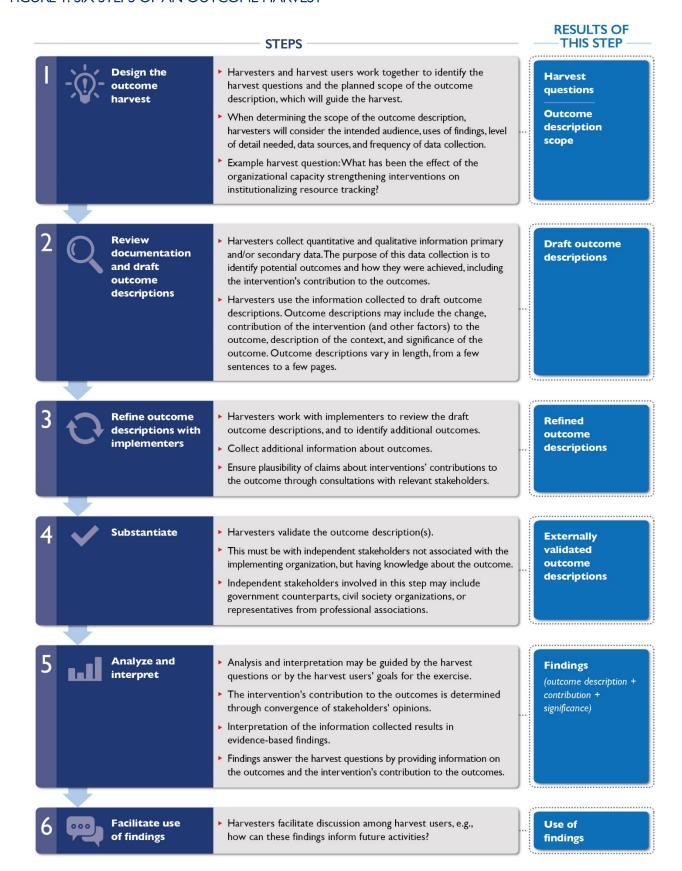
Conversely, outcome harvesting may not be a good approach to use when:

- The theory of change is linear
- The project does not have the significant scope and associated resources needed for an outcome harvest
- The expected project outcomes are clear and straightforward

Findings and learning from an outcome harvest can be used to refine a project's theory of change (if the project has a complex and nonlinear theory of change, for example), and to better target health system interventions in current or future iterations. Outcome harvesting is a retrospective approach. It can be conducted during implementation for the purpose of ongoing monitoring, or at the end of implementation as part of a final evaluation.[10]

Figure 1 depicts six essential steps of an outcome harvest.

FIGURE 1: SIX STEPS OF AN OUTCOME HARVEST [11,12,13,14,15]

STEPS

RESULTS OF THIS STEP

1 Design the outcome harvest

- Harvesters and harvest users work together to identify the harvest questions and the planned scope of the outcome description, which will guide the harvest.
- When determining the scope of the outcome description, harvesters will consider the intended audience, uses of findings, level of detail needed, data sources, and frequency of data collection.
- Example harvest question: What has been the effect of the organizational capacity strengthening interventions on institutionalizing resource tracking?

Harvest questions

Outcome description scope

2 Review documentation and draft outcome descriptions

- Harvesters collect quantitative and qualitative information primary and/or secondary data. The purpose of this data collection is to identify potential outcomes and how they were achieved, including the intervention's contribution to the outcomes.
- Harvesters use the information collected to draft outcome descriptions. Outcome descriptions may include the change, contribution of the intervention (and other factors) to the outcome, description of the context, and significance of the outcome. Outcome descriptions vary in length, from a few sentences to a few pages.

Draft outcome descriptions

3 Refine outcome descriptions with implementers

- Harvesters work with implementers to review the draft outcome descriptions, and to identify additional outcomes.
- Collect additional information about outcomes.
- Ensure plausibility of claims about interventions' contributions to the outcome through consultations with relevant stakeholders.

Refined outcome descriptions

4 Substantiate

- Harvesters validate the outcome description(s).
- This must be with independent stakeholders not associated with the implementing organization, but having knowledge about the outcome.
- Independent stakeholders involved in this step may include government counterparts, civil society organizations, or representatives from professional associations.

Externally validated outcome descriptions

5 Analyze and interpret

- Analysis and interpretation may be guided by the harvest questions or by the harvest users' goals for the exercise.
- The intervention's contribution to the outcomes is determined through convergence of stakeholders' opinions.
- Interpretation of the information collected results in evidence-based findings.
- Findings answer the harvest questions by providing information on the outcomes and the intervention's contribution to the outcomes.

Findings
(outcome description + contribution + significance)

6 Facilitate use of findings

- Harvesters facilitate discussion among harvest users, e.g., how can these findings inform future activities?

Use of findings

USE CASES

The use cases in this section illustrate how USAID-funded HSS projects have applied outcome harvesting to understand the role that complex, systems-level interventions have played in contributing to observed outcomes. Examples were identified through a consultative process involving an Advisory Committee, a literature scan, conversations with stakeholders, and a snowball approach. A use case was selected if the implementers identified their methods as outcome harvesting and their process involved the six steps in Figure 1. Of four examples considered for inclusion, the only two that met the criteria and had been completed were the Communicate for Health (C4H) and Coordinating Implementation Research to Communicate Learning and Evidence Project (CIRCLE) examples described below. We highlight where these examples adopted best practices for incorporating an outcome harvest into an HSS project. Implementation considerations drawn from these examples are synthesized at the end of the brief. See the Annex for more details on the methodology used to select the topic for this brief. The African Collaborative for Health Financing Solutions (ACS) project is another interesting example of an outcome harvest in a USAID HSS project. Although ACS had not completed a harvest at the time this brief was written and therefore could not be included as a full case study, it nevertheless offered valuable examples, which are mentioned below. A publication about the ACS outcome harvesting effort is forthcoming and will be available on the ACS website.

Communicate for Health Project in Ghana

The USAID Communicate for Health (C4H) project in Ghana (2015-2019) was a social and behavior change (SBC) communication project in USAID/Ghana's HSS portfolio.[16] In addition to promoting health behavior change, the project emphasized developing the capacity of government and civil society organizations at the national, regional, and district levels to implement SBC campaigns and other health communication programming.[17]

The USAID Mission in Ghana enlisted a USAID-Washington team to conduct an end-of-project evaluation. Originally, the Mission asked the evaluation team to consider the project's impact on behavior at the community level and to use a case-control design to conduct the impact evaluation. Eventually, it was mutually determined that this would not be possible because: 1) a case-control design would have focused on behaviors and missed significant HSS outcomes of the project that were also of interest to the Mission and evaluators, and 2) baseline data needed for a case-control impact evaluation was not available. Outcome harvesting offered a way for evaluators to study the "unintended" effects (e.g., the HSS outcomes) of the SBC interventions and their capacity-development approach.

The evaluators selected the outcome harvesting methodology because its complexity-aware approach provided a structured framework for the evaluation. Outcome harvesting accounted for the flexibility, fluidity, and unintended outcomes of capacity strengthening work. Capacity development is not linear, and C4H was specifically designed to be responsive to emerging needs and shifts in the intentions and structure of government. Members of the USAID evaluation team were already familiar with outcome harvesting and used various USAID and Johns Hopkins University Center for Communication Programs resources to design and guide the harvest.[18,19]

USAID-Ghana appreciated the diversity of findings produced by the outcome harvesting approach. The approach proved particularly useful in unearthing findings about the project's capacity-development interventions. For example, the evaluation determined that C4H's efforts played a role in preparing the government to assume a larger role in SBC activities in the future.[20] Box 1 provides a sample harvest question and findings from the C4H exercise.

BOX 1: SAMPLE C4H HARVEST QUESTION AND RELATED OUTCOME

Harvest Question: Which capacity-building interventions appear to have been most impactful with different partners and beneficiary groups, and how can they be replicated or expanded moving forward? What specific competencies were developed within the Ghana Health Service Health Promotion Division (HPD), implementing partners, and local SBC organizations?

Outcome: In May 2016, the National Health Promotion Strategy and Action Plan was published, helping to justify elevation of HPD from a division to a department.

Intervention's Contribution: C4H provided technical assistance and financial support for the launch of the strategy and action plan.

How this approach was implemented

Four staff from USAID-Washington's Bureau for Global Health conducted the outcome harvest. The team included a gender advisor, program assistant, and two SBC technical advisors.[21] A USAID team was used because the short timeline that USAID-Ghana requested – due to the impending end of the project – made it impossible to contract out this work. Once it had started, the harvest took six weeks of full-time work to implement.

The team started by designing the harvest and identifying almost 60 outcomes that the project might have contributed to, a step that took two weeks. This included reviewing project documents and creating interview guides based on the proposed outcomes of the project. The evaluators then refined and substantiated their outcome descriptions through a consultative, participatory process.

They spent two weeks conducting interviews and focus groups with stakeholders to confirm whether the outcome descriptions were reasonable based on the contributions of the interventions and the context. If a stakeholder confirmed an outcome, the team asked for sources of additional corroborative data. While there is no formal guidance or widely accepted best practice on

this, after reviewing guidance resources and prior use cases, the evaluation team determined that three independent corroborations and any documented evidence would provide the necessary confidence to consider it a confirmed outcome. Examples of documentation used for corroborations are shown in Box 2.

The evaluation team then spent two weeks synthesizing findings. Broadly, their approach was to group findings together into outcomes that were confirmed or unconfirmed to be linked to the interventions. The evaluators then gave the project time to respond to the findings, and the evaluators debriefed with USAID-Ghana and stakeholders to review findings.

BOX 2: COLLECTING DATA FOR THE C4H HARVEST

The outcome harvest team spoke to almost 100 people and reviewed over 100 documents when creating outcome descriptions. Examples of documents include:

- The original USAID RFA for the project
- Project quarterly reports, annual reports, and work plans
- Qualitative assessments of SBC messages and behaviors
- Capacity-building curricula, assessments, and tools
- Government health promotion resources
- Mass media campaign documents

Stakeholders that contributed to refining the outcome descriptions and substantiating findings included USAID-Ghana staff; C4H staff from all consortium partners; government staff; private sector partners such as creative agencies and radio and television partners; and other implementing partners.[22]

The speed of the six-week evaluation belies the amount of work that was required in this specific case and context. The evaluators reviewed well over 100 documents[23] and spoke to almost 100 people. See Box 2 for a summary of the types of documents and stakeholders involved. Scheduling and conducting 21 key informant interviews and 19 focus group discussions in just two weeks was arduous, as was sifting through

the large amounts of information. The C4H project's planned outcomes evolved throughout project implementation in response to changes within the Ministry of Health. Based on the document reviews and interviews, the evaluation team proposed outcomes that highlighted the HSS and capacity strengthening outcomes of the project more than the project's originally planned behavior change outcomes. Therefore, the HSS outcomes wound up being the primary focus of the evaluation. Box 1 provides an example of the proposed outcomes.

Factors that facilitated the outcome harvest included the C4H team's well-organized approach to their work and responsiveness to evaluators' requests. Additionally, staff in the USAID-Ghana Mission made themselves fully available throughout the harvest, enabling the harvest team to confirm/validate findings with them. The evaluators felt that a key contextual enabling factor was that stakeholders were transparent and willing to share the large amounts of data and documentation needed for the harvest. The evaluators shared their findings in a publicly available end-of-project evaluation.[24]

Coordinating Implementation Research to Communicate Learning and Evidence Project

The Coordinating Implementation Research to Communicate Learning and Evidence (CIRCLE) project used outcome harvesting as a method in its developmental evaluation of the Boresha Afya project. Developmental evaluation is a complexity-aware approach that supports adaptive management in complex environments. From 2016-2021, Boresha Afya sought to strengthen integrated primary health care services in Tanzania. Boresha Afya was a service delivery project that also used health system interventions to support service integration, including capacity strengthening for service providers to deliver integrated services.

CIRCLE's developmental evaluation[25] started one year into Boresha Afya and ran from 2017-2021. CIRCLE's embedded evaluators continuously collected real-time data to inform adaptation and evidence-based decision-making surrounding Boresha Afya.[26] Along with

outcome harvesting, the developmental evaluation used structured facility observations; rapid reconnaissance including interviews, focus group discussions, and participation in meetings; root cause analysis; and client perception studies including case studies on client waiting time and satisfaction.

The evaluation team chose outcome harvesting because it offered a way for the three CIRCLE developmental evaluators who were embedded with Boresha Afya's three prime implementing partners to get a holistic understanding of Boresha Afya's progress, context, and pathways of change one year into the project. The Boresha Afya implementers considered the outcomes of their work through a service delivery lens, but there was a need to also explore changes in behavior related to improved service delivery, and outcome harvesting was particularly helpful in unraveling the story behind observed outcomes. A challenge was that partners were more accustomed to monitoring implementation and service delivery outcomes, rather than working with behavior data. However, CIRCLE's leadership team was already familiar with outcome harvesting, and that served as a point of entry. The USAID collaborating, learning, and adapting (CLA) framework,[27] which endorses the use of complexity-aware monitoring and evaluation approaches such as outcome harvesting, also helped to justify the use of this approach.

The outcome harvest answered questions such as, *What have been the drivers of change? Who have been the change agents?* Box 3 provides the harvest questions and a finding of the outcome harvest. Each question aligns with the high-level outcomes assessed through the developmental evaluation, and the team captured and catalogued more specific outcomes under each question. CIRCLE completed two outcome harvests, one in 2018 and a follow-up in 2020. In both years, CIRCLE did one harvest in each of the three Boresha Afya regions, at selected delivery points for integrated health services.

In the 2020 outcome harvest, CIRCLE made a concerted effort to package the findings – including those with implications at the health system level –

BOX 3: SAMPLE CIRCLE HARVEST QUESTION AND ASSOCIATED OUTCOME

Harvest Question: In the past one year, to what extent have we seen improvements in integrated services provided to clients in the following areas:

1. Service quality?
2. Service uptake?
3. Service efficiency?
4. Health service provider capacity?

Outcome: Council and regional health management teams have increased capacity for supportive supervision and coordination through more active involvement in routine information gathering and feedback activities.

Intervention's contribution: Boresha Afya supported leadership and management training to council health management teams, leading to improved understanding of the supervision checklist.

in a way that would be conducive to decision-making. For example, if the outcome harvest found that there were no treatment guidelines or referral forms in place, the CIRCLE team planned to identify ways to feed these findings to the implementers so they could be addressed at the appropriate level, e.g., by developing guidelines or referral pathways. However, including health system findings did not necessarily guarantee that the CIRCLE implementers would have the scope to address them.

How this approach was implemented

CIRCLE's 2018 outcome harvest took about five months,[28,29,30] while the 2020 harvest took about 10 months.[31] The difference was largely due to implementation delays, reporting deadlines, and challenges created by the COVID-19 pandemic. Due to travel and in-person meeting restrictions, all data collection and stakeholder engagement for the 2020 harvest was conducted virtually. While this was efficient, it may have limited the depth of data collection and it introduced tensions with government stakeholders who preferred in-person meetings. The CIRCLE team considered six months a reasonable timeframe for one harvest, based on the scope of their evaluation.

The first step in CIRCLE's 2020 exercise was to convene regional workshops with implementing partners and council health management teams to design the outcome harvest, including developing the questions that guided the exercise. These questions considered the changes to integrated services with respect to service quality, service uptake, service efficiency, and provider capacity. The evaluators spent about three months drafting outcome descriptions and another month refining the descriptions with the Boresha Afya implementing partners. Substantiating outcome descriptions with the governmental regional health management teams took another month.

Several data sources were used during the drafting, refining, and substantiating of the outcome descriptions. They included observations and assessments at 67 facilities; over 250 key informant and fact-checking interviews with service providers and implementing partners; documentation from the developmental evaluation; and secondary data and reports such as quarterly reports, mid-term evaluations, and DHIS2 data. As outcomes were collected and descriptions developed, the evaluation team sought review and feedback from implementers (step 3 in the outcome harvesting process). Stakeholders were also engaged in the substantiation phase, when the evaluators validated the outcome descriptions with members of the regional health management team. CIRCLE took about four months to analyze and interpret the outcome descriptions in the 2020 harvest. However, time estimates for the various stages of outcome harvesting are approximate, and there is overlap between the six steps because components like analysis are continuous throughout rounds of information gathering.

In the last month of the process, CIRCLE focused on supporting the use of findings in project learning meetings. CIRCLE shared findings from the outcome harvests at a meeting with the Boresha Afya implementers and with a wider stakeholder group representing the Tanzania government and USAID-Tanzania. At these meetings, CIRCLE facilitated a discussion about the reasons behind the findings and helped identify and prioritize next steps.

One challenge was that the outcome harvest uncovered and prioritized some changes that the project could not pursue because they were not within the project's scope. For example, while most of the evidence around outcomes focused on service delivery, the complexity-awareness of outcome harvesting allowed evaluators to identify contextual or upstream health system challenges outside of the project's service delivery scope. The evaluation team did not have scope for policy-level engagement to follow all lines of inquiry during the harvest, which limited their ability to generate system-level learning that could have informed use of findings at the system level. This example illustrates the value of complexity-aware methods in uncovering linkages between health system functions and points to the importance of integrated health system interventions.

While one of the goals of outcome harvesting is to facilitate the use of findings, it is important to note that the method sometimes is used as a summative evaluation at the end of a project cycle, in which case a harvest may not offer the same opportunities to facilitate decisions and actions. For CIRCLE, the outcome harvest was part of a broader developmental evaluation, meaning that the final step in the harvest, facilitating the use of findings, was particularly important. The 2020 harvest was informed by evidence and feedback processes that were part of the ongoing developmental evaluation; this allowed the evaluators to use the findings of the outcome harvest to inform adaptive decision-making and the design of future developmental evaluation activities.

A facilitating factor of CIRCLE's outcome harvest was having the embedded evaluators carry it out, including sensitizing the implementing partners and other stakeholders to the exercise and gathering and interpreting data as part of the ongoing developmental evaluation. The embedded evaluators had already built trust with the implementing partners while conducting the developmental evaluation and helped gain their support for the exercise, making data collection much easier.

One of CIRCLE's biggest challenges was educating stakeholders about this relatively new evaluation method so they could actively participate in the process. Given the low familiarity with outcome harvesting globally, including in Tanzania, many stakeholders were understandably skeptical that it could be a valid evaluation method to ask someone about the changes and then go back to find the necessary evidence. Additionally, some partners did not initially understand that outcome harvesting synthesized existing information rather than unearthing novel evidence. The evaluators needed to take extra time to explain outcome harvesting and gain stakeholders' acceptance. Similarly, this low familiarity with outcome harvesting, and complexity-aware monitoring methods in general, posed a challenge when identifying partners and staff in Tanzania to conduct the exercise. Given the significant data collection requirements, CIRCLE had hoped to hire many staff or a research firm who understood service delivery and MERL. However, this proved difficult, and CIRCLE had to train their evaluators in outcome harvesting and developmental evaluation. Turnover on the USAID side also meant the approach had to be explained repeatedly.

BOX 4: IMPLEMENTATION CONSIDERATION – TIMELINE

The cases discussed in this brief took between six weeks and five months to complete their outcome harvests. The length of an outcome harvest will depend on the scope of the exercise, the number of outcome descriptions generated, the stakeholders involved, and the level of sensitization needed among partners. The C4H evaluators described an arduous six-week harvest; future harvests would ideally allow for more time.

Forecasting the scope of an outcome harvest can be challenging and requires flexibility in planning and budgeting, similar to adaptive management activities. One method of planning could be to determine conditions and constraints on timeline and budget at the start of the exercise, and to design the outcome harvest accordingly.

IMPLEMENTATION CONSIDERATIONS

Outcome harvesting is a compelling MERL approach that engages a broad range of stakeholders in a participatory process to understand the complex stories behind observed outcomes. C4H and CIRCLE used outcome harvesting to understand the system-level outcomes of interventions that included SBC and service delivery components. Together, these case studies and the literature review offer the following key lessons from applying outcome harvesting in different HSS contexts. Each lesson has recommendations for development and implementing partners to consider when designing MERL plans for HSS interventions.

Stakeholder engagement and sensitization are critical to a successful outcome harvest.

Stakeholders such as development partners, implementing partners, and government staff are some of the people who may provide key support when refining and validating the outcome descriptions. While evaluators may have experience with other complexity-aware monitoring or evaluation methods, they may require additional sensitization and training in the outcome harvesting methodology. Given its relative newness in the HSS context, additional sensitization can help stakeholders appreciate that it is in fact a widely accepted MERL method that yields useful results.[32,33,34]

Stakeholder engagement is also a critical step before the outcome harvest starts and at the end, during dissemination. By engaging stakeholders, outcome harvesters can ensure support for the approach, the usefulness of the findings, and future demand for outcome harvests. Outcome harvesting is an emerging evaluation method and while it is gaining momentum among partners implementing HSS interventions, many stakeholders still have limited familiarity with the method. In the cases of C4H and CIRCLE, both projects advocated among the USAID clients and other local stakeholders to generate the necessary support for conducting an outcome harvest. In the case of USAID's African Collaborative for Health Financing Solutions project (Box 5), the funder was already familiar with outcome harvesting and supported ACS throughout the exercise; ACS acknowledged that this was an important facilitating factor.

Recommendations

- *Before starting the exercise, build in time to familiarize the funder and other stakeholders to the outcome harvest approach and its validity.* Specifically, in addition to the client, focus on stakeholders who will be involved in defining and substantiating the outcome descriptions. These partners don't need to understand the nuts and bolts of how to conduct an outcome harvest; the goal is for them to appreciate that it is an accepted method whose results are informative and useful, and that it produces a lot of rich information on unintended outcomes. Consider referencing authoritative resources that will help communicate the growing evidence base around outcome harvesting. For example, the CIRCLE team found it helpful to be able to point to USAID resources[35] that promote complexity-oriented approaches including outcome harvesting.

- *Ensure evaluators have the appropriate skills and training to conduct the outcome harvest.* The evaluators conducting the outcome harvest may require additional training. For example, if the development partner has a very clear goal for a harvest as a complementary MERL activity, they may have a relatively concrete scope of work for the outcome harvesters that requires sensitization of the evaluators to ensure they are able to implement the outcome harvest accordingly. This sensitization may take the form of a participatory workshop that includes rapid simulations or "sprints" of outcome harvesting components to make the process more tangible. In addition, actors commissioning an outcome harvest should ensure that evaluators have the necessary skills, including qualitative analysis and soft skills such as communication and facilitation. If the exercise is looking at outcomes at the policy level, then evaluators need to understand the policy environment and be able to engage with policy makers accordingly.

BOX 5: USE OF OUTCOME HARVESTING IN THE ACS PROJECT

USAID's ACS project used outcome harvesting to uncover how its interventions may have led to broader system changes to Namibia's HIV resource tracking efforts. The project was looking for complexity-aware methods that provided qualitative data because "traditional" MEL indicators typically can take 5-10 years to demonstrate impact. Another reason outcome harvesting was a good fit was because ACS did not have a linear country-level theory of change, so they needed a method with an exploratory approach. ACS found useful information on a website that serves as an aggregator of outcome harvesting documentation.

ACS complemented their outcome harvest with other MERL approaches, including process tracing.[36]

- *Do your homework to focus on relevant stakeholders as much as possible.* The C4H evaluators focused their work with the government on a specific department within the Ministry of Health. This meant that most of the documentation they needed was relatively accessible. By identifying particular stakeholders and the specific information needed for a highly participatory outcome harvest, it is possible to minimize stakeholders' potential fatigue for document requests.

- *Consider a wide range of forums for engaging stakeholders in drafting, refining, and validating outcome descriptions.* While ACS originally planned to conduct three different meetings with each stakeholder, they eventually decided to hold a series of small-group, half-day workshops. This setting allowed participants to discuss potential outcomes with one another. Added benefits were that it focused the demands on stakeholders' time and made scheduling easier for the evaluators. When considering a workshop, evaluators should balance the need for depth that is typically more easily obtained in key informant interviews.

- *Dissemination is an opportunity to engage a broader range of stakeholders in the outcome harvest.* The C4H evaluators found that the government was interested in their results, which

contributed to government stakeholders' transparency and willingness to share data and documentation needed by the evaluators. By engaging key stakeholders, particularly those in government, evaluators may contribute to increased demand for outcome harvests, increased willingness among stakeholders to engage in document collection, and a stronger culture of data transparency and use

While many outcome harvests are conducted by external evaluators, the potential for outcome harvests to be integrated into continuous program monitoring remains less explored.

In the cases of C4H and CIRCLE, the outcome harvests were conducted by evaluators that were not part of the project teams: USAID-Ghana enlisted USAID colleagues to conduct an external evaluation of C4H, and CIRCLE is an evaluation project with the purpose of implementing a developmental evaluation of the Boresha Afya project (albeit through embedded evaluators). Similarly, in the literature scan we conducted to inform this brief and the selection of use cases, many of the examples came from external evaluation projects; there were few examples of HSS projects that had integrated an outcome harvest into their project as part of their planned MERL approaches. Therefore, it is not clear if one approach is better than another (i.e., integrating the outcome harvest into a project's work plan or having external evaluators conduct the exercise). Each approach comes with its own trade-offs related to cost, pace, personnel, and preferences around objectivity.

Recommendations

- *Critically consider whether the outcome harvest can and should be integrated into the project.* Given the few cases of integrating outcome harvests into projects to evaluate HSS interventions, it's not clear what the best option is: integration or external evaluation. While some advocate for integration, citing lower costs if the implementing partner conducts the exercise, there is no clear evidence to recommend one way or the other.

One of the benefits of external evaluators, such as the embedded evaluators that CIRCLE used, is that they may be able to facilitate adaptation in real time because they are not distracted by day-to-day implementation, yet they have intimate knowledge of implementation. For example, if an embedded CIRCLE evaluator observed a problem related to the service integration goals of Boresha Afya, they were able to offer recommendations to quickly resolve the issue in a systematic way. It is important to note that external evaluators do not have to be embedded in the project. Additionally, real-time adaptation may not be a goal of the outcome harvest if, for example, the exercise is used as a summative evaluation. HSS practitioners should weigh the benefits and challenges of integrating an outcome harvest into their projects or enlisting external evaluators, because there is not enough evidence to claim that one option is better than the other.

- *Ensure the evaluation team has the necessary technical knowledge about implementation and the CAM expertise.* The CIRCLE team described having initial difficulties finding evaluators with the service delivery background necessary to understand Boresha Afya's work and expertise with outcome harvesting, a complexity-aware method that is still emerging, and this is likely to be a challenge in other settings. Therefore, consider approaches for ensuring the external evaluation team collectively has the requisite background and expertise, including the possibility of strengthening the capacity of local MEL experts in complexity-aware monitoring. For example, HSS practitioners could hire a MERL professional who knows the HSS technical area of expertise but may not have encountered outcome harvesting yet. Then, the HSS practitioners could engage experts in complexity-aware monitoring or outcome harvesting to train MERL professionals in outcome harvesting; this type of support should be built into their budgets and MEL plans. When building an evaluation team (external or integrated), remember that part of what is being done in outcome harvesting is reviewing key documents, so while it is not necessarily an academic exercise, it requires a

solid theoretical understanding of the outcome harvesting process.

Generating concurrence about outcomes may be difficult but is necessary to conducting a strong outcome harvest.

When donors design SBC or service delivery projects with HSS elements (or vice versa), determining the expected outcomes may be tricky. For example, how should implementers balance the project's service delivery and systems-level priorities and indicators? In the case of C4H, the project outcomes evolved throughout the implementation of the project in response to changing contextual factors; therefore, the outcome descriptions emphasized the capacity strengthening and HSS outcomes over the behavior change outcomes. Outcome harvesting was therefore used to extract the HSS-related outcomes, which evolved over the course of the project.

Recommendations

- *Agree with key stakeholders on the outcomes at the start of the outcome harvest.* While drafting of the outcome descriptions begins in the second step of the process, it is important to ensure that the harvesters get broader agreement on the outcome descriptions, particularly from the harvest users. In the case of C4H, the evaluation team worked with the harvest users at USAID-Ghana to confirm that everyone agreed on the capacity-strengthening-related outcome descriptions.

- *Ensure that there is enough information on the agreed upon outcomes to complete the outcome harvest.* While USAID-Ghana initially wanted a view of the community-level impacts of the project, the Mission and evaluators determined that the observed capacity strengthening outcomes were evident at the national level, and the harvesters would not be able to track down community-level outcomes. Before starting the harvest, harvesters should agree on outcomes and potential data sources, and ensure that there is data available at the correct level of the health system, through either primary or secondary data collection.

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ANNEX: METHODOLOGY FOR CREATING THIS BRIEF

The authors conducted a targeted literature scan of resources on Collaborating, Learning, and Adapting (CLA) and MERL in international development to identify promising complexity-aware MERL approaches. Sources included USAID's Development Experience Clearinghouse; the World Bank; and MERL, CLA, adaptive management, and implementation research projects.

After consulting an Advisory Committee comprised of MERL practitioners in the HSS space, the authors focused on five MERL approaches more thoroughly, conducting a second literature scan using the same sources noted above, plus a round of consultations with implementing partners to understand how the five approaches have been used in HSS. The five approaches examined were contribution analysis, developmental evaluation, process tracing/analysis, outcome harvesting/mapping, and scenario planning. We evaluated each approach based on whether it:

- Captures and adapts to systems complexity

- Contributes to HSS intervention design

- Has utility for guiding local implementation and adaptation

- Incorporates a data collection methodology for quantitative and qualitative data

- Provides a clear step-wise approach for how it should/can be used

- Has potential use cases from the authors' literature scan and consultations

Based on findings from this exercise, we selected contribution analysis and outcome harvesting as the topics for the first two HSS Practice Spotlight Briefs in the MERL series. Contribution analysis is addressed in a separate brief to be published in Spring 2022.

After choosing outcome harvesting as the topic of this brief, we selected use cases originally identified through a snowball approach, literature scan, and consultations with the Advisory Committee and implementing partners who had experience using contribution analysis to assess HSS interventions.

About the Health Systems Strengthening Practice Spotlight Series

The Health Systems Strengthening Practice Spotlight series is an initiative of USAID's Office of Health Systems. Practice Spotlight briefs contribute to the global knowledge base in health system strengthening and support implementation of USAID's Vision for Health System Strengthening 2030 and the accompanying Health System Strengthening Learning Agenda. Learn more:

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