2018 CLA CASE COMPETITION

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Case Title:

Field Support Scoping Visit Process: The Value of "Pause and Reflect"

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Breakthrough ACTION and USAID staff during a social and behavior change workshop that followed the Zambia scoping visit (left to right): Catherine Chime, Arlene Phiri (USAID), Arzum Ciloglu, Lydia Trupe, Uttara Bharath-Kumar. Credit: Uttara Bharath-Kumar, February 2018.

Summary:

Breakthrough ACTION is the U.S. Agency for International Development's (USAID) flagship social and behavior change project. Led by the Johns Hopkins Center for Communication Programs, the project's mandate is to increase the practice of priority health behaviors and enable social norms for improved health and development outcomes.To achieve these ambitious goals, Breakthrough ACTION needed a better understanding of the situation on the ground in countries where USAID Missions had project buy-ins. In planning information gathering visits, Breakthrough ACTION determined these required a scoping process and supporting tools that systematically and strategically incorporated "pause and reflect" techniques.

The project posited that developing a standard scoping process and encouraging members of integrated teams to be more comfortable in sharing their opinions and ideas would result in more effective programs. The process would also help scoping team members address their inherent biases, hear alternative perspectives from stakeholders, and adopt a willingness to take action on new ideas. The resulting scoping visit process, which incorporated aspects of human-centered design, behavioral economics, and audience segmentation, was implemented in five countries. "Listen and Learn" guides were developed to facilitate discussions with five stakeholder groups: health service clients, community groups, health system professionals, implementing partners, and service providers.

The resulting organizational and development outcomes across the five countries are similar: an enhanced ability to work together to improve FP/RH, HIV/AIDS, MNCH, and malaria health outcomes as a result of greater buy-in. These outcomes are expected to show a return on investment throughout the five-year project.

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

- [x] Internal Collaboration
- [ ] External Collaboration
- [ ] Technical Evidence Base
- [ ] Theories of Change
- [ ] Scenario Planning
- [ ] M&E for Learning
- [x] Pause & Reflect
- [ ] Adaptive Management
- [x] Openness
- [x] Relationships & Networks
- [ ] Continuous Learning & Improvement
- [ ] Knowledge Management
- [ ] Institutional Memory
- [x] Decision-Making
- [ ] Mission Resources
- [ ] CLA in Implementing Mechanisms

2. What is the general context in which the case takes place? What organizational or development challenge(s) prompted you to collaborate, learn, and/or adapt?

The Breakthrough ACTION project is tasked with increasing the practice of priority health behaviors and enabling social norms for improved health and development outcomes, with an emphasis on FP/RH, HIV/AIDS, MNCH, and malaria. To help meet these ambitious objectives, the project implements proven social and behavior change interventions in health and development programs worldwide. The project started in September 2017 with a set of global (core) work plan activities and the expectation that USAID Missions would submit buy-in requests.

Led by the Johns Hopkins Center for Communication Programs, four key partners support Breakthrough ACTION, each one with a unique skill set: ThinkAction (human centered design), ideas42 (behavioral economics), Save the Children (community mobilization), and Camber Collective (audience segmentation). Though some of the partners had previously worked together, this was the first time the full group of organizations would jointly apply their specific approaches to address intractable health challenges in diverse contexts. A process and supporting tools were needed to bring out each partners' skill set when developing USAID Mission work plans.

Each field buy-in has a unique scope of work set by the USAID Mission along with diverse realities, including health indicators, social context, and stakeholders. For example, the Nepal context was unique due to the recent decentralization of the health system. Nigeria, with its unique size, composition of cultural groups, strong state governments, and large number of partners was also unique. Therefore, a flexible process and supporting tools were needed to accommodate a wide variety of priorities.

3. Why did you decide to use a CLA approach? Why was CLA considered helpful for addressing your organizational or development challenge(s)?

The Breakthrough ACTION Insights Team was convened with representatives from project partners, project leadership, core and field teams, and knowledge management staff. The mandate of this team reflects the overall project ethos of collaborating, learning, and adapting.

To better address current social and behavioral challenges and opportunities, the field projects launched under Breakthrough ACTION required a new set of project design tools that mirrored the new approaches. The Insights Team sought to develop and implement a process to be used during information-gathering trips, known as scoping visits. This scoping visit process would help assess what was known and unknown and what new insights could guide development of country strategies. The scoping tools offered a systematic information-gathering and information-synthesizing process that resulting in a set of insights, key strategies, and, eventually, country work plans.

During scoping visits, each team would implement a sequence of conversations to help shift thinking from "business as usual" to an understanding that new approaches can result in stronger programs and better health outcomes. This scoping process relies on social and behavior change communication, human-centered design, and behavioral economics methodologies and centers on the opportunity to pause and reflect. This allows the team to employ empathy and capture evidence to create context-specific insights. The scoping visit conversations generate a more nuanced understanding of the problems, audiences, and ecosystems in the context of finite human and financial resources and provide the understanding needed to design new field projects.

4. Tell us the story of how you used a collaborating, learning and/or adapting approach to address the organizational or development challenge described in Question 2.

In anticipation of a series of country visits, the Breakthrough ACTION Insights Team met to consider how to include the voice of local experts and audiences in work plan development. Including them in this work would likely yield important information and complement a review of existing data. The Insight Team sought to develop a process that combined literature with local voices, worked in different contexts, and was simple enough for staff to successfully implement.

“Listen and Learn” interview guides were developed and included in the scoping process to facilitate discussions with stakeholder groups. The guides included open ended questions that sought to identify assumptions about what was (and was not) possible for addressing health challenges.

Breakthrough ACTION teams visiting Côte d'Ivoire, Nigeria, Zambia, Nepal, Guyana, and Rwanda used the scoping process to some degree. In each case, the Insights Team provided orientation and support as the scoping teams prepared to travel. The orientation included slides with templates to guide stakeholder interactions and document insights. These tools were also designed to be shared with stakeholders to build openness and trust. By explicitly using Collaborating, Learning, and Adapting techniques during the scoping visits, the Insights Team expected stakeholders to be more willing to challenge assumptions and tolerate ambiguity.

Each scoping team listened and learned using empathetic techniques. Their observations were then sorted into four categories and used to explore emerging themes. These were discussed during workshops with development stakeholders who reflected on the themes to develop insights.

The scoping team members considered four general actions to take regarding a specific issue or insight: continue with the current work, slightly shift the work, turn the work in a new direction, or develop something new. In many instances, scoping teams consulted daily with the Insights Team to relay information about the process, challenges, and next steps.

During the scoping visit, Health Communication Capacity Collaborative project staff working in Nigeria and Cote d’Ivoire who were transitioning to Breakthrough ACTION provided feedback. They were asked to contribute their thoughts about how to foster new mindsets among familiar stakeholders. Feedback was also solicited from local staff and stakeholders. Workshops held towards the end of scoping visits in some countries sought to align USAID targets with insights. Targets and insights that aligned were explored further to identify the major problems to tackle, the approach to take, and the framing for major work plan activities.

The key decision points in creating and adapting the process centered on how prescriptive to be in responding to scopes of work. Given that the context and scope of work in each country would be different, the Insights Team proposed tools and templates that could be adapted. For example, where the scope of work identified health service provider bias as a challenge, the questions for health service delivery visits could be adjusted to learn more about health provider beliefs, practices, and challenges. Through virtual just-in-time consultations, the Insights Team adapted the tools while remaining loyal to the overall goals of the process. These decisions were made according to the spectrum of time, human, and financial resources available for each scoping visit, the scope of work itself, and the time frame for work plan development.

After each scoping visit, the process and tools were refined by the Insights Team, which simplified and adapted them to the needs of the next scoping visit. In response to information shared by the scoping teams during and after their visits, the Insights Team adapted the sequence of stakeholder visits and conversations to allow for a smaller, more nimble scoping process.

5. Organizational Effectiveness: How has collaborating, learning and adapting affected your team and/or organization? If it's too early to tell, what effects do you expect to see in the future?

The outputs of the scoping visits included greater partner and stakeholder participation, which is critical to achieving Breakthrough ACTION's objectives. Visits that included representatives from partners provided exposure to other methods and ideas. The stakeholders, engaged as equal partners, enjoyed new ways of thinking and exploring opportunities. The stakeholders provided the scoping teams with a deeper sense of their needs and helped the scoping teams question their own assumptions and reexamine what is already known from published data. The creative use of Collaborating, Learning, and Adapting approaches allowed Breakthrough ACTION to develop comprehensive and innovative work plans that respond to stakeholder needs and USAID scopes of work. It also informed the thinking of headquarters staff tasked with developing the Year Two work plan.

6. Development Results: How has using a CLA approach contributed to your development outcomes? What evidence can you provide? If it's too early to tell, what effects do you expect to see in the future?

We expect that the use of the scoping tools will be the start of a new way of addressing intractable challenges as described in the country scopes of work. It will also improve capacity for designing, implementing, and monitoring social and behavior change interventions for health and development.

While all Breakthrough ACTION results will benefit from the scoping visit process and tools, some specific benefits include:

- Recognition by staff and partners that the "pause and reflect" process is valuable.
- Use of audiences' own words to illustrate key learnings, made possible as a result of the "Listen and Learn" process
- Transitioning from designing for audiences to designing with audiences.
- Improved individual and social determinants of health utilizing functional systems of community engagement to facilitate individual and household adoption of priority behaviors. (This expected result from the Côte d'Ivoire work plan depends on community buy-in and ongoing engagement.)
- Strengthened public sector systems for oversight and coordination of social and behavior change at the national and subnational levels. (This expected result from the Nigeria work plan depends on stakeholders who value communicating across levels and are able to provide leadership in thinking differently when trying to improve collaboration.)

7. What factors affected the success or shortcomings of your collaborating, learning and adapting approach? What were the main enablers or obstacles?

The fast pace of starting up field programs meant that introduction to the scoping visit tools, adaptation to specific country context, and discussions of scoping visit findings were not held with all partners in real time. This was an obstacle to ensuring partner buy-in as the work plans were developed.
The fast pace also inhibited the Insights Team from developing an optimal scoping visit process to be used for every visit. Without complete tools ready for the first two scoping visits, a piece-meal pause and reflect approach was used.

Time constraints were also the limiting factor in developing work plans. In Zambia and Nigeria, USAID allowed scoping visit teams greater opportunity to pursue predetermined solutions. Without pressure to offer immediate solutions, the pause and reflect period resulted in greater fidelity and more innovative work plans.
Scoping team and stakeholder biases were also challenging because the goal to be solution-agnostic was sometimes overshadowed by preconceived notions. Though all staff sought to keep an open mind, many felt pressured to propose solutions before allowing the process to run its course. USAID sometimes did not feel the process was going to lead to detailed work plans.

Internal disagreements about responding to scoping visit findings was also a challenge. Fortunately, in countries where the Health Communication Capacity Collaborative project had operated, there was relevant data on activities that had been effective. In other countries, additional time to distinguish the course of action would have enabled staff to optimize the insights developed during scoping visits.
In instances where stakeholders were asked to help implement the process through focus group discussions, storytelling, and visioning exercises, significant goodwill and trust was built. This openness has helped stakeholders buy-in to Breakthrough ACTION's long-term goals of establishing a new mindset and ways of working.

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

For those considering using "pause and reflect," there are several opportunities to improve the process:
Scheduling additional preparation time or identify human resources to conduct desk reviews and program in-country meetings.

Assigning roles and responsibilities (e.g., contribution vs. facilitation) during the design of the scoping visit process.
Developing options for countries whose scopes of work are very narrow.
Determining how the outputs from the scoping process and tools will influence each work plan.

Setting expectations at the end of visits. Instead of general meetings to discuss each scoping visit, implement systematic after-action-reviews to solicit and receive feedback and refine the process accordingly.
Limiting the focus on partner method complementarity and, instead, devoting more time to facilitating partner buy-in.

Spending additional time discussing the differences between social and behavior change and social and behavior change communication. Many stakeholders fixated on singular social and behavior change communication solutions such as print materials at the expense of other social and behavior change approaches.