Using Real Time Learning to assist Nutrition Stakeholders in Kenya integrate Nutrition into Health Systems for Sustainability and Scalability

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Centre for Humanitarian Change | What Works

HARAMBEE

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Real Time Learning Process for Nutrition (RTLP-N)

- Why learning and adaptive programming?
- Why nutrition/health in Kenya
- What was done?
- What was learnt?
- What was achieved?

WHY?

What is Adaptive Programming?

- Adaptive programming approaches are problem-driven, flexible, and locally led
- Actors react and respond to changing programmatic, social, or political conditions
- Different names: action learning cycles, quality improvement, participatory action research, etc
- Although there is much attention to strengthening health services – no institutionalization of an adaptive programming process throughout the system

Why the Nutrition Sector in Kenya?

- Historically nutrition programmes have been dominated by the management of acute malnutrition
- Largely funded and implemented as a vertical programme to the health sector
- In 2011 – move to integrate nutrition into the health sector
- Significant progress bringing nutrition into MoH facilities
- Increasing focus on nutrition contribution to health systems strengthening – adaptive programming to take it to the next stage

WHAT?

Adaptive Programming: Nutrition Real time learning Process (RTLP-N)

- Commissioned by UNICEF, MoH designated technical lead in the Nutrition Sector
- Funded by DFID and UNICEF
- Led by Centre for Humanitarian Change
- Delivered in partnership with MoH, UNICEF, INGOs
- 19 Months (May 2015 to November 2016)
- 5 Counties (Marsabit, Baringo, Turkana, Kwale, Wajir). Selected to represent varied context in arid lands.

RTLP-N: Components

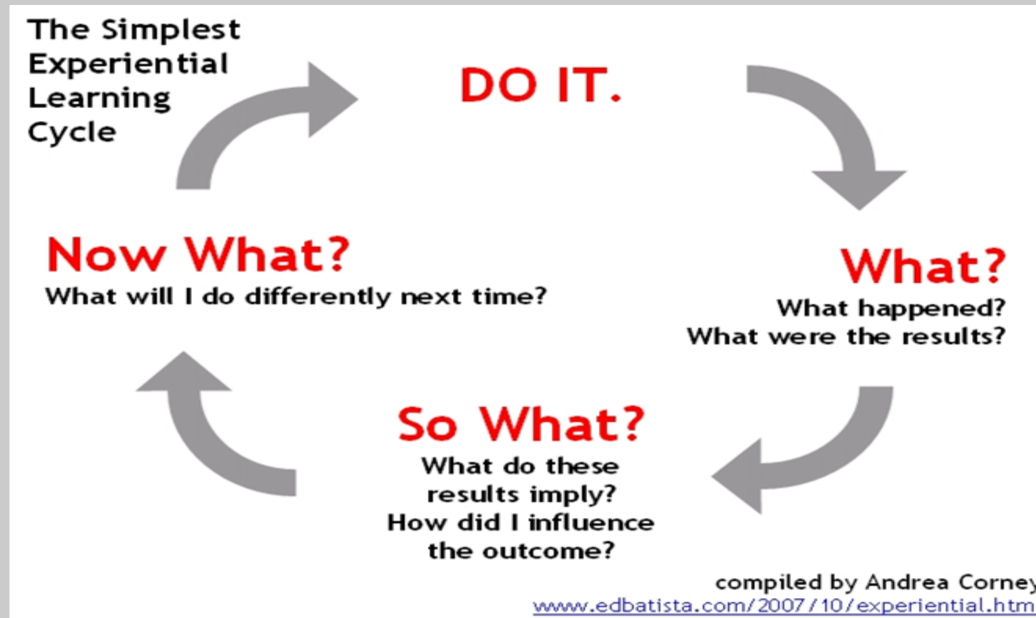
- **Integration/HSS:** Identifying What Works and what are the bottlenecks for the nutrition sector within health (focus on learning and how to link to accountability)
- **Learning Methodology:** Developing a real-time approach to learning which results in actions, with ultimate aim of scalable and sustainable nutrition services within the health sector

Fundamentals of the RTLP-N Approach

- A lot of what needs to be done, is **known** already.
- Quite a lot of what is known already is **being done.**
- Why is some of what we are doing working and some not?
- Part of answer is about **how** it is being done?
- RTLP-N aimed at addressing the "**how**"

RTLP-N is Based on 2 Learning Models:

- **David Kolb's Model of Experiential Learning:**



70:20:10

LEARNING BY DOING.

The 70:20:10 model for learning and development : 70% of their knowledge from job related experiences, 20% from interactions with others and 10% from formal educational events

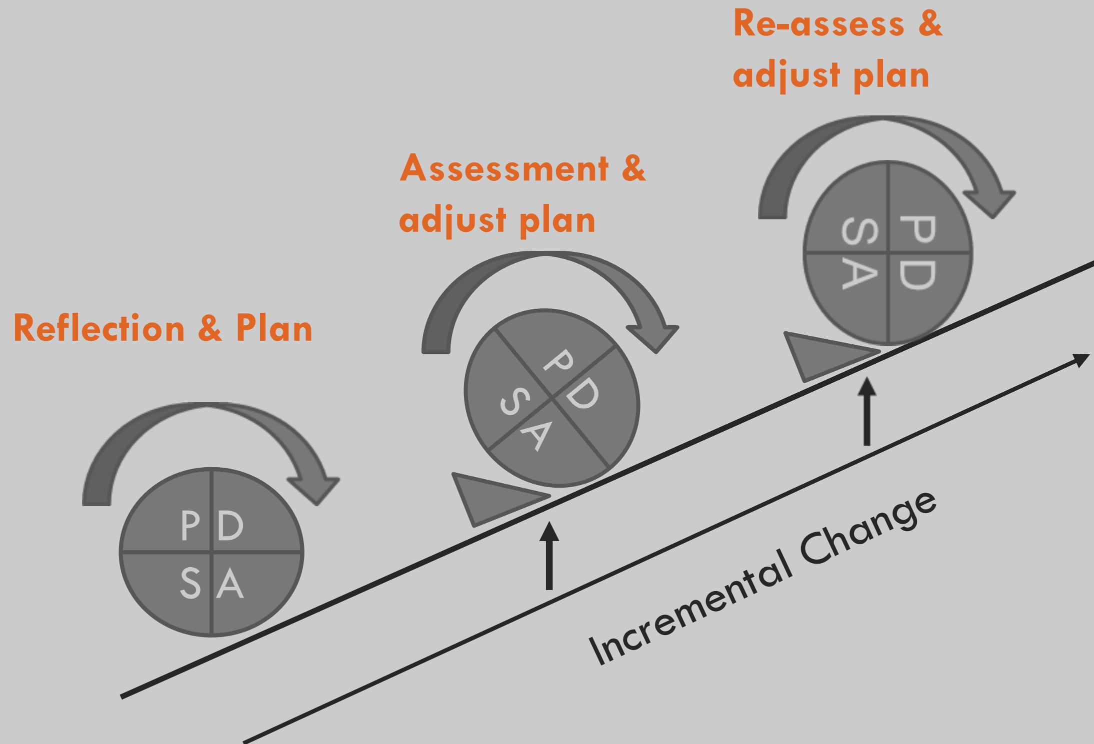
Focus on Systems Approach

- **Iterative learning** – To improve our **“fit”** within a complex context - multiple ways of solving problems?
- **Collaborative process – “Problem- driven”** within a context of varying stakeholder interests?
- **Innovation - “Local solutions for local problems”** within an environment of limited resources?
- **Transformational leadership – “Adaptability & Flexibility”** in real time within a dynamic context?

Learning Cycles (LC)

- Organized in a cyclical process based on Experiential Learning Model:
  - **Learning events:** Action plan developed
  - **Action period :** Implementation & continuous reflection on what we are learning
  - **Review :** Overall Reflection of the learning, progress, change from the Learning Cycle. New learning cycle initiated.

Learning Cycles being used to demonstrate RTLP-N at County level



WHAT HAS BEEN LEARNT?

What are we Learning?

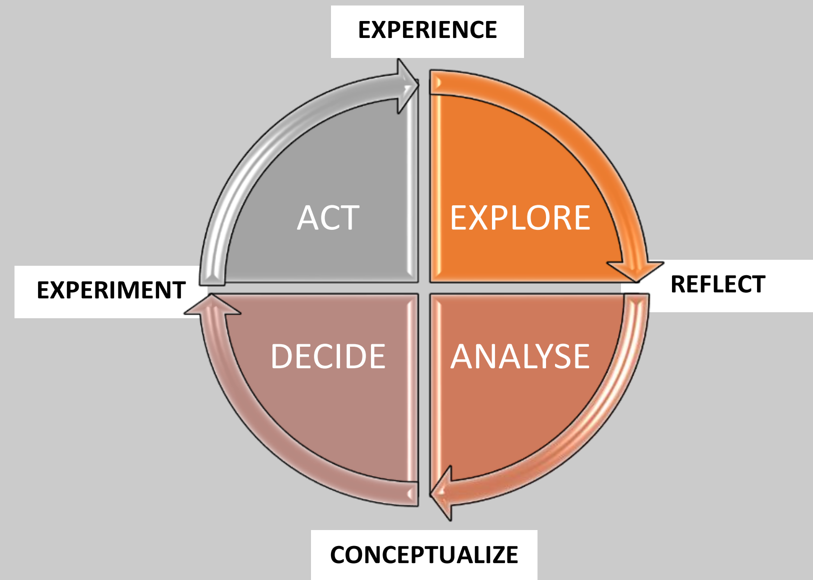
- **Reflection.** LE participants appreciate the concept of pausing to reflect and learning from doing.
- **Competing priorities/time constraints.** County stakeholders schedules are busy and sometimes not well coordinated. Key people can be away from their posts on trainings and/or surveys/assessments for weeks or months
- **Agenda drivers.** County agendas tend to be influenced by donor led projects instead of locally-identified issues. Influence of financially key stakeholders like donors and NGOs also contributes. RTLP is not a project but a process and therefore it is challenging to get actors to focus on it.

Summary of Enablers and Hindrances

Enablers and Hindrances in Baringo & Marsabit	
Enablers	**Hindrances**
- Improving communication and ensuring harmonization - Enhanced collaboration and commitment among actors - Self- motivation (individual level) - Supportive environment (devolution) - There is some level of flexibility e.g. to adjust planned actions - There is interest to have a common goal among nutrition actors - Communication between managers and staff initiated - Presence of frameworks that coordinate actions - Teamwork/collaboration/coordination - Improved capacities - Partner support	- Inconsistent feedback and tracking of progress - Competing Priorities - time - Poor communication – trickle down from county to lower levels - Constrained resources - HR issues e.g. new staff - Roles and responsibilities not clarified leading to ad hoc engagement - Nutrition not well understood – leads to low prioritization - Challenges in developing consensus on a common purpose to coordination - limited commitment - Limited support for leadership in coordination - Motivation to apply is low especially at health facility level.

What is critical for RTLP-N?

- Space + Time to reflect.
- Evidence (data and experience).
- Iterative Experimentation.
- Learning Environment (adaptive decision making)



What was Achieved?

Achievements of RTLP-N

- Functionality: strengthened partnerships with County leadership, better use of data
- Utility of the system: effective use of resources through strengthened coordination and planning in Marsabit
- Sustainability: scalable High Impact Nutrition Interventions through inclusion in health services such as integrated outreach in Turkana

Initial Phase

- Current/initial phase over in November 2016, second phase planned
- Outcome of initial phase:
  - Status of integration and HSS for nutrition in Kenya based on WHO building blocks
  - How-to note for RTL in the sector
  - Final report detailing key learning, observations, challenges, opportunities, and recommendations for both HSS and for promoting adaptive programming within the sector

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