MSH LEARNING GUIDANCE

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Strategic Information (SI) Practice Area, Global Health Systems Innovation (GHSI)

TABLE OF CONTENTS

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EXECUTIVE SUMMARY

As a leading global health organization, MSH guides its projects in how to optimize the use of strategic information (SI) to enhance learning and ultimately improve the implementation of health systems strengthening activities and health outcomes for the populations we serve. MSH's SI staff deliver technical assistance in learning to projects, by developing, strengthening, and institutionalizing approaches and tools to identify, capture, and share knowledge assets to improve performance and contribute to organizational, project, and global Learning priorities. At a minimum, all projects at MSH should be implementing the following Learning activities:

1) Develop an **initial research/learning agenda** (based on a set of questions), defined at the proposal stage as well as global best practices for implementing learning in projects.
2) Conduct **routine performance review meetings** with project managers, key stakeholders and MEL/KM staff to identify what works or doesn't work in the program, and what can be improved (or solved and prevented), with an emphasis on but not limited to quantitative data. An output of these meetings should be an action plan that is reviewed again at the following performance review meeting to track what actions have been completed. These meetings are convened no less than once per quarter and as frequently as once per month if feasible.
3) Design and implement **research studies** in collaboration with the SI team based on data collection/analysis gathered since the initial drafting of the learning agenda, and disseminate findings through a KM plan.
4) Hold a **bi-annual/ annual Lessons Learned workshop** with key partners, managers and select technical staff to review steps 1-3 and the best approaches to identifying and prioritizing recommendations and solutions for adapting the project.
5) Conduct an **End of Project Learning workshop** with MSH staff across various projects and country offices, document these discussions and use these findings to inform the design and implementation of other existing and future projects.
6) Plan a **Global Knowledge Exchange** after project close-out to present findings, document results in Institutional Memory, and synthesize findings in the appropriate TENS.

SI activities will: 1) help MSH achieve our development outcomes more effectively, 2) determine whether the knowledge generated is used regularly for improving program design and implementation, and 3) provide actionable recommendations to strengthen knowledge use within projects. For projects to be most effective and efficient in achieving their targets, goals and objectives, learning must be embedded into every step of the process beginning with the project design phase, implementation, monitoring and evaluation (and reflected in the project MEL plan), and project close out.

1. PURPOSE

Incorporating learning into projects is a key opportunity to improve the implementation of health systems strengthening activities and health outcomes for the populations we serve. The purpose of this guide is **to provide MSH staff with**

concrete guidance on how to incorporate and implement Learning into their projects in order to strengthen activities and outcomes, and to strengthen the understanding that routine SI activities are a core component of the Learning process for improving project implementation and performance.

2. MSH LEARNING FRAMEWORK AND MINIMUM STANDARD ACTIVITIES

The MSH Learning Framework (**Figure 1**) is proposed to provide an overview of expected learning activities beginning from project start up/ working planning to project close out.

Figure 1: MSH Learning Framework
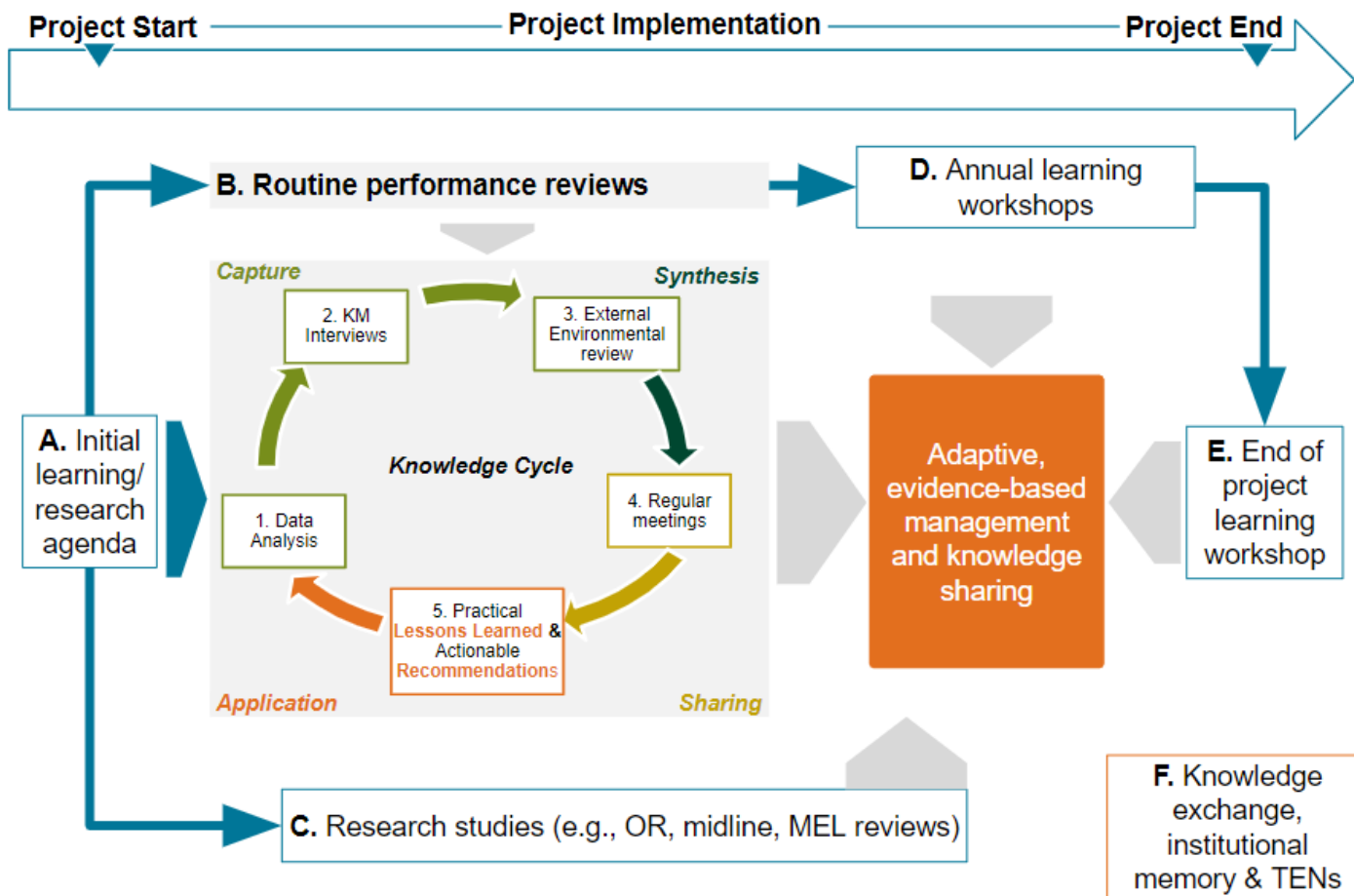
MSH's checklist of minimum standards for learning and action tracker **(template in Annex 1)** can guide projects on the progress of learning activities throughout the project life cycle. SI Liaisons will track and update the status of implementation using the MSH Learning Updates Tracker: MSH Learning Updates and KM will update the KM plan tracker as a way to measure progress across the minimum standards for learning.

Minimum Standards for Learning

A learning agenda includes a set of questions to address critical knowledge gaps, associated activities to answer them, and learning products that will disseminate the findings and inform adaptive management. The learning agenda assists the project team in testing and exploring assumptions, filling knowledge gaps, and most importantly – making informed decisions such that will maximize efficiency and effectiveness[1].

The learning agenda is typically described/ defined at the proposal stage, and further developed and refined during the years of the project. This agenda will then be reviewed and updated annually by the team. It can be aligned with MSH/USAID 2030 vision learning agenda (optional) as well as global best practices for implementing learning in projects.

During the start-up of a project, it will be necessary to identify a series of questions that when answered will enhance effectiveness of approaches, catalyse data for decision making and build a strong system of knowledge exchange and capacity. These questions should be developed collaboratively, and prioritized based on the value of answering the question, planned use of the findings, impact on the project, and the resources available to conduct the associated learning activity (e.g. funding, staff time. overall project timeline). Throughout the project, these questions can and should be revised to align with the project progress toward targets and in close collaboration with the implementation team, there should be a decision around the best learning approaches and tools needed to understand the context, development challenges, and scale-up successes. Learning activities should be embedded in the common MEL activities, such as interviewing key stakeholder and implementers, learning workshops, results reporting, and sharing of case studies, technical briefs, research studies etc. **Most critically, they should support continuous evidence-based quality improvements to strengthen activities and outcomes.** There are three main types of learning questions that can be incorporated into a learning agenda[2]):

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1 Collaborating, Learning, and Adapting Toolkit. USAID Learning Lab. https://usaidlearninglab.org/cla-toolkit

2 Establishing a Learning Agenda. Monalisa Salib. USAID LEARN. Feb 3, 2017

Types and Examples of Learning Questions from USAID Missions

Types	Purpose	Examples
Theories of Change	Test and explore theories of change	*USAID/Uganda Theory of Change:* If Ugandans have a strong health system and high-quality service delivery that is accessible, then they will use health services and Ugandans will become healthier. *Learning Question:* In what ways does the strengthening of Uganda's health systems improve the quality, availability and accessibility of health services in the country?
Technical Evidence Base	Fill critical gaps in our technical understanding	*USAID/Pakistan:* What are the barriers to women receiving higher education scholarships provided by USAID/Pakistan's Merit & Needs Based Scholarship Program (MNBSP)?
Scenario Planning	Develop scenarios and identify game changers	*USAID/DRC:* What, if any, unanticipated game changers developed during the life of the country strategy and impacted results? Other examples: What if conflict worsens? How will we adjust approaches? What if a specific law passes? How can we support targeted groups?

Below are key steps for developing and implementing a learning agenda.

1) Identify & prioritize learning questions, including how they will be used for adaptive management
2) Operationalize the learning agenda through a **KM Plan** by setting a timeline and allocating resources (i.e. funding, staff)
3) Design the learning activities to answer the learning questions
4) Share and reflect in the findings and how they should be used for project-based quality improvement and adaptive management; involving Project Leadership team as early as possible in the learning process is critical to ensure the findings are cascading into actionable recommendations, then concrete improvements
5) Develop learning products to document results and findings
6) Disseminate learning products to key stakeholders (e.g. project staff and partners, donors, other projects leading similar work) to share emerging or best practices.
7) Optional: Link to USAID self-reliance learning agenda
8) Review and update learning agenda quarterly

The SI team has produced a Learning agenda template as a model to use for projects, This template serves as a guide and can be adapted to suit each project's needs.

KM Plan: Once the Learning agenda has been developed, this should be followed by a KM plan to track and plan for knowledge products that the project will produce based on evidence. Knowledge products should be designed as a way to clearly communicate evidence and findings to key stakeholders and a way forward to inform decision making and program design. Some examples of these products include: surveys (with recommendations), reviews, briefs, case studies, job aids, guidance documents, tools and approaches, lessons learned, handouts, webinars, website-related platforms, social media, blogs, bibliographies, brochures, data visualization, data placemats, infographics and story maps.

Once the plan has been created and accepted by project leadership and buy-in has been obtained from the entire staff, implementation ensues. As you begin to answer your Learning questions, further questions may arise, leading the team to question the theory of change, adapt implementation strategies, adjust Learning questions, or modify Learning activities. Keep your Learning agenda alive. By evaluating your Learning agenda periodically, you can ensure its continued relevance. Schedule time to pause and reflect. Share Lessons Learned based on both positive and negative experiences. The Plan is then revisited and updated (e.g., new and revised learning questions and approaches) periodically (perhaps once each year as part of annual work planning).

B. ROUTINE PERFORMANCE REVIEWS

Convene routine performance reviews meetings no less than once per quarter and as frequently as once per month if feasible. Optimally, the meeting is 2-hours in duration with 8-10 people maximum to first review core indicators to ensure the project is are on track, and secondly to discuss in depth a pre-selected topic (e.g. one specific IR, or area) with key project technical staff and managers (both MEL and non-MEL), in order to identify what is working, what can be improved, and what is not working in the program, with an emphasis on root cause analysis, by reviewing key indicators (both quantitative and qualitative data), and exploring the rationale for why it does or does not work. These meetings can be conducted as a project portfolio review using (for example), a standard PowerPoint presentation [Template] (English) and [Template] (French), which can be updated in preparation for each meeting. In **Annex II,** the performance and learning workshop questions can be used as well to guide meetings. Meeting outcomes should include clear documentation of these learnings, recommendations, and follow up actions. In line with MSH's Systems Thinking for Health approach, MEL staff should actively review context specific data in addition to project data (i.e., context indicators), in order to understand the operating environment of project activities; for example, malaria seasonality, infectious disease outbreaks (e.g., COVID-2019, Cholera etc.), political climate, migration, security and others, affecting the delivery of routine health systems services, at least once per quarter, and identify major trends that are both expected and unanticipated.

These meetings will be led by MEL in collaboration with KM and with technical leads and key managers (COP, DCOP, DFA) as the main audience and contributors. MEL/KM staff present data (achievement / performance) and other evidence (contextual info, staff/stakeholder interview outcomes). Key project indicators (about 10-12) will be selected by Project leads to show data to date. Project leadership contributes by helping to contextualize the findings, highlighting success and challenges, and prioritizing, assigning, and tracking action items with project staff. Results and performance meeting outcomes should be shared in a Quarterly follow-up meeting on performance with all project staff. The box below describes steps that should come out of the performance reviews cycle that will lead to lessons learned and recommendations for ways forward.

Box 1: Performance Review Learning Cycle

❑ **Actively review data** during quarterly and annual performance reviews, routine meetings, discussions and feedback sessions to inform decision-making for program improvement, through an analysis of performance data (which includes input, process, outputs, outcome, and impact data), to assess progress towards meeting program goals and objectives. As a routine, a review of selected indicators (relevant to the project's main

interest/objectives) needs to occur, and trends analyzed. Specific reviews of additional indicators of interest can be added, as relevant.

    ❏ Regularly interview (at least every quarter) a sample of staff and partners to determine what the project does well, and what could be done better and determine the solutions proposed by staff and partners.

    ❏ **Actively review information from sources external to the project**, in order to understand the operating environment (e.g., EMR, HMIS, LMIS, HRIS, national population surveys; context indicators related to politics and economy, donors, and other key partners), and identify major trends that may affect project performance: the Learning Lead should triangulate routine project data with non-routine data sources such as the national surveys (e.g. DHS), service delivery data, logistics data, etc. where applicable.

    ❏ Hold transparent discussions with the donor on what works and what could be done better on an as needed basis, based on a relationship of trust.

    ❏ Design and implement (simple, rapid and inexpensive) remedial actions (i.e. 'actionable recommendations') to address the identified problems above, with the aim of testing innovative solutions that will prove to be efficient and effective and will revise or replace the old way of working.

    ❏ Follow-up and report on the implementation of the actionable recommendations.

Capture and share knowledge acquired from program implementation through systematic Lessons Learned collection (such as an after-action review), periodic Learning forums, Knowledge Exchanges, and other knowledge sharing opportunities and on relevant knowledge sharing platforms (i.e. IM, Ollie)

❏ **Identify strategic opportunities for local and global exchange**, so you can share what you have learned from your own monitoring data, and also benefit from what others have learned both nationally and globally.

❏ Lessons Learned Collection and dissemination through Lessons Learned workshop

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C.   RESEARCH STUDIES (AND ONGOING QA/QI ASSESSMENTS, EVALUATIONS AND RESEARCH)

A large range of research activities and special studies can be used to generate knowledge and lessons learned. There are many types of research and the initial design of the learning/research agenda should guide the project's research activities. Broadly, research may use:

- **Quantitative methods** such as surveys, descriptive research or correlation research,
- **Qualitative methods** such as interviews, focus groups, or case studies, or
- **Mixed methods**, which combine quantitative and qualitative methods to leverage their unique strengths.

Data sources for research maybe primary or secondary:

- **Primary** data are collected by the research team for the purpose of answering a learning or research question

- **Secondary** data are those collected for another purpose and can be used to answer the learning or research question

In public health, research can be used for a wide variety of reasons. Some common reasons for conducting research are to:
- Understand **social determinants** of health
- Understand the **prevalence or incidence** of a disease or condition in the population
- Determine the **quality or effectiveness** of a public health intervention
- Determine the **efficiency** of a public health program
- Identify emerging or known **best practices** in a field or area of public health practice

Selecting optimal research methods requires technical expertise, research experience, and careful consideration of contextual factors that will inform the feasibility of conducting the research study. The MEL team is available to assist and collaborate with projects seeking to design and implement research studies. The KM team is available to support dissemination of findings. Projects should keep inventory of their research activities (and update regularly) the SI liaison will update the research study tracker.

To ensure the protection of human subjects during research and primary data collection activities, MSH has established a Scientific Committee (the SC) to review all research and/or primary data collection protocols prior to study implementation. The SC is responsible for determining whether or not the protocol meets the criteria for human subjects research (HSR) and therefore requires ethical review by a qualified institutional review board (IRB). To comply with MSH's HSR Policy, the Principal Investigator (PI) for the protocol, is required to submit the form entitled MSH Implementation Research Protocol found on OLLIE for review by the SC (scientificcommittee@msh.org) ideally three months prior to the anticipated implementation of the study protocol and before IRB review/approval is sought. A copy of any IRB approval obtained must be sent to the SC for documentation purposes prior to the study commencing. All MSH staff are required to comply with MSHs HSR policy. For more information, please refer to the policy on Ollie MSH Policies for the Protection of Human Subjects Participating in Research.

D. ANNUAL (OR BI-ANNUAL) LEARNING WORKSHOPS

Learning and Adapting: In collaboration with projects, KM will organize and facilitate an annual or bi-annual learning workshop prior to work planning to incorporate learning activities into the work plan as part of a robust adaptive management practice. The summary of the lessons learned will be synthesized into recommendations. During the workshop, it will be an opportunity to reflect on the learning questions and adapt as needed.

MSH projects can guide Learning workshops by utilizing the Health Programs Group Standards of Implementation Excellence (SIEs). The SIEs are grouped under seven categories of technical excellence that are essential to effective project implementation. To ensure that projects can meet and comply with the standards, both project and organizational leadership must create an enabling environment and promote the use of evidence-based knowledge and understanding of context, opportunities, and bottlenecks.

E.   END OF PROJECT LEARNING WORKSHOP

At the end of a project, preferably 6-months before close-out, a Lessons Learned workshop should be held with key partners and all project staff, to use project monitoring and evaluation data and evidence and lessons learned, applying best practices, to devise recommendations for adapting and improving project implementation. KM will conduct a two-days workshop with the assistance of MEL where a Summary of the lessons learned during the project (all recommendations) will be extracted and discussed. The learning questions will also be addressed, answers shared, and new research questions will be suggested based on findings, gaps or opportunities.

F.   GLOBAL KNOWLEDGE EXCHANGE

Throughout the project cycle, KM will work with projects to organize knowledge exchanges where contributions to institutional memory and the TENS will also be made consistently. Abstracts and publications in regional and global conferences will be made and/or noted. Best practices from the knowledge exchanges will then be synthesized by champions in the relevant TENS. Similarly, all knowledge products prepared during the life of the project should be included in the institutional memory database as soon as they are finalized.

ANNEX I. (SAMPLE) MSH ACTION TRACKER FOR LEARNING ACTIVITIES

	Learning activity	Status/Notes/Links	Next steps	Person responsible	Frequency (minimum)
1	**Routine Performance Review & Define Recommendations**				'Regular' (e.g. Monthly or Quarterly)
2	**Routine follow up on actionable recommendations**				'Regular' (e.g. Monthly or Quarterly)
3	**Interview a sample of staff & partners**				Quarterly
4	**Hold discussions with the donor**				Regular
5	**Data Triangulation**				Quarterly
6	**Identify and implement regular assessments**				Quarterly
7	**Annual learning workshop**				Annual
8	**Draft lessons learned**				Project close out (last year)

ANNEX II: PERFORMANCE REVIEWS AND LEARNING workshops QUESTIONS

CRITERIA TO CONSIDER	ILLUSTRATIVE QUESTIONS FOR FOSTERING THE MONITORING » LEARNING » ACTION TRANSITION FOR DATA QUALITY AND PERFORMANCE REVIEWS
EFFECTIVENESS	· FOR TARGETS THAT WERE NOT MET, WHAT CONTRIBUTED TO LESS THAN EXPECTED DATA QUALITY PERFORMANCE? · FOR TARGETS THAT WERE EXCEEDED, WHAT CONTRIBUTED TO THIS ACHIEVEMENT? · WERE THE TARGETS TOO HIGH? TOO LOW? · GIVEN RESULTS TO-DATE, CAN WE ACHIEVE THE PROJECT'S DATA QUALITY OBJECTIVES?
RELEVANCE	● HAS THE CONTEXT CHANGED? HOW HAS THIS AFFECTED DATA QUALITY? ● WERE INITIAL PROJECT ASSUMPTIONS ACCURATE? DO THEY NEED TO CHANGE?' ● ARE THE DATA WE ARE COLLECTING STILL RELEVANT?
EFFICIENCY	● IS THE COST/BENEFIT RATIO AS EXPECTED? HIGHER? LOWER? ● ARE THERE MORE ECONOMICAL WAYS OF ACHIEVING THE RESULTS? ● ARE THERE WAYS, WITHIN THE BUDGET, TO ACHIEVE RESULTS FASTER?
IMPACT	● ARE MORE/FEWER PEOPLE IMPACTED THAN PLANNED? WHAT IS THE REASON? ● ARE MEN/WOMEN PARTICIPATING/BENEFITTING EQUALLY? ● ARE THERE SPREAD EFFECTS -- BEYOND THE TARGET AREA OR GROUPS? ● HAVE WE HEARD ABOUT ANY UNANTICIPATED NEGATIVE EFFECTS?
SUSTAINABILITY	● IS THERE A CLEAR AND FEASIBLE SUSTAINABILITY PLAN IN PLACE? ● WHAT ACTIONS HAVE BEEN TAKEN ON THE PLAN AND WITH WHAT SUCCESS? ● ARE THERE AREAS OF CONCERN AROUND SUSTAINABILITY?

ANNEX III: EXAMPLES OF LEARNING IMPLEMENTED IN MSH PROJECTS

Project Name and Date	Example
Haiti HLP (May 2, 2019 - May 1, 2024)	The purpose of the Haiti Health Leadership Project (HLP) is to strengthen the Ministry of Health (MSPP) as the steward of the health sector, increasingly in control of its own financial and human resources. The project falls within USAID/Haiti Strategic Framework, 2018-2020 under Development Objective (DO) 3: Health Outcomes Improved and Intermediate Result (IR) 3.1: Health Systems Strengthened. The specific contributions of this project will be under Sub-Intermediate Result (SIR) 3.1.1: Government capacity to lead and finance the health sector. The Haiti HLP team, in collaboration with KM organized a Lessons Learned workshop on Sept 24, 2021. Using a Knowledge Cafe format like, the team addressed the following topics: financial management and governance, cost sharing, direct and indirect costs, internal controls, and allowable and unallowable costs. Participants are using the knowledge from the training to revise their administrative manuals and implement these procedures and have an action plan in place with recommendations that is being followed up on bi monthly to ensure adaptive management. Expected results are: improved managerial practices adopted by the project's staff; local partners Group Croissance and Centre de formation et d'Encadrement Technique (CFET) who participated will implement and sustain this approach after the end of HLP; reinforced collaboration with stakeholders (USAID, MOH); achievement of expected results enhanced review of lessons learned and adaptation.
Uganda SSCS (May 5, 2020 - May 4, 2025)	In collaboration with the KM team, the SSCS conducted a lessons learned workshop with external partners on July 27, 2021. Participants shared experiences on the supply chain interventions implemented, best practices, what has worked and not worked and recommendations for the future. Using guidance provided by the KM team, the workshop addressed three main themes through using the Knowledge Cafe format: 1) Challenges and Opportunities for Private Sector engagement in the Public Health Supply Chain, 2) Digitizing the health supply Chain for end-to-end data visibility, 3) NMS+ Client Self Service Portal (CSSP) Lessons Learned, 4) Last mile distribution of essential Reproductive Health Commodities, and 5) Civil Society – advocacy, demand generation/community awareness, accountability. Lessons were then identified by each session and the project adapted its implementation. Next step is to actively follow up implementation of recommendations, and report/reconvene in 2022 and continue to monitor progress.
PMI-S TO1: Jun 29, 2018 - Jun 28, 2023 PMI-S TO 2: Dec 1, 2018 - Nov 30, 2023 PMI-S TO 3: Jan 10, 2020 - Jan 9, 2025 PMI-S TO4: Aug	PMI-S learning agenda is a set of broad questions directly related to the work of the project, that when answered, enable effective, efficient, and quality work, particularly pertaining to evaluation, evidence, and decision-making. The learning agenda also prioritizes and establishes a plan to answer short- and long-term questions of the highest value across relevant programs and policy areas. Example questions include: At the primary health care decision making level, what is key evidence for malaria control that is essential to be utilized? or What are the lessons learned from malaria control activities? The KM team of PMI-S works in close collaboration with the Surveillance, Monitoring and Evaluation team to ensure learning products enable data for decision making and adaptive management. The KM team also works with the implementation team who leads the development of products. A list of products is included in the KM agenda and implementation plan which includes details on 1)

13, 2020 - Jun 28, 2025	technical briefs, 2) success stories, 3) communication materials, 4) tools and approaches. These are then disseminated either externally at conferences or internally for the key purpose of adaptive, evidence-based implementation.
LMG Sept 25, 2011 - Sept 24, 2017	**The LMG (Leadership, Management and Governance) Project Virtual Marketplace** -In May 2017, the LMG Project used the TENs platform (Knowledge-Gateway) for a weeklong Lessons Learned virtual forum, showing an innovative way that the TENs can be used for knowledge exchange. Each day, brief WebEx presentations were held to kickoff discussions. On the first day, opening remarks were made by LMG Project Director, who unveiled a refreshed conceptual model for leadership, management, and governance in health programming. For the next three days, discussion teams led discussions on various aspects of the LMG conceptual model to learn from specific examples of L+M+G programming over the life of the project and to unpack how L+M+G contributes to resilient institutions with empowered health teams. Overall, 33 unique individuals actively participated in the forum, generating over 62 posts. The outputs from this Lessons Learned forum were used in a [writeup](#) for the refreshed LMG conceptual model, which is used in future and current MSH programs that have a leadership, management, or governance component. Team A. How do catalytic Learning experiences contribute to organizational readiness? Team B. How applying effective L+M+G practices contributes to empowered health teams? Team C. How LMG's strategic response contributes to resilient institutions?

ANNEX V: RESOURCES

1) M&E and Adaptive Management: [Doing Development Differently means Doing Monitoring, Evaluation & Learning Differently too](#)

2) Frameworks: Adaptive Management/Learning: [Does evaluation need to be done differently to support adaptive management?](#)

3) Evaluation [Rainbow Framework](#)

4) [GLAM: Global Learning for Adaptive Management](#) collaborative between USAID and DfID

5) [PDIA](#) Problem Driven Iterative Adaptation

6) [M&E and Adaptive Management- CARE International](#)

7) [Example: MEL Guide](#)

8) [ADS Chapter 201 Program Cycle Operational Policy](#) (3.5)

A Guide for Building and Strengthening Organizational Knowledge Management Capacity in Organizations Working in Global Health.

[KM PLan template](#)

ANNEX VI: ACRONYMS

DHS: demographic and health survey

EMR: Electronic Medical Records

HMIS: health management information system

HRIS: Human Resources information system

IM: Institutional Memory

KM: Knowledge Management

LMIS- logistics Management information system

MEL: Monitoring Evaluation and Learning

MR: Midterm Review

QA: Quality Assurance

QI: Quality Improvement

SI: Strategic Information

TENS: Technical Exchange Networks