Connecting People to Improve Monitoring and Evaluation of Global Health Programs

Experiences from MEASURE Evaluation-Supported Communities of Practice

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Overview

As of 2014, the MEASURE Evaluation project had provided technical assistance and other support to a dozen communities of practice focusing on various aspects of monitoring and evaluation (M&E) of health programs, including those addressing HIV, malaria, health information systems, and data demand and use. These networks have connected nearly 8,000 members from over 100 countries and provided platforms to exchange both tacit and explicit knowledge to improve the practice of M&E for global health. Community members have represented implementing partner organizations, multi- and bi-lateral organizations, local government health agencies, nongovernmental organizations (NGOs), community-based organizations, and faith-based organizations.

Coordination and collaboration among these diverse stakeholders are critical. Indeed, the importance of coordination is stated directly in the Global Health Initiative (GHI)'s principles of leveraging multilateral agencies and partnerships. Established in 2009, the GHI seeks to combine the capacities of U.S. government agencies to address global health challenges.

Communities of practice — networks of people that identify issues, share approaches and make their solutions to problems available to others — are important mechanisms to encourage collaboration and increase the reach, usefulness and use of health and program management tools. MEASURE Evaluation advances the field of monitoring and evaluation through collaboration at local, national, and global levels that are often fostered through the networks and communities of practice it supports.

Communities of practice connect people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise by interacting on an ongoing basis (Wenger, McDemott & Synder, 2002). These networks incorporate three key components of good knowledge management:

- *people*, the generators and users of a fluid mix of framed experience, values, contextual information and expert insight that provide a framework for evaluation and incorporating new experiences and information (Davenport & Prusak, 1998);
- *process*, the cycle that generates, identifies, applies, archives, and shares knowledge; and
- *technology*, the platforms that support and enable communication.

Better knowledge management can close gaps between research findings and decisions that are made in global health practice by increasing engagement among research, policy-making, and practice (Mwaikambo, Schurmann, Gordon, 2011). Communities of practice managed by MEASURE Evaluation allow public health practitioners to discuss complexities, share ideas, learn from one another, and contribute to further developments.

Three Case Studies

This document examines ways in which three of these communities of practice supported by MEASURE Evaluation have worked to close knowledge gaps and increase engagement among

M&E practitioners. These case studies provide an opportunity to examine networks operating to improve health information systems at the national, regional, and global level.

MEASURE Evaluation-supported communities of practice function as a mechanism to improve the quality of M&E and health information systems and data use. These diverse communities connect M&E professionals to expert knowledge residing at the global, host country and sub-national levels. Much of this work involves developing standards and guidance that, in turn, are critical to reducing redundancy and duplication at the field level. Connecting communities online is an increasingly useful means for global health professionals to network and share practical experiences related to M&E of health programs.

MEASURE Evaluation staff develop explicit knowledge — contained in M&E tools, guidelines, articles and reports — to improve data collection, analysis and use. This knowledge is shared through a broad range of communication channels, including MEASURE Evaluation's networks. Community members are able to apply these technical resources to their own context and then share their experience (tacit knowledge) with other network members and MEASURE Evaluation staff. This feedback loop provides a concrete platform for exchange that can test assumptions and inform revisions and the development of new tools and resources.

For example, the Child Status Index, a tool for assessing the well-being of children orphaned or made vulnerable by HIV/AIDS, has been shared widely among members of the Child Status Network. Community members have exchanged insights on how the tool has been applied in local settings.

Networks Assisted by MEASURE Evaluation

AIMEnet or the HIV/AIDS Monitoring and Evaluation Network allows its 2,100 members to exchange ideas and seek advice regarding M&E of HIV/AIDS programs.

BGH CA M&E WG is USAID's Bureau of Global Health Cooperative Agreements Monitoring and Evaluation Working Group for professionals working in M&E with USAID projects.

ChildStatusNet offers a community for those working with orphans and vulnerable children.

CEEME is the Creating Enabling Environments for M&E network.

DataUseNet provides a community for those working to improve the use of data.

GEMNet-Health or Global Evaluation and Monitoring Network for Health fosters organizational growth, collaboration, and South-to-South support for monitoring and evaluation of health programs.

IHFAN or the International Health Facility Assessment Networks a multi-agency network committed to strengthening health facility-based data collection.

MEET, Monitoring and Evaluating Experiences Together, is a network of MEASURE Evaluation-funded masters fellows and trainees from regional training programs.

M&E of Malaria shares malaria-related articles and reports.

Pima, the Swahili word for measure, is a network for M&E professionals in Kenya.

RELACSIS, the Latin American and Caribbean Network for Health Information Systems, involves professionals in the region working with health information systems.

RHINO, the Routine Health Information Network, promotes effective collection and use of routine health information, especially at the district level and below.

This exchange of tacit knowledge resulted in MEASURE Evaluation staff identifying a knowledge gap and circulating a document providing clarification on how to use the Child Status Index, available at:

http://www.cpc.unc.edu/measure/our-work/ovc/clarification-regarding-usage-of-the-child-status-index

Community of Practice Diversity and Management

Each community of practice's purpose, primary mode of exchange, and operation varies. For example, moderators of Monitoring and Evaluating Experiences Together (MEET) utilize a listserv as its primary mode of interaction to facilitate dialogue on M&E practices and continue to build capacity among professionals who have participated in MEASURE Evaluation workshops and training sessions. Alternatively, the USAID Bureau of Global Health Cooperative Agreements Monitoring and Evaluation Working Group conducts meetings to facilitate M&E knowledge sharing among its members.

Several communication platforms support interaction among communities. From email management systems to content management systems, each community moderator utilizes a mix of information communication technology to facilitate communication. Several communities have experimented with web conferencing software to facilitate engagement over a short period of time, while others have relied on in-person meetings, asynchronous discussion boards, or a combination of platforms.

To gauge the value of knowledge exchange among community members and engagement, MEASURE Evaluation routinely collects data on five engagement indicators and conducts assessments. Routine data, assessment findings, and annual meetings are used by moderators to adjust moderation techniques to maximize participation and exchange. These activities help moderators understand knowledge and information needs, and potential barriers to participation and engagement among community members.

For example, a 2010 assessment determined that the AIMENet listserv was relevant and useful to the subscribers' M&E work in HIV/AIDS programs. The results of the assessment revealed members' interest in interactive discussion for greater sharing of best practices. The moderator followed recommendations from the survey, made improvements, and began to nurture the network.

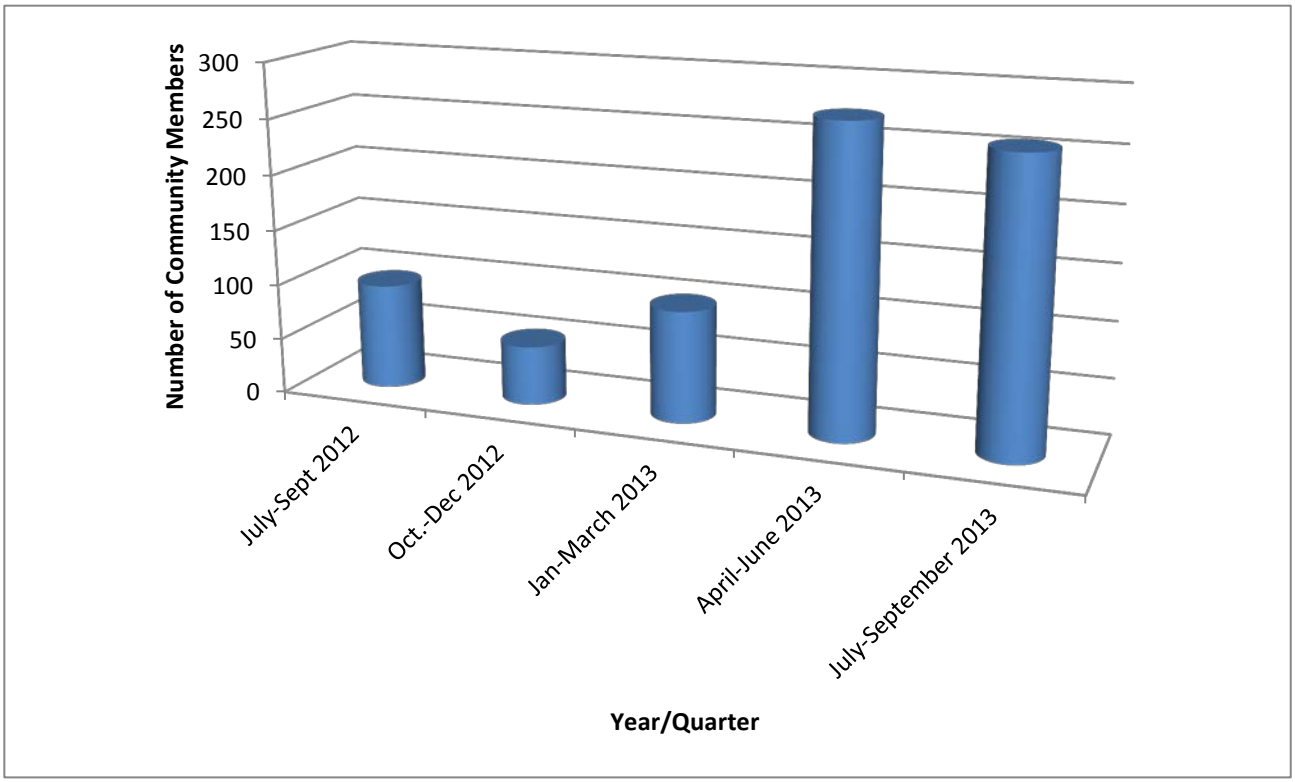
MEASURE Evaluation has leveraged M&E networks to diffuse explicit M&E knowledge as a means to build M&E capacity in host countries. In the global M&E community, MEASURE Evaluation has a direct link to global health guideline developers, national health program planners, and field implementers. This link allows the project to evaluate the usefulness of tools in practice and make appropriate adjustments.

Since 2011, MEASURE Evaluation has made a concerted effort to maximize the potential of communities by providing central support to community moderators. In addition to annual planning and skills-building sessions, community moderators receive targeted technical

assistance to increase reciprocity and strengthen communities. This face-to-face forum provides an opportunity to exchange experiences and identify potential avenues for collaboration.

These efforts have influenced growth in the communities of practice, including a 21 percent increase between 2012 and 2013 in the number of people who have contributed annually to a MEASURE Evaluation-moderated network. Likewise, the number of new threads, which measures reciprocity — the extent to which community members are exchanging ideas and resources with one another — increased by 11 percent over the same period of time. Figure 1 shows number of new members posting over five quarters in 2012 and 2013.

Figure 1: Number of members of MEASURE Evaluation-moderated communities of practice who posted to a community, by quarter, 2012-2013.



In addition to these measurable results, MEASURE Evaluation's networks are increasingly looked to for their expertise in fostering and managing online communities. For example, MEET, which brings participants together following MEASURE Evaluation workshops to exchange experiences and information, was recently engaged by Obafemi Awolowo University (OAU) in Nigeria to guide the pilot of a Nigeria-focused online community. As a result, OAU subsequently launched an online community that allows Nigerian M&E professionals to exchange ideas and information. Likewise, the Kenya Ministry of Health has also looked to the Pima community of practice for support in establishing a dedicated community to discuss health system issues and developments in the Kenyan context.

As MEASURE Evaluation gains experience in fostering and managing communities of practice, the project will continue to facilitate exchange of best practices and lessons learned among moderators, and liaise with knowledge management practitioners to determine the most effective means to create value and measure the impact of communities of practice. Through its participation in the Global Health Knowledge Collaborative M&E Working Group, MEASURE Evaluation is contributing its experience in this area to inform and help improve knowledge management practice in global health development.

Global Community: International Health Facility Assessment Network

Purpose

The International Health Facility Assessment Network (IHFAN) connects a global community of health information professionals to current public health tools, guidelines, and data that can be used to assess and improve health facilities in developing countries.

The community shares health facility assessment news, research, and links to resources via a community listserv. These shared resources are then posted to a Web site (http://ihfan.org/home) to make the information more widely available. As of 2013, IHFAN included 513 members.

Accomplishments

IHFAN members have created a variety of health facility assessment tools, including the following:

Health Facility Assessment Technical Working Group. Guidance for selecting and using core indicators for cross-country comparisons of health facility readiness to provide services [working paper WP-07-97], Chapel Hill, NC: MEASURE Evaluation; 2007.

Health Facility Assessment Technical Working Group. The signature domain and geographic coordinates: a standardized approach for uniquely identifying health facilities [working paper]. Chapel Hill, NC: MEASURE Evaluation; 2007.

International Health Facility Network. *Flow Chart of Steps to Conduct Health Facility Assessment* [MS-08-28]. Chapel Hill, NC: MEASURE Evaluation; 2008.

Fapohunda B, Gragg B. *Pillars of Health Facility Assessment: An Illustrative Capacity-Building Curriculum for Mid- and Senior-Level Managers* [MS-09-36]. Chapel Hill, NC: MEASURE Evaluation; 2009.

Fapohunda B. *Using Health Facility Assessment Data to Address Programmatic Questions: Illustrative Examples for Program Managers* [SR-12-72]. Chapel Hill, NC: MEASURE Evaluation; 2012.

IHFAN has hosted workshops and training events attended by global health officials, M&E and health information system experts, ministry of health and nongovernmental organization staff, and representatives from donor agencies. IHFAN members also have presented posters at conferences and organizations participating in the network have collaborated to publish materials.

Additionally, IHFAN made heath facility surveys from more than 74 countries available on the IHFAN Web site.

Lessons Learned

While attempts have been made to shift from a dissemination model to one of reciprocity — drawing on members to share resources and contribute to online discussions— the community's primarily focus has continued to be as a vehicle for information dissemination, by its Web site and listserv. A user assessment conducted in 2011 showed that members were chiefly interested in professional development information, such as job openings, an interest that did not match IHFAN's original objectives.

Nevertheless, IHFAN has filled an important information need on a global basis, by making health facility assessment resources available to public health professionals, according to Natasha Kanagat, a MEASURE Evaluation M&E advisor who helps IHFAN concentrate on member engagement.

Transitioning from a dissemination model to a reciprocity model, she says, can help maximize member engagement and exchanges. To continue a strong sense of community, Kanagat believes the network's organizers must have:

- a clear vision of the community of practice's purpose and goals;
- well-defined roles and responsibilities for community members to ensure sustainability, including at least one technical support person to keep its Web site updated and one or two people with communication skills who can articulate the community's accomplishments and facilitate communication among members;
- the ability to measure the community of practice's performance (examples of these changes include decreases or increases in membership, number of posts on the site, etc.); and
- the ability to be responsive to user feedback and address technical issues quickly, to sustain participation in the network.

History and Organization of the Network

IHFAN began in 2006 when experts from the World Bank Group, the World Health Organization (WHO), and MEASURE Evaluation sought a means to make health information and health facility-related tools available among public health professionals worldwide. The IHFAN Web site launched shortly thereafter to provide access to these tools and resources.

By 2009, IHFAN had a robust knowledge repository that members were using. The network's focus subsequently evolved from making information available to engaging members and facilitating exchange of lessons learned and best practices in health facility assessment. Such collaboration has included national and global partners, leading to improved standards of practice and a robust sharing of lessons learned worldwide.

Regional Community: RELACSIS

Purpose

Health information systems (HIS) in Latin America and the Caribbean have historically performed inadequately for a variety of reasons. The Latin American and Caribbean Network for Health Information Systems — known by its Spanish acronym, RELACSIS (Red Latinoamericana y del Carib para el Fortalecimiento de los Systemas de Informacíon Salud) — provides a platform for professionals working with health information systems across the region to exchange best practices and prioritize activities to improve the quality and use of health-related data. RELACSIS benefits from a participatory process that builds consensus across global and national institutions and improves the quality of data that informs global health investment decisions in the region.

Figure 2: RELACSIS members gather in Mexico City to discuss various health system strengthening interventions. *[dated 2013]*

Photo by Leah Wyatt, MEASURE Evaluation

As of 2014, RELACSIS had 541 members from 35 countries. Some users are based outside of the Latin American and Caribbean region, including Afghanistan, Australia, and Spain. Members represent 102 organizations, including, the Mexican Institute of Social Security, the United Nations Development Program, and international NGOs, among others. In addition to continuing online discussions held through its Web site, RELACSIS hosts Elluminate Live! Web conferences where users connect to share their own experience and learn from others' accomplishments and difficulties working with health information services and systems. The Web site is available at:

http://www.relacsis.org.

RELACSIS also hosts annual face-to-face meetings to allow network members to share the work they have been doing to improve health information systems. The in-person forums provide an opportunity to share best practices across countries and to prioritize activities to help shape a regional HIS agenda.

Accomplishments

MEASURE Evaluation supports RELACSIS by providing technical assistance to help countries identify and disseminate best practices in HIS. For example, at a 2013 RELACSIS meeting held in Mexico City, over 30 posters describing individual best practices in each country were shared with other countries in the region. The goal is to help countries identify potential opportunities, describe how proposed work will meet current needs, and connect interested parties so they can collaborate and continue developing and improving HIS.

Also in 2013, RELACSIS facilitated the exchange and implementation of a best practice from Uruguay to other counties in the region. Partners were creating an eLearning course that educates doctors on the importance of correctly recording a patients' cause of death. Once the course is completed, it will be shared through the Pan American Health Organization (PAHO) e-learning platform in Mexico so the entire region can access the information.

Other activities spearheaded through RELACIS include developing an electronic tool for countries to improve epidemiological surveillance. Ecuador, the Dominican Republic, and El Salvador piloted the use of the tool, sharing their experiences with other countries interested in using the tool to improve epidemiologists' follow-up on particular cases. Similarly, countries that have piloted innovative approaches to improve health information systems, such as Mexico's use of the electronic medical record, are able to share their experience with other countries through the RELACSIS network.

Lessons Learned

Beatriz Plaza, a senior technical health specialist with MEASURE Evaluation who co-manages RELACSIS with a PAHO collaborator in Uruguay, emphasized that local leadership of the community has fostered its strong regional presence. She said this ownership is a key part of plans to sustain the community beyond MEASURE Evaluation's support.

In addition to Plaza and the PAHO collaborator, a Web site administrator in Argentina and Web developer in Mexico support the RELACSIS portal, an online platform that connects HIS professionals from across the region. To keep site maintenance costs low, the platform is built with Joomla, an open-source content management system, and hosted by the National Institute for Public Health Mexico (INSP).

Sustaining the community in the future could entail moving the RELACSIS' portal to PAHO-owned server space, allowing it to remain regionally-based while expanding its technical capabilities. The site is currently housed on an El Instituto Nacional de Salud Publica (INSP) server. PAHO, which has had a presence in the region for more than 80 years, could also help ensure that the community is meeting needs relevant to Latin American and the Caribbean.

Plaza noted that keeping community members continually engaged is a challenge, particularly when hosting remote users. Soliciting feedback from users has been helpful, identifying technical issues and keeping the platform responsive to users' information needs, she said. The Web site's administrators undertook a redesign in 2012 to improve the site's usefulness and usability.

In addition to the online platform, face-to-face gatherings provide an important opportunity to network and better understand some of the HIS-related issues each country faces. The meetings are a venue for the network to share innovation across the region and to help set priorities for pilot activities funded by USAID, Canadian International Development Agency, and PAHO that lead to better HIS in the region. HIS professionals working in other regions have recognized the potential of this unique, country-driven approach in other contexts.

Country ownership is at the heart of the RELACSIS experience. Plaza notes that MEASURE Evaluation's role is to facilitate a process that is ultimately led by HIS professionals working in each country. "The solutions are there, they just haven't been brought to the surface," Plaza said. "Our job is to help bring those local solutions to the surface."

History and Organization of the Network

RELACSIS was launched in 2010, the result of years of partnership among USAID, PAHO, and MEASURE Evaluation to improve M&E collaboration within the region. Contributors to RELACSIS have included individuals working with Latin American national health ministries, institutes of statistics, universities and NGOs. Institutional participation also includes PAHO's Office of Health Information and Analysis and the National Institute of Public Health in Mexico. Having these regional and in-country leaders participate in RELACSIS has been crucial in addressing regional issues and encouraging local officials to sustain the network over the long-term.

Further demonstrating that RELACSIS is regionally led, community members shared what they felt the platform could do to meet their information needs before the Web site was created. These priorities were then reflected in the site that launched in 2010.

While measuring how communities of practice directly affect monitoring and evaluation systems is difficult, RELACSIS provides a unique platform to share experience and information that can be adapted across the region. In addition, RELACSIS supports MEASURE Evaluation's programs in health information, such as routine HIS. Plaza said the community of practice demonstrates the importance of talking about what is and is not working for information systems, and ensuring good resources are available to the HIS community.

National Community: Pima

Purpose

The Pima community of practice is a network of public health professionals in Kenya working in monitoring and evaluation. Pima is a Swahili word for "measure". The community shares local experience and expertise in M&E, and utilizes a listserv hosted on the Implementing Best Practices Knowledge Gateway to enable communication among members and distribute resources. The gateway is located at:

https://knowledge-gateway.org/pima

Members also share and use Kenyan population, health, and nutrition data to improve health programs and outcomes. Their exchanges lead to improved knowledge of M&E practice through discussion.

Accomplishments

Efforts to increase and diversify membership, as well as engagement within the Pima community, have encouraged members to participate in the online discussions through both original posts and contributions to ongoing threads. For example, after a peer-reviewed journal article was shared within the community, a member posted a question about the study's reference to new M&E guidelines, asking members to comment on whether the guidelines were appropriate in the Kenyan context. Several respondents engaged in the discussion, including a government official who explained that the Kenya Ministry of Health had been using the guidelines detailed in the paper mentioned. Members saw this as a sign that the guidelines were appropriate for their programs.

In another instance, one Pima community member inquired about M&E training in Kenya, prompting over 10 replies that later formed the basis for an organic discussion around the M&E training needs in Kenya. These healthy exchanges have formed the basis for a strong professional network that is ultimately directed by the needs of its members.

Kate Mbaire, a MEASURE Evaluation senior M&E specialist in Kenya who moderates the Pima community of practice, said such examples help form a strong sense of community among participants. She is confident that, over time, the community will be able to stay active with growing support from participants.

Lessons Learned

The Pima community experience is an example of how local networks can meet local information and knowledge needs, according to Mbaire. Through its evolution from a listserv primarily intended for one-way dissemination into an interactive community of practice, the Pima community of practice has demonstrated that having a moderator is critical to foster

community and increase reciprocity. Mbaire identified the following actions as other key components in building a successful community of practice:

- Those implementing and facilitating the community need to understand what is happening on the ground and in community members' day-to-day work to make connections to relevant knowledge and meet information needs.
- It is important to make members feel as though they are part of a community of people who are willing to support one another. Recognizing individuals for their contributions and encouraging collaboration, whether online or in-person, helps foster this sense of community.
- Finding active members to initially contribute to online conversations and following up to personally thank them can increase community activity and encourage members to share knowledge.

In addition to these lessons learned, Mbaire said that information communication technology can present challenges. Although Knowledge Gateway provides important communication tools to help the Pima community of practice achieve a greater sense of collaboration, she thinks site registration (optional for members) is unappealing to some who have limited Internet access or may not want to create new accounts. Overall, Mbaire said the forum enables active user participation if it is well maintained by a moderator.

History and Organization of the Community

In 2007, MEASURE Evaluation's office in Kenya created a listserv to disseminate resources to M&E professionals working in Kenya. In 2008, the AIDS, Population, and Health Integrated Assistance Evaluation (APHIA II Evaluation) project began managing the listserv to provide information to strategic information officers working with the U.S. President's Emergency Plan for AIDS Relief.

As APHIA II Evaluation prepared for its close-out in early 2012, listserv management transitioned back to MEASURE Evaluation in Kenya as a means to facilitate exchange of best practices, knowledge resources, and learning opportunities among M&E professionals. The Pima community of practice was launched in 2011. The listserv moved to the Knowledge Gateway platform with assistance from MEASURE Evaluation to enhance management capabilities, monitor performance indicators, and to position the community for sustainability. About 90 percent of its members are based in Kenya.

In 2012, Mbaire assumed the role of community moderator to connect professionals to the community and facilitate dialogue. Pima was comprised of 758 members as of December 2013, compared to about 150 members in November 2012.

Pima community of practice membership has grown by personally reaching out to individuals, both in person and via email. MEASURE Evaluation PIMA, a project that works closely with the Kenya Ministry of Health, has also recruited members at the sub-national level during project-supported technical meetings. A presentation on the Pima community of practice, given at a 2013

national conference on M&E best practices, also highlighted the role of the network at both national and sub-national levels.

Government-led planning and technical meetings have provided venues to reach public health professionals who may be interested in joining the Pima community. Mbaire has used the listserv to introduce new members and to encourage members to raise questions, share experiences and resources, and engage in conversations with one another. Mbaire also reached out to senior-level professionals to encourage their participation, which has set an example for the community.

Members post to the listserv on a regular basis, and the number of posts have increased. The diversity of topics being discussed has also expanded as members have become more comfortable engaging with the community. For example, in 2013 members discussed their experiences in implementing district and community health information systems as well as two national reporting tools available in Kenya.

In addition to robust discussions that can help articulate challenges faced by M&E professionals working in the Kenyan context, members often share resources and tools that can assist fellow members in their work. Mbaire noted that engaging M&E professionals at all career levels, both within the health sector and also those working in M&E outside of health, enables diverse perspectives to be shared throughout the community.