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## COLLABORATE.LEARN.ADAPT. CASE COMPETITION CASE STORY TEMPLATE

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### CASE COMPETITION

Collaborating, learning, and adapting (CLA) have long been a part of USAID's work. USAID staff and implementing partners have always sought ways to better understand the development process and USAID's contribution to it, to collaborate in order to speed and deepen results, to share the successes and lessons of USAID's initiatives, and to institute improvements to programs and operations. Through this case competition, USAID and its LEARN mechanism seek to capture and share the stories of those efforts.

The [CLA Case Competition](#) is open to all types of individuals and organizations working with USAID, from any country. Participants will have the opportunity to promote their work and contribute to good practice that advances our understanding of collaborating, learning, and adapting in action.

Before submitting your entry, please carefully read the Guidelines and Judging & Prizes information and Writing Tips for case stories available on USAID Learning Lab at [usaidelearninglab.org/cla-case-competition](http://usaidelearninglab.org/cla-case-competition).

Use the case story template below to help you develop your submission, following the guiding questions. Although some questions may not be applicable to your case, please try to respond as completely as possible. Also make sure you do not exceed the maximum word limit for each question, although you are free to write less. Save your story as a Word file.

To submit your case story, click on the 'Submit Entry' button, complete the Author Information section of the online form, and upload your story and any supporting materials in the spaces provided. Check the Release checkbox, complete the Captcha, and click the save button to submit your case story before the deadline of August 31, 2015 at 5pm EDT. For any questions, please contact [submissions@usaidelearninglab.org](mailto:submissions@usaidelearninglab.org).

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**Case Title \*Learning platforms to strengthen partnerships and outcomes for MTCT reduction (10 word limit)**

**What is the general context in which the story takes place? \*** (250 word limit)

*Set the scene by providing some background details about the country and/or activity context. Was the CLA activity part of a larger project, mechanism or initiative? Who were some of the key stakeholders involved?*

Tanzania is implementing the Partnership for HIV Free Survival (PHFS) initiative in response to the 'Global Plan toward the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive' (eMTCT). Since September 2013, the Ministry of Health and Social Welfare (MOHSW) has been leading the project implemented in 30 health facilities in Mbeya Urban, Mufindi, and Nzega districts. Tanzania is among six countries implementing PHFS which is a collaborative effort by the PMTCT IATT Working Group on Child Survival and Infant Feeding, PEPFAR and other technical partners. Partners implementing PHFS in the health facilities in Tanzania include EGPAF, TUNAJALI, and Baylor. Other partners providing national technical support in MNCH, IYCN and quality improvement (QI) include Jhpiego, the USAID Applying Science to Strengthen and Improve Systems project (ASSIST) and FHI360/FANTA. The initiative is coordinated by the MOHSW's Reproductive and



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Child Health Section (RCHS within PMTCT unit), linking with other MOHSW sections, namely Health Services Inspectorate and Quality Assurance Section (HSIQAS) and Tanzania Food and Nutrition Centre (TFNC).

In order to share progress and learn from the experiences of the 30 health facilities implementing PHFS in Tanzania, National Learning Platforms were planned as part of a quality improvement framework designed by the Tanzanian PHFS National Steering Committee, under the global leadership of the USAID ASSIST Project. During these learning platforms, QI teams from three implementing districts meet with MOHSW, implementing partners (IPs) and other stakeholders to share experiences in implementation, discuss challenges and decide on ways forward.

**What was the main challenge/opportunity you were addressing with this CLA approach or activity? \*** (500 word limit)

*What prompted your team/organization to undertake this activity or implement this approach? Was there a particular opportunity for new or improved collaboration, learning, and/or adapting? Or was there a problem or pain point you were trying to solve?*

Tanzania adopted PHFS to address challenges of pregnant women with HIV infection to start lifelong antiretroviral treatment and exposed infants' access to Early Infant Diagnosis (EID) services. Some of the contributing factors included low attendance of pregnant women who complete four ANC visits (43%), about 50% of pregnant women delivering at home and only 65% of women attending post-partum care (TDHS 2010). These factors hinder provision of the continuum of care to HIV positive women and HIV exposed and infected children. Children account for more than 10% of all HIV infections in Tanzania, therefore efforts are needed to reduce this burden (Bottleneck Analysis for eMTCT in Tanzania, 2012). As regards to breast feeding, low percentage (50% in 2010) of women practice exclusive breast feeding for six months (TFNC 2012), TDHIS 2010. Therefore infant and young child nutrition should be strengthened to overcome consequences of malnutrition. Given these weaknesses in current care delivery in Tanzania for HIV-infected woman and their exposed children, the PHFS activity was designed to address the challenges.

Application of quality improvement methodologies to improve health care delivery is one of six strategies used by PHFS. USAID ASSIST has been improving the quality and outcomes of health care and other services in Tanzania by supporting the MOHSW and IPs to apply improvement science methodologies to improve quality of health care in the country. USAID ASSIST's role in PHFS is to facilitate development and implementation of baseline assessment and the follow-up implementations and evaluations in collaboration with respective IPs. PHFS developed and supported implementation of PHFS framework and to collaborate with District Councils and with IPs to implement, monitor and report on the results of improvement activities; PHFS partners' facilitated documentation and learning platform for shared best practices as the results of the implementation. ASSIST instituted quality improvement learning systems to develop a change package with focus on mother-baby pair health services' attendance for improved enrollment and retention within HIV services. ASSIST conducted learning sessions to share best practices through different meetings, webinars, and listservs, and to support the MOHSW and councils to scale up effective practices developed in the demonstration sites. In addition to work at the facility level, community interventions were key in addressing retention to services through a variety of forums such as mother-to-mother support groups.

ASSIST also is providing technical assistance to the 30 health facilities implementing PHFS by supporting the Regional and Council Health Management Teams as well as health care providers to strengthen comprehensive postpartum care at facility with linkage to community; to strengthen nutrition services along the continuum of care (maternal nutrition, promotion of optimal infant and young child feeding practices through nutritional assessment counseling and support, known as NACS); and establishing evidence on the effectiveness of the key selected interventions mainly in the form of data monitoring and other effective community approaches.



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**Describe the CLA approach or activity employed \* (600 word limit)**

*What were the objectives or anticipated outcomes of the CLA initiative? What were the main strategies, tools, or methodologies used to carry out this approach or activity? Was it something new, or did you amend/improve an existing process or activity to promote stronger collaborating, learning, and/or adapting? Was it a one-off action, ongoing, or recurring over time? Who was involved?*

The key CLA approach used in the PHFS initiative in Tanzania is the use of partners' national learning platforms, to promote sharing of experiences from different health facilities implementing PHFS. Learning sessions within PHFS involved training and sharing within a district collaborative on a quarterly basis by health facilities with up to 40 participants. Learning platforms are forums where the goal is to share learning at a wider level involving districts and national level representation and may include more than 80 participants, conducted once or twice a year. The learning platform brings together MOHSW officials, donors, IPs, health care providers and community health workers to share experiences and learn new changes for improvement of PHFS and non PHFS intervention areas. The PHFS national learning platform is conducted twice a year to share experiences and update stakeholders how changes have been adapted to bring improvement.

Since the initiation of PHFS in September 2013, two PHFS national learning platforms have been conducted. Their overarching objective was to share progress and learn from experience of different health facilities implementing PHFS. The two learning platforms used knowledge management principles to ensure effective integration and transfer of knowledge among participants.

The objectives of the first PHFS national learning platform conducted in April 2014 were to provide brief orientation on the role and status of PMTCT B+, NACS, Safe Motherhood and Post-natal care, and use of quality improvement methods within PHFS; to share district level improvement strategies for PHFS implementation; and discuss sites' experiences with addressing retention of mother baby-pairs. During that platform there were presentations by national and district level partners and by health care workers at health facility level. Various techniques were used such as small group discussion, brainstorming and buzz grouping to enhance learning. Community workers shared their experience through testimonies and other learnings that they were able to acquire through PHFS support. The outcomes of the first national learning platform was participants who understood the need to work in their community and health facilities and who acquired skills in sharing progress to motivate performance. The participants developed action plans at the district and national levels for three month follow up that included scale up through plans for implementation and ideas for spread.

The second national learning platform held in February 2015 also provided a forum for sharing national level updates and experiences and progress of PHFS in each of the three implementation districts but had an explicit focus on identifying potential good practices for scale-up. Through this forum sites were increased from 30 to 90 in the three districts that will continue using quality improvement in addressing HIV testing, ART, post-natal care improvement and retention within HIV services. Community workers shared and displayed the modalities of recruiting women to services and monitoring of retention. Health care workers shared progress of PHFS within their respective districts and the challenges that they are encountering and how they are solving them. District staff summarized the health facility progress in each district and were able to plan with the health facilities the following six month of implementation. Partners shared graphs and reports that showed current status of PHFS.

In the platforms small group discussions and role-plays were used for presenting topics; posters were used to present application of knowledge management techniques potentiated reflection and discussion of topics; and site visits were conducted whereby participants divided into groups and visited health facilities to observe and learn from health care providers implementing PHFS activities. Participants then discussed the learning from the sites.



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**Were there any special considerations during implementation (e.g., necessary resources or enabling factors)? \* (500 word limit)**

*Describe the critical success factors or particular implementation challenges. Did you need any special tools or skills? What type of resources (e.g., financial and/or non-financial) were required? Were there any conditions or factors (e.g., leadership buy-in) that contributed to or inhibited implementation?*

Involvement of all six main partners for PHFS in Tanzania was key and also the leadership of the Institute for Healthcare Improvement (IHI) as the lead global partner in the first platform. Resources were critical to success, and these include financial, technical, human resources, venue space and preparation time. Sharing of responsibilities and resources also led to success. For example, the three IPs supported the health care workers from the three districts, while ASSIST worked with all partners in organizing the technical inputs and ideas for sharing during the forums. FANTA/FHI360 organized nutritional technical inputs during the forums. Districts and regions supported the human resource identification and facilities that were able to bring their representatives to the forum. The MOHSW as the lead partner of the program provided the needed advocacy to all partners and led the forums' sharing and streamlined the needed support.

The PHFS program in Tanzania is led by the National Steering Committee whose chairperson is the representative of the MOHSW. Monthly meetings that have been carried out for two years have led to the success observed as the steering meetings were used to plan both forums and enhanced the partnership including the use of the National PHFS Protocol. Representatives from USAID Tanzania attended and guided the steering committee on a regular basis and enhanced the successful outcome of the partnerships. USAID representatives were leaders in guiding the implementation and presented in the first national forums enhancing improved nutritional care to affected infants and children.

A sense of friendly competition between the three districts developed naturally after a period of implementation, and each district was eager to present and share with other members of the districts what they have successfully implemented and how they have addressed challenges encountered. For example, one district was able to work with partners to capacitate health workers who could train and coach others in implementation of quality improvement at district level learning sessions. Another district was able to show that they have intensively supported mother to mother 'peer' groups to maximize retention of post-natal women in HIV care. Another district displayed that the ten sites implementing PHFS have been able to improve the national reproductive health score card from red in selected areas of reproductive health services to mostly green by all the sites in the district because PHFS was addressing key indicators for monitoring reproductive services. They shared similar changes that improved care and retention such as same day appointments to mother and babies, stapling HIV card of the mother to that of the baby and allocation of specific nutrition assessment points within reproductive services for both mothers and their babies. The sense of friendly competition was helpful in motivating each district's team to product results and have something to show at the next learning platform.

Sharing documentation after the platform by all partners enhanced success of the second platform and the districts produced work-plans based off what they learned and were not doing before.

**What have been the outcomes, results, or impacts of the activity or approach to date? \* (300 word limit)**

*Have you been able to qualitatively track or measure any outcomes, results, or impacts of the activity or approach thus far? What have you seen? Did you use any particular M&E methodology? If you do not yet have any noticeable outcomes or results, what are you doing to monitor the value provided by the approach or activity?*

As a result of the PHFS national learning platform, health care providers from the three implementing districts have been motivated to work hard. They have taken this activity as a competition among themselves and districts have developed strategies to improve performance of indicators they are monitoring. During the second learning session, they presented incredible results. Between a period of April 2014 and February 2015, quality improvement champions from high-performing sites and district health managers had started to coach and mentor PHFS facilities that were not performing well within their district.

The national learning platform has also helped health care providers in implementing districts to be consistent with data collection and working practice. This was possible because the PHFS steering committee and IPs meet



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every month to discuss progress and challenges encountered at the facilities and they come up with solutions which are then applied to all implementing facilities.

Regional/District health managers and health care providers from implementing districts also develop work plans during the learning platform that incorporate lessons learned from shared experiences. They implement the work plans to improve non-performing areas by applying changes tested that worked in other districts. A team of coaches from MOHSW, Regions and Districts and implementing partners then conduct quarterly coaching and mentoring visits to the facilities to oversee the implementation of the work plans and work with them to address encountered challenges.

The result of the two platforms was the scale-up package whereby the changes that were found to be most important in producing changes were documented after a ranking process by the three districts. These changes are now being used in the new 60 sites for PHFS and the scale-up package has been shared to all partners.

**What were the most important lessons learned? \* (300 word limit)**

*How will your organization use this experience moving forward? If others wanted to implement a similar approach or activity, is there anything they should consider? What worked or did not work?*

Stakeholder engagement is crucial for the success of a national learning platform. Every stakeholder in his position has an important role to play regarding preparation of the learning platform, to the presentations and response to various issues regarding implementation of the program.

Whenever possible, a learning platform should be conducted by every project to allow sharing of experience, exchange of knowledge for teams to be able to address challenges, to learn from each other and to adapt ideas that could bring improvement in their work stations.

A learning platform increases commitment of stakeholders in ensuring that all stakeholders play their part effectively to ensure they don't let down other stakeholders involved in implementing the project. Sharing costs during the learning sessions and national quality platforms have enabled successful implementation of the activity. National level advocacy and leadership on the technical and financial sides by the main donor of the program, USAID, has engineered most of the observed success. Consistent monthly meetings by all partners is a great lesson observed in Tanzania, where some other partners not initially involved have been requesting their participation to learn from this successful quality partnership in reducing mother to child transmission of HIV.

The community is a great resource in contributing to its own improvement if appropriately involved from the start. Quality improvement coaches and mentors can be a great outcome of any quality program as these ensure sustainability within districts and regional activities. Health facilities can mentor other health facilities, health care workers can mentor other health workers, and peer mentor mothers can improve post-natal retention to HIV care.

**Any other critical information you'd like to share? (250 word limit)**

*Use this optional space to provide any additional information not already included.*

Quality improvement techniques have been appreciated by all partners in the program and therefore learning sessions for sharing and coaching visits are now supported by partners without external technical assistance in the three districts. Sustainability and scale-up are now key areas and this determines the use of the learning from the different quality forums that have been done in Tanzania.