Knowledge for Health East Africa Field Support

Evaluation of ECSA-HC’s Best Practices Forum
November 30-December 4, 2016

Report Date: January 13, 2016
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARS</td>
<td>Audience response system</td>
</tr>
<tr>
<td>BPF</td>
<td>Best Practices Forum</td>
</tr>
<tr>
<td>CCP</td>
<td>Johns Hopkins Center for Communication Programs</td>
</tr>
<tr>
<td>DJCC</td>
<td>Director’s Joint Consultative Committee</td>
</tr>
<tr>
<td>ECSA-HC</td>
<td>East, Central and Southern Africa Health Community</td>
</tr>
<tr>
<td>HMC</td>
<td>Health Ministers Conference</td>
</tr>
<tr>
<td>HRH</td>
<td>Human Resources for Health</td>
</tr>
<tr>
<td>HSS</td>
<td>Health Systems Strengthening</td>
</tr>
<tr>
<td>IT</td>
<td>Information technology</td>
</tr>
<tr>
<td>K4Health</td>
<td>Knowledge for Health (Project)</td>
</tr>
<tr>
<td>KM</td>
<td>Knowledge management</td>
</tr>
<tr>
<td>KM CAT</td>
<td>Knowledge management capacity assessment tool</td>
</tr>
<tr>
<td>NCD</td>
<td>Non-communicable diseases</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>USAID/EA</td>
<td>USAID/East Africa Mission</td>
</tr>
</tbody>
</table>
Contents

Acronyms ...................................................................................................................................................... 2

Executive Summary ........................................................................................................................................... 4

Background .................................................................................................................................................... 6

   K4Health East Africa Field Project ........................................................................................................... 6

Evaluation Methodology .................................................................................................................................. 7

   Purpose ............................................................................................................................................................. 7

   Tools ............................................................................................................................................................... 7

   Capacity Strengthening ................................................................................................................................. 8

Findings from Audience Response System ................................................................................................. 8

   Characteristics of survey respondents ........................................................................................................ 9

   Technical Sessions ........................................................................................................................................ 12

   Knowledge Management ............................................................................................................................. 14

   Evaluation tools ........................................................................................................................................... 15

   Management and Logistics ............................................................................................................................ 17

Findings from Expectation Wall ..................................................................................................................... 17

   Representative expectations met: .................................................................................................................. 18

   Representative expectations NOT met: ........................................................................................................ 19

Findings from Qualitative Survey .................................................................................................................. 20

Recommendations ............................................................................................................................................. 21

Appendices ....................................................................................................................................................... 21

   Appendix A: Evaluation Presentation

   Appendix B: Summary Data from Audience Response System

   Appendix C: Summary Data from Qualitative Survey

   Appendix D: BPF Attendee List

   Appendix E: Evaluation Guide for ECSA Secretariat
**Executive Summary**

The Knowledge for Health (K4Health) East Africa Field Project is a two-year project (April 2014 to October 2016) funded by the United States Agency for International Development/East Africa Mission (USAID/EA) that aims to improve the exchange of information and knowledge about health service delivery among governments and stakeholders.

As a primary partner, the East, Central and Southern Africa Health Community (ECSA-HC) asked K4Health to lead the evaluation of their 2015 Best Practices Forum, held in the Republic of Mauritius from 30 November to 1 December, 2015.

K4Health used three tools to evaluate the BPF: audience response system (ARS), expectation wall, and a qualitative survey. These knowledge management tools were chosen to highlight different ways of conducting an evaluation as a capacity-strengthening activity. There were 99 attendees at the BPF, 18 of whom were ECSA-HC Secretariat staff. All 99 attendees\(^1\) were invited to participate in each of the three evaluation tools.

The ARS was chosen as a high-tech tool through which attendees could provide real-time feedback via a website. Seventy-six unique participants provided an average of 39 responses to 35 close-ended questions. Eighty-seven percent thought the ARS added value to the BPF. The responses that followed the five plenary sessions showed that the majority of respondents reported that their knowledge of the topics greatly improved. The vast majority indicated that they intend to both use the knowledge at work and to communicate with other attendees regarding the topics after returning to work. ECSA staff showed great interest in the tool and indicated to K4Health that they intend to use it in future meetings.

The expectation wall was chosen as a low-tech tool via which attendees could share their expectations with each other and, as a group, monitor which were met and which were not. Most expectations were related to three categories: sharing best practices, learning about the Sustainable Development Goals (SDGs), and discussing the role of the ECSA Secretariat. Although only 34 of the 78 expectations set were realized according to those who wrote them, K4Health felt that a majority were met. This discrepancy could be due to lack of time or subjective interpretation. Due to competing priorities at the end of the Conference, the evaluators were unable to hold a discussion regarding the expectations that were not met. More time should have been devoted to a group examination of expectations that were not realized.

At the request of participants who wanted a way to provide qualitative feedback, a handwritten survey was added at the end of the BPF. Fifty attendees completed the survey; all of them indicated they were looking forward to participating in the next BPF. The top three reasons for this unanimous positive response were sharing information, networking, and learning about innovations. The top three topic areas respondents want to see addressed at future BPFs were human resources for health (HRH), non-communicable diseases (NCDs), and health systems strengthening (HSS). When asked what else could be improved, the top three responses were improved time management, greater discussion, and greater participation.

\(^1\) See Attachment A for the attendee list.
Table 1: Key findings, implications, and recommendations for future conferences

<table>
<thead>
<tr>
<th>Key findings</th>
<th>Implications</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Content</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For each session, a majority of respondents reported that their knowledge of the topic greatly improved.</td>
<td>Content of presentations filled a knowledge gap.</td>
<td>Continue to focus on BPF theme and sub-themes but focus more on details within these areas.</td>
</tr>
<tr>
<td>Human resources for health, non-communicable diseases, and health systems strengthening are the top three topics that attendees would like future BPFs to focus on.</td>
<td>While considerable time was devoted to these topics, additional time and depth is needed.</td>
<td>Implement a survey to learn more about needs and interests within the topics of HRH, NCDs, and HSS.</td>
</tr>
<tr>
<td>Structure and Format</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve use of time.</td>
<td>Better planning and implementation could lead to improved time management.</td>
<td>Limit each presentation to 15 minutes. Provide training on presentation development and delivery.</td>
</tr>
<tr>
<td>Greater networking and discussion opportunities are needed.</td>
<td>The amount of time devoted to networking and discussion was insufficient.</td>
<td>Greater interaction between attendees could be achieved through implementation of KM tools such as knowledge cafes, peer assists, and buzz sessions, which allow for small group interaction.</td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>87% of respondents thought the ARS added value to the BPF and 76% responded to a question.</td>
<td>Use of an ARS is an effective way to engage attendees and record real-time feedback.</td>
<td>Incorporate an ARS into future meetings.</td>
</tr>
<tr>
<td>34% of respondents weren’t sure that the expectation wall provided value to the BPF. K4Health felt most of the 44 expectations not moved from the Expectations Set wall to the Expectations Met wall were due to competing priorities or subjective interpretation.</td>
<td>Insufficient time was devoted to examining the expectations at regular intervals.</td>
<td>Include expectation walls at future meetings, but devote more time to examining the expectations that remain on the Expectations Set wall.</td>
</tr>
</tbody>
</table>
Background

K4Health East Africa Field Project

The K4Health East Africa Field Project (April 2013 to October 2016) is implemented in partnership with three organizations: USAID/East Africa Mission; the East, Central and Southern African Health Community; and the East Africa Community. The K4Health Project is led by the Johns Hopkins Center for Communication Programs (CCP) in conjunction with FHI 360, IntraHealth International, and Management Sciences for Health. The goal of the field work is to improve the exchange of information, experiences, tools, research, and knowledge concerning health service delivery among governments and stakeholders in East and Central Africa. Specifically, USAID/EA is engaging CCP’s K4Health Project to strengthen knowledge management capacity among its partners in order to do the following: (1) improve collaboration, sharing, and learning; (2) scale up high-impact practices; (3) reduce duplication of effort; and (4) improve the quality of health systems across countries in the region.

The East, Central and Southern Africa Health Community (ECSA-HC), in collaboration with the Ministry of Health and Quality of Life, Mauritius hosted the 62nd ECSA Health Ministers Conference from November 30 - December 4, 2015 in the Republic of Mauritius. The Health Ministers Conference was preceded by the 9th Best Practices Forum (BPF) and the 25th Directors’ Joint Consultative Committee. The five-day meeting took place at the Hotel Intercontinental in Mauritius and was aimed at bringing together Ministers of Health, senior officials from Ministries of Health, health experts and researchers, heads of health research and training institutions from member states; and diverse collaborating partners in the region and beyond with the aim of identifying policy issues and making recommendations to facilitate the transition from Millennium Development Goals to Sustainable Development Goals.

Building on the deliberations and resolutions passed at the 60th Health Ministers Conference held in February 2015 in Kampala, Uganda, the 62nd Health Ministers Conference sought to expand the regional advocacy agenda. The theme of the 62nd ECSA Health Ministers Conference was “Transitioning from Millennium Development Goals to Sustainable Development Goals,” with four sub-themes:

A. Enhancing Universal Health Coverage through Innovations in Health Financing for Risk Protection
B. Surveillance and Control of Emerging Health Conditions (NCDs and Trauma)
C. Regional Collaboration in the Surveillance and Control of Communicable Diseases
D. Innovations in Health Professionals Training Using the College of Health Sciences Model

ECSA asked K4Health to assist in carrying out the evaluation of the BPF. K4Health agreed and, in consultation with ECSA, determined the evaluation would be framed as a KM capacity strengthening opportunity for ECSA Secretariat staff. ECSA identified Program Officer for Monitoring and Evaluation, Upendo Letawo, and the Program Officer for HIV, TB and RH, Ann Masese as point persons for this skills transfer.
**Evaluation Methodology**

**Purpose**
The purpose of the evaluation was threefold:
1. To understand participant expectations and gauge whether those expectations were being met
2. To collect information from participants about the value of session content in real time
3. To build capacity of ECSA staff in carrying out meeting evaluations with KM tools

**Tools**

**Audience Response System**
Poll Everywhere was used to allow participants to respond to questions using the Internet via their phone, laptop, or tablet and display selected results in real time for attendees to consider. Poll Everywhere was used to collect information about attendees’ knowledge acquisition and intent to use that knowledge.

Three questions followed each plenary:
1. After attending this session, your knowledge on the topic has:
   - Greatly improved
   - Slightly improved
   - Remained the same
2. After attending this session, I plan to apply the content of this presentation to my work.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree
3. I plan to communicate with other attendees regarding this session topic after I return to work.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

Poll Everywhere was also used to gain information about attendees’ characteristics at the beginning of the BPF and collect logistic and management feedback at the end.

Using the Poll Everywhere software created a dynamic setting for participants to provide feedback and stay engaged throughout the conference. Conference organizers were able to put more faith in responses since they were collected immediately after sessions rather than at the end of the meeting, as is standard practice. It also helped meet the K4Health Work Plan activity relating to strengthening capacity of knowledge management principles and tactics. This high-tech but straightforward evaluation tool can be used among Secretariat staff as well as at meetings and conferences that ECSA convenes.
**Expectation Wall**
Prior to the first session, participants were asked to write their expectations for the meeting on pieces of paper and stick them onto a wall labeled, “Expectations Set.” Throughout the conference, participants were asked to assess whether their expectations had been met. If they had, participants were asked to move their expectations to an adjacent board, titled, “Expectations Met.”

**Survey**
A survey was added at the request of participants who wanted a way to provide qualitative feedback. The survey was composed of three questions:
1. Are you looking forward to participating in the next BPF?
2. Please list five specific topic areas you would most like to see addressed at future BPFs.
3. Please provide any suggestions for how the next BPF could be improved or modified to respond to your needs.

<table>
<thead>
<tr>
<th>Evaluation tool / Data source(s)</th>
<th>Evaluation objectives</th>
<th>Areas of focus</th>
</tr>
</thead>
</table>
| Expectation Wall                | To understand participant expectations and gauge whether those expectations were being met | • Purpose and goals of BPF  
• Technical content |
| • Audience Response System      | To collect information from participants about themselves, the value of sessions in real time, and the format of the BPF | • Characteristics of survey respondents  
• Technical content  
• BPF management and logistics |

| Table 2: Evaluation tools utilized |

**Participants**
There were 99 attendees at the BPF, 18 of whom were ECSA-HC Secretariat staff. All 99 attendees were invited to participate in each of the three evaluation tools. See Attachment A for the attendee list.

**Capacity Strengthening**
Two weeks prior to the BPF, K4Health KM Advisor seconded to the ECSA Secretariat, presented the tools and a description of how they would be used to ECSA Secretariat staff (Appendix E). Among these staff were two KM Champions (Anne Masese and Upendo Letawo) who assisted K4Health in administering the tools during the BPF.

A week after the BPF, the ECSA Secretariat completed an after action review which examined use of the evaluation tools. During the review, staff considered whether they would want to use the tools in future meetings and in other settings. They determined that they would like to use the tools, especially the ARS. Future capacity strengthening training will focus in-depth on the skills needed to implement the tools.
**Findings from Audience Response System**

Seventy-six unique participants provided an average of 39 responses to 35 questions.

**Characteristics of Survey Respondents**

BPF attendees were asked to identify their primary country of work from among ECSA’s nine member states. Poll respondents identified eight of the nine ECSA member states (Mauritius, Zambia, Zimbabwe, Uganda, Kenya, Tanzania, Malawi, and Swaziland) as the primary country in which they work. Nineteen percent of respondents indicated their primary country of work was not among ECSA’s nine member states.

K4Health observed other attendees worked primarily in Burundi, Eritrea, Ethiopia, Mozambique, Rwanda, Senegal, Seychelles, Somalia, Namibia, and USA.

---

2 The five representatives from Lesotho (Appendix A) did not respond to this poll question.
ECSA’s six program areas were well represented, with the most attendees working in HIV/AIDS, TB, malaria, or other infectious diseases.

The main reason for attending the BPF was identified as learning how other countries implement health programming.
An equal amount of respondents indicated that they learned about the BPF from their MoH and through a personal invitation.

A majority of the survey respondents, 60%, were male, while 40% were female.
Technical Sessions

Each of the five plenary sessions listed below was followed by an evaluation using the ARS:

1. Enhancing UHC
2. Surveillance and Control of NCDs and Trauma
3. Surveillance and Control of Communicable Diseases
4. Global Health Diplomacy
5. Health Professional Training

The session in which the respondents’ knowledge of the topic **greatly improved** the most was Surveillance and Control of Communicable Diseases. For each session, a majority of respondents reported that their knowledge of the topic **greatly improved**.
The session in which the most respondents strongly agreed they intended to apply the content to their work was **Surveillance and Control of Communicable Diseases**. For each session, the vast majority of respondents strongly agreed or agreed they intended to apply the content of the session to their work.

![Intent to Apply the Content to Work](image)

The session in which the most respondents strongly agreed they intended to communicate with other attendees regarding the topic after they returned to work was **Surveillance and Control of Communicable Diseases**. For each session, the vast majority of respondents strongly agreed or agreed they intended to apply the content of the session to their work.
Although the three parallel sessions were intended to be evaluated independent of each other, upon regrouping in the plenary hall, responses were inadvertently submitted as a group. This rendered the data from the sessions indistinguishable from each other; therefore, it has been omitted from this report.
Knowledge Management

Two questions about knowledge management were asked. Half of the respondents indicated that they have access to most of the information they need to do their job well.

Within a spectrum of KM capacity-strengthening activities, a plurality of respondents (31%) indicated that they were most interested in learning about KM principles, approaches, and tools.
Evaluation tools

Two questions were asked about the evaluation tools themselves. The vast majority of respondents indicated that the audience response system provided a valuable contribution to the BPF.

Most respondents indicated that the Expectation Wall also provided value; however, a large minority was not sure about the value it provided.

A question about the qualitative survey was not included.
Management and Logistics
The management and logistics of the BPF were also evaluated against a scale of excellent, very good, good, fair, and poor.

- A plurality (44%) responded that the overall organization of the BPF was very good
- A plurality (39%) responded that the logistics arrangement for BPF (hotel, stay, travel) was good
- The majority (51%) responded that the venue for the BPF was excellent
- The majority (56%) responded that the quality of service provided by the venue providers (meeting room facilities, audio/visual system) was very good
- A plurality (33%) responded that the registration procedure at the BPF venue was good
- There was a tie (35%) among respondents who thought time allotted for sessions was good and those who thought it was fair
- A plurality (49%) responded that the handouts and materials provided at the BPF were good
- A plurality (36%) responded that the networking opportunities at the BPF were very good
- The majority (81%) thought the duration of the BPF was the right amount (compared to too short or too long)

The complete data from management and logistics questions is listed in Appendix B.

Findings from Expectation Wall
The expectations set and those that were met generally fell into similar categories, including sharing best practices, learning about the SDGs, and learning more about the ECSA Secretariat’s role. Seventy-eight participants set expectations, while 34 expectations (or parts of expectations) were met.

Despite repeated reminders and prompts, many expectations that the evaluators felt were met were not moved to the “Expectations Met” side of the wall. This could be due to lack of interest in the evaluation tool or to subjective interpretation.

Due to limited time at the end of the Conference, the evaluators were unable to hold a discussion regarding the expectations that were not met.
Representative expectations MET (verbatim):

- **Role of ECSA**
  - Agree on ECSA’s regional priorities as related to the SDGs
  - Learn about ECSA’s role in supporting member countries to plan for/monitor SDGs

- **Networking**
  - Networking with other member states
  - Network for possible funding and collaboration

- **Best Practices and Knowledge Sharing**
  - Understand how other countries are dealing with health challenges so that their approaches can be adapted
  - Acquire ideas from the experience of others who have tested new ideas

- **Evidence and Research/Data for Decision Making**
Learn of new discoveries and innovations through research
Learn how data can influence policy

● **MDGs and SDGs**
  - Have a clear understanding of the transition from MDGs to SDGs and how differently business should be conducted to give health a more prominent profile
  - Know all 17 SDGs and how these will be implemented in various countries
  - Develop recommendations on how member states can achieve the SDG
  - Insights about roles of CSOs and Northern governments to implement SDGs effectively
  - Reasons for the failure of the MDGs
  - Incorporation of the SDGs in the training of the Health care workers

**Representative expectations NOT MET³ (verbatim):**

● **Evidence and Research**
  - Learn whether best practices are really based on best evidence
  - To use research evidence for better policy formulation to achieve SDGs

● **MDGs and SDGs**
  - Design best practices achievable by each member state with which to achieve the SDGs
  - Have a clear understanding of the SDGs and why MDGs were not achieved in full
  - Understand the extent to which MDGs had impact in health

● **Common Goals**
  - Reach a common goal and accountability to implement what is gained from this BPF, which is to set goals based on past experience
  - Develop common ECSA M&E framework to measure progress toward the SDGs
  - To discuss and find ways of how this conference can commit different countries to (correlate) to research to inform health policies

● **Review of Prior Work and ECSA’s Role**
  - Learn about resolutions implemented by member countries after last BPF
  - Details of what ECSA- HC does for member countries

● **Best Practices**
  - Develop new best practices resolutions made by this conference
  - Learn from the best practices and expert views
  - Better understand the role of best practices in informing policy formulation in health

---

³ The evaluators feel that many expectations listed here were met and think that attendees did not move their cards due to lack of interest or time constraints.
Findings from Qualitative Survey

At the request of participants who wanted a way to provide qualitative feedback, a handwritten survey was added at the end of the BPF. Fifty attendees completed the survey, all of whom indicated they were looking forward to participating in the next BPF. The top three functions respondents want to see included in future BPFs were sharing information, networking, and innovations. The top three health topics respondents thought could improve future BPFs were human resources for health, non-communicable diseases, and health systems strengthening.

Representative suggestions for how future BPFs could be improved or modified are listed below verbatim. A frequency of responses is listed in Appendix C.

- **Presentations should be Shorter and more Focused**
  - Provide training to speakers on presentations so that the recommendations are clear and lessons can be shared
  - Limit presentations by number of slides and allow more time for discussion
  - Ensure presentations link to conference theme, this year only a few of the presentations touched on the MDG/SDG progress and planning.

- **Re-think Content of Presentations**
  - Deal with a few issues in-depth instead of having so many issues and not being able to address them properly
  - Countries that have excelled should tell us how they got there instead of telling us where they are, considering resources, political buy-in and exactly how they implemented and steps to reach their goals.

- **Add Time for and Improve Networking/Discussions Opportunities**
  - I would like to see more time for the audience and member countries to contribute their experiences or get their concerns clarified.
  - Participants should be more active in responding/discussing the presentations. This could be done by asking member countries to present status related to the topic in their country.
  - More interactive sessions, breakaways around interesting topics...there are so many interesting people with a lot of overlapping experiences and interests but we mainly interact over tea and lunch.

- **Discuss Progress on Past Resolutions/Improve ECSA’s Role**
  - (We need to discuss) how well we are doing on implementing specific past resolutions, what learning generates and gaps and new challenges are occurring.
  - There is a need for a closer link to DJCC and HMC agendas to ensure action with special reference to previous resolutions where applicable.
  - Bigger role for ECSA-HC is needed in presenting its priorities and how it can support member countries.
• Improve BPF Logistics and Management
  o Alert countries early enough to plan and present
  o Make abstracts available to participants prior to arrival.
  o Avoid collision with other national days and global functions (World AIDS Day, ICASA)
  o Accommodate participants close to where the BPF is held.
  o Add translation services for French and Portuguese delegates

• Improve Diversity of Participants
  o Encourage participation of donors/development partners
  o Provide a space for younger people as well as Masters and PhD students as they are going to be the future leaders in best practices
  o Provide a space for community/people who are users of the best practices to present their experiences

Recommendations

The evaluation showed that participants increased their knowledge of the BPF’s theme and sub-themes; however, future BPFs should focus more on human resources for health, non-communicable diseases, and health systems strengthening. More efficient use of time management could be achieved by providing training to presenters and limiting their presentations to 15 minutes. Time saved through shorter and more focused presentations could be used for improving and lengthening discussions. Greater participation could be achieved through the implementation of KM tools such as knowledge cafes, peer assists, and buzz sessions, which allow for small group interaction.

The evaluation methods were effective in capturing feedback about audience members, session topics, and the management and logistics of the BPF. Incorporating both an ARS and expectation wall during future meetings is recommended, with special time allocated to examining unmet expectations as a group. This can be done through a facilitator who reads the expectations unmet aloud and asks the attendees to comment on why they think the expectation was unmet.