Learning from transitioning a large grant to local control in Tanzania

Part 1: Supporting partner development

The precursor to the LEAD project was AIDSRelief, which began in 2004. In 2012, AIDSRelief was transitioned into the LEAD program. The consortium members and the mission of the project remained the same. In addition, LEAD was designed to support local partners in improving their management capacity.

More than ever, local partners are being sought to manage development operations in their countries. This learning paper is the first in a four-part series describing CRS' successful transition of a large grant to local control in Tanzania. In 2010, the Christian Social Services Commission (CSSC) was selected as the recipient of the Local Partners Excel in Comprehensive HIV & AIDS Service Delivery (LEAD) grant.

Throughout the transition, CRS prioritized the organizational development of the partner. Supporting CSSC to make changes in management quality and program quality was a complex process, but it ultimately set the foundation for a successful and complete grant transition.

WHAT DID CRS LEARN IN TANZANIA?

- Management quality and program quality depend on each other for success.
- Preparation is essential to a strong transition.

From the beginning of the transition to its culmination, program quality (PQ) and management quality (MQ) went through many stages. Although it was challenging to balance the two early on, eventually organizational development became synchronized and comprehensive.

This type of grant transition was new territory for both CRS and CSSC. As there was no formal procedure to follow, they were "writing the manual" as they went along. Because CSSC lacked previous experience managing a large U.S. government grant, they were unfamiliar with the rigors of the process.

During the early stages of transition, PQ received most of the attention—because the need for technical competency was readily apparent.

Capacity in MQ, on the other hand, was a less obvious need. Greater clarification would have helped the partner understand the importance of development in MQ. It's important to engage MQ staff fully from the onset of the transition. This helps ensure that they understand their role and will be active in the process.

During a large grant transition, it can be challenging to divide labor and responsibility appropriately. In Tanzania, clinical staff were occasionally tasked to address MQ issues. Unfortunately, this was an inefficient way to accomplish goals. Specific and consistent responsibility improves the effectiveness of organizational development during a transition.

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Management quality and program quality depend on each other for success.

In Tanzania, staff were strong technically because development in PQ had been clear and up-front. But the partner's management structures did not grow at the same pace. Staff had to wait to implement program activities until the required, U.S. government–compliant systems were put in place.

Challenges during the transition gave the impression to the AIDSRelief consortium members that CSSC had been more receptive to changes prior to receiving the grant. They believed that, in order to qualify for funding, CSSC had sought organizational development and wanted to implement suggestions. Consortium members later reflected that the partner's behavior may have changed from a pre-award to a post-award stage. While this is possible, it's also important to consider factors that were simultaneously at play.

It seems intuitive that a partner would be willing to implement organizational development that would increase their chances of receiving funding. When the preparatory process before a transition is rushed, however, the chance to make these changes is shortened. In Tanzania, the preparatory process occurred quickly. Discussion and initiation of the transition began very closely after the proposal writing.

Establishing a strong transition and partnership requires sufficient preparation.

It's important that the active parties have enough information to understand the process. In Tanzania, CRS' partner may not have understood the rigors of a full transition prior to its initiation. When organizational changes are unexpected, they are more likely to be resisted. Transitions will evolve along the way. Neither CRS nor the partner can prepare for everything, but they should expect surprises, challenges, and successes throughout. Emphasizing this to CRS and partner staff from the beginning of a transition is important.

The messaging and perspective of the donor also affect grant transitions. In Tanzania, consortium members felt that the Centers for Disease Control and Prevention (CDC) gave them mixed messages. From the donor's perspective, it was important that CSSC be independent and allowed to do its own capacity strengthening. At the same time, CDC knew that the involvement of the consortium was essential to a seamless transition. Strong coordination and collaboration with the project donor are keystones of successful transition.

Like the donor, the partner's senior management can set the tone for a transition. Upper management greatly influences whether the partner as a whole is ready to acknowledge and implement organizational growth, especially in MQ. A team that is cohesive, open and interested in efficiency will be more receptive to the changes that are part of a transition. The structural and procedural rigidity of the partner's management delayed MQ development in Tanzania. Again, this may have been influenced by a lack of understanding about the process. It's important to engage the partner's senior staff from the very beginning of the transition. Ensure that they have enough information to feel comfortable with organizational improvement in MQ and PQ, and continuously seek their support.

Experience in Tanzania shows that capacity strengthening is most effective when it is demand-driven. The top-down approach initially taken in Tanzania did not resonate with the partner, who perceived the approach as forcing capacity strengthening on it. This could have implied to CSSC that the partner was of limited capacity—something partners truly dislike. It's important to phrase the process of organization development in a way that connects with the partner's needs. When the dynamic of capacity strengthening shifted to a demand-driven approach in Tanzania, CSSC began requesting the activities it felt were needed. The AIDSRelief consortium then organized the activities. Authentic capacity strengthening occurs most readily when a partner recognizes its own need. When organization development is considered valuable, partners are more receptive to changes that are required.

The unique context of the partner will also shape a grant transition. Familiarity with industry standards varies by partner. The priorities and demands of the local partner may also be different from those of the international nongovernmental organizations. Unlike CSSC, the consortium members had experience implementing a large U.S. government grant, and they understood the strong need for accountability. The Anti-Retroviral Treatment project was also their primary focus. But like most CRS partners, CSSC had a landscape of other projects and other donors that needed their attention. It's important

to consider the realities of the partner organization when proceeding with transition.

HERE'S WHAT THE TRANSITION LOOKED LIKE

2010

There was no formal procedure for transitioning a large grant to local control.

- Both CRS and CSSC began to "figure it out as they went along."
- CSSC may not have understood everything that was involved in a transition at this point.

Discussion of the transition partnership and CSSC's proposal writing occurred almost simultaneously. The rapid pacing of these events may have limited preparation for the transition and affected CSSC's receptivity to organizational development.

AIDSRelief contracted with the Christian Organizations Research and Advisory Trust for Africa (CORAT) to conduct a Holistic Organizational Capacity Assessment Instrument (HOCAI) assessment.

- This occurred while CSSC was applying for direct funding.
- AIDSRelief evaluated the partner's potential, as well as organizational strengths and weaknesses.
- AIDSRelief produced a work plan to address the gaps identified, implemented throughout the transition.

The transition process was not yet supported by all cadres of CSSC staff. CSSC's MQ staff didn't understand their role in the process.

AIDSRelief took a top-down approach to capacity strengthening.

Consortium members believed that CSSC receptivity to organization development was dependent on funding status.

- Previous events had created many challenges to integrating development in MQ and PQ.
- Consortium members interpreted this as CSSC being more receptive to changes prior to receiving funding.
- The Health Resources and Services Administration conducted the first of two donor-driven assessments. Because both assessments were donor-driven, the recommendations were more readily implemented by CSSC.

2011

Collaborative capacity-strengthening exercises increased, including formal training and study tours.

2012

The Health Resources and Services Administration conducted the second of two donor assessments. Implementation of the donor's organization development recommendations improved the complementarity of PQ and MQ.

For more information, contact Partnership@global.crs.org.

ALL YEARS

Capacity strengthening in program quality was clearer, and it emphasized more than management quality.

- Both components are integral to managing a large USG grant.
- Disproportionate attention to PQ created a situation in which staff had technical capacity, but CSSC did not have the structures and systems to support program implementation.

Responsibilities and the division of labor in the transition were sometimes blurred.

The transition plan was continuously reviewed and updated as necessary.

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Part 2: Preparing staff and structures

The precursor to the LEAD project was AIDSRelief, which began in 2004. In 2012, AIDSRelief was transitioned into the LEAD program. The consortium members and the mission of the project remained the same. In addition, LEAD was designed to support local partners in improving their management capacity.

More than ever, local partners are being sought to manage development operations in their countries. This learning paper is the second in a four-part series describing CRS' successful transition of a large grant to local control in Tanzania. In 2010, the Christian Social Services Commission (CSSC) was selected as the recipient of the Local Partners Excel in Comprehensive HIV & AIDS Service Delivery (LEAD) grant.

CRS helped CSSC prepare their staff and structures for eventual grant management with step-by-step guidance. Throughout the years, staff were seconded and transitioned between partners, and two institutional assessments helped them fine-tune structural efforts.

WHAT DID CRS LEARN IN TANZANIA?

- Joint, experiential learning opportunities are an essential part of preparing staff for transition.
- A graduated approach to structural development helps the transition go smoothly.

Both CRS and CSSC staff prepared for the LEAD transition by learning together and collaborating on the task ahead. In Tanzania, staff from consortium members and CSSC were appointed full-time to push the process forward as part of the Transition Task Force. Creating a working group like this strengthens the transition process immensely. As part of the Transition Task Force, these staff followed up on organizational strengths and weaknesses that were identified. Decisions made during task force meetings were always respected by both parties and implemented.

Experiential and joint learning opportunities also give partner staff a chance to understand the reality of the transition on the ground.

CRS and CSSC collaborated in site capacity assessments, site visits, trainings, and meetings with key stakeholders. Accompanying partners in this way is not only functional training, but it also creates an individualized and tailored partnership—something CRS is uniquely known for.

CRS transitioned staff to CSSC in the early and final stages of the transition. Staff were working with their former colleagues, which helped

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guide the partners through the rough patches in the transition. CSSC also seconded staff to CRS to learn aspects of program management throughout the transition. This integration of staff made the complex work of transition more seamless.

A graduated approach to grant transition can also help organizational development occur in a way that is smooth and balanced.

In Tanzania, CRS remained responsible for certain components of program management as, over time, CSSC took on greater responsibility. In the Mwanza region in 2013, CSSC assumed full management of the LEAD program.

Both partners knew that CSSC would need a stronger team and structure to sustain the transition. The challenge was how to simultaneously expand systems and capacity without interrupting services. Because of the graduated model, CSSC staff were able receive additional structural guidance with enough time to make changes.

Institutional assessments helped develop CSSC staff and structures for eventual project management. At the initiation of the transition, AIDSRelief contracted the Christian Organizations Research and Advisory Trust for Africa (CORAT) to assess CSSC as a partner and to provide a baseline of CSSC's organizational strengths and weaknesses. In 2010 and in 2012, the Health Resources and Services Administration conducted institutional assessments that helped make the structural priorities of the transition apparent. Both of these assessments were taken seriously because they were initiated by the donor.

Donors play a very important role in grant transition. Organizational recommendations coming from a donor are considered highly significant. In Tanzania, the donor stressed to consortium partners to step back, to allow CSSC to do its own capacity strengthening. Because the partner is an independent entity, recommendations can only be emphasized so much. The agency of the local partner is as important as the technical and structural improvements that make a transition possible. When organizational changes are initiated and owned by the local partner, they are more authentic and sustainable.

HERE'S WHAT THE TRANSITION LOOKED LIKE

2009

A sustainability coordinator was hired to manage the transition of selected program activities.

The AIDSRelief Sustainability Working Group was created to provide technical and strategic direction for the transition.

Local partner and treatment facility assessment tools were developed

CRS and CSSC revised the transition plan.

2010

The Health Resources and Services Administration's first assessment helped to make structural priorities apparent.

The Transition Task Force was created.

- A joint team of CRS and CSSC staff worked together to push progress forward.
- Decisions from these meetings were respected and adopted by both parties.

Joint site capacity assessments and site visits were initiated.

Staff capacity building and integration were established. CSSC seconded staff to work with AIDSRelief, and consortium members transitioned staff to CSSC.

2011

CSSC assumed management of the first two service districts.

CRS and CSSC developed a transition roadmap for the Mwanza region.

Collaborative capacity strengthening exercises increased. CSSC continued to second staff to AIDSRelief.

Consortium members transferred all information and documents relevant to Mwanza.

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Consortium members continued to transition staff to CSSC.

- This helped to create continuity across the transition.
- Staff were working with their former colleagues, making challenges easier to navigate.

2012

The Health Resources and Services Administration performed a second assessment of CSSC. Its recommendations were more readily implemented because the assessment was donor-driven.

2013

The Mwanza region was completely transitioned to CSSC.

Staff were transitioned from consortium members to CSSC.

CSSC assumed responsibility for all aspects of program management.

ALL YEARS

- CRS took a graduated approach to transitioning structures and responsibility to CSSC. CRS continued to manage certain program components until 2013.
- Joint site capacity assessments and site visits continued on a yearly basis.

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Part 3: Partnering with CRS

The precursor to the LEAD project was AIDSRelief, which began in 2004. In 2012, AIDSRelief was transitioned into the LEAD program. The consortium members and the mission of the project remained the same. In addition, LEAD was designed to support local partners in improving their management capacity.

More than ever, local partners are being sought to manage development operations in their countries. This learning paper is the third in a four-part series describing CRS' successful transition of a large grant to local control in Tanzania. In 2010, the Christian Social Services Commission (CSSC) was selected as the recipient of the Local Partners Excel in Comprehensive HIV & AIDS Service Delivery (LEAD) grant.

To an outsider, CRS partnership might simply look like an alliance between two organizations. But to partners, it means seeing the faces of CRS staff even when times are tough. This resilient and open partnership is what made the effective grant transition in Tanzania possible.

WHAT DID CRS LEARN IN TANZANIA?

- CRS embodies deep and shared investment in the local partner.
- CRS can help partners by phrasing recommendations in ways that are clear-cut and attractive.

During the exit of AIDSRelief, most consortium members created new locally registered organizations to transition the project. CRS chose instead to partner with CSSC, an already established local institution. CRS committed to working with CSSC through both the challenges and the potential CSSC presented.

Partnership in LEAD was a continuation of the work that CRS and CSSC had done together previously in Tanzania. The history and shared experience they had gave the partnership an element of familiarity and trust. Strong partnership greatly affects the partners' receptivity to organizational changes. CRS and local partners should have at least one year's experience working together before initiating a formal transition.

CRS partnership embodies the deep, shared investment that is necessary to sustain a grant transition.

In the words of AIDSRelief consortium members, "Transition business is CRS business." The responsibility that CRS took over the successes and the failures of CSSC went beyond that of other consortium members. According to the Institute of Human Virology at the University of Maryland, CRS patiently worked with the facility and the team when other partners would have "given up and walked out." At times, CRS was seen as "nursing" CSSC, and staff were constantly asked, "Do you work for

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CRS or CSSC?" In a phrase, CRS partnership means "going the extra mile."

CRS believes that there is intrinsic value in this approach to partnership—a fundamental necessity to stick beside partners even in challenges. This commitment is often echoed by fellow faith-based organizations. In Tanzania, CRS and a peer faith-based organization both went "above and beyond" in situations that were frustrating to other partners. The positive impact of CRS efforts during a grant transition can be amplified by engaging faith-based organizations with a similar approach to partnership.

In the span of a large grant transition, the partner relationship can go through many stages. CRS and CSSC worked well in strengthening program quality, but initially they struggled to resolve management quality issues effectively. As the transition evolved, however, their relationship also evolved. Organizational development eventually became more seamless.

Specifying organizational changes in the context of partnership is a unique challenge. Reflecting on the LEAD transition, consortium members and CRS felt that at times they lacked firmness with CSSC regarding improvements that needed to take place. Generally, CRS does not provide strong messages up front about the expectations of management structures. This humble approach in partnership is valuable.

At the same time, CRS should specify tangible outcomes for the partner when weaknesses are identified. It's important to consider how the CRS approach to organizational development can be marketed to partners—ideally, in a way that is attractive, valuable and accessible to them.

Working with Church partners during a transition adds an element of nuance to the development process. Church partners are an essential component of the work CRS does globally. They are the actionable and preferred network. In a partner relationship, CRS will give them organizational suggestions, but not impose restrictions. Making recommendations in a way that is attractive and accessible to Church partners will help ensure that important improvements take place.

During a transition, donors may influence the expression of CRS partnership. When CSSC began receiving direct funding from the Centers for Disease Control and Prevention (CDC), tension arose around transparency and the influence of the donor, the CDC. The donor also instructed consortium members to step back from the capacity-strengthening process in order to support CSSC's independence. While this preserved CSSC's autonomy, it limited CRS' traditional expression of partnership.

HERE'S WHAT THE TRANSITION LOOKED LIKE

Pre-2009

CRS and CSSC had an ongoing legacy of partnership. Experience working together previously lent the partnership an element of familiarity and trust.

2009

CSSC was identified as the local partner for the 20 faith-based sites of LEAD.

CSSC's board approved the partnership with AIDSRelief.

2010

CSSC won funding from the CDC.

2011

Collaborative capacity-strengthening activities increased; staff participated in joint visits to health facilities, planning sessions and strategic development sessions.

ALL YEARS

CRS and CSSC staff became deeply integrated.

- Joint site visits, staff secondment, trainings, and joint meetings with stakeholders created staff cohesion among partners.
- Staff became so close-knit they were often asked, "Do you work for CRS or CSSC?"

CRS' resilience as a partner stood out, characterized by peers as going beyond what was anticipated or expected.

CRS and fellow faith-based organizations shared a similar partnership approach, and together expressed their commitment to partners by "going the extra mile."

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Part 4: Managing perceptions about transitions

The precursor to the LEAD project was AIDSRelief, which began in 2004. In 2012, AIDSRelief was transitioned into the LEAD program. The consortium members and the mission of the project remained the same. In addition, LEAD was designed to support local partners in improving their management capacity.

More than ever, local partners are being sought to manage development operations in their countries. This learning paper is the last in a four-part series describing CRS' successful transition of a large grant to local control in Tanzania. In 2010, the Christian Social Services Commission (CSSC) was selected as the recipient of the Local Partners Excel in Comprehensive HIV & AIDS Service Delivery (LEAD) grant.

In Tanzania, staff perceptions about the transition began with anxiety and uncertainty. In time, the clear organizational growth of the partner—coupled with the positivity of certain staff—cleared the way for a welcomed and stable transition.

WHAT DID CRS LEARN IN TANZANIA?

- Generalized assumptions about local management can shape initial perceptions of transition.
- A successful transition relies on key staff to promote positive understanding.

Even before a grant transition begins, staff and community members may already have assumptions about local organizations.

In Tanzania, staff members' generalized assumptions about local management colored their initial perception of the transition.

Local organizations are typically given less respect and confidence than their international peers. This can cast doubt on the sustainability of a grant transition. Tanzanian staff thought the level of service and support of treatment facilities would diminish with the local partner. They were afraid that the program might close, affecting themselves and the community negatively. Many of these beliefs were connected to the expectation that program funding would decrease for a local organization. Staff members were also concerned about the local partner's financial transparency and resource management.

International institutions are also seen as offering greater professional opportunities than local organizations, often with the chance to relocate. This caused apprehension about job security, compensation and professional opportunity during and after the transition in Tanzania. Local staff wondered whether their jobs would remain, whether the workplace

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environment would be similar, and whether compensation would be competitive.

Staff worries were highest early in the transition. The process was new and unfamiliar, and there was uncertainty about what it would involve. The transition was also initiated before funding had been formally secured. Because of this, staff members were concerned about project security.

In order to lessen staff concerns, CRS and CSSC provided substantial guarantees that things would remain the same. They emphasized that the same systems, structures and funding would be in place, ensuring the same level of total program support. Staff anxieties also decreased greatly when funding was secured for the transition.

A successful transition relies not only on technically skilled staff, but also on staff who have and promote a positive understanding of the transition.

Staff play an important role in managing the perceptions of their peers. Key staff members can set the example for other staff. If they are on board, other staff will be as well. Alternatively, if they "go running," others might also. The presence of these exemplary staff in both organizations can calm general anxieties and lend the transition continuity. They allow other staff to feel more secure about the process. Key staff should be continuously reminded that there is a place for them in the organization.

In a grant transition, it can be challenging to ensure that community stakeholders have adequate information. CRS and CSSC conducted a communication campaign in Tanzania. The affected regions were aware of the transition, but there was a long and distilled chain of communication extending from the Centers for Disease Control and Prevention (CDC) to the districts. This altered the integrity of the information that was being shared about the transition.

The attitude and involvement of various stakeholders in a project transition influence its image and eventual success. Responsibility rests with health authorities and the government to take ownership of the project. The programs are fundamentally theirs, and it is incumbent upon them to work with the local partner. In Tanzania, the donor (the CDC) emphasized target expansion and program quality to the partner at the same time as the transition. This complicated staff perceptions about the process. It's important to clarify the pacing and expectations of a grant transition from the beginning with all relevant actors. They should have a shared understanding of the process and present coherent messaging to the partner. This will encourage positive images and perceptions.

When organizational development occurs comprehensively, negative perceptions about transition are also minimized. Changes in management quality, program quality, staff and structures should be synchronized together and happen consistently. Similarly, the positive perceptions of staff encourage and sustain a smooth transition.

A project transition occurs on two levels. First, it occurs procedurally and structurally; this is the formal transition. But it also occurs experientially, through the perceptions and attitudes of those involved. These two layers of transition co-create and shape each other. Perceptions about the transition can support or limit the process. Likewise, a strong formal transition will foster positive perceptions.

HERE'S WHAT THE TRANSITION LOOKED LIKE

2010

The initiation of the transition prior to funding increased staff concern.

Beliefs about local organizations shaped staff perceptions.

- Local organizations are not as well-respected as international partners.
- Concerns arose regarding job security, compensation and professional opportunities.
- Staff believed that program funding would decrease with the transition.

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ALL YEARS

Key staff played a valuable role in the transition.

- They helped other staff get on board with the process.
- They guided CRS and CSSC through challenging times.
- They embodied the tone of the transition, setting the example for others.

Themes that the donor emphasized complicated internal perceptions about the transition: emphasizing to CSSC to expand targets and improve program quality while focusing on transition made priorities unclear.

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Chronology on how monitoring and evaluation evolved in the grant

2004

Monitoring and evaluation (M&E) was included in the design of the original Local Partners Excel in Comprehensive HIV & AIDS Service Delivery (LEAD) grant proposal.

2004–2005

- AIDSRelief was providing support to seven facilities at this time.
- Because the Ministry of Health did not have well-recognized M&E systems, AIDSRelief had developed its own tools to use at the facilities.
- Of the seven facilities, three were computerized and using CareWare; four were paper based.

LATE 2005–2006

The Ministry of Health eventually developed tools for care and treatment clinics (CTCs): CTC1 and CTC2 cards, CTC registers, and the CTC2 database.

Growth Theme: Bringing independent operations and documentation processes into alignment with the national M&E system

Challenge: All sites were required to transition away from their independent M&E processes and to begin using the government tools.

Solution: AIDSRelief shifted the procedures and structures in place at its facilities to achieve compliance with the national system.

Evolution: The centralization of M&E processes ensured that the documentation of patients' care and treatment could be standardized.

2007

- The government of Tanzania and the Centers for Disease Control and Prevention (CDC) regionalized partners and assigned new areas to AIDSRelief, resulting in a major scale-up of operations.
- With only an original Strategic Information staff of three, AIDSRelief saw an increase from the previous seven sites to 18 total facilities in four regions.

Growth Theme: The scaling up of operations revealed major flaws in M&E and required action to support an effective transition.

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Challenge: The great increase in program operations exceeded the existing resources. The current staff was insufficient, and the M&E structures existing at the adjoining health facilities were inadequate, with no data personnel or site assessment in place.

Solution: AIDSRelief increased its staff personnel and built its capacity as personnel were hired; it trained the staff of the additional health facilities in the essential tools and capacity needed to perform M&E functions.

Evolution: An increase in program operations without a corresponding increase in tangible M&E resources and capacity handicaps the functionality of the program and site, as well as the overarching process of knowledge management. Adequate new resources must be married to the integration and improvement of the existing resources.

2007–2012

During this five-year period, AIDSRelief facilities were scaled up from seven to 126 total operating sites.

- By the end of 2007, there were 31 sites.
- In 2008: 51 sites.
- In 2009: 95 sites.
- In 2010–2011: 98 sites.
- In 2012: 126 sites.

Development of tools to monitor data quality and address issues, such as loss to follow-up, began. For example, IQTools could be used to identify patients who may have been documented as lost at one health facility but were appearing in another.

Growth Theme: There is an essential and strong need for correlation between the scale of program activity and M&E data produced.

Challenge: The discrepancy between the available resources and existing capacity, on the one hand, and the scope of programmatic operations, on the other, revealed immense gaps in M&E.

Solution: Multiple points of contact must be made throughout program implementation to ensure that the data flow continues to progress.

Evolution/Insight: A close relationship between action and data collection/documentation increases the quality and the relevance of data gathered: these two processes, one internal and one external, must be simultaneous, integrated and equivalent in scope.

2008–2009

Growth Theme: Data must be used to be effective, and internal and external capacity building is needed to realize this.

Challenge: Despite the collection of initial data at the treatment level, no data validation or utilization was in place, and there was a general lack of ownership over the information. This resulted in no real application of the data, and thus the absence of a clear connection between M&E and improved program operations.

Solution: AIDSRelief introduced Data Demand Information Use (DDIU), a technical tool that helps sites determine what information is most needed, how to gather and track it, and eventually how to follow through with practical interpretation and strategic application.

Evolution/Insight: Thorough M&E to allow for data use in programmatic and operational improvements requires "closing the loop." Knowledge management practices form a bridge between M&E data and organizational learning aimed at improving programmatic and operational business processes. It is essential not only to understand how to find and collect data, but also to realize that the information is authentic and intended for use. M&E processes, combined with knowledge management, lead to a more comprehensive approach to evidence-based organizational learning that is composed of monitoring, evaluation, accountability and learning (MEAL).

2008–2012

AIDSRelief scaled up programs from HIV and AIDS care and treatment to prevention of mother-to-child transmission services, an increase from 25 in 2008 to almost 800 paper-based facilities by 2012.

Growth Theme: Through the technical innovation of the international quality short message services (IQSMS) tool, progress toward continuous quality improvement (CQI) was made amid a resource-strained environment.

Challenge: The vast increase in the complexity and comprehensiveness of operations occurred in a documentation environment that was endemically challenged, with staff whose education levels were low but who were expected to manage multiple tasks.

Solution: AIDSRelief implemented IQSMS, a centralized, electronic system for the submission and verification of patient reports, accessible to staff through their cell phones. The Futures Group has ultimately had documented success with IQSMS.

Evolution/Insight: Technical innovation can make data collection and validation accessible within the realistic demands and structure of program facilities. An integrated system, such as IQSMS, increases the quality and consistency of the data obtained, and in this case allowed CRS/Futures to be alerted when a facility needed further training and support. The integration of MEAL with everyday facility operations is essential to paving the way to CQI.

2010–PRESENT

Futures Group trained knowledge management and information technology staff on the function of M&E, shared instruments, and participated in joint visits to sites.

Growth Theme: The expansion from explicitly clinical care to a holistic institutional assessment is an authentic and sustainable means for continuous improvement in both management quality and program quality.

Challenge: In order to make significant progress toward CQI, the active MEAL process must be both internalized and constantly evolving.

Solution: CRS and the Futures Group developed the site capacity assessment (SCA), a 12-component tool that is used to identify areas of improvement in treatment sites. By evaluating each facility and providing it with its own indicators to be monitored, the SCA reflects the shift to an individualized and continuous MEAL approach.

Evolution/Innovation: The understanding of facility effectiveness has expanded outside the purely clinical, to include the overall capacity, function, and CQI on all levels, as well as a symbiotic relationship between program quality and management quality.

PRESENT

- Based on the success of IQSMS, the program has expanded the use of IQSMS to monitor other components of the LEAD program, such as commodity stocks at all the prevention of mother-to-child transmission sites.
- Given the high number of facilities being supported and the amount of data being managed, a continuous process is necessary to address issues around data quality. Currently, members of the LEAD consortium are working more closely together to address the issues of patient management and data management in order to ensure data quality.
- Further, each service facility now has a CQI working team designed to ensure the sustainability of the SCA tools and to provide follow-up on its site's indicators.
- As the transition of site control to the Christian Social Services Commission (CSSC), the local partner in LEAD, takes place, there have been capacity-building efforts both with CSSC and partners to ensure the continued viability and relevance of the SCA, past the involvement of the Futures Group. Additionally, former Futures Group staff members have been hired at specific site locations, enabling the continued internalization of SCA and MEAL expertise.

Opportunities for Growth: Though relatively new in their role, the CQI groups are not always consistent in conveying follow-up information on the facility's progression toward improvement indicators. Further capacity building on the feedback systems for SCA engagement may be needed.

RESOURCES

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