

This Case Story was submitted to the 2016 CLA Case Competition. The competition was open to individuals and organizations affiliated with USAID and gave participants an opportunity to promote their work and contribute to good practice that advances our understanding of collaborating, learning, and adapting in action.

Community Voices for Policy Development: Applying Human-Centered Design in Tanzania

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John Snow, Inc.



Credit: John Snow, Inc.

What is the general context in which the story takes place?

In 2015, the Tanzanian Ministry of Health, Community Development, Gender, the Elderly, and Children (MoHCDEG) embarked on a process to develop a national community-based health policy and strategy to align programs and guide the establishment of a national Community Health Worker (CHW) cadre. The process established a CHW Task Force comprised of national-level stakeholders, including government, donors, and implementing partners, with no local representation or voice in the overall policy and program design.

Through the [Advancing Partners & Communities \(APC\) Project](#), funded by USAID, our team wanted to see whether it was possible to use the collaborative approach of human-centered design (HCD) to bridge the gap between national policymaking and local implementation. So when the MoHCDEG began to consider what it would take to roll out the policy at the district level, we wanted to use the opportunity to apply an HCD approach to policy design and implementation where collaboration is at the core.

Our work took place in Mbeya region in southwest Tanzania, which has among the highest HIV prevalence rates in the country (14 percent). We conducted 61 interviews with stakeholders who work in different settings across the health system and would be responsible for program

implementation. Their inputs provided insights on daily realities in implementing community health activities in Mbeya and illuminated the questions and concerns of these diverse stakeholders. We analyzed this information to generate locally driven solutions that the CHW Task Force could consider in its policy and program design.

What was the main challenge or opportunity you were addressing with this CLA approach or activity?

Tanzania, like many countries in Sub-Saharan Africa, struggles with a severe shortage of health care workers, especially in remote areas. The Tanzanian Government is addressing this shortage by developing a new community health policy and strategy to align, strengthen, and scale up community health programs across the country. Central to its strategy is deploying a new cadre of professional CHWs in underserved communities. Training of the first official cohort of CHWs began before there was clear guidance regarding the program design, including the CHW service package, key processes, geographic focus, timelines, and funding requirements to support the rollout of the program. The main challenge, up to this point, was lack of local participation and input to guide policy discussions and decision-making to address these issues. Moreover, without clear collaboration, partner coordination was complicated and harmonization of activities was difficult.

APC presented The Community Health Systems Strengthening Project (CHSSP), funded bilaterally through USAID/Tanzania, with an opportunity to collaborate on policy implementation efforts. Both projects, led by John Snow, Inc. and funded by USAID, could leverage resources and technical expertise to advance efforts in community health. Our role would be to bring a new approach, using HCD to engage and support local stakeholders in the national policy process by utilizing local platforms supported by CHSSP. Through this cross-project collaboration, we piloted an HCD process in two districts using participatory design and engaged a wide range of users at the local level who would be involved in policy and program implementation. The specific purpose was to apply HCD to uncover potential barriers, as well as identify cooperative solutions to support effective implementation by ensuring a local voice in national decisions about CHW recruitment, scope, placement, supervision, and coordination. As a global project with no active presence in Tanzania, APC was viewed as a neutral, unbiased convener of community health system actors setting the stage for participatory design. If the process was viewed as successful in the two pilot districts, similar HCD approaches could be applied to other districts as part of policy rollout efforts.

In addition to Tanzania, APC has funding to apply an HCD approach to community health policy and program design in one or two other countries. Collectively, these HCD applications are meant to inform opportunities for engaging community health system stakeholders and carefully “unpacking” policy issues to identify and support locally driven solutions for improved implementation in other countries.

Describe the CLA approach or activity, explaining how the activity integrated collaborating, learning, adapting culture, processes, and/or resources as applicable.

APC had two goals for this activity. At the *country-level*, the goal was to inform national and district-level planning by using a collaborative HCD approach to uncover on-the-ground barriers, attitudes,



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and behaviors surrounding the community health policy and program, and engage local stakeholders in collectively finding solutions to address implementation barriers. At the *global-level*, the goal was to apply and capture the learning from using HCD in a policy process that could be replicated and adapted to similar contexts.

APC's approach was to:

1. **Identify/create an Advisory Group.** The MoHCDGEC had already established a CHW Task Force that was large in size and scope. To guide our efforts, APC and CHSSP created an Advisory Group of five Task Force members to ease communication among various stakeholders and maximize efficiency through swift decision-making to ensure that our deliverables would be met within a reasonable timeframe. As advisors to APC and CHSSP, the Advisory Group ensured collaboration and higher-level buy-in for each step of the process (outlined below). It was also responsible for guiding the final program design based on input from the HCD process. In addition, the Advisory Group developed a draft outline of the CHW Program Implementation Plan that guided the interviews and design workshop.
2. **Conducted interviews.** APC conducted interviews with 61 key stakeholders from the national, regional, district, ward, and village levels about their insights for implementation of a CHW program. Specifically, HCD-driven discussions were held with health facility in-charges; existing CHWs; MoHCDGEC's Health Promotion Department; the President's Office for Regional Administration and Local Government (PO-RALG); village leaders; religious leaders; social marketing organizations; USAID implementers; and representatives from the Mbeya and Kyela Regional Health Management Team, Council Health Management Teams, Ward Development Committees, and Village Development Committees.

The process involved 30 minute face-to-face conversations. HCD immersion conversations allowed the flexibility to fully explore interesting topics that emerged during the interviews. Information and perspectives from these discussions served as the foundation for the district-level "Design for Success" Workshop.

3. **Conduct the "Design for Success" Workshop.** The workshop used participatory design techniques and approaches, and brought together approximately 30 stakeholders working on policy and local- and district-level implementation to collaborate, talk, and create a shared vision for a functioning CHW program in Mbeya and Kyela. Through interactive exercises, attendees "experienced" various challenges. Exercises fostered empathy among the stakeholders working in various roles across the health system. Together, they brainstormed ideas for how to break down identified barriers, stimulating ideas for a successful CHW program.
4. **Consolidate and summarize the learning** from the stakeholder conversations and the workshop into an Actionable Recommendations Report for the Advisory Group to use to address gaps in finalizing the CHW program design.

The HCD approach was a one-time pilot for Tanzania; however, APC has funding to apply a similar approach in one or two other countries. This effort involved coordination, input, and support across various levels:

- Global: The Advancing Partners and Communities Project, led by John Snow, Inc. and partner FHI360.

- Regional: Matchboxology (Human-centered design firm)
- Country: The Community Health Systems Strengthening Project led by John Snow, Inc. and partner, Initiatives, Inc.; MoHCDGEC; the CHW Task Force; the Technical Working Group; the Advisory Group; and PO-RALG

Were there any special considerations during implementation (e.g., necessary resources, implementation challenges or obstacles, and enabling factors)?

Several factors enabled the success of the HCD activity in Tanzania. We define “success” as 1) relatively smooth implementation of the overall process with buy-in from key stakeholders; 2) local engagement in a process that would have otherwise been absent; and 3) outputs from the activity generated policy action.

Success factors:

- Political support for APC and CHSSP to engage local stakeholders in the final program design
- CHSSP’s strong relationships with the MoHCDGEC and PO-RALG
- Ability to leverage two John Snow, Inc.-led projects with similar mandates. APC is a globally funded project with a mandate to apply new approaches/innovations in community health, including family planning, for global learning. CHSSP, a project funded by the USAID Mission, aims to implement community-based approaches to address HIV/AIDS in Tanzania. By focusing on common and respective goals, APC was able to leverage CHSSP’s local platforms and relationships to gain buy-in and manage logistics and coordination for the activity. CHSSP’s local presence made it possible to continue with these efforts after completion of this activity.
- Partnership with regional HCD partner, Matchboxology, which understands the local context

Challenges and lessons learned during implementation:

- Coordination across multiple partners can take time; this should be built in and understood at the start of the process.
- The HCD process and language are not well understood among local partners/stakeholders. Thus, it is important to make an investment in raising the understanding and awareness of HCD or having experts who are well-versed in both the technical content area and HCD on the team.
- The HCD process involved a translator who was also a skilled facilitator and a public health professional. In the future, APC would consider using multiple translators to cover each breakout group.
- Due to time and scheduling constraints, one of the key MoHCDGEC decision-makers was not able to attend the local design workshop. This was a missed opportunity to build a champion for using HCD approaches in certain policy processes.

Expectations:

This activity met the team's expectations for the first of three HCD pilots to be applied to a policy context, and it achieved the criteria for success described above.

Funding:

Considering staff time, travel, and other direct support (e.g., the workshop, printing, video), the activity cost approximately \$125,000.

With your initial challenge/opportunity in mind, what have been the most significant outcomes, results, or impacts of the activity or approach to date?

The HCD approach that APC used in Tanzania accomplished the following:

- Established an Advisory Group that continues to function in an advisory role to the CHW Task Force
- Created a new awareness that facilitated collaboration and joint problem-solving among actors in the local health system
- Engaged local participation in national policy processes to inform and address system-level barriers for designing and implementing a new community health program
- Provided short-term and longer-term recommendations for the following programmatic areas: planning and budgeting; donor and management of NGO funding; CHW scope of service; commodities and equipment; community coordination; CHW selection, recruitment, deployment and retention; supervision and management; policy dissemination; and performance monitoring

Based on the above, the Advisory Group and CHW Task Force implemented the following illustrative actions:

- Designated a CHW coordinator for all districts to manage coordination between the administrative functions (under PO-RALG) and technical functions (under MoHCDGEC)
- Defined the roles of the government, NGOs, and implementing partners in supporting community health activities within the program design document
- Created guidance regarding the program elements for which districts should budget

If your project or activity is in the development phase or just recently underway (less than 1 year into implementation), how do you intend to track results and impact? What outcomes do you anticipate?

The field visit and design workshop in Tanzania took place in February/March 2016. The results from this activity will generate knowledge based on application of a new tool/approach. As such, this activity, which was measured qualitatively, resulted in the following:



- 1) Local stakeholder engagement in the policy process
- 2) New insights, awareness, understanding, and/or empathy generated among stakeholders
- 3) Joint solutions created through a collaborative process
- 4) Policy actions/recommendations taken to address gaps in the national strategy and process

Policies are often developed and ineffectively implemented due to lack of appropriate local stakeholder engagement. By design, APC's approach is intended to include intended "users" of the policy (i.e., stakeholders working across various levels of the health system who would be responsible for policy *implementation*). In the case of Tanzania, participants felt that they had been heard, and they expressed that there was greater self-awareness regarding their perceptions and roles in helping to create and implement policy.

CHSSP is currently exploring whether participants can get together as a group to share the national actions that were taken based upon their recommendations, and determine to what degree some of their day-to-day challenges have been addressed.

What were the most important lessons learned?

HCD is most effective when it is included in the project or program process, with implementation of recommendations or "prototypes." In this case, MoHCDGEC developed the national policy and strategy without consulting districts. APC had a unique opportunity to engage local stakeholders before the national strategy had been finalized. Using HCD to feed into a policy process, particularly when dialogue and decision-making is stalled, has the potential to help remove barriers to implementation.

HCD is still a relatively new concept that is being adapted for the development context. The approach builds upon already well-established participatory techniques. John Snow, Inc. will use this experience to help shape and inform the dialogue about how best to apply HCD to a policy context. The APC team witnessed the new awareness and empathy that the HCD process generated among participants. Some of the results/outcomes are "soft" and qualitative. Further consideration may need to be given to how best to measure the process and outcomes.

For others interested in implementing a similar approach, it is essential to get the buy-in of stakeholders and ensure technical depth and breadth of the team (in this case, in HCD, policy, and community health). The amount of time and resources to bring all of the relevant parties on board should not be underestimated. APC's design entails working through a local partner/project to provide leadership and ensure follow-up of actions identified through the HCD process. Thus, the team's preliminary efforts included educating the partner, client, and national decision-makers about HCD and obtaining buy-in for an iterative and flexible process. The APC team served as a "bridge" for HCD consultants, local counterparts, and the global team to find common language about the approach, deliverables, and outcomes. It also identified creative options to meet the objectives of various funding streams. Typically, policy processes take time and are unpredictable; working in this context requires that the client be flexible and able to adapt to the policy landscape.

Any other critical information you'd like to share?

Please see the short video about this CLA Case:

<https://www.advancingpartners.org/resources/tanzania-video-community-voices>

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