Incremental Learning System

Context and Purpose

A persistent challenge in large public health programs is the introduction of new or improved program content. The solution usually followed is to ensure adequate durations of class-room training with the hope that they will retain such new teaching and change their ways of working. Huge numbers of such training activities interrupt large programs, and the negligible changes in program outcomes over time reflect limitation on these training approaches. At the least, they suggest that such training to more effective, different strategies are needed.

INHP used an alternative approach to ongoing capacity building in the state of Andhra Pradesh in the context of wide replication of certain “good practices”. We called it the Incremental Learning System (or support). It proved helpful in establishing and sustaining the focus of functionaries of both Integrated Child Development Services (ICDS) and Reproductive and Child Health (RCH) programs at district level and below on the new content that was rolled out. This document presents the INHP experience as a set of lessons that should be widely applicable in the context of adding relatively complex content to existing large scale programs.

Both, the “good practices” and the Incremental Learning System (ILS) idea emerged from reflections on the experience of INHP over many years in strengthening maternal, newborn, immunization and infant feeding interventions. The “good practices” were, in effect, operational strategies that frontline workers and their supervisors could adopt for improving efficiencies and effectiveness in taking these interventions to the families who needed them. The ILS was conceived and implemented in Andhra Pradesh, as a vehicle to take the good practices to scale in 15 districts earlier not covered by the project. It evolved from several observations and lessons accumulated over the course of INHP:

a) The content focus of ICDS (and RCH) on the selected interventions was diffused, and sharpening this was time consuming: INHP had taken many months to several years to bring about the change in mindsets and implementation practices that this task demanded, and it was clear that one or more training sessions, however intense, were insufficient to bring about substantial change.

b) Sustaining change in implementation practices of frontline workers required corresponding changes in supervision and monitoring practices at successively higher levels as well.

c) The programs mainly monitored inputs, without much clarity about how these were linked to outcomes, and building this clarity meant considerable unlearning besides new learning; this necessarily took time.

d) Without consistent follow up and handholding, things tended to quickly flow back to business-as-usual. To be effective, facilitation had to be almost continuous. The INHP experience strongly suggested that supervisors were the most appropriately positioned to be facilitators of change, provided they in turn could be helped to change.

The ILS was conceived as a carefully structured, sequential cascade of capacity and skill-building sessions for all operational levels of the program hierarchy. It involved:

a) Restructuring of monthly meetings of ICDS and RCH personnel at district and block levels and enabling joint sector meetings of ICDS and RCH staff to accommodate discussions on the selected interventions to the strengthened.
b) The creation of District and Block level resource groups, constituted largely by program staff from ICDS and RCH, to function as facilitators.

c) Standardized tools and processes representing the “good practices” to be replicated. These were pilot tested and approved by the Government of AP.

d) Separate modules for at least 8 monthly learning cycles, each modules comprising incremental content built upon the previous one, and potentially extendable to more cycles.

e) A mobile monitoring team, consisting of a small subset of the facilitators, who kept track of quality of learning in the cascade.

INHP staff facilitated District Resource Groups (DRGs), who in turn facilitated Block Resource Groups (BRGs). The BRGs facilitated ICDS and RCH supervisors, who eventually facilitated Aganwadi Workers (AWWs) and Auxiliary Nurse Midwives (ANMs). The cascade was kicked off with a two-day training session for each level, where instructions for the first steps of change were provided, and specific implementation tasks assigned. At each subsequent interaction, the previous content was reviewed to see if satisfactory progress was observed. Only after progress was seen fresh content from the next module was layered on.

This approach helped overcome some of the challenges outlined earlier. There was variation, as can be expected, in the quality and intensity of implementation across different districts, but important lessons were learnt that are potentially applicable to a wide range of contexts.

**Getting it Right**

On the basis of the implementation experience, the following principles appear to be important in getting incremental learning right:

1. **Determine the entire content for the ILS at the outset:** It is important to define the entire content to be delivered at the beginning itself, and communicate this vision to the program leadership at operational levels.

2. **Determine the quantum of increments based on field realities:** It is equally important to pre-define the increments in which the content will be delivered based on a realistic assessment of the time available at the last link in the cascade: the interactions between supervisors and frontline workers.

3. **Determine the sequence of increments based on close observations of operational detail:** Once processes are standardized, it becomes evident what the sequence of tasks should be to implement them. For any one given process, the sequence is easy to determine, but when multiple complex processes are to be rolled out, this requires far more careful planning. In the AP experience, this proved to be the most challenging.

4. **First, streamline the basics:** Irrespective of what new content is added to the program, it is almost always necessary to begin with the basics: without streamlining basic operational dimensions like setting registers/ records right, conducting complete enumeration of catchment population etc., it is difficult to add on more complex content.

5. **Use well structured exercises, operational guidelines and resource materials:** The dependence on existing program staff for facilitating ILS at different level demands a high level of attention to detail in fine-tuning the facilitators’ materials. For the facilitators to undertake ongoing capacity building and effective reviews, it is important to have well designed tools, exercises, checklists etc. to ensure consistency and integrity of content. Pilots help fine-tune this. For any new content (technical or operational) it is wise not to leave things unstructured, since it gets very difficult to correct anything that goes wrong at the beginning itself.

6. **Ensure sufficient quantities of materials are produced and available, well in time:** Although self-evident, this is one of the steps that most commonly go wrong. Always ensure that there are adequate numbers of copies of all types of resource materials etc. at all levels and ensure that appropriate materials are available for each session. These materials should be available well in advance and the facilitators/supervisors should be well oriented on the content to be delivered.

7. **Allow sufficient time for the incremental content to get internalized in the program delivery but keep reviewing and adding in minor increments:** The period between two sequential increments is meant for field practice and adaptation to context. It is important to allow sufficient time for the new technical content and program activities to get internalized in the program implementation. At the same time, continued reviewing and addition of at least minor refinements should be sustained so that there is no perceivable laxity of focus on what is critical.

8. **Remain responsive to pace of learning:** As can be anticipated, the pace of internalization is contextual hence the introduction of incremental content may also vary from place to place. While this is relatively simple in concept, in a cascade approach, it
becomes a challenge to contextualize to different rates of progress in each subunit, and demands that facilitators be responsive rather than mechanistic. Guiding each level of facilitators to sustain this is probably dependent on the understanding of program leadership.

9. **Have anchors for the process at each level:** For all externally facilitated Capacity Building (CB) efforts, identify key people to anchor the process of ILS at each level, especially at levels where the external facilitators may not be present, like the Block level meetings in INHP.

10. **Offer backup support for all levels:** For both technical and operational issues, creating backup support, like help lines or facility to call up resource persons as and when required, is very helpful. Such support will be useful for facilitators of ongoing capacity building and in situations of confusion during meetings.

11. **Involve managers and supervisors in the process:** Like in the INHP example, the managers, supervisors and functionaries at all levels should be involved in the monthly process and ILS should not be implemented only with few functionaries in a given program unit. The program leadership should constantly communicate its commitment to the ILS process, through regular review and resource provision.

12. **Have external monitoring of ILS sessions and program improvements:** It is essential to have a system of external monitoring of a sample of ILS sessions when undertaken at a large scale as in INHP example. Along with the monitoring of learning and review sessions on a sample basis, such external monitoring should keep assessing changes in the program implementation on the ground. Sharing of findings from monitoring in the ILS sessions is important for continued improvement of quality.

13. **Ensure fund flow for ILS sessions:** While most of the levels of the cascade involve restructuring of existing supervisory interactions at many levels, it should be kept in mind that one of the reasons why even these “routine” interactions do not consistently happen in large programs is the failure to release and disburse funds in time for small but critical items like mobility and incidental expenditures of meetings. If this is not taken care of, it is likely that the careful planning could collapse for lack of participation. Similarly important is getting clear directives for running the ILS from concerned senior level functionaries.

### What can go Wrong

**Insufficient attention to detail:** One of the principles on which such a system depends for success is responsiveness to real needs. This demands a level of attention to detailed observation that must also be learnt over time. On a more practical plane, without enough attention to detailed content preparation, especially for later rounds, time tends to be spent, as usual, on reviewing “routine” operational details and preparing reports than in delivering new technical content.

**Competing priorities:** For large government programs and particularly for ICDS, getting diverted by other priorities, often unrelated to the core program, is quite “normal”. For carefully planned increments that must be built over months of continuity, such disruptions can prove costly.

**Replacements for missed sessions:** For various reasons, a certain level of absenteeism in program settings is inevitable, particularly for any activity that is spread over months. In the ILS context, the absence of key facilitators in between can mean thematic discontinuity for the program subunits they cater to. This needs to be anticipated and compensated by adequate replacements, else it may be difficult to bridge the gaps.

**Differing priorities and perspectives among different programs:** When functionaries of different programs are brought together, as in the case of ILS, the priorities and approaches usually vary and there are possibilities of differing opinions and arguments not only on operational issues but also on some technical aspects. Especially with increased participation of clinically oriented medical officers in discussions with ICDS functionaries who are trained more from a public health perspective, there have been instances of arguments during ILS sessions. With sufficient orientation, comprehensive technical guides and offering of support like help lines etc can ensure addressing of such concerns.

### Environment Desirable

**Process ownership by program leaders:** The best insulation against competing priorities disrupting plans is for program leadership to completely own up the plans from the outset. This is most likely to happen if the content of the planned ILS is comprehensive enough to encompass most priorities of the program.

**Sufficient time and patience:** Rarely will a multi-month incremental plan get implemented as planned. There should be enough time available to vary the pace of ILS depending on the progress of implementation.
Evidence from the Field

The ILS process in Andhra Pradesh has been implemented like an ongoing campaign, and this may be an additional reason why one sees a high level of energy among all functionaries. There is always demand for repeating cycles of ILS. The ILS meetings appear to have provided a very useful operational structure for convergence between ICDS and RCH functionaries. Some of the district and block officials of AP who participated in the ILS process have gained substantial operational and technical capacities within a short period of time.

A more detailed documentation on ILS is being prepared, and will be available shortly from CARE on request.

Ideas for the Future

This experience represents about six monthly cycles of ILS, preceded by about a year of preparation. It is evidently far from perfect, and needs refinements—both, technical and operational. For instance, such refinements could include sharpening of the questions used during monthly reviews at each level to ensure each crucial technical and operational “track” is strengthened over time. It would also need to eventually include ICDS program components beyond the scope of INHP such as Early Childhood Education (ECE), and find ways to imperceptibly merge into the “routine”. In principle, it is possible to conceive of “waves” of ILS interventions lasting many months each, with each subsequent wave being timed to begin before the previous ebbed completely—thus keeping it perpetual and dynamic, and obviating the need for most refresher training as currently planned but poorly executed. Each wave could then be in response to specific training needs as perceived by the program.

The existence of a perpetual teaching-learning system of this nature could also afford the confidence to restructure job training, perhaps to reinvent the “sandwich” training courses of earlier years, where the job training happened in several phases interspersed by field work. It may also be possible to conceive of smaller “waves”, out of sync with the main ones, being designed to support the weaker frontline workers who are unable to keep up with the rest. As more nuanced technical interventions requiring more hands-on support for scale up get integrated in the national health programs, approaches like ILS will probably prove more valuable. Finally, this model of training probably provides a realistic platform for the training and implementation arms of the program to improve coordination, where trainers from training centers can be assigned specific roles in ILS, such as monitoring quality and assessing training needs, and thus keeping abreast of program reality.

Such a system could absorb technology more easily. With increased use of mobile telephony and advent of modern communication equipments, it should be possible to better support such a system in many ways to enable better problem solving and program monitoring.

Combined with decentralized periodic independent assessments of outcomes, say at district levels, such systems have the potential to make programs rapidly responsive to needs and targets. A dynamically changing system of this nature might also be a strong disincentive to corruption.

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