2018 CLA CASE COMPETITION

COLLABORATE • LEARN • ADAPT

Case Title:

Road Map for Collaboration: Addressing Health & Nutrition Disparities Across Rwanda

CHAIN participants. Credit: USAID/Rwanda

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Summary:

This case details internal and external collaboration in the Community Health and Improved Nutrition (CHAIN) Project (2014-2019) implemented in Rwanda. CHAIN is a multi-sectoral nutrition project designed to address health and nutrition disparities that affect Rwandans. CHAIN developed a project management team (PMT) to facilitate collaboration across the Mission; this team included staff from both technical and support teams. Collaboration among implementing partners (IPs) and other stakeholders was incorporated into the responsibilities of the PMT; it is seen as an opportunity to increase reach, provide cost-savings, increase the quality or holistic nature of the package of services offered, and amplify advocacy power. Mission staff used trial and error to adaptively develop a PMT road map and explored different opportunities for encouraging collaboration within the Mission and across IPs. In 2018, the Mission conducted a mid-term, whole of project evaluation of CHAIN, which found positive results from CHAIN's coordination and collaboration model. The PMT continues to support learning and to adapt the collaboration approach based on evaluation findings.

1. Which subcomponents of the Collaborating, Learning and Adapting Framework are reflected *most* in your case (select up to 5 subcomponents)?

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

2. 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?

Health and nutrition disparities across Rwanda limit the ability of Rwandans to break intergenerational cycles of poverty and live long, healthy lives. The factors that create inequalities in health and nutrition are far-reaching but interlinked. Economic opportunities, access to clean water, dietary and hygiene behaviors, and educational attainment all play an important role.

The Community Health and Improved Nutrition (CHAIN) Project recognizes that these different factors must be addressed concurrently if the challenges of health and nutritional status in Rwanda are to be resolved. CHAIN was designed to link to and take advantage of mechanisms and activities supported across the Mission in order to optimize the achievement of CHAIN's goals and objectives; this design choice reflects the theory of integrated nutrition programming outlined in the USAID Multi-Sectoral Nutrition Strategy.

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

At USAID, projects are a series of complementary activities meant to achieve a specific development result. Often, the different activities in a project work independently of each other to achieve this result, but USAID/Rwanda saw an opportunity for using collaboration across activities to accomplish the goals of the project and the USAID Multi-Sectoral Nutrition Strategy. As a result, coordination and collaboration across technical teams and IPs is a key element of CHAIN.

In order to fulfill this vision, the CHAIN team realized that adopting a CLA approach was the only viable path forward: collaboration was an area of experimentation for the Mission and the team needed to be able to innovate, conscientiously learn from these experiments, and then improve and modify as implementation continued.

Once the CLA approach was clarified, USAID/Rwanda worked with partners to develop a series of hypotheses about how collaboration could benefit their work in community health and nutrition:

1) It would increase reach in terms of numbers of beneficiaries
2) It would increase quality or holisticness of the package offered
3) It would save money
4) It would increase the advocacy power through the ability to combine multiple voices

The work of collaboration under CHAIN has been designed to test these four hypotheses.

4. 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.

From the design stage, USAID/Rwanda technical teams worked together to develop the CHAIN Project. This team eventually expanded to become the CHAIN Project Management Team (PMT) incorporating 20 staff from all Mission technical and support teams and led by a full-time Project Manager

CHAIN was the first PMT in the Mission and was asked to come up with its own operating principles. The PMT began by developing a team charter and setting priorities for its first year including: (1) conduct a mapping exercise to visualize and document where CHAIN activities work, (2) develop terms of reference to document how offices with nutrition activities should work together, (3) organize at least two CHAIN IP meetings to discuss implementation and promote alignment, (4) provide input during design discussions for new CHAIN activities, (5) participate in the design and development of plans to integrate the recommendations of the capacity development program evaluation, and (6) organize an end-of-year event for the CHAIN PMT and partners to evaluate progress and reorient for next year. The team also agreed to meet bimonthly and conduct joint site visits to monitor field implementation.

This work plan established a means for the PMT to communicate with each other routinely, interact with partners, and develop tools to visualize CHAIN IP interventions. CHAIN's first year was ultimately very successful, and the team entered the second year aiming to further formalize IP collaboration by establishing an integrated CHAIN work plan.

The joint work plan was a major milestone of CHAIN's second year; it documents and tracks when, where, and how integration is happening and is a way to hold partners (and USAID) accountable. In this same way, the work plan gave USAID the opportunity to collaborate with the CHAIN IPs to develop a roles and responsibilities document that outlines the commitments of both IPs and USAID to making CHAIN function. This document is reviewed and adapted annually as USAID has grown to better understand what kinds of collaborations work best across CHAIN. For example, the last two work plan annual reviews have revealed that collaborations around behavior change communication, joint training, tool harmonization, and production of biofortified crops have been easier to manage and generated more positive impacts for collaborating partners than some previous activities related to beneficiary exchanges. Moreover, the work plan reviews have clarified how important it is for each collaborative activity to have one IP responsible for making an activity happen. Focusing the reporting and convening responsibility on one partner has led to much higher rates of completion of planned activities from FY 2017 to FY 2018.

Some final aspects of joint work planning include the development of a budgeted work plan template (allowing the PMT to track its hypothesis about cost savings); the establishment of a CHAIN website for hosting tools, studies and the work plan, and quarterly collaboration indicators.

In mid FY2017, it became clear—via the integrated site visits and a project review in the field—that while coordination was working well at central level, it had not truly penetrated to district level. This led the team to support the development of decentralized CHAIN coordination platforms, where district-level CHAIN IPs were asked to meet quarterly, discuss implementation, and plan for coordination or collaboration going forward. Each platform elected one IP to be the lead for the district on an annual basis, helping to spread the responsibilities. These decentralized meetings have sparked innovative interventions such as joint trainings and joint monitoring between partners, resulting in documented cost savings.

5. 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?

Within USAID, the PMT approach under CHAIN has been exported beyond the health office and is now a mandatory structure for each project in the Mission. Many elements of the CHAIN Year 1 work plan (conducting a mapping exercise, holding biannual partners meetings, and developing a publicly available PAD) are part of the TORs for other PMTs. FSN PMT members have PMT participation written into their position descriptions.

Moreover, the Mission feels a culture change related to collaboration and enthusiasm for the work of CHAIN. In FY2018 the PMT contracted a mid-term whole of project evaluation (WOPE) of CHAIN to examine whether the four hypotheses had been borne out, so far, in implementation. Findings are available on the DEC. One USAID/Rwanda staff member interviewed for the WOPE noted "At the beginning, [the push to collaborate] seemed to be some burden, but now we are seeing the benefits, so not seeing it as so much of a burden. With efficiency, quality will improve, better reach to beneficiaries, and will build capacity of the implementer (i.e., programming will improve). And districts love it [collaboration among IPs] — that is something useful."

6. 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?

The PMT contracted a mid-term WOPE of CHAIN to examine both project performance and CHAIN's collaboration model. The WOPE found that collaboration between health and agriculture activities resulted in expanded reach and exceeded targets. Beneficiaries of the health activities received a more comprehensive package, in-depth training, and more income-generating skills through economic growth investments. Activities were able to scale up more quickly and increase their coverage through collaborations than would have been possible on their own.

Collaboration has resulted in over-achievement by some partners. One partner (Harvest Plus) exceeded its targets number of beneficiaries reached with biofortified crops by 200% in FY2016. Another partner (CIP) exceeded its target number of farmers who applied improved technologies 24% in FY2017. Recent efforts to document cost savings reveal that joint trainings saved partners on average 67% of upfront costs. Partners also noted that coordination helped them better articulate to district officials that their interventions are working toward a common goal.

The WOPE also documented that the new District Coordination Platforms will require further support to become more functional -- although they hold great promise. In FY2019 CHAIN is working to support still more collaboration and coordination at that level.

The CHAIN PMT continues to monitor collaboration via a quarterly monitoring survey. The survey includes collaboration indicators as well as questions on achievements the IP attribute to collaboration, facilitating factors, and barriers/solutions to collaborating. Success stories from these surveys will be featured at a collaboration-focused Learning Event in June. CHAIN partners will join with representatives from other donors, NGOs, and USAID IPs to share lessons learned from different types of collaboration (with other partners, the government, and private sector).

7. What factors affected the success or shortcomings of your collaborating, learning and adapting approach? What were the main enablers or obstacles?

Primary obstacles to collaboration in CHAIN include:
1) Budgeting for collaboration. Initially, partners were encouraged to collaborate, but they struggled to find budget to support meetings and other associated costs. Budgeting for collaboration during work planning has been helpful to address this obstacle, as was a direct communication authorizing collaboration expenses from the CO. Challenges remain at district level, however.
2) Start-up of collaboration challenging: As with any new initiative, start-up was challenging. There was little guidance and so the project manager and PMT had to learn while doing.
3) Finding win-wins for some partners is not always easy: In some cases and for some partners, collaboration is not going to work well. Not every partner will find areas where coordination will lead to cost savings or improve reach. In these cases, it is important not to force collaboration. Knowing when to give in is essential!

Primary enablers for collaboration in CHAIN include:
1) Willingness of partners to engage and align collaboration with their organizational priorities: For example, one partner (CIP) has the mandate to spread orange flesh sweet potatoes everywhere possible; for them, collaboration made big picture sense to increase their reach. There was a natural motivation to collaborate.
2) Dedicated Mission resources for staffing: Collaboration, coordination and adaptation across different technical teams was only possible with the full-time efforts of a dedicated project manager. The project manager acted as a champion for CLA.
3) Ability to experiment: There is no “one size fits all” approach to collaboration. A willingness to try new approaches and learn from efforts is paramount to success.

8. Based on your experience and lessons learned, what advice would you share with colleagues about using a collaborating, learning and adapting approach?

1) Collaboration takes time, organization, flexibility and resources.

2) Working across such a large number of stakeholders, it is critical to maintain flexibility to create different tools and processes to the needs of IPs and USAID staff. For example, the CHAIN team developed tools meant to help the IPs (and USAID) better understand nutrition interventions and the role each partner could play. This includes the CHAIN map produced and adapted with support from the USAID GeoCenter, the CHAIN PMT produced a publicly available version of the CHAIN PAD, a CHAIN Facebook (a document copy with all the fast facts about a partner’s program, a photo of partner staff, and contact information), a CHAIN Google group to speed communication across all IPs, and a CHAIN website to host these CHAIN documents as well as studies or other surveys being produced by implementing partners.

3) This level of adaptation and coordination requires a great deal of staff time. It would be very challenging without a dedicated program manager.

4) Lastly, it is important to allow space in the budget to facilitate collaboration of IPs. Partners should be encouraged to allocate a portion of their budget to collaboration meetings during work planning.