Janina Acevedo Yates: Hello there and thank you for joining us today. This is the second session in a series of virtual sessions titled "The DRG Tipping Point". These sessions are focused on the surprising yet critical factors that transform DRG programming. Today's session is focused on Adaptive Management: The Promises and Perils of Integrated Approaches. We are fortunate to be joined by Jessica Benton-Cooney who is the moderator for today's session and she is also the Lead Communications and Outreach Specialist for the DRG Center. In just a few moments you'll see your screen shift and we will see a welcome video from Tim Meisburger who is the DRG Center Director. Thank you so much and enjoy your session.

Tim Meisburger: Hello and welcome to the DRG Center. I am Tim Meisburger, the Director of the Center. I am here to introduce the next in our series on DRG Tipping Points. Today, the subject is adaptive management in fluid situations, with a particular emphasis on integration and adaptive management. When we integrate governance considerations with other development sectors, both sides benefit. But integration can also complicate things and be effective takes time and buy-in for multiple mission sources. In this episode, we will explore some of the challenges and opportunities associated with integration and adaptive management. Again, as with the previous episode, we will present this in the form of a fireside chat. We welcome your feedback on this and the previous episode and if there is any topic that you'd like us to cover in a future episode, please let us know. And with that, on with the show.

[Please stand by for realtime captions.] >>>
Jessica Benton-Cooney: Welcome everyone to today's webinar. If you have entered the chat, if you could answer the questions you see at the bottom of the screen, that would be great. I am Jessica Benton Cooney, the Communication and Outreach Specialist in the Center [Inaudible- static]

Jessica Benton-Cooney: Also, Malcolm is here. He is a Senior Legal Reform and Public Administration Specialist with over two decades of international management. He is currently a lecturer in international relations-- thank you both for being here today. In a second, you will see the objectives up on your screen. If you could all take a look at those, and familiarize yourself with them. >>> [Silence] >>> Great, today our topic it is integration and adaptive management. David, can you tell us why you think this is an interesting area?

David Jacobstein: Sure, I would have to, right? I think it is interesting because the more interesting and different lenses we bring, the better we can prove how to carry it out. Why we wanted to have this session was a fascinating piece of research that Malcolm did that came to our attention. Looking at the interesting adaptive program with lessons learned. Seemed like a real opportunity to put a spotlight on what we had been feeling for years in Cross-Sectoral Program team and share with a wider audience.

Jessica Benton-Cooney: Malcolm, can you tell us a little bit about the origins of the case study in the project you were studying?

Malcolm Russell: This was a case study that was commissioned by the officer at the mission at the time. It was part of emerging markets and the CLA office was enthusiastic about this. The project had been operating for almost five years, 4 1/2 years out of the seven. It seemed like an appropriate time for reflection. It was designed to look at overall lessons learned up to that point and it also had a broader applicability to key issues of adaptation and integration. This was in part, coincidentally, because this project started very much around the time that USAID forward the launch -- you can trace a lot of the issues with absorption and implementation through this kind of project because it contained, as you will see in a moment, lots of elements of selectivity, colocation, integration, adaptation, CLA, etc.

I understand there are a lot of program changes during the life of the project; can you discuss that a little bit?

So in order to set the stage here, looking at the design of the project and as you say, the history which was quite interesting. It helps to see the intent and purpose of the project. So the project arose as kind of an attempt out of frustration of the health team to address persisting capacity problems and local government, which were impeding the absorption of technical assistance through various health providers. And the amazing thing was that they chose a decentralization lens in which to look at this. They chose to do this in co located districts with other implementers but probably most important, they chose to do this as a capacity building project. So you have the unusual case of a health team designing and operating what essentially was a governance project. We will see some of the ramifications of that a little later in my discussion. So the core work really was strengthening in areas like budgeting, planning, financial management and procurement. As you may have seen from the previous life, if we could go to that, it operated in 35 districts. So the dark shading you see here in Uganda represents the 35 SDS districts in which they operated. And the lighter sheeting as leader when it expanded to the north. Going back to the project components, the other side, you had really three different elements all acting synergistically to advance the objectives of the program. First you had performance driven grants. This was performance driven. This wasn't simply you can spend the money anyway you want, you can have linkage, etc. you had to meet objectives that were a process financial management objectives. And you had to do on a quarterly basis. It was a tough level approach, where if you failed to meet the targets, there would be a graduated penalty and the grand -- grant amount the next month would be reduced. So this was a powerful incentive to local governance to use the grants appropriately. You may be thinking to yourself direct grants to local governments, that doesn't sound like a common element in most AID projects. This is true. It was incredibly innovative. You of course, have G2G stuff going on which is often national government to national government, but this went through the mediation of an implementor and they have the responsibility which is intimidating of managing that money and seen that it's spent properly. Now the next, I am going to the right, because this is where the synergy is most effective. District tailored technical assistance. Most technical assistance is often one-size-fits-all. Out of necessity, not

because anybody wants that. But the money is often not plentiful enough or the commitment is not necessarily there to do individualized specific training. That was the case here and it was quite remarkable, the budget and commitment was there. The chief of party was a governance person. Most importantly, they made sure local systems were honored by the development plans formulated under the project being directly harmonized with the existing Ugandan government district development plans. So you had good harmonization very intensive TA work. Third, in the middle, is co-located coordination, meaning which is completely novel. Now it is a commonplace where you would have the provider be a hub or coordinator of all or most USAID service delivery going to that district. There were specific funds made available or this. Also farsighted because this is the first time they'd ever done something like this. So those are really the three components. Jess, you mentioned the issue of the history which is quite complicated. The project grew more complicated as it went on. The identity changed and I won't go into too much detail here, but the first year, the story is extremely relevant to my talk, and that is in year one, you have a lot of stagnation and confusion actually. You have a Dr.in COP, a health team that was not led by the woman who designed the program, she had unfortunately died, so you had a health team kind of not sure why it had this governance very looking project under its wing and then you had a COP and a team that was not sure really how to lead a governance project. It took almost a year to straighten things out with the help in part with the DRG team at the mission, which was consulted, interestingly they had not been consulted that much on the design. In any event, by year two, there is a new COP with a governance background and effectively, they went full blow on the capacity building work. And over the next two years, they achieve tremendous buy-in, the promise of individualized district TA was realized, they set up 3 training hubs on the regional basis to bring the training closer to the districts and more important, they were traveling road teams that beyond the group training would do mentoring in those cluster districts. Specifically on those two topics, budgeting, planning, procurement and financial management, etc. Just at the time, the project was reaching its apex in terms of its written original design. The mission said you are so successful we want you to take on some programs. Some of this was out of necessity, they didn't have lots options with existing providers. But they made the faithful choice of saying you are good at what you do and have such buy-in from the districts you are working, we think you can get traction in these other areas. So, by beginning of year for, they were working on early reading in addition to that, and 50 districts. Even going beyond what they were working before, they were asked to recruit hundreds, literally hundreds of healthcare workers. They instantly became an HR department for local governance and went all over the country recruiting talent. This had an inevitable change and emphasis in terms of project leadership and the health team. I think there was this sense of, these folks are doing really well, everything is hunky-dory with TA and capacity building. I am sure there will be no problems. There were no real problems but there was really a lack of attention, sustained attention to the TA work. Very faithfully, PEPFAR cut some funding, for reasons I won't go into which were global, actually Africa centric for the most part, but that budget in combination took a steam out of the TA work. Three regional training

hubs were closed. They had to go up with the surge approach where they would do this massive surge of TA to certain districts in the absence of the training hubs. They did the best they could, if that wasn't enough, and the last part of the project, again because they were such a good platform, USAID said we would like you to go into the northern districts, 15 of them, and do a real potpourri work that needs to be done in accordance to U.S. objectives included malaria prevention, women's behavioral health education, lab renovation, health lab renovation. I mean it was extraordinary and pivoting this project had to do. I witnessed it firsthand, it was remarkable like Grand Central every day, the whiteboards were showing who's there and I was astonished really at the commitment of the team. And then I will say in the final year, the direct grants program was terminated. And it was terminated by the U.S. government across the board as they felt it was inappropriate for G2G assistance to be running through an IP. So the signature program, also came to an end just at the time one in the north in particular, it was also showing great dividends in terms of financial (inaudible). So I will just take a few minutes to talk about some of the direct achievements as opposed to the broader questions this project raises. I think first and foremost I said a lot about the TA . It really was People talk about more tailored training and they do more organizational capacity assessments but often the resulting TA is still extremely standardized. And this was really individualized mentoring. That had a direct dividend when it came to the performance grants because the folks had been trained well. They had mentors watching them like hawks and they felt the power of the incentives to do things right. So the slide you see now on your screen actually shows the progress of accountability that was demonstrated over the two-year period when the TA and grants were working at their strongest. If you look at the second common, basically FY 13, you see a couple of red spots showing that the auditor General reports had a couple of red lights so to speak. These were considered qualified and I mean qualified as in conditional approval not unqualified success with financial management. Interestingly, the next year there was some slippage but you see in the final year, and this is not random, it is a purposes sample based on attributes of the districts got demographically and otherwise. It is effectively, this is not a cherry picked sample. In the last column you see by the end of the project, the timing really of the CLA study, all of these sample districts show an unqualified reading from the auditor general. And then really in terms of coordination, I think there was fairly unanimous sentiment that the coordination had been [Inaudible] to the districts in terms of them feeling empowered to interrogate and see an overview because many of these districts were truly passive recipients in donor assistance. And then the IP's themselves, there was some evidence that the IP's, while they grumbled about having to go to meetings and reveal their workplan in details, there was harmonization of their work and adaptation of their work that occurred because of the presence of this governance project.

And we are here to discuss adaptive integration, can you tell us more bigger takeaways from the case study?

Absolutely, I think first and foremost, there really are tangible, synergistic benefits from integration. You can't say to this to just put

two things together that one is DRG and one is health, and somehow
these guys talking to each other are going to come up with value added.
But in many cases, actually, talking about these things from people from
different districts does add value. But here, you have a tangible case
of synergy. In particular in regards to this grants program. Give the
synergy of the TA and grants working directly on things that were health
priorities. I may have scanned to that a little bit when I first
introduced the program. But the grants were used to support health
assistant priorities in that district. Many of the priorities were
defined by the implementing partners but nevertheless they were fairly
objectively the main of the districts. So you had a real synergy where
not only did you have the performance incentive but the additional
incentive of actually seeing it in real time, the impact of your work.
We just appropriated these grant funds to these health centers and the
money is coming in and they are hiring people and doing additional
service delivery. So that was extremely tangible intra project evidence
of integration benefits.
       The other hand, looking at integration negatively, meaning the
absence of a dedicated DRG team working on this within the mission, I
think this program could of had better results and I say that because
the health team did not consult the DRG team at the design phase early
enough. There are various reasons for that, this was the early days
when they were not under a command necessarily to collaborate actively.
Anything more important, the DRG team was thinking at that time about
doing its own decentralized capacity building program in 20 other
districts. So there was a bit of divided attention there but you have to
ask yourself, with this project have actually in defended against loss
of focus by having the DRG team, saying at the minimum, be careful,
you may lose some team here and you may really lose the continuity that
would create a sustained effect as opposed to just the short-term
effect that sort of dies with a project. Similarly, had the DRG team
been more actively involved throughout the project, and probably at
the design stage, they might have said, hey do you want to think about
sequencing things and putting money and for experimentation on the
front end and uptake at the end? And especially the uptake, was
somewhat underemphasized, meaning central government authorities would
consulted but they were not really engaged in terms of from the
beginning we want this to be handed off to local government
authorities. We want these practices which had never been done to the
depth to the innovative [inaudible] of the performance grants, we would
like this to be scaled up. So that's another deficiency I would say;
more integrative program would have been able to deal with. Obviously
there are questions about cost and scope, we will talk about that a
little bit more in the question period. But now we certainly have a
situation where again, almost magically because they had not done this
before, the health team had at least some funds appropriated to the
collaboration that goes with a coordinated, co-located project.
Nevertheless, there was the herding cats phenomenon where the other IP's
did not have the strongest mandates in their contracts. They had very
clear, as you can imagine, PAPFAR projects where in particular they have
their targets and everything was much more short-term. So If that can
be anticipated, better, on a project like this, then that is obviously
another lesson learned. And I think the biggest take away, is what does
management mean in the context of program like this? People in the

mission would like to celebrate that SDS made huge inroads as a result
of pivoting constantly to take on the new responsibilities   on
"successful platform". Downside is you lose the continuity and focus of
what was an extraordinary innovative project. You could never really
show the kind of handoff or sustainable handoff that you would have
liked. Program materials had all been launched with the Ugandan local
gov't organizations , it's not like the learning has been lost but the
active, brainstorming, policy advocacy and other kinds of work didn't
really happen. So I would argue that if CLA is defined as listening to
the local environment than this type of environment could be counter
productive. This has been documented elsewhere, where short termism of a
lot of sectoral needs get in the way of long term capacity building that
is really part of journey to self-reliance.

Jessica Benton-Cooney: Thank you. Dave, I am going to turn to you, can
you tell us about the integrative programming?

David Jacobstein: I think that's a great Segway because part of why we
wanted to feature this study is because of so much of what we have seen
across the work on DRG integration resonates with what we saw in
Uganda. First of all, over time, the team has put a real emphasis on
the use of a political economy lens, but really what that means is
being contracts driven in adapting. That is kind of one of the upsides
you can get out of a cross sectoral approach. You have people who may
have relationships in different areas with Parliament, justice sector,
the local government within sectorial cones of ministry of health or
private sector working on food security or whatever it is depending on
the topic area. And being able to jointly look at the incentives and
how the programming is getting amplified, meaning resistance and
changing who the winners and losers are. Being more intentional about
building in a political economic lens that could enable the up
dictation to be more effective and kind of be more expansive in the
possibilities. And be more focused in how it tries to make those
adjustments work within what's really going on within the contexts,
which could be hard for folks just working in the sector to see.
The second point I would make is the value of having multiple lenses
around what a piece of work is. In this case, they were simultaneously
strengthening the effectiveness of local government. Improving the
accountability and achieving health service delivery, quality access
objectives. From different lenses, there are different results that are
the primary interest but being able to see it as both at the same
time to be useful and capitalize on the victories and really find them
and figure out what else can be built into program to make it more
effective. I think there's an interesting challenge that that pushes on
us to define what the work is and how it is going to play out. If you
are defining what your work is in ways that are very [inaudible]
sectoral, you could run into pushback and that could be useful. We've
done a lot of work on technical sectors on promotion of evidence-based
policy, and there's the idea that they need research institutions to
do research to grab some deeper truths that they can present to
policymakers that will result in policy change or uptake or better
implementation. I think from the DRG lens, looking at it in more as a
question who are you empowering? Who are the winners and losers you are
creating? It nuances that discussion. Not just one we get more

evidence, better policies will result, but you are thinking about how you are going to push on that. Conversely, there is often policy change pushes, that are very pro-, poor inclusion and trying to get a lot of voices heard and are missing some of the real deep technical expertise that's important to those we commissioned research here in the DRG center on when do glass roots reforms really scale? To affect the whole country. Basically what we found was that looking at a number of different cases where that had happen or almost happened but didn't, one of the decisive factors seem to be getting on board credible fairly neutral technical experts. You have association of engineers or the Academy of sciences or medical establishment amplifying a particular reform. It can go to scale in a way that just pushing it for citizenry does not accomplish that. So in that sense there's a real power there, therefore democratic gains. And then I think, the last point is just kind of ensuring that we are defining what the work is in terms of the way we will be adaptive. you need some concrete understanding of what are the objectives that are in the interest of whatever sector outcome so that you have have fidelity to them. We will come back to that looking at the challenges. One of the big takeaways is that you need to kind of have flexibility within some bound and be adapting to the context, that requires having a fairly clear theory of change around what this work is and how it will play out over a longer term. For example, I've been part of a conversation around social accountability work where donors fund civil society groups to try to improve the public oversight. And when you do not have a clear sense of how that will work in a strategic way over a 10 or 15 year timeframe, you can end up pushing those groups to be too much, just mechanically run scorecards, find where the teachers are not in school or their stockouts of drugs or whatever. In a way that feels to us that it fits to defend our investment in the service sector. But it is not actually respecting where they want to build trust and their legitimacy and help governments deliver those services. Over time you can have it relate to accountability and the central focus but if you are just doing this work and the entire orientation is around to ensure the service outcomes are achieved in the immediate term, you kind of miss the real value of how you're going to be strategic and adaptive if you actually have a real process to work on the objectives that respects both sectorial needs. Conversely, there are real opportunities to get a win-win out of it not just in terms of achieving governance outcome, there's been interesting research from Brian Leavy looking at South Africa and Kenya, really finding that decisive factor in the quality is in school; the way community is organizing for the schools to be more accountable and what they should be providing. And to support teachers were needed. In that sense, for them this is all one thing, they don't see sectoral objectives ; they way we divide our money. I think you have more active citizenry in those cases around the felt need and around a tangible issue that they care about enough to show up despite the rest of what we have going on to do that. It can be hard to find topics like that in terms of democratic governance. And from an educational perspective, that has underpinned some real progress. It wouldn't be possible without a purely governance question school management relationship to decentralize decision making. And so it is really valuable and can make a big difference for both outcomes in a

way that we are just focusing on it narrowly to a sector that would not be able to achieve as much. So there are win wins.

Jessica Benton-Cooney: Thank you, you mentioned some of the challenges earlier, can you tell us more about common challenges you found?

David Jacobstein: Yes, sure, first of all is the question of conflating being adaptive with having total flexibility to do whatever is needed. And the point of a good adaptive program is supposed to be tailoring itself to the context, to be layering which ones pay off and amplifying and surfing the waves. They ae quite dynamic. So giving the people freedom as implementers as trusted teams to use their judgment, to adjust how they are carrying out in ways that make sense, is really important and I think there are a lot of reasons why that there is a push in development generally in that direction. We are also subject to changing demands and priorities, I've heard from some implementers but the second-largest reason for change in the direction of the program was a new FSO joining the mission. Far too often, we see that the space we have for adaptiveness is being used to try to better manage up rather than towards the same results, down. I think over time, that will erode the flexibility to pursue adaptive work because it will just look like we are shifting course constantly and at any given moment that's great we are aligning with priorities. But overtime, there are some real trade-offs as well in terms of how people think of results. Think sometimes we frame too much of a win-win, if you are just working on justice sector, you're working long term to change a system. So you are working on how that system functions and work to generate better results. If you are working on direct service outcomes like health or security or something like that, you would have more tangible trade-offs which could be more sustainable and valuable over time. There's more of a chance of also not lasting, versus real immediate tangible direct benefits. Making sure that we are comfortable with the mix we are coming up with and where that fits in a broader portfolio programming is something we need to get better at. But just the different flavor of money in the top line results can be a challenge. In the last one I will cite as having proper resourcing. Effective coordination and co-location -- [Silence]

Sorry about that. Returning to that question in terms of what helps people be convinced of integration, I think one point to be able to say do you know the opportunities that this can create for you in terms of being able to access parliamentary committees and being able to understand when and why different forms of [inaudible] flow ramps help with the implementation. Being able to say this will help you achieve your objectives can be useful. The other thing I would say is not to be [Inaudible] it is not real helpful, the real value comes from where people are stuck. They have been doing something they are worried that it wouldn't sustain or meeting more resistance or there's something they need to uncover, then it is easier to say why don't we look at this through a couple of lenses and see what we can do. I wouldn't go to people whose programming is going getting [inaudible] and they are getting good results, to say hey have you heard about integration? Let them continue to do their good work. It will not provide equal value everywhere. We need to find where it's going to be value added. It's a

good push for DRG folks to not always be saying we have the answer but say sometimes we can help.

Malcolm Russell: I would also add that it's also at the level of activities and mechanisms that you have to define some of the synergies and David is absolutely correct, you have to be precise with your language and be intentional and think about your theory of change at a fairly micro-cosmic level. There can be some nice thematic synergies between this and that components, that is really not sufficient and it doesn't matter that maybe your theory needs to be adapted later. You need to at least put in the time to say I think there's a real chance that this kind of pairing of service delivery and public outreach, social accountability, etc may yield results. And to define them.

Jessica Benton-Cooney: In the interest of time this will be the last question, thank you to everybody who submitted them. I work in a mission, how can we have integrated work when we have so many earmarks and initiatives.

David Jacobstein: I think honesty is a good starting point. Not only at the initial design phase where we are saying how different initiatives could potentially link together but really through implementation and with the implementing partner . They need to understand the flavor of money that they have, they need to understand space. I've seen the PS3 projects in Tanzania, which was using a mix of health monies mostly feeding DRG funding, Malaria initiatives and PEPFAR, and they were able to do some public financial management and accountability programming in a way that I think was really innovative. So I think there's much more flexibility than we realize in terms of how that can be done in convincing stakeholders. But often it is dealt with as an initial getting the green light to do the program and then it catches out the people implementing it are surprised by a sudden mandate to shift, because they didn't know the degree to which some of their work is contingent. Don't make it a requirement and then force your contractors to do it, because your implementers need to be doing it because it makes sense to them. They own the integrated approach which means they need to own the understanding of the funding behind it and how they need to show which type or results to defend that.

Jessica Benton-Cooney: All right, now you will see your screen shift and we will be in a new page to provide any feedback. I wanted to have a special thank you to our guests today, Malcolm and David who were able to share their expertise. Thank you feel free to access any of the resources of today's meeting. On behalf of the USAID DRG, we look forward to seeing you April 7, 2020 at the same time, we will be discussing the magic of DRG storytelling. Have a great day everyone.

[Event Concluded] >>>