2022 CLA CASE COMPETITION

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Case Title:

Using Data for Adaptive Management to Successfully Transition Programs

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RHITES-E stakeholders in the region meet to discuss PEPFAR performance and share best practices to improve implementation. Credit: Irene Mirembe, IntraHealth International

Summary:

In 2021, USAID/Uganda issued guidance for the Regional Health Integration to Enhance Services in Eastern Uganda (RHITES-E) Activity to transition program implementation to three local partners (locally registered nongovernmental organizations with current funding from USAID to implement PEPFAR programs) and Moroto Regional Referral Hospital, a government hospital receiving direct funding from USAID. RHITES-E's transition from directly supporting service delivery to an above-site capacity building and technical assistance role in 30 districts has been challenging because of the significant adaptations necessary for a successful transition. A smooth transition was particularly important for HIV services, which already faced challenges related to low uptake of services. During transition activities, RHITES-E recognized that local partners were struggling to understand and report on key new PEPFAR indicators. To address this situation, RHITES-E's leadership and management team used several collaborating, learning & adapting (CLA) components such as strategic collaboration, pause and reflect, and monitoring and evaluation (M&E) for learning to track progress of HIV program implementation, identify best practices, improve accountability, prompt problem identification, and put in place improvement actions to achieve a smoother transition. Through this process, RHITES-E intentionally collaborated with local partners, the USAID team, and district health representatives to learn through data-to-action pause and reflect sessions on PEPFAR implementation. Teams adapted proven technical practices to improve HIV services. The progress seen through this collaborative approach is a testament to the intentional use of CLA to register impact in a short time and navigate adaptive management to rapidly transition PEPFAR program implementation to local partners.

Which two subcomponents of the Collaborating, Learning & Adapting (CLA) Framework are most reflected in your case? Please reference them in your submission.

- Internal Collaboration
- External Collaboration
- Technical Evidence Base
- Theories of Change
- Scenario Planning
- M&E for Learning
- Pause & Reflect
- Adaptive Management
- Openness
- Relationships & Networks
- Continuous Learning & Improvement
- Knowledge Management
- Institutional Memory
- Decision-Making
- Mission Resources
- CLA in Implementing Mechanisms

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

At the start of October 2021, USAID gave the RHITES-E team the mandate to transition from supporting direct service delivery in districts, facilities, and communities to providing above-site level capacity building and technical assistance to local partners in 30 districts by May 2022. RHITES-E has been responsible for handing over accountability to achieve targets and providing an enabling environment for the local partners to succeed. The eastern region of Uganda faces challenges related to low uptake of services, particularly for HIV programming, which made a smooth transition even more critical to continue progress with service delivery activities. Most of the local partners RHITES-E transitioned to had never received direct PEPFAR funding before and were not accustomed to rules and regulations associated with USAID funding. M&E expectations such as how to measure, analyze, report, and monitor achievements toward set targets were not well understood, particularly as they related to PEPFAR indicators. HIV service performance struggled in the region as the local partners took over implementation, due especially to the short timeline for the transition and the significant adaptations required. As the technical assistance provider, RHITES-E has the responsibility to guide local partners in evidence-based programming and implementation strategies. Using CLA approaches, RHITES-E developed a systematic and collaborative process of linking HIV program data to action (D2A), which includes analyzing, interpreting, reviewing, and putting into motion lessons learned from HIV program implementation through continuous review of data and developing course correction action plans.

2. WHY: Why did you decide to use a CLA approach? Why was CLA considered helpful for addressing your organizational or development challenge(s)?

CLA has been an integral part of RHITES-E's organizational programming and learning as encouraged by USAID and IntraHealth. For RHITES-E, CLA activities and approaches are incorporated at all levels of planning, implementation, and reporting to promote a learning culture and encourage consistent sharing of lessons learned and data for decision-making. This approach has been critical to achieving and sustaining results. In the last four years, RHITES-E has used CLA throughout its programming, and staff know the methods and results that can be achieved by utilizing different CLA components.

When USAID gave RHITES-E the directive to transition to above-site support, activity leaders knew CLA would be useful to enable a smoother transition and maintain services. RHITES-E’s leaders chose to use internal and external collaboration, pause and reflect in the form of D2A sessions, and M&E for learning to track and review performance and share new information and best practices with local partners. CLA has provided an enabling environment for the Activity to leverage partnerships and networks to enhance implementation and interaction with district, facility, and community stakeholders. This has facilitated strategic coordination, collaboration, and learning with technical and support teams from the health facilities, local implementing partners, district health teams, and representatives from the USAID Mission. The RHITES-E team together with the local partners have been able to take time to reflect on PEPFAR implementation while applying intentional learning, which has allowed flexibility in decision-making and provided an opportunity for effective and better development outcomes.

3. How: Tell us the story of how you used a collaborating, learning and/or adapting approach to address the organizational or development challenge described in Question 2.

To address low performance, RHITES-E undertook a technical capacity assessment of all districts, the regional referral hospital, and local partners to understand technical capacity gaps. The assessment identified a need to improve data capture tools in health facilities and underreporting and inconsistencies in reporting in the PEPFAR data management system. Using the pause and reflect component of CLA, RHITES-E established D2A meetings with local partners and the regional referral hospital to review performance on key indicators through a data dashboard. The objective of the D2A collaborative is to use data for performance improvement and share knowledge and good practices with local partners for adaptation. When reviewing the dashboard, the group probes why certain indicators are lower performing and makes recommendations to improve performance. After D2A meetings the team conducts a root cause analysis to complement recommendations from the meeting and develops a joint action plan to implement key activities in facilities to improve performance. Stakeholders review progress through intentional after-action reviews to revisit the indicators and update action plans based on new information. Using CLA, RHITES-E addresses learning and performance gaps by conducting facility-based training and orientation to enhance the technical capacity of health workers to deliver high-quality care. We adopted blended learning approaches, such as presentations on best practices during quality improvement sessions, and connected health workers to mentors and supervisors through peer-to-peer sessions. Mentors and mentees often communicate via WhatsApp to improve competencies without disrupting health service provision.
The weekly D2A meetings feed into larger meetings involving Ministry of Health (MOH) representatives and the USAID team, where local partners present their performance improvement plans and MOH and USAID provide guidance from their perspectives. Both the weekly D2A meetings and larger MOH meetings translate into a deeper understanding of PEPFAR indicators by local partner staff and health facility teams. The D2A meetings allow for expectations to be defined and roles established for proper coordination and accountability.

The RHITES-E team involves all key stakeholders in the CLA approach, including USAID representatives, MOH officials, the local partners, and district teams. D2A meetings usually involve the USAID Agreement Officer's Representative (AOR) to guide prioritization and review local partner performance, while RHITES-E coordinates the local partners and MOH for experiential knowledge sharing and lessons learned dissemination. RHITES-E has used the D2A sessions to ensure understanding of PEPFAR indicators and buy-in of capacity development action plans to address identified gaps. The local partners collaborate with RHITES-E to participate in trainings to improve results, enhance coordination and district-level collaboration, and track progress.

RHITES-E realized for PEPFAR implementation to be effective, M&E systems had to be strengthened. To strengthen local partner capacity to perform and sustain HIV and tuberculosis (TB) targets, key decisions were made together regarding work plans, data collection and cleaning, M&E infrastructure support, orientation of data teams in the districts and health facilities, and documentation and reporting. D2A sessions include discussions on PEPFAR reporting responsibilities, schedules, and timelines. The overarching goal is to improve performance and help local partners meet their targets and ensure timely and accurate reporting.

Using D2A sessions, RHITES-E and local partners began reviewing facility-level dashboards for HIV/AIDS services. These reviews led to the development of a new dashboard focused on select core indicators to provide a targeted view of facility performance and quickly identify sites in need of support. RHITES-E shifted from quarterly reviews to weekly and monthly reviews using D2A, which enabled short learning loops and quick changes in implementation based on emerging data trends.

4. ORGANIZATIONAL IMPACT: How has collaborating, learning and adapting affected your team and/or organization? If it's too early to tell, what effects do you expect to see in the future?

Strategic coordination and collaboration through D2A meetings with the local partners has enhanced PEPFAR implementation and the adaptation of local partners to a learning culture rather than focusing solely on delivery of services as it had always been done. RHITES-E proactively identified and strategically engaged local and district partners to conduct D2A sessions and health facility data review learning sessions. As a result, the teams now have a culture of pause and reflect to learn from implementation - “why is this working?” or “why is this not working?”- and use data to inform needed shifts in strategies to accomplish common objectives. Aligning tacit knowledge to the quantitative data from dashboards has allowed for a more complete story of PEPFAR performance and steered improvement of PEPFAR program implementation by local partners and districts.

5. DEVELOPMENT IMPACT: How has using a CLA approach contributed to your development outcomes? What evidence can you provide? If it's too early to tell, what effects do you expect to see in the future?

The D2A collaborative created an enabling environment for local partner staff to utilize and embrace CLA and use learning in a consistent manner to encourage adaptation of new ideas and best practices. One particularly effective strategy was using feedback loops with stakeholders to openly discuss and participate in improvement processes. These sessions informed shifts in strategy and allowed partners to align activities and pool resources for greater overall impact. The joint planning and implementation with local partners, as well as using data to drive performance, has enabled RHITES-E to tailor capacity development support. While it takes time to see the impact of course corrective actions implemented from D2A meetings, there are some promising early results.

Doing business differently and embracing a learning culture have contributed to improvements in key PEPFAR indicators that were once challenging for local partners. The target for multi-month dispensing of ART increased from 78 percent in October 2021 to 83 percent in March 2022. The indicator measuring the percentage of HIV-positive women on ART screened for cervical cancer improved from 26 percent in December 2021 to 36 percent in March 2022. The voluntary medical male circumcision indicator increased from 9 percent in December 2021 to 19 percent in March 2022, and the local partners also achieved improvement in pre-exposure prophylaxis from 61 percent in December 2021 to 95 percent in March 2022.
Today, the transition led by RHITES-E has seen improved planning, management, and implementation of quality, integrated health services; use of data for decision-making to improve performance; strengthened quality improvement practices; increased technical expertise of RHITES-E to lead and monitor local partner activity implementation; and an improvement in the confidence and capacity of the local partners. The success seen by the collaborative is a testament to the intentional use of CLA to register impact.

6. 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?

RHITES-E's preparatory period for transition was short and getting buy-in from partner organizations was a challenge in the early stages of implementing the D2A process. We overcame this challenge by demonstrating how D2A can benefit the local partners' performance. Districts had limited resources, funding constraints, unclear roles and responsibilities and scopes of work, and there was some reluctance by local partners to be mentored. These all posed serious challenges to the transition and use of CLA components. Intentional coordination, collaboration, and integration of activities was needed to achieve effective program implementation and overcome these challenges. RHITES-E used D2A meetings to address these challenges and develop action plans. RHITES-E has been able to work with local partners to identify their capacity gaps and provide technical assistance and capacity building to strengthen their understanding of PEPFAR requirements, which has ultimately resulted in local partner ownership of their action plans. RHITES-E has also passed on knowledge and best practices for adaptation in addition to enabling the effective use of data for performance improvement. This approach has given confidence to the local implementing partners that they can be efficiently mentored. Another enabler was district entry meetings that brought together district leaders, health facility teams, and other implementing partners to gather support for smooth implementation of programs. The meetings provided an opportunity for RHITES-E and local partners to ensure buy-in of district stakeholders.