Lessons learned on using a community of practice to support near real-time monitoring of local health and nutrition interventions in Eastern and Southern Africa

Abstract

Sharing knowledge and learning are critical components in developing and scaling good practices and innovations in international development. An important aspect of UNICEF programming is therefore generating knowledge from programme experience and diffusing it within the organization and beyond. The Eastern and Southern Africa region Programme Monitoring and Response (PMR) Initiative has a knowledge exchange component to support information sharing and to foster continual learning by UNICEF, government staff and other partners in implementing countries. Activities include peer-to-peer learning among the four pilot countries - Kenya, Swaziland, Uganda and Zimbabwe – grounded in an online community of practice (CoP) which extends lessons globally.

Supported by the U.S. Fund for UNICEF and the Bill and Melinda Gates Foundation, the PMR Initiative is supporting decentralized government to synthesize the near real-time monitoring (NRTM) of localized data in health and nutrition with community feedback. The aim is to strengthen evidence-based decision-making and planning at the district, ward and village levels where services are delivered, and to involve the community in improving outcomes for women and children such as on maternal health and reducing stunting.

The initiative has produced important lessons on implementing NRTM programmes, but it has also provided valuable lessons on knowledge exchange such as: how to generate and share knowledge from UNICEF programmes; the role of a CoP for facilitating knowledge exchange between a wide range of stakeholders; how momentum and sustainability of the CoP, and thereby knowledge transfer, can be enhanced; and the role of knowledge exchange processes in helping to identify programmatic lessons.
Knowledge Exchange within the PMR Initiative

The PMR initiative involves identifying, testing and promoting promising approaches for UNICEF, and ultimately for governments and partners, to strengthen and institutionalize NRTM of service delivery in the health and health-related sectors such as nutrition, HIV, and water, sanitation and hygiene (WASH). Importantly, NRTM is decentralized - such as at district, ward or village level - where implementation takes place and where community feedback and monitoring of services can capture local nuances and bottlenecks.

A major purpose of the initiative is to learn from the four implementing countries and ensure that learning strengthens each national programme and generates lessons for other countries in the region and beyond.

Leila Pakkala, UNICEF Regional Director for Eastern and Southern Africa, comments: “The PMR Initiative is absolutely critical for us in Eastern and Southern Africa. It is very much at the heart of our support to countries in looking at what is being done at the community and grass roots levels to support women and children, monitoring that and holding national authorities and community leaders responsible. We are now at a point in time where evidence from four counties will help us learn lessons and build knowledge and partnerships to scale up this initiative, both in the region and across the world.”

The knowledge exchange system is grounded in a real-time monitoring (RTM) CoP. This comprises elements such as an online Yammer discussion forum open to external stakeholders such as governments, academia and non-governmental organizations (NGOs) (figure 1); a SharePoint knowledge exchange platform with a document repository, video channel and announcements for UNICEF staff; and face to face and virtual events such as study tours and webinars. The PMR Initiative itself adopted the term near real-time monitoring in recognition of small delays in uploading data, such as those resulting from poor connectivity in remote areas, but the online community is referred to as the “real-time monitoring CoP” as a shorthand.

CoPs bring the collective knowledge of external stakeholders and in this case UNICEF staff from field and thematic offices, to an accessible central forum. The knowledge needed for many key activities is thereby distributed through the CoP among practitioners, institutions, and specialists.

Ian Thorpe, Chief, Learning and Knowledge Exchange, Division of Data, Research and Policy, UNICEF Headquarters in New York, comments: “UNICEF is in the process of introducing CoPs and developing tools and guidance in a more structured way. The intention is to enhance organizational learning, innovation and the sustainability of our programmes by locating knowledge among a wider group of stakeholders with different skills and perspectives. The Eastern and Southern Africa Region RTM community is one of the first of these CoPs”.

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In the Spotlight: Real-time Monitoring (RTM) Community of Practice (CoP) online platform

The RTM CoP has an online presence hosted by the UNICEF Communities Platform based on Microsoft SharePoint and Yammer, which was developed with support from the PMR Initiative and in cooperation with the Knowledge Exchange Unit of the Division of Data, Research and Policy, and the Information Technology Division at UNICEF Headquarters. The platform itself is now also being used by a wide range of other thematic CoPs across UNICEF.

The CoP now numbers more than 300 internal and external members who are working on, or are interested in RTM, related both to near real-time and real-time use of strategic sector information and citizen feedback. Knowledge exchange activities and products available through the RTM CoP include:

- **Moderated eDiscussions on Yammer**: Discussions have started on three prioritized topics identified through the PMR Initiative’s learning agenda: (a) Dashboards and data visualization, (b) Citizen feedback, citizen engagement and social accountability, and (c) Data use, action and accountability. The learning agenda was developed as a result of a survey of UNICEF staff from the project countries.

- **Monthly webinar series**: A webinar series focuses on priority topics in the PMR Initiative’s learning agenda. Presenters include those implementing PMR models within the four pilot countries, as well as internal and external experts.

- **Document library**: This includes PMR Initiative-related documents as well as reference documents (UNICEF and non-UNICEF) on a range of relevant topics related to innovations in PMR and NRTM.

- **Video library**: This includes webinar recordings and videos developed through or relevant to the PMR Initiative, such as an overview of NRTM for stunting reduction produced by UNICEF Zimbabwe.

- **Link exchange**: This provides a list of select web links for reference and research.

- **Information on professional opportunities and events**: Postings are made for events related to innovations in PMR.

- **RTM CoP quarterly newsletter**: Produced by UNICEF Eastern and Southern Africa Regional Office (ESARO) and providing a summary of RTM activity within the CoP and beyond.

- **Online and in-person capacity building sessions**: Conducted to strengthen the ability of UNICEF staff to use all features of the RTM CoP.
The main purpose of knowledge exchange in this initiative is to pinpoint and capture good practices and support the transformation of regional and international know-how into national and local level action. Specifically, the knowledge exchange element supports: design and implementation of the initiative through learning by doing; its replication both within and outside of UNICEF programming; organizational and public learning on how to implement NRTM and response; and reflection on the process of learning itself such as through the documentation of lessons (figure 2).

**Figure 2: Purpose of knowledge exchange activities in the PMR Initiative**

Learning while doing to feedback into programmes  
Learning from each other to improve programmes  
Learning for replication and scaling (what works and what can be improved)  
Learning from each other to improve programmes

Source: UNICEF Eastern and Southern Africa Region PMR Initiative

The CoP is embedded in seven elements of knowledge exchange which support the initiative (figure 3). The platform developed for this programme and many of the tools, such as a knowledge exchange toolbox are now being used by a wide range of different thematic groups across UNICEF. A PMR Toolkit is also under development by UNICEF Headquarters for wide dissemination. These activities have also informed UNICEF’s overall approach to supporting knowledge sharing throughout the organization.

The CoP provides a number of routines to ensure that the leadership of knowledge exchange activities is well-distributed among core members of the community. The webinar series for example, saw 12 sessions organized during 2016-2017, and was a key activity that brought together more than 500 experts, both internal UNICEF specialists and external experts in the field. The series was embedded in a larger regional webinar and Brown Bag Lunch series covering a wide range of topics, that attracted a large number of UNICEF staff globally, in particular from neighbouring regions, the Middle East and North Africa and West and Central Africa. Indeed, The RTM CoP is being expanded to support a new parallel PMR Initiative starting in West and Central Africa and is also being transformed into a global resource for countries supporting similar initiatives across the organization.

**Figure 3: Key elements of knowledge exchange**

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<tr>
<th>Key Elements of Knowledge Exchange</th>
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<tr>
<td>Knowledge Exchange platform (virtual)</td>
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<td>Knowledge exchange tools and training</td>
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<td>Knowledge exchange facilitator</td>
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<td>Face to face &amp; virtual exchanges of experience and peer support</td>
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<td>Connecting discussions within the region and across</td>
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<td>Documentation and sharing of lessons learned and good practice</td>
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<td>Integration of learning into guidance</td>
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Source: UNICEF Eastern and Southern Africa Region PMR Initiative
Recordings and presentations of the PMR webinar series were shared on the CoP ePlatform to enable conversations around each webinar topic. As one member stated, “I am always able to get links to all previous webinars, presentations and very helpful resources that aid in catch-ups of sessions that I missed participating in”.

Three eDiscussion questions were launched on the CoP platform around key thematic areas. The discussions are championed and moderated by UNICEF country office staff working on the initiative. These “leadership” roles were distributed among core members of the community, to increase the sense of ownership and the connections between members. Another practice established on the Yammer eDiscussion forum is for new members to introduce themselves, to understand the area of expertise of the members and their expectations, as well as how they can contribute. The created routines also promote communication between members, enable collaborative problem solving, and increase the amount of collective learning. The discussion forum also provides an opportunity for individuals to ask questions or get inputs to their work from the broader community; this type of sharing is still limited and needs some further encouragement.

Monthly coordination calls were conducted with the four country office focal points from the pilot countries and Headquarters team. Minutes of the calls, where focal points provided a recap of progress, challenges and support needs, were shared on the knowledge exchange platform. Munyaradzi Dodzo, Planning, Monitoring and Evaluation Specialist at UNICEF Zimbabwe, comments: “The monthly inter-country coordination meetings were very useful in terms of updating colleagues on progress. Learning from other countries was evident. Community engagement, social accountability and citizenship engagement in Uganda, for example had many lessons that the Zimbabwe programme took cognizance of. However, the templates used could be made to highlight key challenges around which participating countries can converge to craft solutions.”
In the Spotlight: UNICEF’s Knowledge Exchange Toolbox

The Knowledge Exchange Toolbox is a collection of recognized tools and methods, mostly non-IT based, for knowledge sharing; network and community building; and collaborative problem solving.

There are 23 tools in the first edition of the Toolbox, with a further six in the pipeline.

In person

1. After Action Review
2. Brainstorming
3. Buzz Groups
4. Chat Show
5. Debrief
6. Expert Interview
7. Fishbowl
8. Icebreakers
9. Lessons Learned
10. Lightening Talks
11. Meeting Facilitation
12. Real-time Meeting Tools
13. Retrospect
14. Strengths, Weaknesses, Opportunities and Threats (SWOT) and Political, Economic, Social, Technological, Legal, Environmental (PESTEL) Analyses
15. Timeline
16. Topsy Turvey
17. Visualization in Participatory Planning (VIPP) Card Collection
18. World Café

Online

19. E-discussion
20. Online Jam
21. Surveys (online & informal)
22. Virtual Peer Assist
23. Webinar

Additional tools ‘in the pipeline’

1. Online Tools for Meeting Feedback
2. E-newsletter
3. Individual Expert Interview
4. Study Visit
5. Brown Bag Lunch
6. Project-level Knowledge Management Plan

The CoP also benefited from several face-to-face meetings (inception meeting, annual reviews and study exchange visits) which increased connection and trust among members and improved the unity of the community. Munyaradzi Dodzo continues: “During a visit to Uganda, the Zimbabwe country office learnt how community assemblies and the involvement of community leadership in facility management committees, can drive an agenda to change government policy on maternal health interventions. In Zimbabwe, the ‘community voice’ is now being amplified to drive the actions of higher-level government structures and development partners. This is significantly different from previous approaches whereby those controlling resources, usually government and its partners, dictated the direction and tone on interventions.”

Eunice Esule, Consultant Monitoring Specialist (Real-time Monitoring) and Citizen Engagement at UNICEF Uganda, also found the study visits valuable: “The cross-country learning was very supportive in guiding clear implementation of the initiative. After the Swaziland meeting that I attended, I was able to come back and implement most of the recommendations made”.

Meanwhile a study tour to Kenya, by the Health Management Information System unit of Swaziland’s Ministry of Health allowed the two country teams to appreciate synergies between their Electronic Medical Record (EMR) systems. However, Kenya’s EMR goes beyond facility to community level through the use of a mobile phone app. As a result of the visit, Swaziland is exploring the use of a similar app to capture community health data.

The study tours were supplemented by a regional final review meeting and partners’ forum hosted in Uganda in May 2017. The meeting was attended by staff from six UNICEF country offices (Kenya, Malawi, Swaziland, Uganda, Zambia, Zimbabwe), the Eastern and Southern Africa and West and Central Africa regional offices and Headquarters, and by key partners including the co-funders, government officials from implementing countries, the Centre for Disease Control, and the University of Oslo.

A key aspect of knowledge exchange proved to be the process of documenting lessons learned by each of the four pilot countries. A total of 13 lessons learned and three case studies have been produced to-date, providing rich learning within each country, regionally and globally. The learning is also applicable to other sectors outside of health and nutrition and has been widely shared, including with UNICEF in West and Central Africa which will be the next region to roll-out the PMR initiative.

The documentation, conducted with the support of a consultant, provided an opportunity for country offices to reflect on progress so far and to have forthright discussions about the challenges encountered. The process of discussion and reflection around which programmatic lessons to document, helped to identify those lessons. In other words, the knowledge exchange process is both a means to an end as well as being an end in itself.
Kenya | Swaziland | Uganda | Zimbabwe

Eunice Esule says of the process: “The initiative was dynamic in that it enabled learning as we implemented. However, reflection and lessons learned before technical support was brought on board seemed obscure and hard to achieve.

“Documentation of processes is not something anyone can delve into easily without facilitation. With the support, we were able to provide reflective and in-depth information on the implementation processes of the initiative. Getting the wider perspective from broader stakeholders as part of the documentation process added to the learning.”

Staff were encouraged that perceived failures were to be seen as learning opportunities and that the risk taking encouraged by the initiative enhanced important innovation and the identification of potential problems to be overcome.

Munyaradzi Dodzo explains: “Emphasis has been placed on learning from both positive and negative lessons. However, there is still hesitation from many stakeholders to learn from failures. There is an opportunity to document failures, or rather misalignments, and follow up the remedial actions. The Zimbabwean intervention was strong on innovation and

In the Spotlight: 13 Lessons Learned and Case Studies

Country-specific lessons learned documents:

1. Kenya: Use of the reproductive, maternal, newborn, child, and adolescent health (RMNCAH) scorecard to strengthen data-driven service delivery in a devolved health system framework
2. Kenya: Building health worker capacity in near real-time data management to create action for child and maternal health
3. Kenya: Using the RMNCAH scorecard and community engagement to identify priority maternal and child health interventions
4. Swaziland: Government leadership in ensuring citizen feedback on health
5. Swaziland: Improving data quality as a key component of real-time monitoring for child health
6. Uganda: Promoting bottleneck analysis for action and accountability on maternal and child health
7. Uganda: The role of community dialogue in supporting real-time action for maternal and child health
8. Uganda: The role of near real-time monitoring as a tool for maternal and child health resource mobilization
9. Zimbabwe: Adaptive programming key to real-time monitoring for stunting reduction
10. Zimbabwe: Near real-time monitoring of multisectoral interventions improves maternal health and prevents child stunting

Regional case studies on all four countries:

11. UNICEF harnesses use of near real-time data to support maternal, newborn and child health in Eastern and Southern Africa
12. Moving from islands of excellence to implementation at scale in programme monitoring and response for child health
13. Using knowledge exchange to support innovations in programme monitoring and response for child health (this document)

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novelty. As such, there was not much to use as reference material. Therefore, implementing the model took a learn-as-you-do or rather do-and-learn approach, whereby adjustments were done in response to emerging needs.”

Thomas Hurley, Deputy Director, Office of Multilateral Partnerships, Bill and Melinda Gates Foundation, sums up the positive attitude to risk and learning which was embedded in the initiative: “This is a great example of how we provide catalytic funding that supports innovations, that supports the evidence-base, but is a bit risky. We are a learning organization and we want our partners to take risks. What we see here is four countries that have taken four different paths. They all took risks, they all learned a lot and where we are today, is a much better place.”

Many of the best lessons which were highlighted are on human “implementation issues”, from addressing poorly understood mobile phone interfaces used by community health volunteers

In the Spotlight: 8 tips for documenting lessons learned

1. Use six-month and annual reviews as opportunities to both identify lessons and to identify course corrections in the project.
2. Use the lessons learned template available on the UNICEF Knowledge Exchange Toolbox (with categories such as Progress and Results, Lessons Learned, and Potential Application) to capture a first draft of the lesson.
3. Allow time - a successful lessons learned or case study needs multiple inputs from busy people. Rushing may result in less thought and lower quality inputs.
4. Use examples – tangible ways in which change is illustrated: A 50 per cent increase in reporting rates by community health volunteers; Advocacy using the scorecard which resulted in an $x budget increase for RMNCAH services in a district; A nurse quoted as saying they had reduced waiting times from eight to four hours as a result of increasing the availability of immunization supplies through bottleneck analysis.
5. Personal insights from different perspectives – a UNICEF staff member, a government official, a hospital patient, a nurse, a funder, a community health worker, will all have different experiences which add richness and insight.
6. What comes next – it is good to leave the reader knowing how what they have read will influence the programme in the future and how issues highlighted will continue to be worked upon.
7. Photography is important and can be generated during the face to face interviews. Instead of spending two paragraphs trying to explain how a community dialogue meeting works (where it is held, how many people attend, what does a chalk board look like), it can be brought to life in a photograph (above right).
8. Short video recordings of less than five minutes that capture actions from the field and interviews with UNICEF staff as well as government and partners can be essential for resource mobilization and advocacy during the scale up phase.

For instance, towards the rainy season we would look for malaria campaigns. As far as children are concerned we would randomly pick issues to talk about.

UNICEF Zimbabwe video on NRTM for Stunting Reduction which shares lessons and results of the PMR Initiative and can be a key tool in resource mobilization.
https://www.youtube.com/watch?v=ozByG29TVg.
© UNICEF Zimbabwe/2017
in Kenya, to the lack of availability of a key government staff member which delayed progress in Uganda.

Face to face meetings proved to be by far the most effective way to gather inputs for lessons learned, not least because trust and time can be given to exploring tricky issues. Seeing a health facility, meeting staff and community members and talking to them face to face allows for a rich conversation and something said as an aside will often lead to the most interesting finding.

Success factors, challenges, and organizational lessons learned

While CoPs serve as online collaborative spaces that bring partners together to foster creative actions, care must be taken to recognize that developing CoPs and a knowledge exchange system is just one element among many required for success in exchanging and sharing knowledge. For example, the full support of senior managers and their active participation in the knowledge exchange practices (and CoPs) can be a routine that enables behavioural changes in the organization, but which demands additional investment in sustaining the practices. Senior managers define the organizational storyline, by reinforcing the priorities, and by supporting behavioural changes within their teams and beyond. Therefore, to advance knowledge exchange, high-level leadership and support is one of the key requirements.

However, too much attention from management might crush a CoP’s collaborative character. Ian Thorpe comments: “CoPs have no explicit hierarchy and the interactions among members are managed by trust between them. It is important that members feel free to admit challenges around their subject area, to ask for help, to discuss errors they have made, and to feel generally uninhibited in sharing experiences. Otherwise the CoP becomes a superficial forum without any depth of learning.”

In addition to management support, the development of user-friendly platforms is a critical success factor for CoPs. This can be complemented by providing enough training and “how to” guidance which allows members to understand the benefits of the CoP. The peer-to-peer knowledge sharing can potentially evolve to skills development and peer-assist support.

The figure below (figure 4) summarizes some of the key points on success factors, challenges, and lessons learned.
### Success factors
- Senior Management Support and active contribution from UNICEF Headquarters
- Dedicated knowledge management specialist based at UNICEF Eastern and Southern Africa Regional Office (ESARO)
- Global-level interest on the subject of RTM
- Expanding the network to additional countries within the region and beyond and broadening the membership, providing a greater pool of expertise and experience to draw on
- Perceived and real added-value among users.

### Challenges
- Low internet bandwidth in some countries accessing the CoP
- Limited capacity of staff and partners in utilizing online platforms
- Change of established paper-based, face-to-face routines to more digital oriented routines (behavioural changes).

### Lessons Learned
- Ensuring relevance of community activities and content to the needs of community member to help support them in their work
- Value of having a mix of different tools and approaches i.e. combination of face-to-face, webinar, e-discussion and peer-to-peer exchanges to reinforce one another as well as the information repository
- The need for momentum and some regularity of interaction to keep people engaged
- Identification of motivated core members, who are not afraid to express their challenges (distributed leadership)
- Provide training, both online and in-person, as well as developing user-friendly guidance material
- Development of user-friendly technological interfaces
- Documentation and knowledge sharing can feed into advocacy and resource mobilization plans for scaling up at national and regional levels
- It takes time for people to become accustomed to working and sharing in a community so there is a need to reinforce the benefits and provide extra support at the beginning.

Source: UNICEF Eastern and Southern Africa Region PMR Initiative
Conclusion

The knowledge exchange element of the PMR Initiative is one of the first of its kind in a UNICEF programme that focusses on cross-country learning, and where knowledge exchange is a key pillar of a regional initiative. The PMR Initiative therefore serves as an institutional reference for utilization of UNICEF online knowledge exchange platforms, in national, regional and global learning.

To build knowledge exchange routines, the collaborative actions embedded in the process of developing and moderating the CoPs, are required to make them sustainable. An internal facilitator, in addition to the dynamic core-member group can potentially enhance the cycle of converting inactive and lurker members to more active participants. The leadership group of the CoP can use this cycle to promote collaboration and change.

Challenges include those associated with use of a digital platform, from poor bandwidth to lack of staff time to dedicate to regular use of an online forum. The need for management support which allows for the free expression of challenges and failures is a fine balance that needs addressing to maximize participation and learning outcomes.

Knowledge sharing is a learning practice by its nature. It enhances an individual’s and an organization’s depth of knowledge and empowers the performance of practitioners. The optimal value of online CoPs is achieved when they go beyond being an online instrument for annual gatherings and become a network of professional practitioners with attention on open dialogue, knowledge transfer, cross-country learning, and a tool for skill development.

Further information

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