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Learning about Learning

Experiences in Applying a Global Learning Agenda for a Reproductive, Maternal, Newborn, and Child Health Implementation Support Project

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www.mcsprogram.org

Background

The Maternal and Child Survival Program (MCSP) was a global, \$560 million, 5-year cooperative agreement funded by the US Agency for International Development (USAID) to introduce and support scale-up of high-impact health interventions among USAID's 25 maternal and child health priority countries, as well as other countries. To leverage the project's implementation support activities and contribute to increased effectiveness, sustainability, and scalability, MCSP also incorporated a significant learning component, drawing on experiences and lessons learned from its predecessor, the USAID-funded global Maternal and Child Health Integrated Program (MCHIP). **MCSP defined this learning component as a spectrum of activities that contributed to building the evidence base for delivering lifesaving care in new and better ways and in new contexts, based on local needs and priorities.** MCSP collaborated with global and local stakeholders to align learning questions and activities with program implementation, with the aim of helping countries to address health system bottlenecks and accelerate their progress toward preventing child and maternal deaths.

This brief describes experiences from carrying out a broad and robust learning agenda under MCSP and implications for future global programs that are similarly focused primarily on implementation support. These lessons may be useful to USAID, other donors and technical assistance agencies, and ministries of health (MOHs) to inform the design of future programs.

Scope of MCSP Learning Activities

- Learning activities drew on both quantitative and qualitative data. They encompassed a spectrum ranging from large-scale program or intervention evaluations to small-scale [implementation research](#) studies and from formative assessments to less formal, embedded, project-based learning activities that relied primarily on routine and enhanced monitoring data.
- Support for learning activities included conceptualization, design, implementation, and dissemination of results.
- The learning agenda included 35 multicountry studies of global significance, 15 studies in single countries of global significance, and 13 country studies primarily of local significance, in addition to formative and summative evaluative studies to inform program design and measure results.
- MCSP has produced 130 peer-reviewed papers to date, over twice the number of MCHIP at a similar point in its life cycle. This is in addition to other learning products, such as briefs, conference presentations, and national dissemination workshops.

MCSP's Approach to Learning

Learning activities supported by MCSP were concerned primarily with driving best practice in the context in which they were conducted but were also often designed to generate generalizable knowledge that could be applied in similar circumstances. MCSP staff hypothesized that if critical stakeholders (i.e., MCSP staff in consultation with MOHs, USAID, and other decision-makers) collaboratively design and carry out a learning agenda based on the priorities of those stakeholders and embed it in their ongoing work, then the results of the learning activities will be more useful for improving implementation while maintaining a level of rigor sufficient for **making changes to policy and/or practice**. This approach to learning was informed by two key assumptions:

1. Research priorities in academia have not always been well aligned with the priorities of in-country implementers and managers. This misalignment could act as an impediment to knowledge translation. Consequently, MCSP aimed to base the learning agenda primarily on the priorities of in-country leaders and implementers, while still informed by global priorities.
2. The most scientifically rigorous studies require an intensive amount of time and resources, but this limits their usefulness in changing practice in the short term.

Thus, MCSP aimed to balance scientific rigor with practicality, taking into account the level of rigor required to adequately answer learning questions of interest. MCSP's studies were carried out with limited resources by implementers with technical assistance from those whose responsibilities were also not exclusively to carry out research. MCSP realized that although this approach could limit the rigor of the research, the project could maintain quality and generate evidence sufficient for taking action based on the results. It is also important to note that the level of rigor required to answer a specific learning question varied with the question asked, so if results were intended to be generalizable beyond the specific setting or country, the learning activity was designed accordingly. The level of resources dedicated to answering the learning activity was aligned with what was needed to answer the questions.

There are inherent advantages and limitations of this approach to embedding learning within an implementation support project. In some cases, learning activities may not get the resources they need. Stakeholders might also be concerned about potentially biased outcomes. However, the advantages are that the project can serve as its own dissemination mechanism and program implementation provides an opportunity to apply short-cycle adaptations based on learning from interim results.

To support development and operationalization of a robust projectwide learning agenda, MCSP:

- During project start-up, articulated projectwide learning themes based on the dominant cross-cutting themes established by the donor. These themes were highly relevant to MCSP's implementation support activities and built on the work of its predecessor, MCHIP. The seven broad themes were scale-up,

Testing an Intervention through a Rigorous Study

MCSP conducted a study on the feasibility of community-based delivery of intermittent preventive treatment of malaria in pregnancy (IPTp) using sulfadoxine pyrimethamine in Burkina Faso. [Results suggested](#) that community health workers, supervised by health staff, can enhance coverage of IPTp. There had been concerns that this would reduce antenatal care (ANC) attendance, but ANC attendance remained stable. This study adds to the evidence base and sets the stage for expansion of community IPTp within Burkina Faso and potentially to other countries. Initial dissemination of study results led to the Burkina Faso MOH's commitment to continue community delivery activities in study areas. An expansion to full coverage of the three study districts is pending.

The image shows the cover page of a technical brief. At the top, there are logos for USAID (FROM THE AMERICAN PEOPLE) and the Maternal and Child Survival Program. The title is 'Testing the Feasibility of Community IPTp in Burkina Faso' and it is identified as an 'MCSP Technical Brief'. The date is 'May 2019' and the website 'www.mcsp-program.org' is listed. The 'Overall Study Aim' is to learn whether utilization of community health workers (CHWs) for community delivery of IPTp (C-IPTp) in three districts in Burkina Faso can increase coverage of three or more IPTp-SP doses compared to IPTp-SP delivery only at antenatal clinics (ANC) without detracting from ANC attendance. A map of Burkina Faso highlights the study districts: Batié, Pô, and Ouagadougou. The brief also mentions that malaria in pregnancy is responsible for 6-14% of low-birth-weight and 20% of stillbirths in sub-Saharan Africa and that the government is seeking new strategies to control malaria, including malaria in pregnancy. The study details include a timeline from April 2017 to August 2018, implemented by PPH, Burkina Faso, with MCSP, District Health Management Teams, and Districts: Batié, Ouagadougou, Pô. Trainings were for 24 facility-based ANC health care workers and 18 CHWs. The study design involved household surveys at baseline and endline, implementation of C-IPTp in intervention areas by existing CHWs trained and supervised by health staff, 12 facilities (6 control & 6 intervention), and routine monitoring of IPTp provision and ANC attendance.

quality, equity, health systems strengthening, community action for health, innovations, and measurement and data use for action. The themes provided a useful lens to help generate learning questions and organize results.

- Hosted monthly seminars at headquarters (HQ) in the first year of the project for MCSP HQ and field staff to build their capacity in the design and conduct of implementation research.
- Facilitated discussions in partnership with MOHs in the 32 countries where the USAID Mission bought into MCSP and USAID to develop a learning agenda aligned with local priorities and consistent with project scope and budget.
- Actively engaged MOHs in implementing learning agendas in various capacities depending on interest and availability, including designing learning questions and associated concept notes/protocols and instruments, collecting data or supervising data collection, data analysis and interpretation, writing-up findings as reports and/or manuscripts, and disseminating findings. In some cases, MOH colleagues also presented findings from learning activities at international conferences.
- Developed tools, guidance, systems, and processes to support the design and implementation of high-quality and contextually appropriate learning activities.
- Developed tools for documentation and dissemination planning and templates for different types of learning products (briefs, case study reports, technical reports, etc.) to encourage strategic communication of learning results to key decision-makers to maximize knowledge translation.
- Provided guidance and support to project staff to develop their dissemination products—writing workshops for development of peer-reviewed journal articles and a systematic review process to ensure quality of the learning products produced.

Scaling Up a High-Impact Intervention through an Embedded Learning Activity

In Rwanda, MCSP assisted government-led efforts to [scale up pre-discharge postpartum family planning \(PPFP\)](#). Designed as an embedded learning activity, support included technical assistance for development of national plans and supportive policies, information and advocacy for financial resources to sustain and expand gains, provision of sufficient and timely data for action, and support for health leaders and managers to continuously learn and adapt.

MCSP demonstrated progress in project-supported districts through the addition of indicators to facility registers, after which MOHs added PPFP indicators to the national health management information system for monitoring of scale-up.



MCSP added a column to the maternity register margin to capture pre-discharge PPFP. Using codes, the provider documented if PPFP counseling was done (Y) and outcome: Y/Accepted a method, Y/Refuse, or Y/Plan. Photo by Jacqueline Umunyana, Jhpiego/MCSP.

The commitment to scaling up PPFP resulted in full coverage of facilities in 10 districts, with overall pre-discharge uptake of 59% in the final quarter. Additional targeted support was given to other districts to replicate the MCSP training and mentorship model. In 2018, Rwanda secured direct funding and Bill & Melinda Gates Foundation and United Nations Population Fund funding to replicate MCSP's work in all remaining districts.

Reflecting on What Worked Well and What We Would Do Differently

At the end of the project, MCSP assessed what worked well in carrying out a global learning agenda, what could have been done better, and what implications the MCSP experiences may have for future global programs. MCHIP, as the predecessor project to MCSP, serves as a comparison as it was similar to MCSP in size, scope, and funding. MCSP afforded the opportunity for a more intentional and systematic focus on learning, with the intention from the beginning to embed its learning agenda within its implementation support, unlike MCHIP, which did not systematically build its learning agenda until after the midterm of the project. In addition, MCSP had the advantage of being a follow-on project that built directly on the experience, templates, guidance, and systems created under MCHIP. One quantitative metric that provides some insight on the quantity, quality, and potential impact of learning under MCHIP and MCSP is the number of articles published in peer-reviewed journals during the project period. **At project closeout,**

Enhancing Learning, Data Use, and Data Sharing

Based on the findings from MCSP's midterm evaluation, the project took the following steps to address some of the challenges raised about learning:

- Increased focus on using interim lessons from ongoing studies.
- Increased use of data visualization and infographics.
- Developed documentation and dissemination plans to reach target audiences with key learnings.

MCHIP had published 60 papers in peer-reviewed journals. At project closeout, MCSP had published 130 papers, including several dozen papers from learning activities implemented under MCHIP. At the time this brief was written (during MCSP's last month of implementation), there were an additional 16 MCSP papers under review with target journals and more than 40 under development. Although there are other explanatory factors, including the more rapid start-up of MCSP compared to MCHIP, a systematic approach to learning from the start contributed to this large increase in learning products under MCSP.

To understand better which practices are worth repeating in future programs versus those that warrant adaptation or dropping completely, MCSP conducted 11 key informant interviews in July 2019 with US and field-based project and technical staff who had been extensively engaged with carrying out the MCSP learning agenda over a multiyear period. MCSP used a semistructured questionnaire to gather feedback on prioritization and appropriateness of the learning questions,

feasibility of developing and carrying out the learning agenda, rigor of the learning activities and the validity of the findings, utility of the learning agenda, and knowledge translation or uptake of results. The results presented here are also informed by the assessment of learning team members as participant observers. The recommendations presented include what could be improved in the future and what worked well under MCSP.

Findings and Recommendations

Stakeholder Engagement in the Content, Implementation, and Dissemination of the Learning Agenda

While some MCSP country programs were able to engage a wide range of stakeholders in the creation of their country-specific learning agenda, some key informants suggested that there should be additional stakeholders involved, including professional associations, academia, and national working groups. In Ethiopia, for example, the MOH was very supportive of having a learning agenda for its newly developed community-based newborn care package and convened stakeholders, including donors, technical assistance agencies, and professional associations, to refine and prioritize learning questions for upcoming programs. However, it is important to note that there were different levels of interest among MOHs and USAID Missions in being involved in designing and carrying out the learning agenda in their countries.

One informant's perception was that the near finalization of the learning agenda before sharing it with local stakeholders resulted in less local engagement. This informant felt that a barrier to early sharing was feeling the need to be cautious about sharing ideas for learning activities with local stakeholders before they were formally vetted by USAID, even though vetting was not formally required by USAID. Another common problem was that because of short timelines for country start-up, technical teams at HQ were also identifying learning questions in their HQ work plans in parallel with many country teams who were also developing their own learning agendas. USAID/Washington recommended adding certain multicountry learning activities based on global learning priorities in consultation with MCSP, Missions, and other stakeholders. These were added to the learning agenda later in the project, and a formal USAID Mission director concurrence process for partially or fully centrally funded activities was introduced to facilitate Mission buy-in for these activities. In a limited number of instances, USAID Missions requested new learning activities or the expansion of ongoing learning activities in the middle of the program cycle. Some informants noted that this limited opportunities for local stakeholders to be adequately involved in the design of the activities, sometimes resulting in less rigorous studies and weaker local ownership of the results.

Having a learning agenda helped to build the capacity of critical stakeholders. For example, in Mozambique, MOH staff, subgrantees, and professional associations were trained on developing research questions, implementing studies, and strengthening state and national ethical review committees.

Recommendations and What Worked Well

- **Facilitate a dialogue on the potential benefits of learning activities.** To be successful, program staff must help stakeholders understand how systematic learning can improve policy, programs, and, ultimately, health outcomes, and ensure that they invest in learning activities.
- **Make space for informal discussions.** During the design phase of the learning agenda, there should be flexibility to workshop ideas and be creative, while documenting before obtaining official approvals. Ensure that all project staff are clear on donor expectations for local co-creation of learning activities and that implementers follow up with their donors as needed to ensure these expectations are both clear and practical.
- **Support broad and deep stakeholder engagement in design and execution of learning activities.** Once the scope, priorities, and duration of the program are clear, co-creation (preferably through a workshop with all relevant stakeholders) of the learning agenda should begin as early as possible and should be based on program priorities and what data are feasible to collect. This can be done either as part of work plan development or as a standalone workshop. Consider using a simplified Delphi process¹ before such a workshop to identify and rank questions for the learning agenda and/or engaging an external advisory group or external technical groups (e.g., MOH Safe Motherhood Action Groups) to include outside perspectives. Document the discussions and decisions made by stakeholders. Carefully weigh any possible additions to the learning agenda after start-up to ensure those learning questions are appropriately resourced, there is enough time to implement them, and there is an opportunity to co-design the study protocol with the appropriate stakeholders.
- **Ensure local stakeholder capacity-building.** As was done under MCSP, be intentional about building local capacity for learning and adaptive management by engaging stakeholders and partners, especially MOHs, as co-investigators, data collectors, and coauthors on peer-reviewed manuscripts and conference presentations.

Scope and Content of the Learning Agenda

In terms of the sheer size of the learning agenda, despite several rounds of prioritizing learning activities and streamlining the learning agenda at the country and HQ levels, many respondents still felt overcommitted, especially with human subjects research studies, and noted that additional trimming would have been helpful. In terms of the types of studies undertaken, the overwhelming majority of learning questions were implementation research questions meant to address the “how” and the “why” of contextualizing and carrying out interventions at scale. This often called for mixed-methods studies. One respondent pointed out, “We were able to get rich information through qualitative methods, but we had faced some challenges for the data collection due to the small number of good qualitative researchers in the country and their busy schedules.” In terms of other complexity-aware monitoring and evaluation methods, there was some use of specific techniques and strategies, such as Contribution Analysis² and mixed-methods case studies. One example of a comprehensive and systematic use of a mixed-methods complexity-aware evaluation was with the prospective scale-up case studies in Democratic Republic of the Congo, Rwanda, Mozambique, and Nigeria. Carrying these out was challenging in terms of the ongoing attention needed from busy implementers.

As far as alignment of the learning agenda with overall themes and priorities for implementation, the MCSP global project carried out a number of multicountry learning activities aligned with the project’s learning themes; however, multiple respondents noted that while MCSP carried out many country-specific learning

¹ Please see a description of a simplified Delphi process [here](#).

² Mayne J. 2008. Contribution Analysis: An Approach to Exploring Cause and Effect. Montpellier, France: CGIAR.

activities related to community health and health systems strengthening, it was challenging to advance higher-level multicountry learning activities on these two themes given their complexity and breadth. Future reproductive, maternal, newborn, and child health (RMNCH) programs could benefit from a targeted multicountry design workshop, ideally leveraging an existing regional or global meeting, aimed at exploring opportunities for learning under these cross-cutting themes during program start-up. Another challenge at the country level was that in some cases, funding was year to year, so the length of a country program was uncertain. For example, country programs in Kenya and Tanzania were shorter than originally anticipated, so the endline knowledge, practices, and coverage surveys that they had planned to undertake had to be removed from the learning agenda because the program implementation timeframe was then too short to show changes in coverage.

Recommendations and What Worked Well

- **Prioritize early and often.** Programs should conduct a rigorous prioritization exercise early on and revisit the prioritization during development of annual work plans and budgets to ensure staff level of effort (LOE) allocations remain sufficient. As mentioned elsewhere in the brief, using a Delphi process may be helpful here.
- **Elevate the projectwide learning agenda with cross-cutting learning questions.** Identify key gaps related to implementation and learning themes that a large global RMNCH program is well positioned to address. An external advisory group may be instrumental in supporting this. Such consultations occurred in several countries, such as Mozambique, Ethiopia, and Rwanda, but because of rapid start-up and limited resources to support, such activities did not occur in all countries.
- **Focus on a limited number of strategically important rigorous studies and a larger number of embedded program learning activities that primarily use routine data.** Too many rigorous studies consume a disproportionate amount of time and resources. Consider undertaking embedded learning activities where appropriate, such as a package of process documentation, desk reviews, rapid assessments, and stakeholder consultations, to measure implementation outcomes, such as feasibility and acceptability, particularly for country programs with limited funding.

Supportive Processes and Systems for Carrying Out Learning Activities

Especially during start-up, various stakeholders had a different understanding of what constituted learning and whether this included only research (human subjects research and other health services research) or also embedded program learning that largely relied on monitoring data. While MCSP worked with USAID/Washington to develop a shared understanding of learning, USAID Missions sometimes had a different understanding of what the term meant, often thinking that learning referred to standalone, expensive research studies. Orienting Missions and project staff on MCSP's approach to learning took time but was an important prerequisite to the development of the learning agenda.

USAID/Washington required that all MCSP learning activities had either a concept note or a protocol submitted to USAID for review and approval. USAID/Washington assembled an extended technical team (ETT) structure for the project consisting of technical focal points to participate in review of concept notes, protocols, and resulting dissemination products. The coordination function was helpful in securing feedback and strengthening research protocols. Respondents noted that having a single focal point on the USAID/Washington management team to coordinate the ETT's effort was a critical factor for success. Respondents also shared that it would be helpful to have engaged the ETT for not only rigorous processes for reviewing and providing feedback on protocols and products but also having more in-depth discussions around strategic vision, priorities, and benchmarks of success for monitoring and learning. Having dedicated staff to move the learning agenda forward facilitated its implementation. The Jhpiego (MCSP's lead implementing partner) Institutional Review Board Help Team was supportive in making sure that research protocols moved through Institutional Review Board review as expediently as possible and that non-human subjects research determinations were made as appropriate. While a number of informants appreciated that the review process strengthened the quality of the learning activities, some participants mentioned that full

review, with internal review by MCSP staff and review by USAID colleagues, often took longer than expected. In some cases, embedded learning activities that were conceptualized to be real-time, ongoing learning had to be developed into full research protocols because they fit the requirements of human subjects research, which required a longer review process.

Recommendations and What Worked Well

- **Negotiate a shared definition of learning early on.** Develop a shared understanding by all relevant stakeholders of how “learning” and “learning agenda” are defined under the program as early on as possible, preferably at the award stage for the global program and at the program description stage for country programs.
- **Establish a donor advisory group to focus on strategic vision and technical review functions.** Similar global programs would benefit from a technical review and coordination group similar to the ETT, with a single focal point on the donor side to coordinate this group’s efforts. In addition to the technical review and coordination function, this group should be involved early on in explicit discussions around strategic priorities and benchmarks for monitoring and learning across the project.
- **Streamline review processes.** Especially in the context of an implementation support project with learning activities meant to coincide with implementation, it is easy to lose momentum on learning activities when administrative approvals for learning activities fall behind project design and implementation. A streamlined review process can lead to better-quality and more timely learning activities. As mentioned above, a key aspect of this is ensuring sufficient project staff LOE to support the development of protocols and concept notes. In addition, multiple respondents suggested that placing project evaluations, formative assessments, and single-country embedded (non-human subjects research) learning activities in an expedited review category would allow the more intensive reviews to be focused on the learning activities with the potential for filling pressing local and global evidence gaps.

Capacity and Resources for Learning Activities

While learning activities were generally adequately resourced, country teams often realized that they needed more technical assistance and staff time than they originally anticipated. In some cases, LOE earmarked for learning support was insufficient in the field, and in other cases, more LOE was assigned to field staff than US-based staff, which limited the amount of technical assistance and oversight US-based experts could provide. Support from strong monitoring, evaluation, and learning (MEL) advisors and technical advisors was cited as a facilitator in discussing study design and in developing protocols and tools, since there was typically a limited number of field-based team members with the availability to focus on the learning agenda. The design and rigor of the learning activities were seen as being somewhat dependent on the particular skills of the team involved.

Some MCSP country programs faced challenges with finding local organizations and/or consultants who had sufficient capacity and experience to carry out research as expected. Respondents cited gaps in data analysis and technical writing competencies in the field, including a limited number of local organizations and consultants who were able to conduct high-quality qualitative or quantitative data analysis and then communicate the results through well-written briefs or reports. This limitation in local resources made having sufficient time for program and technical staff to oversee research consultants in the field (and to conduct quality checks on data analyses as needed) and to develop dissemination products particularly important. For future activities, and as was often done under MCSP, if data analysis is being led locally, it may be beneficial for a workshop to be held with local, HQ, and consultants, university, or research agency staff as applicable to review and interpret findings in-person. This can both expedite data analysis and interpretation and ensure a high-quality product.

Recommendations and What Worked Well

- **Ensure the right skills mix and LOE allocations when forming learning study teams, and ensure dedicated staff are available to support the learning agenda.** Dedicated technical and research staff both at HQ and in the field should be funded to work more closely and deliberately hand in hand to design context-appropriate, high-quality learning activities. Program managers, MEL advisors, data visualization experts, and knowledge management staff should be funded and enabled to facilitate administrative processes to keep things moving; provide support with the design and conduct of learning activities; prepare dissemination products, such as briefs, infographics, and manuscripts; and track and share results across the projectwide learning agenda.
- **Identify strong local research partners.** Because the quality of consultant work varies, relationships with universities or other reputable local research institutions should be built early on so the program can work with researchers who have a track record of producing high-quality work. Additionally, future programs should seek opportunities (if needed) to build local capacity of regional and national academic and research institutions in implementation research, adaptive management, and dissemination as part of the journey to self-reliance.

Timelines and Implications for Translating Learning into Action

It is very difficult to translate learning into action (i.e., where results from learning activities are reflected in updates and improvements to health policies, guidelines, and programs) over the course of one 5-year program cycle for every learning activity. This challenge was made even more difficult by the fact that half of the country programs were implemented for less than 2 years. Respondents agreed that it takes time to carry out learning activities, obtain results, and advocate with stakeholders to translate that learning into action. Also, for multicountry learning, buy-in occurred at different times, so the final results across countries were unavailable until the entire activity had been completed. Consequently, some learning results were available too late to change implementation during MCSP, but the learning will still be important for stakeholders, including USAID, to inform subsequent programming.

Recommendations and What Worked Well

- **Implement learning activities early and build in time for dissemination of results and advocacy.** One participant suggested that greater effort should be made to ensure that learning activities are implemented in the first 3 years of the typical 5-year program period so that results can be shared and used in the latter years of programming. For country programs that began after Year 3 of the global project, activities should be designed in a way that the learning activities are feasible to complete within a shorter time period.
- **Nurture relationships to stay relevant to stakeholders and encourage knowledge translation.** Knowledge translation is usually a lengthy process, requiring much longer than a 5-year program period to consolidate. The learning agenda should include a spectrum of approaches ranging from human subjects research studies to studies using routine data, depending upon the level of rigor needed, funding availability, and required timeframes. MCSP found that the less rigorous learning activities using routine data shortened the time required for learning-to-action and helped to keep the results relevant to policymakers who might face shifting priorities and limited ability to stay engaged. Programs need to continuously engage MOH-led technical working groups and other partners, who can further advocate for translation of findings into policy and practice after the end of the program, and who can also carry out additional implementation research as appropriate.

Strategic Dissemination of Results

MCSP conducted a consultative process with each country program and technical team to identify knowledge products for dissemination, their objectives in developing and disseminating the product, audiences for each product, and concrete, product-specific dissemination plans. Teams prioritized dissemination products that showed strong results and health outcome data, were in some way new or different and compelling, and showed significant learning.

Dissemination and Knowledge Translation

In general, informants reported that results were not only being disseminated in-country and in various regional and international fora but also being used or applied in countries. Having a more intentional and systematic approach to disseminating results compared to MCHIP seemed to contribute to wider dissemination and knowledge translation under MCSP. For example, every country program and technical team developed a documentation and dissemination plan. These plans applied not only to more formal learning activities but also to studies that used routine data only and to other project documentation intended for an external audience. In some cases, MOHs were able to improve RMNCH service quality in real time based on disseminated study findings. On the other hand, one informant pointed out that some types of more rigorous research do not lend themselves to short-cycle learning and should be carefully considered before being included as part of the learning agenda. Results that can be released before preparation of a peer-reviewed publication should be identified and shared on an ongoing basis.

Recommendations and What Worked Well

- **Devote adequate time early in the project to strategizing about how to optimally disseminate findings.** Although documentation and dissemination plans were developed and results were being disseminated and used, there was a suggestion that even more time should be devoted to planning for dissemination earlier on (i.e., by Year 2 of a 5-year project and earlier for programs with shorter timelines) to ensure that findings are incorporated into policies and programs as much as possible. This will help to ensure prioritization of products also takes place earlier and continuously.
- **Focus on products that synthesize results in concise ways tailored to the specific audience.** There should be a continued focus on “quick win” dissemination efforts, including the development of briefs, infographics, discussions with relevant members at national and subnational levels, technical working groups, and presentations at professional association annual conferences in-country, since longer reports may not be picked up and read by many. Longer reports should have strong executive summaries and good use of data visualizations.
- **Work with stakeholders to process results and develop recommendations and action plans.** Dissemination efforts should include discussions about what the data mean and how results should be positioned to influence decision-making and policies. Decision-makers should be supported to develop recommendations and action plans, and lay out the steps needed for advocacy efforts and follow-up to the action plans.

Comparative Advantage of a Global Implementation Support Project Carrying Out Learning

Key informants were in favor of including learning as part of a global implementation support project, and some even suggested that learning activities was best carried out through a global implementation support project. Several reasons were provided for this suggestion. The global, multicountry learning that was possible as part of a project that was implemented across multiple countries and technical areas would never have been possible under a bilateral project. MCSP was best positioned to design and carry out research embedded in its own implementation activities; an outside agency or project would likely not have a nuanced understanding of implementation activities. More specifically, while research or evaluation activities conducted outside of an implementation program can provide useful information about what has or has not worked at a high level, these activities are not designed to identify the reasons for the level of performance and how they varied over time. Under a project like MCSP, there is a “built-in” uptake mechanism because technical experts and country teams are the ones learning the lessons themselves. Some informants thought that embedding research within implementation was likely to be less costly than doing it as a standalone activity.

Overall, MCSP benefited from having Johns Hopkins University as a university partner, with access to experts in human subjects research and biostatistics; however, for simpler but programmatically useful studies, it was unnecessary to bring in additional outside expertise. There is an inherent tradeoff between rigor

and feasibility. Having separate research activities and experts may result in more rigorous research, but the incentives of academics to publish is likely to make the research less short cycle or as locally useful.

Recommendations and What Worked Well

- **Ensure that there is enough time for implementation.** Implementation research is best carried out through an implementation project as long the project's time period is sufficient to learn while implementing. The project's timeframe should be long enough to allow for the learning to be generated, used, and then tested in larger settings. Projects with shorter timeframes should consider rapid assessments and embedded learning activities that allow for short-cycle learning.
- **Limit the number of learning questions.** While there are many benefits to having learning embedded in an implementation project, the number of questions should be limited and include a clear timeline and a budget that is consistent over the course of the project.
- **Ensure that expectations are clear.** Because of the matrixed management environment of a global program that includes multiple technical areas and teams, it is important to ensure that expectations about roles and responsibilities for carrying out learning activities are made clear at the outset. It is also important to understand who is the final decision-maker regarding study budget, team membership, design, data collection instruments, etc.
- **Leverage and strengthen existing routine health monitoring systems.** Many MCSP learning activities made use of routine monitoring data (e.g., service statistics from national health management information systems) to help answer learning questions, in addition to tracking program progress on a regular basis and donor reporting. These systems are even more important to learning when program timeframes are short. MCSP also widely supported efforts across multiple countries to improve the quality and regular use of routine data by program stakeholders to inform decision-making. Future global implementation support projects should continue to strengthen existing country health information systems and use these data to help answer implementation questions. In addition, projects should allocate resources to support countries to align the RMNCH content of their national health management information system with the latest global guidance.

Summary of High-Level Recommendations

- **Create opportunities for shared learning.** Future programs should reach consensus on the meaning of "learning," the framework and parameters for learning early in the program, and fully integrate learning into country designs from the start. To be successful, programmers must help stakeholders understand how systematic learning can improve policy, programs, and, ultimately, health outcomes, and ensure that they invest in learning activities.
- **Increase the focus on embedded learning activities.** A future project should include a larger proportion of embedded program learning activities using routine data, particularly for country buy-ins with limited funding, while taking into account the limitations posed by data availability and quality. These activities can be supplemented by rapid qualitative and/or quantitative assessments during the design phase and to inform midcourse corrections.
- **Support broad and deep stakeholder engagement in design and execution of learning activities.** Co-creation, preferably through a country-based workshop with all relevant stakeholders, of the learning agenda should begin as early as possible and should be based on program priorities and what data are feasible to collect. For multicountry learning activities, co-creation is even more critical to contextualize learning while still maintaining comparability of results.
- **Ensure local stakeholder capacity-building.** Always seek to include stakeholders and partners as co-investigators and coauthors of manuscripts and conference presentations to promote capacity-building in learning and adaptive management, and to encourage continued engagement.

- **Start implementation of learning activities early.** Begin implementation as soon as possible, after building in time for stakeholder engagement during the design phase. Implementation should take place during the first 3 years of the typical 5-year program period so that results can be shared and used in subsequent years.
- **Strategize from the start about the best way to disseminate findings as early in the project cycle as possible.** Effort should be devoted early on to strategize about opportunities for dissemination to ensure that findings are incorporated into policies and programs.
- **Nurture relationships to stay relevant to stakeholders to encourage knowledge translation.** Programs should continuously engage technical working groups and other partners, who can help interpret findings, develop recommendations, and further advocate for translation of findings into policy and practice after the end of the project, and who can carry out additional implementation research as appropriate.

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