2021 CLA CASE COMPETITION

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Case Title:

Applying CLA in whole-of-project evaluations to improve health outcomes in the Philippines

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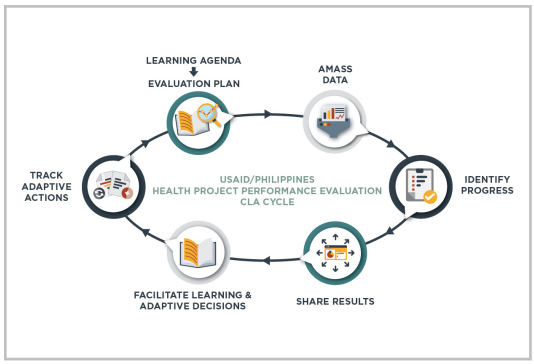

USAID/Philippines Office of Health is using CLA principles in a multi-year whole-of-project performance evaluation to collaboratively engage all partners in achieving better health outcomes for Filipinos
Credit: Panagora Group

Summary:

For three years, USAID/Philippines' Office of Health (OH) has been using a whole-of-project performance evaluation for analyzing progress in achieving its overall objectives for improving the health of Filipinos. This includes its entire Health Project of up to 11 activities and their implementing partners. The Health Project performance evaluation (HPPE) is based on CLA principles, yielding a powerful methodology for facilitating cumulative decision-making and for committing disparate implementing partners to the notion that their whole is greater than the sum of their parts.

Assessing the progress of multi-activity Projects has been challenging for USAID Missions. Although activities are meant to be complementary and achieve overarching health targets, evaluating them in a unified way is difficult because they are implemented by different partners, on different timelines, and with different objectives.

As a solution to this challenge, the HPPE cycle is grounded in a learning agenda developed by the USAID/Philippines Office of Health's CLA working group. The 12 essential questions that make up that agenda have driven an annual five-step process comprising large-scale information gathering, data analysis to identify progress, results sharing, joint learning and decision making, and tracking adaptations from year-to-year.

Using the CLA-based HPPE model for whole-of-project evaluations has improved USAID/Philippines' capacity to evaluate Health Project results and, more importantly, has strengthened the decisions and actions that come from those evaluations. OH and its implementing partners have changed their view of the project cycle in noticeable ways, now taking a more systematic approach to data collection and jointly viewing results through a CLA lens.

Think about which subcomponents of the Collaborating, Learning & Adapting (CLA) Framework are most reflected in your case so that you can 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 is the general context in which the case takes place? What organizational or development challenge(s) prompted you to collaborate, learn, and/or adapt?

Assessing multi-activity health portfolios is challenging for USAID Missions. Although portfolio activities are meant to be complementary and achieve overarching health targets, evaluating them in a unified way can be difficult because they're implemented by different partners, on different timelines, and with different technical objectives.

In the Philippines, USAID is successfully using a CLA-based approach to the Health Project performance evaluation (HPPE) to conduct a multi-year whole-of-project evaluation that facilitates decision-making on the Mission's overall Health Project as well as on each component activity. With support from its bilateral activity, Collaborating, Learning, and Adapting for Improved Health (CLAimHealth), USAID/Philippines' Office of Health began implementing annual HPPEs three years ago, bridging 11 activities in five areas -- family planning/reproductive health, TB, community-based drug rehabilitation, and health systems strengthening.

Whereas USAID has conventionally counted on outside third parties to conduct portfolio evaluations, HPPEs can help Missions generate extensive data to explore four essential questions about their Health Project: are targets being achieved; how are component activities contributing to targets; what factors enable and impede success; and how is sustainability being ensured? USAID/Philippines' CLA Working Group — OH staff and implementing partners— is the collaborative that facilitates these critical discussions and related learning. The Working Group, launched with support from CLAimHealth, is chaired by the Office of Health Director.

The HPPE has allowed for a real-time view of performance that supports in-situ corrections to component activities in the Philippines, and is also building cumulative evidence for determining strategic directions in the Mission's health portfolio. Just as important, the HPPE is conducted through a transparent, collaborative process that fully engages implementing partners in generating, analyzing, and reflecting on evidence. As a result, traditionally isolated activity teams are learning from each other and are making consensus-based program improvements collaboratively.

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

The HPPE is by no means a stand-alone innovation—it falls squarely into the USAID/Philippines Office of Health's (OH) foundational approach to CLA. As documented in the 2019 CLA Case Competition, the OH Director established CLAimHealth for USAID/Philippines in March 2018 as a response to partners who were, "accustomed to working in isolation and generally ambivalent about CLA," and to "instill a CLA culture among its activities—across the OH and implementing partners—to maximize results."

The OH purposefully included an annual, cumulative whole-of-project performance evaluation as part of CLAimHealth's scope of work to provide broad M&E and CLA support to the Mission and implementing partners in the Philippines. It recognized that both parties were more likely to feel a sense of joint ownership for CLA-based evaluations, and reach consensus on evidence-based decisions and adaptive actions. CLAimHealth implementing partner, Panagora Group, thus built upon existing USAID platforms to integrate CLA approaches into the portfolio review process.

CLAimHealth is a key activity of USAID/Philippines, whose 2016 Health Project evaluation and Project Appraisal Document confirmed the Mission's readiness to strengthen critical areas by leveraging USAID's Evaluation Policy and CLA principles. The resulting HPPE model for the Mission's Health Project included such measures as: framing evaluation questions in the context of the project's learning agenda; holding both theme-specific and cross-theme pause and reflect sessions; and involving the wider stakeholder community in data generation and results dissemination. Based on lessons-learned from the first HPPE, CLAimHealth sought to increase participation in the following year's evaluation through actions like pause and reflect sessions and meetings with implementing partner groups to identify and solve data bottlenecks.

3. 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.

The whole-of-project, cumulative HPPE cycle began with the development of a learning agenda and has continued through an annual, five-step iterative process that comprises large-scale information gathering, data analysis to identify progress, results sharing, joint learning and decision making, and tracking adaptations.

The HPPE story is grounded in its learning agenda. The CLA Working Group agreed on the most important questions to ask in the HPPE, as well as in health thematic areas and separate activities. The outcome was a set of 12 questions covering such cross-cutting issues as the Health Project's contribution to: improved health outcomes in vulnerable communities, quality improvement in care service delivery, universal health care, and male participation in accessing health services. The list also included a key question undergirding the HPPE model itself: to what extent are CLA practices integrated in the Health Project? These form the basis for the evaluation plan. The annual performance evaluations follow similar paths that build on findings and adaptations year-on-year:

1. Amassing data: CLAimHealth consolidated annual performance data from the implementing partners' quarterly and annual reports, and validated these against other data sources. It also conducted key informant interviews with government partners, international donor agencies, and some civil society organizations to add critical perspective to the raw data.

2. Identifying progress: Through plenary meetings and especially through thematic cluster meetings (e.g., TB activities only), the OH and its implementing partners reviewed data to understand how well Health Project interventions were contributing to the overarching goals (or questions) defined in the Health Project's learning agenda. In these discussions, OH and the implementing partners critically defined which interventions and approaches were working well and which needed to be adjusted. With implementing partners often focused on their activities' specific objectives, CLA Working Group meetings like this also proved to be a valuable opportunity to reemphasize joint commitment to the 'north star' goals that guide the comprehensive Health Project.

3. Sharing results: CLAimHealth held a dissemination and learning forum to share the HPPE findings with the extended stakeholder community. In 2020, sixty-five representatives from the OH, implementing partners, government partners, and CLA Champions (an external panel of CLA influencers who promote and model learning and adaptive management strategies) participated in the event. CLAimHealth also held forums prior to finalizing the evaluation reports to collaboratively incorporate feedback from the client and partners.

4. Facilitating learning and adaptive decisions: OH and CLAimHealth facilitated annual work planning processes and reviews of implementing partner Activity Monitoring, Evaluation, and Learning Plans (AMELPs) to ensure implementing partners, including CLAimHealth, modified their learning objectives as needed and integrated adaptive actions using the HPPE findings as one of the bases.

5. Tracking adaptive actions: This is one of the most distinctive and positive features of the HPPE cycle because it instills a multi-year, cumulative approach to Health Project evaluations that is based on learning loops and the plan-do-study-act model. The CLA Working Group members must ask themselves: what needed adaptations did we identify in the previous year; did they happen; what were the enabling factors or barriers; and what were the results?

4. Organizational Effectiveness: 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?

Using the HPPE model to integrate CLA into whole-of-project evaluations has improved the process of analyzing results and, more importantly, has strengthened the decisions and actions that come from those evaluations.

In the Philippines, OH and its implementing partners have changed their view of the project cycle in noticeable ways, now consistently applying the learning process and viewing results through the lens of the learning agenda. This change is made all the more permanent by the HPPE model's participatory methodology, which engenders a greater sense of shared ownership between the Mission and its health partners.

From a process improvement point of view, HPPEs have stimulated a more systematic and critical approach to data collection and to organizing pause and reflect sessions that can target red-flag issues as they arise instead of waiting for large-scale annual reviews, or even as late as the next project cycle. Moreover, the experience in the Philippines has shown that building whole-of-project evaluation into the CLAimHealth task order has made a cost-effective, on-demand team available to Missions to continuously track health program performance, and facilitate learning and adapting for improved health outcomes.

5. Development Results: 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?

HPPEs have been a critical means for looking across Health Project activities to identifying best practices that can be expanded, less-effective practices that should be adapted or abandoned, and gaps that need to be filled. Numerous examples of such came from USAID/Philippines' CY2019 and CY2020 HPPEs.

• The 2020 HPPE revealed a lack of attention to adolescent reproductive health (ARH), including inadequate metrics to monitor and evaluate interventions. Consensus solutions were immediately reflected in the 2021 HPPE, which showed an increasing number of ARH interventions, expanded training for health facility personnel, and a revised set of ARH-appropriate performance indicators. The HPPE also provided additional evidence to support government agencies advocating for a teen pregnancy prevention bill in Congress.

• The 2020 HPPE also concluded that the scale of family planning interventions was not keeping pace with increases in modern contraceptive adoption, and rising demand for postpartum family planning counseling and services. In the following year, enrollment of hospitals in these high-impact interventions was more than doubled, from 90 to 184.

• HPPE findings on the quality of performance data led several implementing partners to expand their training of health facility personnel on recording, reporting, and using family planning and TB management indicators. The new sessions included simulated and practical exercises on data quality checks at the field level.

6. What factors enabled your CLA approach and what obstacles did you encounter? How would you advise others to navigate the challenges you faced?

Undoubtedly, increasing the role of CLA in whole-of-project evaluations increases the time and effort stakeholders must invest. Multiple pause and reflect sessions and deep-dive exercises are essential to gaining uniquely actionable results from HPPEs, but must still be organized in a way that recognizes the busy schedules of AORs, CORs, and implementing partners. This challenge was made all the more difficult in 2021, as COVID-19 caused stakeholder workloads to expand immeasurably and mostly limited communications to remote channels. CLAimHealth addressed this obstacle in several ways:

• Making all evidence such as progress reports and research reports accessible to stakeholders through the on-line USAID OH Knowledge Library. Also using on-line document collaboration tools like Sharepoint, Google Docs, and MS Teams.

• Using on-line workshop tools to facilitate remote working sessions such as Google Jamboard and MURAL, as well as online polls like Mentimeter and Zoom Polls.

• Taking advantage of Internet meeting tools like Zoom, Hangouts, and Microsoft Team to hold simpler team huddles.

• Building pause and reflect sessions and deep-dive sessions into existing CLA platforms such as thematic cluster meetings and CLA technical Working Group meetings.

• Introducing pre-work like reviewing learning questions and task instructions before pause and reflect sessions.

7. Was your CLA approach prompted by a response to the COVID-19 pandemic? If so, how?

USAID/Philippines introduced Health Project performance evaluations (HPPEs) in 2020, shortly before COVID-19 evolved into a pandemic. As detailed above, although HPPEs were not a direct COVID-19 response, they were successfully adapted to the constraints of limited movement, and can be a valuable methodology for informing decision making on both COVID-19 interventions and other health interventions affected by COVD-19.