

Case Title:

Refining District-Level Interventions to Strengthen Health Systems in Bangladesh

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Organization: USAID/Bangladesh

Summary:



A mother and her newborn baby at the Upazila Health and Family Welfare Complex supported by MaMoni HSS in Ajmiriganj, Habiganj, Bangladesh, in Oct. 2015. Credit: Wahid Adnan

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



- | | |
|---|--|
| <input type="checkbox"/> Pause & Reflect | <input type="checkbox"/> Openness |
| <input type="checkbox"/> Adaptive Management | <input checked="" type="checkbox"/> Relationships & Networks |
| <input checked="" type="checkbox"/> Technical Evidence Base | <input type="checkbox"/> Continuous Learning & Improvement |
| <input checked="" type="checkbox"/> Theories of Change | <input type="checkbox"/> Knowledge Management |
| <input type="checkbox"/> Scenario Planning | <input type="checkbox"/> Institutional Memory |
| <input type="checkbox"/> M&E for Learning | <input type="checkbox"/> Decision-Making |
| <input type="checkbox"/> Internal Collaboration | <input type="checkbox"/> Mission Resources |
| <input checked="" type="checkbox"/> External Collaboration | <input type="checkbox"/> CLA in Implementing Mechanisms |

2. What is the general context in which the case takes place?

Bangladesh has made remarkable progress in health in recent decades. Having met the United Nations Millennium Development Goal 4 (reduction in child mortality) ahead of time, it is expected to achieve MDG 5 (reduction in maternal mortality). The total fertility rate has decreased from over 6 children per woman in the 1970s to 2.3 children per woman, and the current contraceptive prevalence rate of 62% has increased by nearly 20% since 1994. However, challenges remain in areas like maternal, newborn and child health, family planning, and nutrition (MNCH/FP/N), particularly for poor and underserved areas. The total fertility rate and contraceptive prevalence rate have remained stagnant since 2011, and despite improvements in child nutrition, more than a third of children remain stunted. As the country aims to achieve universal health coverage, the Government of Bangladesh (GOB) is striving to improve access to health services while strengthening its systems, including policies, financing, governance, and human resources for effective health programs and services.

The MaMoni Health Systems Strengthening Activity (MaMoni HSS) evolved from a series of USAID activities in Bangladesh. Initially, USAID carried out studies and small-scale interventions in newborn and maternal health in priority districts in Bangladesh. The MaMoni Integrated Safe Motherhood, Newborn Care, and Family Planning Project (MaMoni, 2009-2013) then used a district-level approach that engaged communities, linking households to health providers and effectively utilizing the existing health system to deliver and scale up a package of lifesaving interventions for mothers and newborns. The project contributed to the goals of the Government of Bangladesh (GOB) Health, Population, and Nutrition Sector Development Program (HPNSDP) and MaMoni became a trusted partner in local and national policy and program discussions. The current MaMoni Health Systems Strengthening (MaMoni HSS) project, a four-year award (2013-2017) implemented by Jhpiego and Save the Children as part of USAID's flagship Maternal and Child Health Integrated Program (MCHIP), builds on MaMoni's success with a comprehensive approach. The project's goal is to expand access to, and utilization of, integrated MNCH/FP/N services by scaling up evidence-based practices that have been applied and tested in Bangladesh. To leverage support for these initiatives and help strengthen Bangladesh's health systems, the project works with local communities, government representatives, NGOs, and health providers to improve delivery of health services. The project also strategically partners with the Ministry of Health and Family Welfare (MOHFW) and other partners at the national level to build consensus on policies and standards that drive evidence-based interventions at all levels. The specific objectives of the project are (1) to increase availability and quality of high-impact interventions in seven districts through strengthening district-level local management and health systems, and (2) to support the Ministry of Health and Family Welfare to scale up 17 prioritized maternal and newborn health interventions, guided by national and global agendas.

3. Why did you use a collaborating, learning, and adapting approach?

The MaMoni HSS design is inherently one of collaboration, learning, and adapting (CLA). MaMoni HSS relies on technical evidence to determine which interventions are suitable for introduction in Bangladesh, and how/where these interventions can best be scaled up. For each intervention, MaMoni HSS also works in collaboration with health providers, community members, local and national government representatives, and other key stakeholders to ensure proper implementation and to connect beneficiaries with relevant services. Interventions sometimes require adjustments once they are introduced to achieve optimal outcomes, so the MaMoni HSS team carefully evaluates progress and consults with external partners as interventions are scaled up.

During the first year of the project, the team collected and analyzed data and met regularly with stakeholders to better understand the health needs in target districts and the capacities of the health facilities, health workforce, and quality of health services at the local and national level. Their findings suggested that not all districts required support of the same type or intensity from MaMoni HSS. In addition, project M&E and discussions between USAID and Jhpiego/ Save the Children revealed that the team was struggling to allocate adequate time and resources to its national objectives. The MaMoni HSS team used CLA to explore opportunities for refining the project's approach in order to achieve all project objectives and maximize the impact of MaMoni HSS during the remaining years of implementation.

4. Describe how you used collaborating, learning, and adapting in this case.

Theory of Change (ToC): MaMoni HSS applied the ToC that, if USAID introduces evidence-based health interventions on a small scale, local and national public health stakeholders will accept successful and relevant interventions for scale-up, and these scaled-up interventions can eventually contribute to health systems and influence policies on a national scale. The ToC includes an emphasis on thorough research on health needs and health system capacities to successfully introduce, adapt, and scale up interventions. This approach also requires continual monitoring and evaluation of intervention outcomes to make adjustments and prepare for scale-up as needed. Additionally, the ToC relies on effective external collaboration, particularly with the communities in which interventions are introduced and with public sector health providers and officials at the local, district and national level.

Technical Evidence Base: The entire MaMoni HSS project is based on the use of evidence-based interventions, and the collection of additional technical evidence to inform project approach and decision-making. During the first year of implementation (2013-2014), the MaMoni HSS team collected a range of technical evidence to understand how the project could maximize its impact, given demographic trends, resource constraints, and obstacles at different levels of the existing health system. In addition to robust project M&E during the project's first year, including the collection of baseline data through a continuing household survey, the team conducted district-level situational analyses and analyzed Management Information Systems (MIS) data to better understand needs regarding health facilities, the health workforce, and quality of health services. Together, the information collected from various sources allowed the MaMoni HSS team to identify key differences in the types of support that were and were not needed in different target districts. It also helped the team to recognize that providing intensive support to all districts was preventing the team from achieving its health systems strengthening objectives at a national level. Based on these findings, USAID worked closely with Jhpiego and Save the Children to categorize districts and upazilas (sub-districts) into one of two groups: high-intensity intervention areas and health system capacity strengthening areas. High-intensity intervention areas were used to demonstrate best-practice models of MNCH/FP/N health care delivery through intensive technical assistance to the GOB, and if needed, direct implementation to maximize learning and advocacy for scale-up nationally. The health systems capacity strengthening areas received less intensive technical assistance, focusing instead on strengthening existing MNCH/FP/N services. This two-pronged approach would allow for more resources to be allocated to the project's national initiatives. To refine MaMoni HSS national advocacy efforts, the team also conducted a health systems gap analysis to explore pervasive issues in the national health system.

External Collaboration/Relationship & Networks: The MaMoni HSS approach emphasizes collaboration at the community, district, and national level with a wide variety of partners. This collaboration is a key component of the project's success, and was also instrumental in its CLA approach. Working collaboratively with partners -from high-level ministers to networks of community health volunteers- established a level of trust and credibility that made it possible to introduce and scale up lifesaving interventions for newborns and children. For example, during the first year of implementation, MaMoni HSS initiated district-level quarterly performance review meetings that gathered all the health and family planning managers in the district to review the progress of MNCH/FP/N indicators together. Reviewing information alongside key public sector health stakeholders helped the MaMoni HSS team to understand crucial differences at the district and upazila level, and provided a platform for collecting comprehensive and honest external feedback. In addition, the team's collaboration with external parties and the relationships that developed from this collaboration set the stage for effective advocacy at the community, district, and national level. For example, when MaMoni HSS was seeking to increase its national-level advocacy between the first and second year of project implementation, the team found it challenging to maintain a consistent level of engagement with some MOHFW representatives. In response, they leveraged relationships with other development partners working on quality assurance in the national health system, including Germany's and Japan's development agencies and UNICEF, to coordinate advocacy and effectively increase MOHFW engagement.

5a. Organizational Impact: What impact, if any, has collaborating, learning, and adapting had on your team, mission or organization?

The team: For USAID and implementing partner teams involved in the MaMoni HSS CLA approach, the experience allowed team members to increase their engagement in project design, management, and innovation. All individuals involved in optimizing the project's design over time strengthened their analytical/ critical thinking skills, as well as their ability to advocate for changes with various internal and external stakeholders. Using CLA to constantly evaluate and improve the project created a more dynamic team with a greater sense of project ownership throughout the project's implementation.

The Mission: The CLA approach used by MaMoni HSS enabled the USAID mission in Bangladesh to make the best possible use of limited resources to achieve demonstrable results in the country's health system. Thanks to effective leadership and collaboration within the mission, the project proved that CLA can help USAID to leverage existing relationships and knowledge into big results. The project's emphasis on close collaboration with the GOB to strengthen its public health systems enhanced the mission's relationship with GOB, by increasing coordination between USAID and GOB actors and enabling the GOB to take ownership of key improvements to its health systems. It also increased the mission's credibility with key GOB representatives and agencies, contributing to an even greater level of trust between USAID and the GOB overall.

The Organization: The MaMoni HSS CLA Approach contributed to USAID's growing knowledge base about successful health interventions and how they can be used to strengthen national health systems. This project has already been used as an international example of using technical evidence and community-based approaches to introduce and scale up effective interventions; MaMoni HSS was recently highlighted at the launch of WHO's Quality of Care Network in Malawi with UNICEF, UNFPA and other stakeholders. MaMoni HSS continues to make an important contribution to USAID's global expertise in health systems strengthening, and USAID's credibility as a leader and partner for these interventions.

5b. Development Results: What impact, if any, has CLA had on your development outcomes?

The CLA approach enabled MaMoni HSS to adjust and optimize the project's comprehensive approach, focusing on interventions that would achieve maximum impact at both the district and national level. Effective CLA during the design and implementation of MaMoni HSS allowed the team to introduce and refine high-impact interventions with community and GOB support, saving millions of newborns and mothers' lives throughout the life of the project. In addition, the MaMoni HSS team's CLA-based decision to shift the project towards national health systems strengthening and re-prioritize some district-level interventions after the first year of project implementation had a demonstrable effect on GOB policies. As a result, a number of interventions that MaMoni HSS successfully scaled up and advocated for at a national level have now been incorporated into GOB policies and strategies, including the new 2017-2022 HPNSDP. For example, operational plans under the HPNSDP now include a Comprehensive Newborn Care Package (a combination of several interventions introduced by MaMoni HSS), facilities that provide safe delivery 24/7, and the provision of postpartum family planning services. Lessons learned from MaMoni's CLA approach have also been carried into USAID's broader objectives to strengthen health systems in Bangladesh, with project outcomes informing the government's Quality Improvement Plan, budgets and planning for the health sector, and research on further interventions. With this level of GOB ownership, the changes to health services and systems that MaMoni HSS introduced can be scaled up according to GOB plans and strategies to save millions of lives in the future.

6. What factors affected the success or otherwise of your collaborating, learning and adapting approach? What were the main enablers or barriers?

First, the CLA approach would not have been possible without the support of a competent implementing partners willing to consider and test new ideas. Jhpiego and Save the Children rose to the challenge, and the success of the MaMoni HSS CLA approach is largely due to the organizations' expertise and flexibility in implementation. MaMoni HSS was also able to rely on high-quality M&E reports and technical evidence from past projects and studies to inform their approach; this institutional knowledge made it possible to review and incorporate valuable information as the project moved forward. In addition, the MaMoni HSS team maintained positive relationships with GOB representatives at local, district and national levels, largely due to USAID's credibility as a partner in previous projects (e.g. MaMoni) and its broader history of working with the GOB to strengthen health systems and improve health service delivery. Given USAID's experience and existing relationships, the team had a deep understanding of health system needs in Bangladesh, and the processes and stakeholders that would be involved in meeting those needs. Together, these factors allowed the team to develop the right interventions, based on thorough research and implemented by competent partners, with buy-in from communities and the GOB.

Despite all of these enabling factors, making changes to optimize MaMoni HSS was not always easy. Designing, justifying, and implementing changes in the project approach was a time-consuming process for USAID and its collaborators. Funding limitations also meant that some changes remained out of reach for MaMoni HSS, so that USAID had to strategically prioritize and scale down to make the best use of available resources. In addition, even revised project plans sometimes proved difficult to implement; many of the targeted communities were difficult to reach due to geographic obstacles and project staff movement limitations. There was also hesitation among some communities and GOB representatives to test new interventions in Bangladesh, due to concerns that the interventions would not work, that they would waste resources, or even that they would harm the population.

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

In order to make meaningful changes effectively and at the right time, USAID teams should aim to integrate CLA into all their activities and processes. This requires staff time and significant resources for USAID and its implementing partners, so there must be a conscious commitment by all involved to use a CLA approach. A CLA approach works best when leadership is open to it, and encourages team members to continuously analyze USAID projects, procedures, and impact through a culture of openness, sharing, and collaboration. It also helps to have dedicated CLA staff member(s) and/or processes that can help to remind teams to periodically review work and outcomes and identify opportunities for a CLA approach.